

1. Trauma

A four year old boy is seen in the Emergency Department with an 8mm laceration of the upper lid not involving the lid margin. He says that he injured his eye on the corner of the table. He has mild ptosis on the left side and there is herniation of orbital fat through the laceration. The eye examination is normal. Which of the following is the next MOST appropriate step?

A.	CT of the orbit
B.	Glue the laceration
^	MDI aftha aubit

C. MRI of the orbitD. Ultrasound the orbit

Correct Response: A

Which one of the following statements is MOST likely to be correct for a patient presenting with a symptomatic retinal dialysis?

A. Other signs of blunt ocular trauma are usually present

B. The duration of the retinal detachment is generally a week or less

C. The macula is likely to be detached

D. The site of the dialysis is most commonly infero-nasal

Correct Response: C

2. Orbit and oculoplastics

A 40 year old man has been having chemotherapy for acute leukaemia. He has slowly developed orbital inflammation and proptosis. A CT scan of the orbit shows inflammation in the ethmoid and maxillary sinuses with some bony erosion and a low density area adjacent to the ethmoid sinus in the orbit. The organism responsible was difficult to culture but did stain with haematoxylin and eosin. Which of the following is the MOST likely diagnosis?

A. AspergillosisB. Mucormycosis

C. Staphylococcus aureus

D. Treponema pallidum

Correct Response: A



A 32 year old man presents with a sudden onset of painful right sided proptosis and ophthalmoplegia following a fall from a ladder. What is the MOST likely diagnosis?

- A. Direct carotid cavernous fistula
- B. Fracture of zygomatic arch
- C. Indirect carotid cavernous fistula
- D. Orbital varices

Correct Response: A

3. Glaucoma

A 77 year old woman presents with deteriorating vision in the left eye for several years. On examination the eye is red and painful, the intraocular pressure is 60mmHg left eye and 18mmHg right eye. There is left corneal oedema. The anterior chambers are deep particularly on the left. There is flare and cells on the left and a white lens. What is the MOST likely diagnosis?

- A. Fuch's heterochromic uveitis
- B. Phacolytic glaucoma
- C. Phacomorphic glaucoma (intumescent lens)
- D. Posner-Schlossman uveitis

Correct Response: B

A 63 year old man presented with an intraocular pressure (IOP) of 23mmHg. He is currently using topical G latanoprost and timolol once daily to both eyes. He now has an IOP of 18mmHg in both eyes with corneal thickness of 500 microns. The optic discs show a cup disc ratio of 0.6 right eye with no field loss. In the left eye, the disc is 0.9, with an increasing nasal arcuate field loss. According to NICE CG85 what would be the MOST appropriate next line of management for the left eye?

- A. Add G brimonidine twice a day
- B. Augmented trabeculectomy
- C. MRI scan of orbit and brain
- D. Selective laser trabeculoplasty

Correct Response: B



A 60 year old woman with a family history of glaucoma is referred by the optometrist with deteriorating vision and an arcuate field defect in the left eye. The corrected visual acuity is 6/9 right eye and 6/18 left eye. The media are clear. The intraocular pressure is 25mm Hg in both eyes with corneal thickness of 580 microns. The left eye has mild optic atrophy and peripapillary choroidal atrophy. What would be the MOST appropriate next line of management?

A. MRI scan o	of orbit and	brain
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- B. Review in 3-4 months with further visual fields
- C. Start treatment with latanoprost eye drops
- D. Visual evoked potentials

Correct Response: A

4. Strabismus

A 60 year old man presents with double vision on left gaze. Examination findings include reduced adduction in the right eye but normal convergence. Which one of the following is the MOST likely diagnosis?

- A. Duane's syndrome Type 3
- B. Internuclear ophthalmoplegia
- C. Moebius syndrome
- D. Sixth nerve palsy

Correct Response: B

"V" pattern strabismus is MOST likely to be associated with which of the following?

- A. Brown's syndrome
- B. Inferior oblique overaction
- C. Inferior rectus weakness
- D. Superior oblique overaction

Correct Response: B



5. Paediatric Ophthalmology

A two year old girl is referred because her mother suspects poor sight. There is no family history of eye disease. The parents are first cousins. Fundal examination is difficult because of photophobia, but there is no gross retinal abnormality. Electroretinography indicates a reduced photopic ERG, a normal scotopic ERG and an absent flicker ERG. What is the MOST likely diagnosis?

