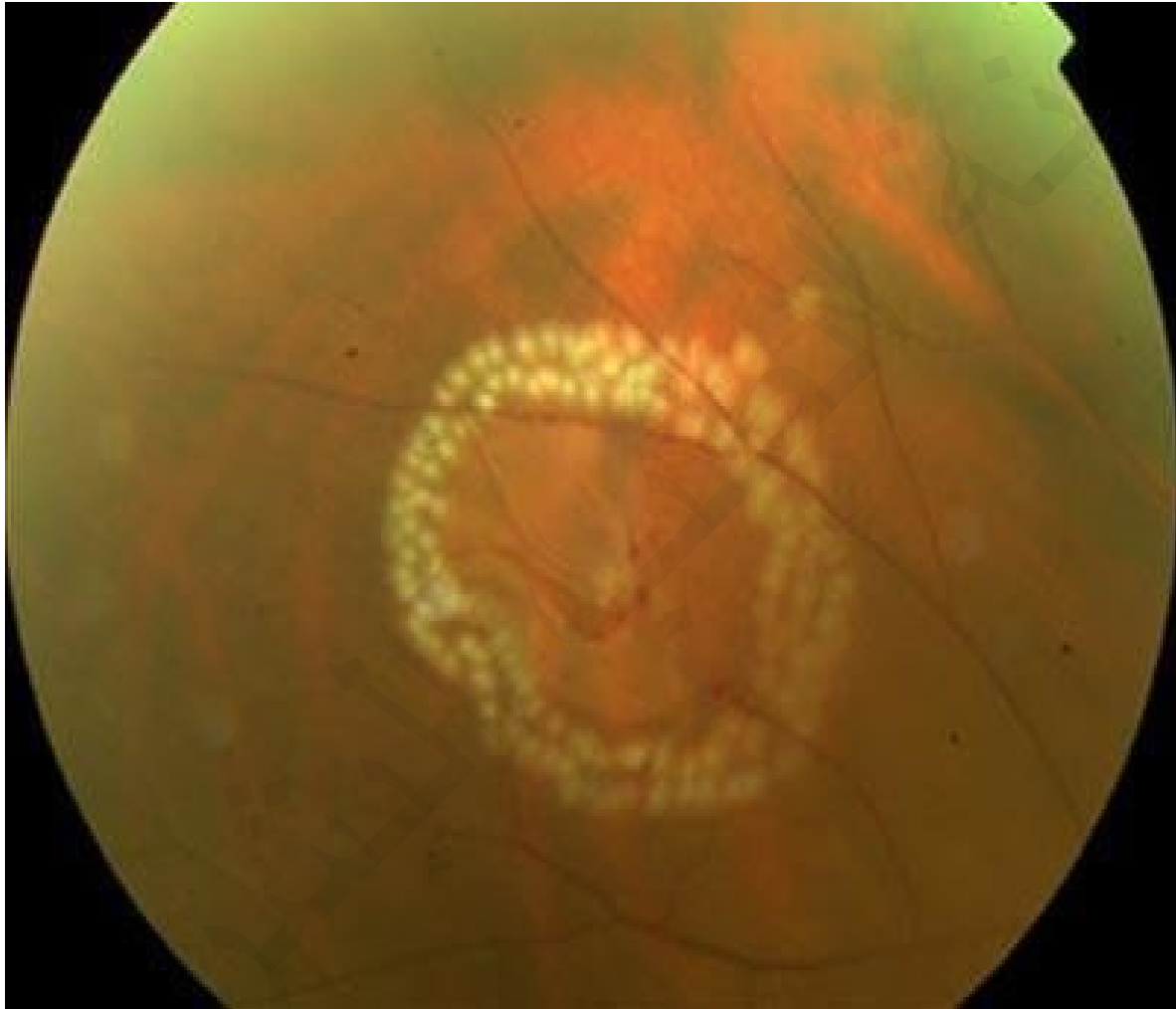


Ophthalmology



Q:



1.What are the main clinical signs you can see in this picture?

Laser treatment for retinal tear

2.What are the risk factors for this condition?

Risk factors for retinal tear: aging, PVD, high myopia... Etc

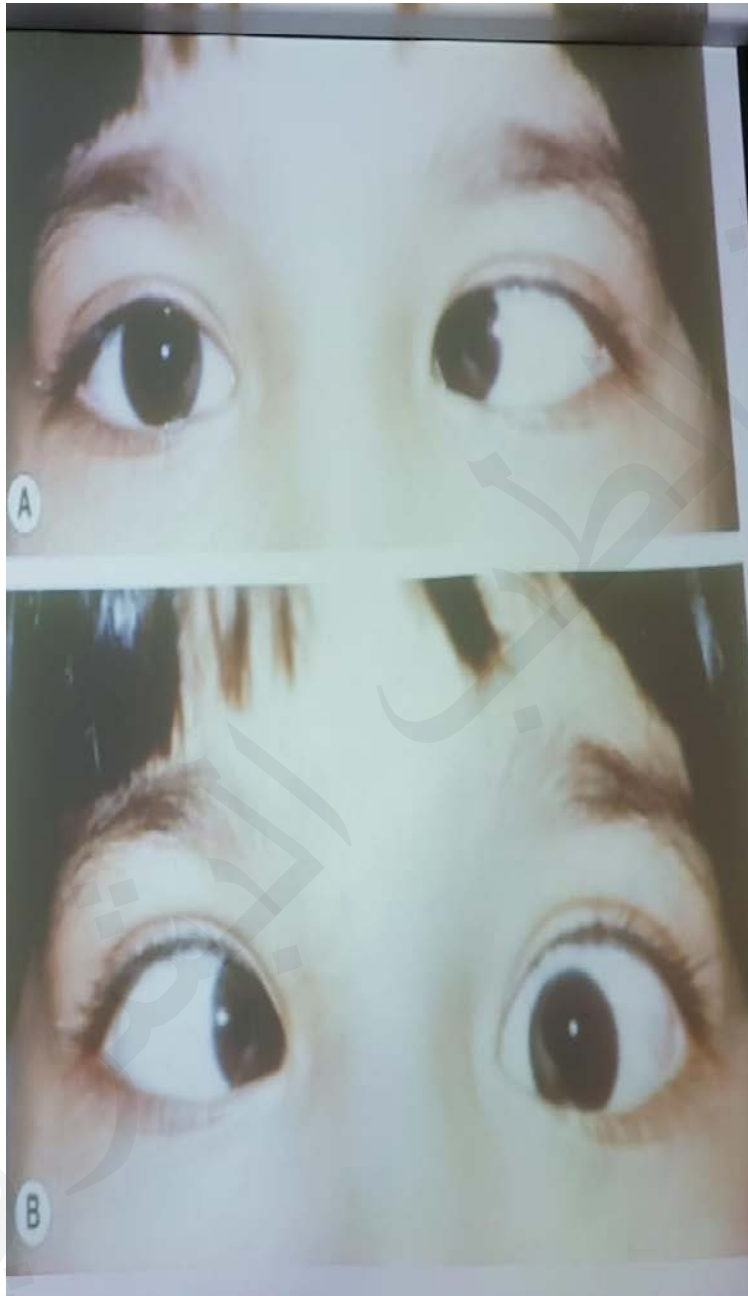
3.What are the symptoms patient with this condition usually complain of?