A.	Achromatopsia	
B.	Albinism	
C.	Congenital stationary night blind	dness
D.	Leber's congenital amaurosis	
Correct Re	sponse:	A
_	to the ETROP study, the presence ent should be treated for retinop	e of which one of the following would indicate athy of prematurity (ROP)?
Α.	Any form of zone 2 disease	
В.	Greater than five hours of stage	3 disease
C.	Persistent Tunica vasculosa lentis	
D.	Plus disease	
Correct Re	sponse:	D

6. Retina

Which one of the following statements regarding Coat's disease is MOST likely to be correct?

A. Anti-VEGF is the first line treatment
B. It can present in adults
C. Telangiectasia is limited to the macula region
D. Treatment often includes vitrectomy and laser treatment
Correct Response:



As per the NICE guideline (TA274) on diabetic macular oedema (DMO), what is the MOST likely initial treatment option for DMO more than 400um with foveal involvement?

A.	Argon laser treatment	
B.	Dexamethasone implant	
C.	Fluocinolone acetonide implant	
D.	Intravitreal course of Ranibizum	ab injections
Correct Re	sponse:	D
In the Inte	rnational Vitreomacular Traction	Study Classification system which one of the
	s LEAST likely to be correct?	Staay Classification system which one of the
_	,	
A.	Classification is based on macula	a OCT findings
В.		50 um can be managed by pharmacological
	vitreolysis	
C.		on is considered focal if <1500 um in extent
D.	Vitreomacular adhesion is equiv	valent to a Gass Stage 1 macular hole
Correct Re	snonse:	D
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A 65 year	old Asian man has an acute subm	acular haemorrhage in one eye and a sero-
sanguinou	s retinal pigment epithelial detac	hment in the other eye. Which one of the
following i	s the MOST likely diagnosis?	
۸	Davis of a hamavaa saha saa ay la saha	otuo a bu
A.	Doyne's honeycomb macular dy	stropny
В. С.	Macular telangiectasia	h
_	Polypoidal choroidal vasculopat Retinal vasculitis	пу
D.	Netiliai Vascullus	
Correct Re	snonse:	С
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A 28 year old diabetic woman, who has had no previous laser, has a recurrent vitreous haemorrhage limiting retinal visualisation. Which one of the following is the MOST appropriate course of action?

A.	Intravitreal anti-VEGF injection	
B.	Pan retinal photocoagulation (PRP) under local anaesthesia	
C.	Prompt vitrectomy and laser	
D.	Wait two months to allow spontaneous clearing, followed by vitrectomy and laser if not	
Correct R	esponse: C	
_	ard to idiopathic macular holes, which one of the following statements is MOST be correct?	
A.	It is acceptable to omit face down posturing following vitrectomy and gas for small macular hole	а
В.	It is not usually necessary to peel the internal limiting membrane when operating on a small macular hole	
C.	OCT scans at routine optometric examinations are advisable to screen for macular holes	
D.	Prompt repair of a small asymptomatic hole is generally advised to improve long-term visual outcome	
Correct R	esponse: A	
7. Catara	act	
_	g to the ESCRS 2013 guidelines, which one of the following drugs is the drug of preventing post-operative endophthalmitis?	
A.	Intracameral amikacin	
B.	Intracameral cefotaxime	
C.	Intracameral cefuroxime	
D.	Intracameral vancomycin	
Correct R	esponse: C	

Cystoid macular oedema

Dislocated intra ocular lens

Hypermetropic refractive surprise

A.

В.

C.



You are considering performing cataract surgery on a 50 year old patient with a refraction of -0.50 sphere. The patient had excimer laser for myopia ten years previously. Which one of the following is the MOST likely complication of cataract surgery?

D.	Retinal detachment	
Correct Res	sponse: C	
	•	tient develops "Reverse pupil block". Which reventing excessive depth of the anterior
A. B. C. D.	Intravenous mannitol Reducing the bottle height on the Surgical Iridotomy Using a second instrument to lift t	
Correct Res	sponse: D	
8. Cornea	and external eye	
•	nicroscopy reveals a patient's corne ch one of the following is the MOST	a to have 60% non-hexagonal endothelial likely diagnosis?
A. B. C. D.	Congenital hereditary endothelial Fuch's endothelial dystrophy Maumenee's corneal dystrophy Posterior polymorphous corneal d	
Correct Res	sponse: B	

Relapsing polychondritis

A.