Flash of lights, floater, blurred vision

4. What would be the end result (what would it lead to) if left untreated ?

Rhegmatogenous Retinal detachment

Q:



1. In Pic A, the pt is looking straight ahead. What abnormality can you see? What do you call this condition?

Abnormal left eye adduction, left eye esotropia

2. In Pic B, the pt is looking to his left. What abnormality can you see?

Left eye fail to abduct

3. What is the most likely diagnosis?

Left eye 6th nerve palsy

4. What is the compensatory head posture the pt will acquire to relieve his symptom ?

Head turn to the affected site "left"

Q:



1. What clinical signs can you see in this picture?

Hyphema with staining

2. What is the most likely cause?

Blunt trauma

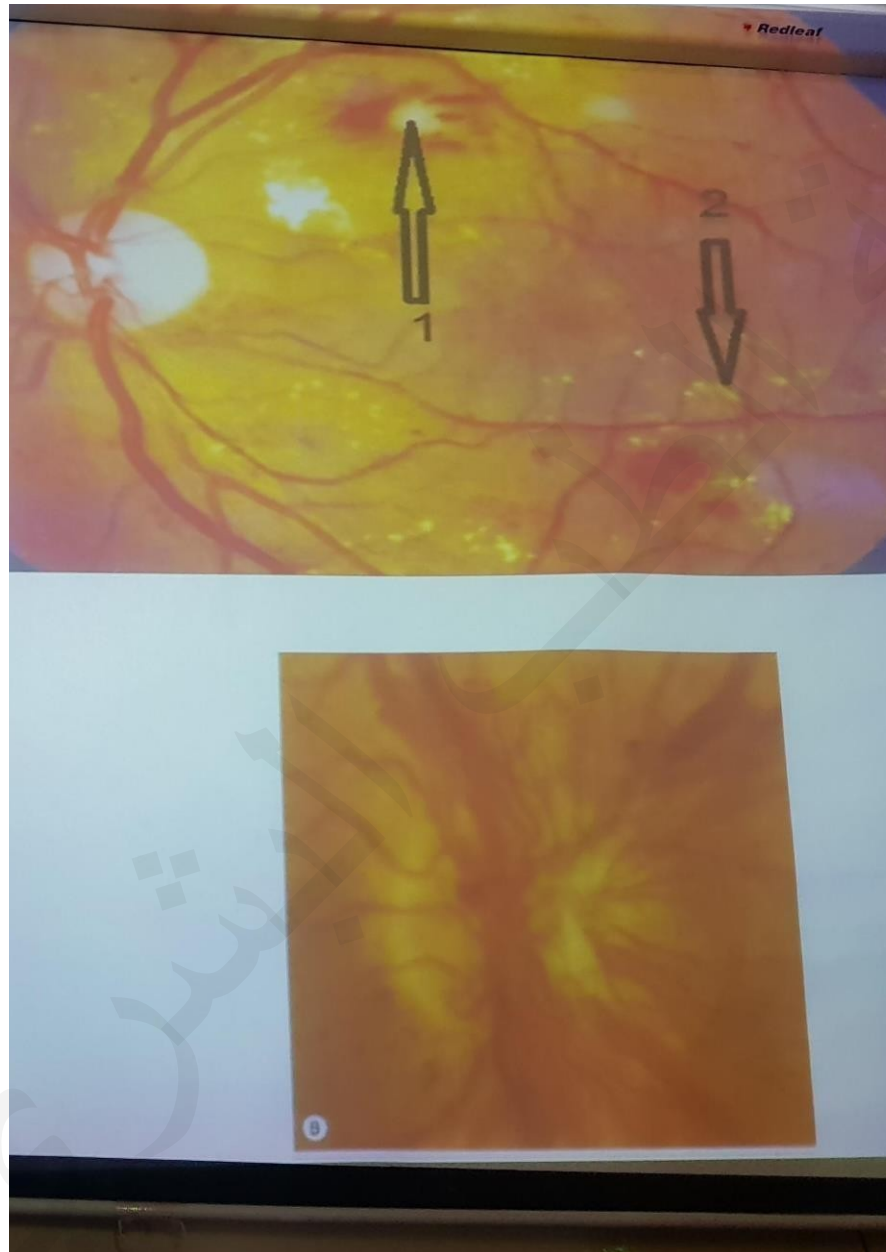
3. What is the commonest possible complication of this condition?

Glaucoma

4. How do you treat this condition?

Semi-setting position, eye protection, cyclopentolate, topical steroids

Q:



1. In the top picture:

Which eye is this?

What is the clinical sign indicated by arrow 1?

What is the clinical sign indicated by arrow 2?

Left eye, 1: cotton wool spot, 2: hard exudate

2. In the bottom picture, what is the main clinical sign seen?

NVD

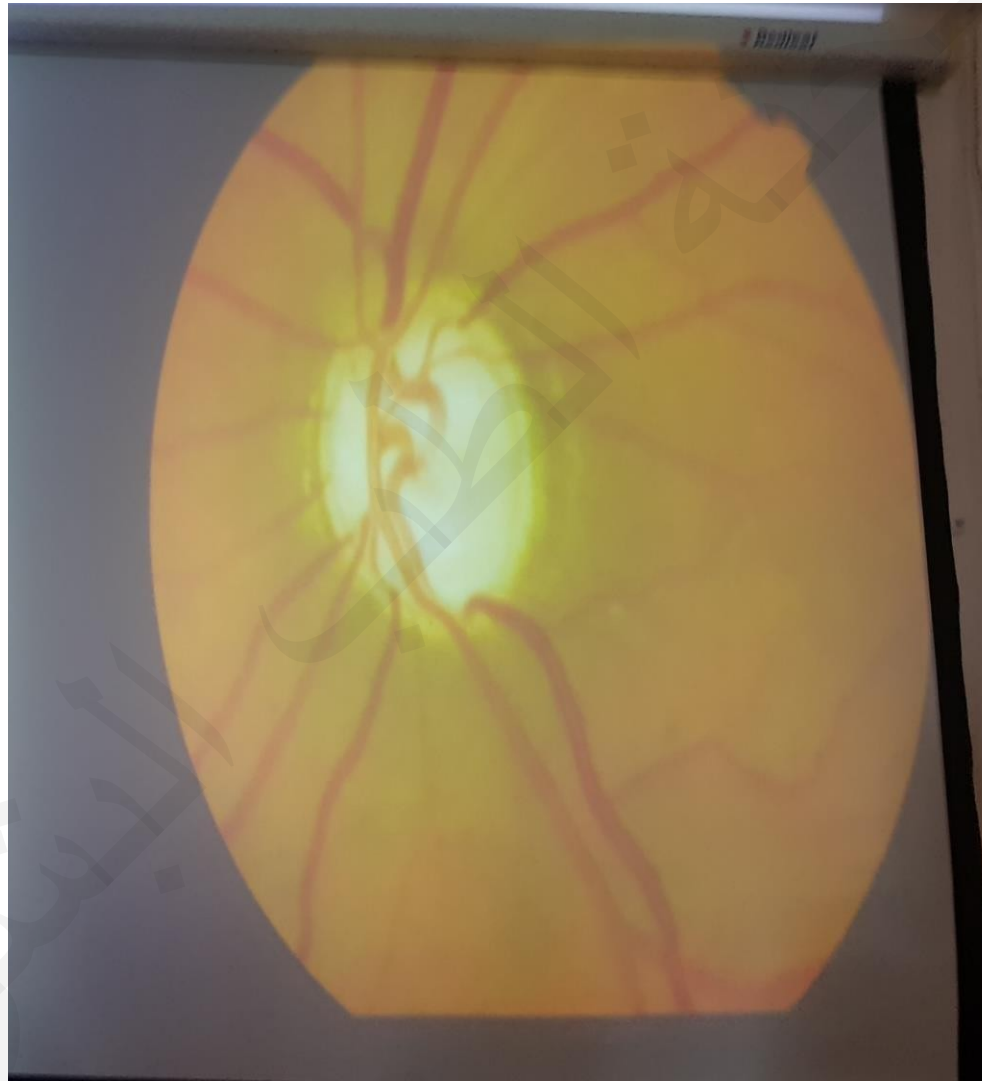
3. What is your most likely diagnosis?

First pic: non proliferative DR, Second pic: Proliferative DR

4. What are your treatment options?

Non proliferative: control DM, followup Proliferative: anti-VEGF, Laser

Q:



1. What clinical signs/abnormalities can you see?

Optic disc cupping, engorged retinal vessels

2. What is your most likely diagnosis?

Open angle glaucoma, "optic nerve atrophy"

3. What other clinical tests would you like to do to confirm your diagnosis?

Tonometry, optic nerve function test

4. What are your treatment options?

Medical: Carbonic anhydrase inhibitor, b-blocker, PG analogue Laser, surgical: trabeculectomy

Q:

1What is the Name of this procedure?

Goldmann Applanation Tonometry.

2What is the prerequisites of it?

Local Anesthesia + Fluorescein dye

3- What is the Normal Value?

16 (-+5)

4- Mention the disease that could be diagnosed by this procedure if the value was high?

Open Angle Glaucoma



Q:

1 Which is the Eye that shown in this fundusoscopic picture?

The Right Eye.

2 Mention the Name of the clinical signs that the arrow pointed (A-E)?

A → Retinal Hemorrhage

B → Hard Exudate

C → Macular edema/Hemorrhage D → Microaneurysm

E → Cotton Wool Spot

3 According to these clinical signs, what is your diagnosis?

Non-Proliferative Diabetic Retinopathy

4 What is the cause of the blurred vision in this patient?

Macular Edema



صورة مشابهة (لتوضيل فكرة السؤال) لكن صورة الامتحان اوضح

Q:

1What is the structure that shown here?

Optic Disc

1Write the signs that you can see?

–Loss of cupping –Indistinct Margin – Hyperemiaetc.

2Write the investigation/examination that you will do rather than the funduscopy?

Optic Nerve Examination (Color Vision, Acuity, RAPD...etc.)

4Write a Disease associated with this sign in a 35 years old female patient?

Idiopathic intracranial hypertension (IIH)

Optic Neuritis



Q:

1- Write the clinical signs in this picture?

- Hypopyon
- Pupil Dilation
- Iris Injection
- Hyperlacrimation

2- What is the main symptoms that the patient will complain of?

- 1-Ocular Pain
- 2- Red Eye
- 3-Blurred Vision

3- Write 2 DDx?

- Bacterial keratitis
- Iritis



Q:

1. Write the clinical signs that are shown in the 2 Pictures?



2. What is your diagnosis?

Right 3rd Nerve Palsy

3. Write the types of this disorder?

-Surgical - Medical

4. Which type do you think this patient has?

Surgical 3rd nerve palsy.



صورة مشابهة، لكن كانت العلة في الامتحان في العين اليمين.

In this picture

1-what is the diagnosis ?

left eye esotropia



2-Write down the guideline to treat such condition ?