В.



What is the MOST common autoimmune condition associated with peripheral ulcerative keratitis?

Granulomatosis with Polyangiitis (Wegener Granulomatosis)

C.	Rheumatoid Arthritis			
D.	Systemic lupus erythematosis (SLE)		
Correct Re	sponse:	С		
injection a		eir eye. After irrigation there is conjunctival is no obvious limbal ischaemia and no epithelial iate next line of management?		
A.	Topical antibiotic and analgesia			
В.	Topical antibiotic, steroid and a			
C.	Topical potassium ascorbate, as	_		
D.	Topical potassium citrate and antibiotic			
Correct Re	sponse:	A		
With regar likely to be		d (OCP) which one of the following is MOST		
A.	A negative biopsy does not exc	ude the diagnosis of OCP		
В.	OCP is usually self-limiting and treatment in most cases	will enter a "burnt -out" period without		
C.	Presence of lymphocytes and g pathognomonic feature of OCP	oblet cells at the basement layer is the		
D.	_	aken, only an incisional biopsy within the		
Correct Re	sponse:	A		



9. Uveitis and Oncology

_	gard to squamous cell carcinoma kely to be correct?	of the conjunctiva, which one of the following is
A. B. C. D.	Enucleation is required in the If left untreated it is most like It typically affects patients be The mortality rate is approxing	ely to metastasise to lungs and liver tween 20 and 40 years old
Correct I	Response:	D
eye. On	examination an anterior uveitis i	t history of herpes simplex keratitis and a painful s present. Which of the following would LEAST g diagnosis of herpes simplex uveitis?
A. B. C. D.	Mutton fat keratic precipitate Raised intraocular pressure ReduReduced corneal sensati Sectoral iris transillumination	ion
Correct I	Response:	A
	ne of the following conditions is rotising anterior scleritis?	MOST likely to have a well-recognised association
A. B. C. D.	Behçet's disease Granulomatosis with polyang Systemic sclerosis Tubulointerstitial nephritis ar	
Correct I	Response:	В



10. Neuro ophthalmology

A 24 year old man has been feeling slightly unwell for two weeks and complains of constant headaches. His visual acuity is 0.00 LogMAR each eye. His optic discs appear swollen. There are scattered retinal haemorrhages and cotton wool spots in both eyes. Which one of the following is the MOST likely diagnosis?

Α.	Diabetic retinopating
B.	Idiopathic intracranial hypertension
_	

Diabatic ratingnathy

C. Malignant hypertensionD. Optic nerve drusen

Correct Res	ponse:	(

A 64 year old male driving instructor presents with a six year history of episodic horizontal double vision. His symptoms are worse when he is tired but are extremely variable and on some days he is fine. He has had four squint operations in the past. On examination abduction is variable in each eye but his saccades are brisk. Convergence is excellent. What is the MOST likely diagnosis?

A. Mitochondrial myopathy

B. Myasthenia gravis

C. Paraneoplastic cerebellar syndrome

D. Thyroid eye disease

Correct Response: B

A 24 year old woman, with a known history of idiopathic intracranial hypertension (IIH), is 22 weeks pregnant presents with worsening headaches and visual obscurations. She has good visual acuity but florid papilloedema. She is on no treatment. What is the MOST appropriate immediate treatment?

A. Lumbar puncture

B. Optic nerve sheath decompression

C. Ventriculoperitoneal shunt

D. Weight loss

Correct Response: A



A 75 year old hypertensive woman wakes with painless loss of vision in the right eye. She has a visual acuity of 6/12 in the right eye and 6/6 in the left eye. Her right visual field shows an altitudinal defect. Her right optic disc is swollen. She has a CRP of 5 mg/L and a blood sugar of 13.5 mmol/L. Which of the following is the MOST likely diagnosis?