1-evaluate the cause and treat it

2-treat the refractive error if any

3-treat amblyopia if possible

4-finally , surgical treatment for remaining strabismus

Q:

1. Whats the diagnosis?

pterygium

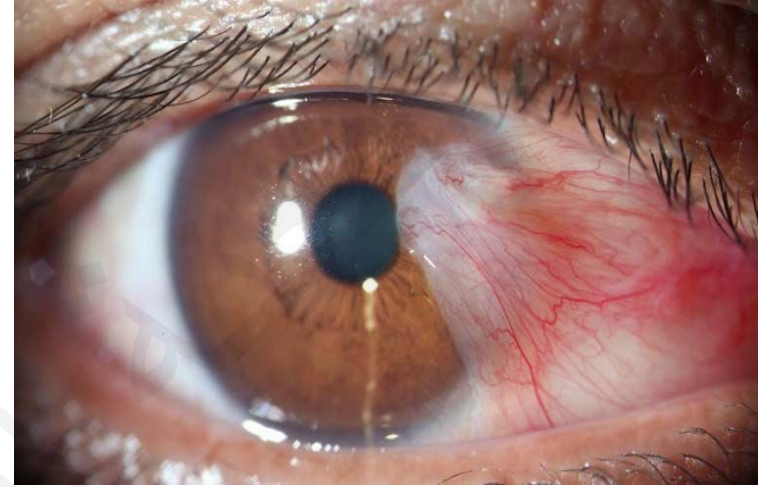
2. mention the pathophysiology ?

actinic (uv light) degeneration of elastic tissue of conjunctiva
, causing this band to adhere to the full thickness of cornea

3. Mention treatment modalities ?

surgical incision if it affects the function (disruption of
visual axis / irregular astigmatism) or for cosmetic purposes

Note : surgical incision is a one modality , so please search for
others



Q:

1.what is the optical sign ?

heterochromia iridis

2.Give one cause for it ?

congenital Waardenburg syndrom

Topical acetazolamide Others.....



Q: A 9 month year old infant in this pic

1- what is your diagnosis ?

Bilateral congenital cataract

2- What is the single most important sign you will examine for to determine the severity of this condition ?

Nystagmus



Q:

1- What is the name of this test ?

Optical coherence tomography (OCT)

2- What is the finding in this image ?

loss of foveal depression and fluid under macula (subretinal fluid just under macula) that reflect macular edema

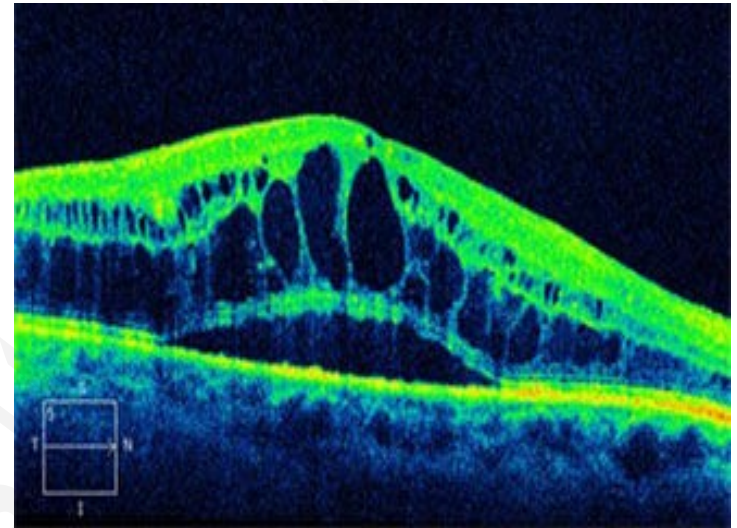
3- Give two differential diagnosis ?

Diabetic retinopathy (maculopathy)

Central retinal vein occlusion (CRVO)

Wet Age-related macular degeneration

(Wet AMD)



Q: Pt present with this painless lump

1- What's the diagnosis?

Chalazion

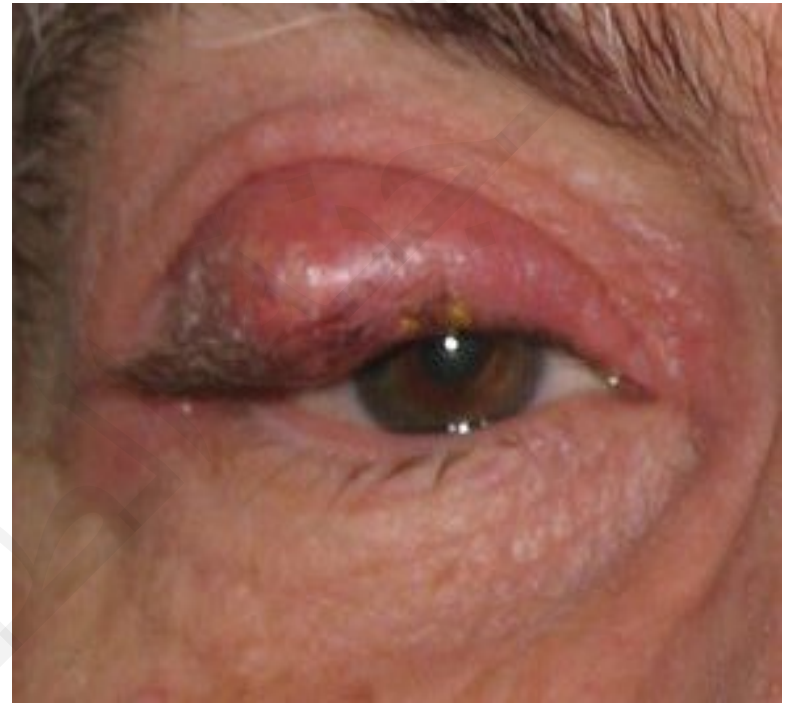
2 Histopathology ?

Granuloma

3 Treatment ?

Warm compression

Surgical incision and curettage if it persists more than 6 month



Q: A 60 year pt present with red painful eye

1- What is the name of the sign to which arrow is pointing to ?

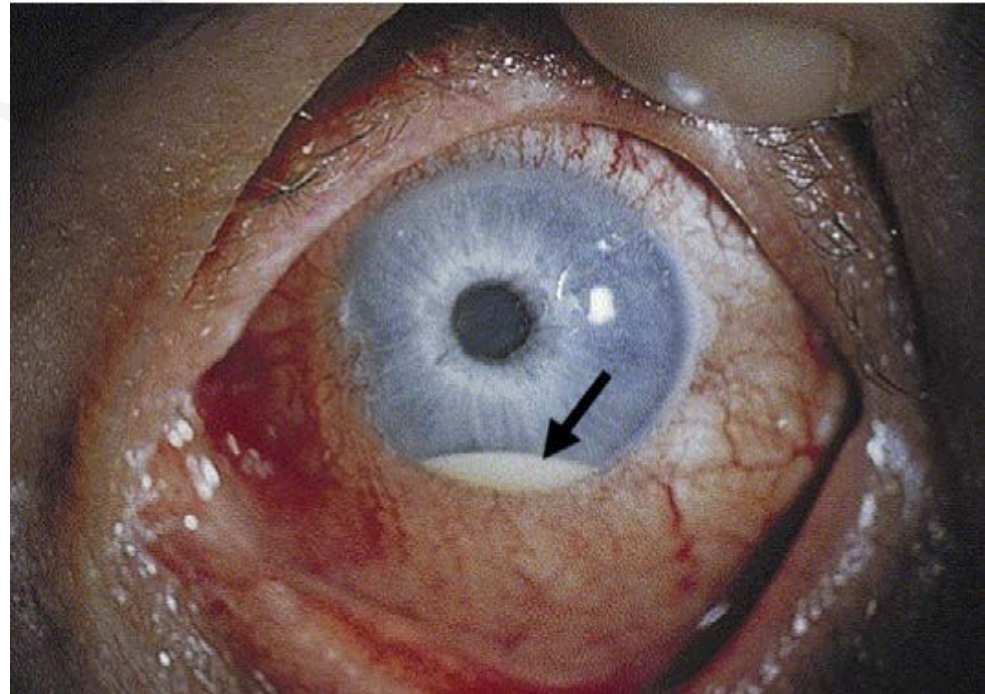
Hypopyon

2- Write down two ddx for such sign ?

Infective Endophthalmitis

Anterior uveitis

Bacterial Keratitis



Q:

1.what are the structures shown ?

Optic disk

2. mention signs you see ?

Loss of cupping (optic disk swelling) / pale disk / tortuous vein / irregular margins

3. mention unilateral causes for this condition ?

CRVO, optic neuritis, Ischemic optic neuropathy



Q: non- proliferative diabetic retinopathy

1. which eye is this ?

Right eye

2. what do you see ? which stage ?

non proliferative diabetic retinopathy

3. what is the cause of blindness in these patients ?

Macular edema



Q: corneal graft rejection

1. what are the findings ?

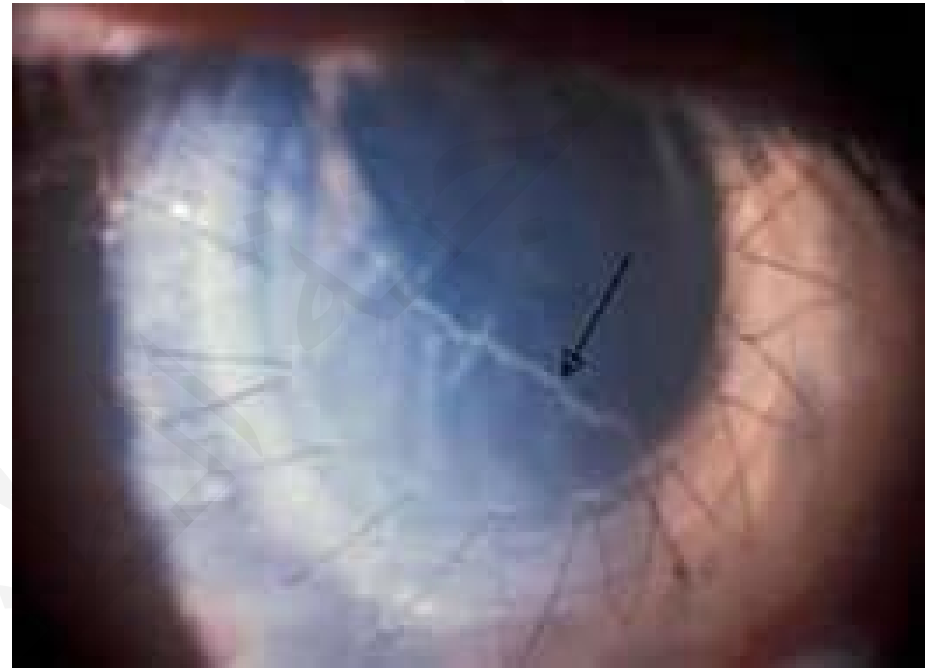
corneal edema

sutures

hypopyon

corneal opacity

pannus??



2. what is differential diagnosis?

corneal graft rejection and others

3. what is your management ?

admit patients , give IV antibiotics

Q: bilateral 6th cranial nerve palsy

In the left picture, he's looking to the left, in the right picture, he's looking to the right

1.what is the finding ?

Failure of abduction of right eye
Failure of abduction of left eye



2.what is your diagnosis ?

Bilateral 6th cranial nerve palsy

3.what do you expect to see in this patient in primary position?

Bilateral esotropia / binocular horizontal diplopia

Q: ruptured eye globe

1. what clinical sign you see ?

Iris prolapse



2. what do you expect to see ?

Full-thickness laceration (due to ruptured globe), irregular shaped pupil

3. management ?

Covering eye, IV analgesia, IV antibiotics, admit patient

Q:

1.What clinical signs can you see in picture A,B ?