A. B. C. D.	Arteritic anterior ischaemic opti Diabetic papillopathy Non-arteritic anterior ischaemic Optic neuritis	
Correct Re	sponse:	С
11. Geneti	cs	
Which ONI	E of the following exhibits X-linke	ed dominant inheritance?
A. B. C. D.	Aicardi's syndrome Fabry's disease Myotonic dystrophy Norrie disease	
Correct Re	sponse:	Α
12. Pharm	acology	
With regar correct?	d to Ranibizumab, which of the f	ollowing statements is MOST likely to be
A. B.		half-life is approximately 30 days ns of VEGF-A (Vascular Endothelial Growth
C. D.	Ranibizumab contains an Fc ant Ranibizumab is glycosylated wit	,
Correct Re	sponse:	В



Which one of the following is LEAST likely to be a possible effect of topical pilocarpine 4%?

A.	Bradycardia		
B.	Deepening of the ar	nterior chamber	
C.	Increased aqueous		
D.	Increased refractive	power	
Correct	Response:	В	
13. Oph	thalmic Investigations		
	one of the following stat CG) angiography?	tements is LEAST likely to be correct concerning indoc	yanine
A.	ICG absorption and	reflection occurs at 805 and 835 nm respectively	
В.	•	st metabolism so angiography is not affected by	
C.	It is safe to use in so	omeone on renal dialysis	
D.	It is the investigatio epitheliopathy	n of choice in acute multifocal placoid pigment	
Correct	Response:	С	
	one of the following stat o-disc based topograph	tements is MOST accurate when describing the proper y system?	rties of
A.	Accurate fixation is	essential	
B.	Patient movement i	is compensated for	
C.	The second Purkinje	e-Sanson image is captured	
D.	Useful data is obtain	ned from the central cornea	
Correct	Response:	А	

14. Orthoptic Investigations

Which one of the following tests for stereopsis relies upon the use of polarised light?

- A. Frisby test
- B. Lang stereotest
- C. Titmus Wirt test



D.	TNO test		OPHTHALM
Correct R	esponse:	С	
With regacorrect?	ard to the Hess ch	hart, which of the following statements is LE	AST likely to be
A. B. C. D.	A patient requi Each small squ	field implies a restrictive pathology ires normal retinal correspondence in order are subtends an angle of 5 degrees ndicate cyclotorsion	to perform the test
Correct R	esponse:	D	
15. Neuro	o Imaging		
Which one of the following would be the MOST useful MRI scan mode to detect inflammation involving extraocular muscles?			
A. B. C. D.	FLAIR sequence STIR sequence T1 weighted T2 weighted		
Correct R	esponse:	В	
16. Statis	tics		
occurred	in 12% of treated	er treatment of diabetic macular oedema m d eyes compared to 24% of untreated eyes i (numbers needed to treat) in this study app	n 3 years.
A. B. C. D.	2 6 9 12		
Correct R	esponse:	С	



17. Research

Which one of the following trials showed that Argon laser panretinal photocoagulation reduced the risk of severe visual loss by more than 50% in proliferative or severe non-proliferative diabetic retinopathy?

- A. Diabetic Retinopathy Study (DRS)
- B. Diabetic Retinopathy Vitrectomy Study (DRVS)
- C. Early Treatment Diabetic Retinopathy Study (ETDRS)
- D. United Kingdom Prospective Diabetes Study (UKPDS)

Correct Response: A

18. Ethics

A 40 year old female carrier of X linked retinitis pigmentosa attends a genetic clinic with her 15 year old daughter and asks for predictive testing for the daughter. The causative mutation has been identified in the family. Which one of the following is the MOST appropriate course of action to take?

- A. Carry out the test as requested
- B. Carry out the test if the daughter agrees and understands the implications
- C. Decline testing until the daughter is of adult age (16)
- D. Delay the decision until both parents are in attendance and agree to testing

Correct Response: B

19. Guidelines

According to the guidance published by The Royal College of Ophthalmologists which one of the following isolated findings would NOT qualify for referral to a tertiary centre in a patient with a suspected ocular tumour?

- A. A choroidal lesion, 2.0 mm thick, with orange pigment
- B. An asymptomatic melanocytic choroidal lesion which is 2.5 mm thick
- C. A palpebral conjunctival melanocytic lesion 3.5 mm diameter
- D. A pigmented iris nodule, which is 2.0 mm in diameter

Correct Response: D