A: bilateral dilated pupils

B: Failure of abduction in right eye

2.What symptoms would you expect this pt to have?

horizontal binocular diplopia

3.What is your most likely diagnosis?

right 6th cranial nerve palsy

4. What would the pt do to relieve his symptoms?

ipsilateral head turn "right side"



Q: This pt. had cataract surgery in his eye 10 days ago; presented complaining of blurred vision and pain the operated eye

1. What are the clinical signs you can see in pic A, B?

Picture A: chemosis

Picture B: hypopyon

2. What is your most likely diagnosis?

post op endophthalmitis

3. What is your management plan?

admission, fortified Topical antibiotics, systemic antibiotics, Surgery (vitrectomy)



Q:

1. What structure/s does this picture show?

retina, optic disc, retinal arteries and veins

2. What clinical signs/abnormalities can you see?

loss of cupping, irregular margins, engorgement of vessels, Pale optic disc, tortuosity, flame shaped hemorrhages, micro aneurysms

3. What other specific clinical examinations would you like to do?

optic nerve examination (color vision, visual field, visual acuity, pupillary reaction)

4. What is your differential diagnosis ?

DDX: optic neuritis, papilledema, ischemic optic neuropathy



Q:

1. What clinical signs can you see in Picture A, B, C?

picture A: photophobia or blepharospasm

Picture B: buphthalmos

Picture C: Haab's striae

2. What other symptom would you expect the pt. to have?

Hyper lacrimation, hazy cornea, blindness

3. What is the most likely diagnosis ?

congenital glaucoma



Q:

1. In the top picture: what is the most obvious clinical sign you can see?

NVE

2. In the bottom picture: Mention at least 3 clinical signs you can see?

Conjunctival injection, Rubeosis iridis, ...

3. What is your main differential diagnosis? (at least 2)

DDx: proliferative diabetic retinopathy/ CRVO

4. What treatment modalities are you aware of for this condition?

anti VEGF, laser photocoagulation,

surgery



Q:

what is this test?

Tonometry.

2.what should we do before using the device?

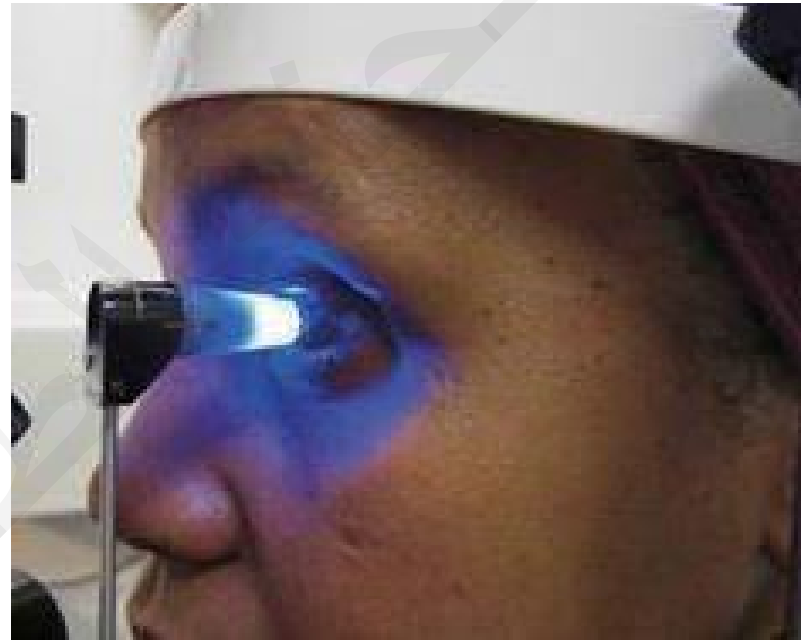
Local Anesthesia + Fluorescein dye

3.what is the normal value?

16 ± 5

4. if the value was higher than normal
what is the probable cause?

Glaucoma



Q:

1. Write down the signs that you can see?

hypopyon -ciliary injection -
hyperlacrimation -dilated
pupil....etc

2. What is your dx?

bacterial keratitis

3. What is the most common
risk factor in adults?.

contact lens



Q:

1.describe what you see?

engorged temporal artery/vascular engorgement.

2.mention some signs and symptoms of this case?

3.what is you dx?

4.mention one investigation?

ESR,biopsy...

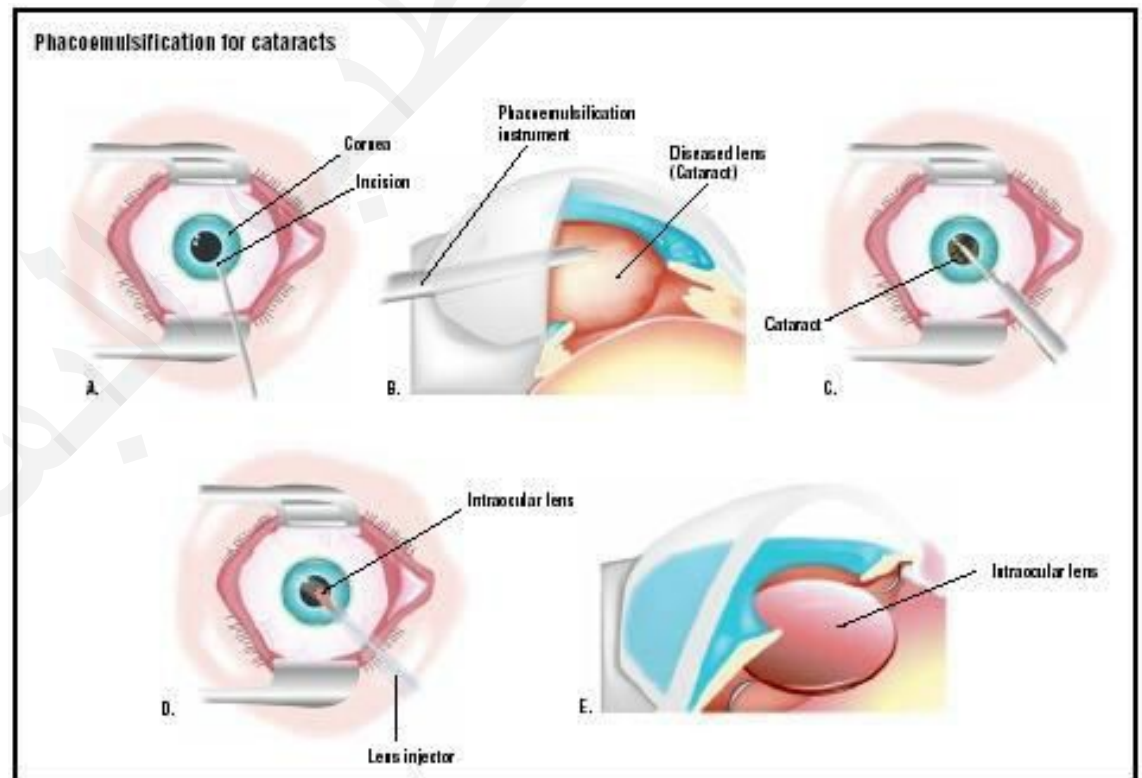


Q:

1.Question about steps of phacoemulsification ?

2.What is the name of the procedure?

3.What it is used for?



Q:

1. What's this sign?

Dendritic ulcer.

2. What's the causative agent?

HSV1.

3. What's the tt?

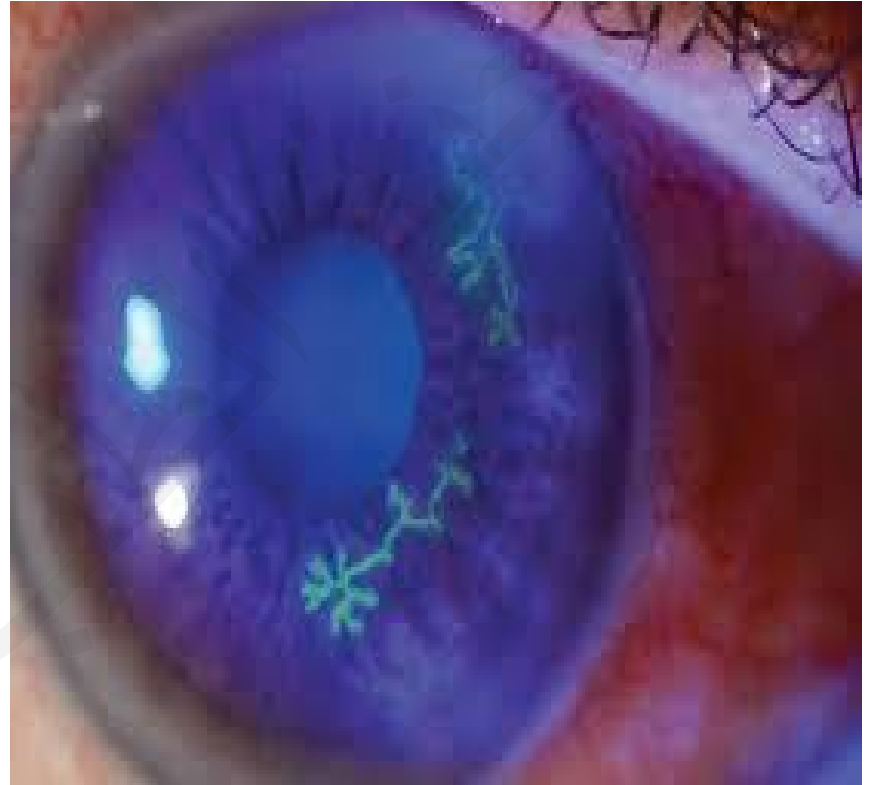
Topical Acyclovir.

4. What is the contraindicated drug?

Steroids

5. What is the stain used?

Fluorescein stain.



Q:

1.Name this sign

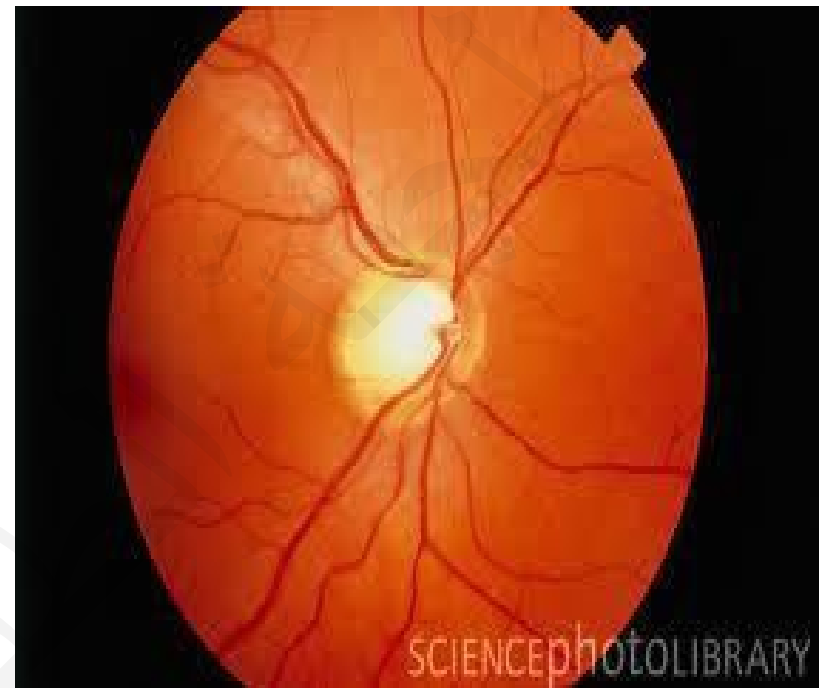
Cupping.

2.What's your
diagnosis?

Open angle glaucoma.

3.Name three drugs used for treatment

B- blockers, Carbonic anhydrase inhibitors,
prostaglandin analogues.



Q:

1. In picture A the patient is looking straight ahead ,what abnormality can you see and what you call this condition ?

abnormality : in left eye ,there's abnormal adduction and this is called esotropia.

2.in pic B the pt is looking to the left ,what abnormality you can see ?

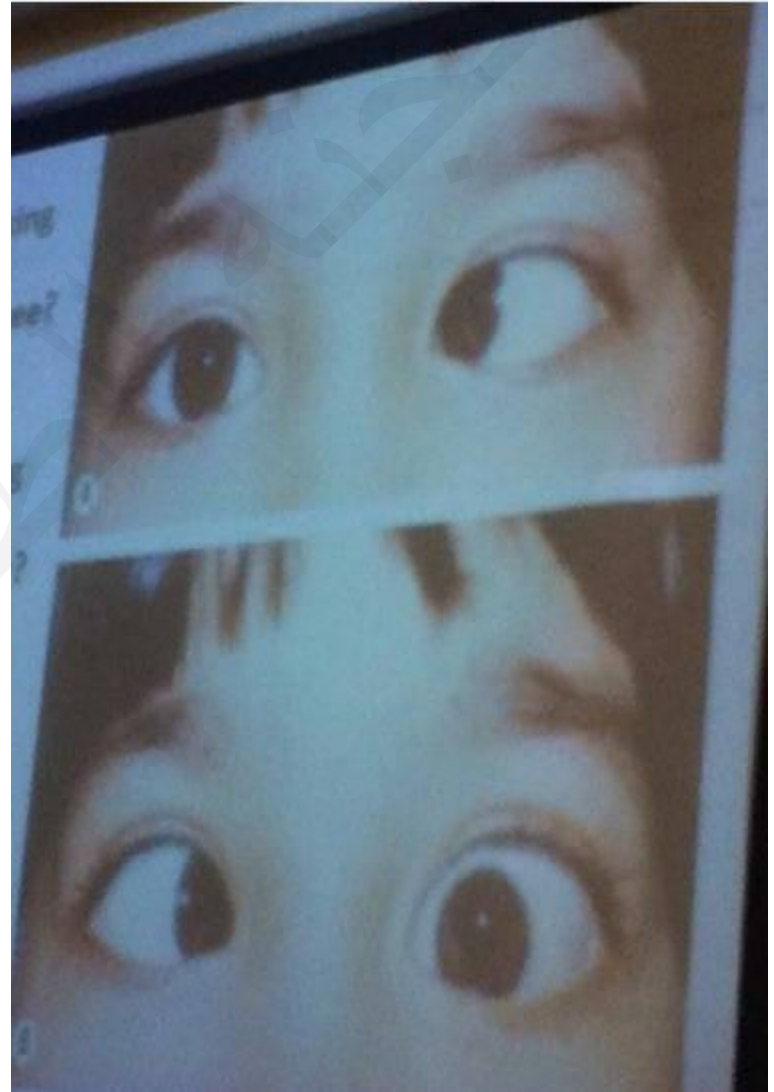
Failure in abduction and lateral gazing in LEFT eye.

3.what is your diagnosis ?

Left 6th cranial nerve palsy.

4.what is the head position the patient will acquire to relieve his condition ?

Ipsilateral(left) face turn.



Q:

1.What's the Dx?

Post-op. Hyphema + staining.

2.What are the signs you see in this pic ?

a-pupil constriction

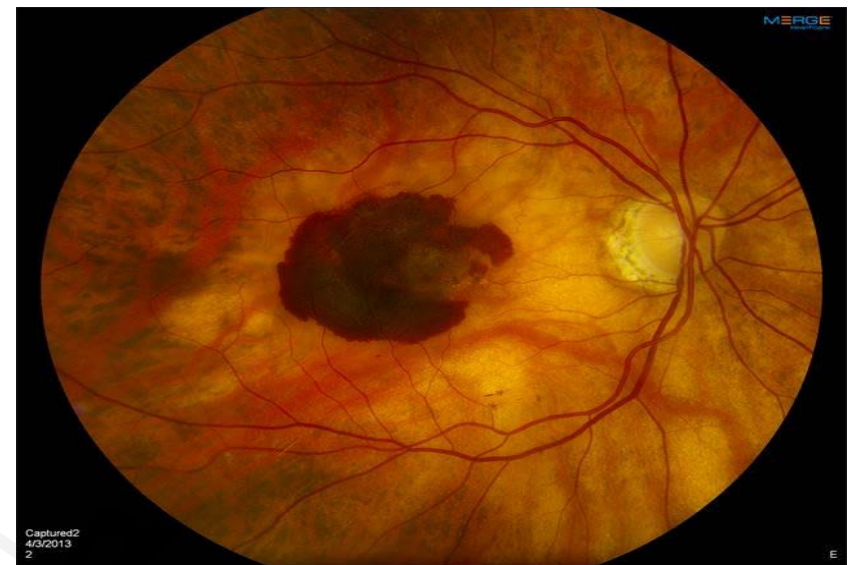
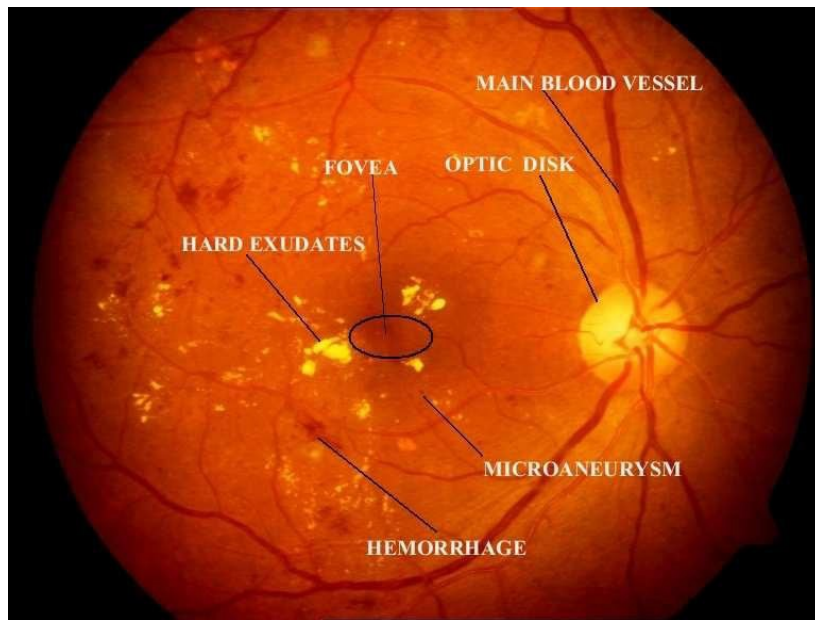
b- blood staining

3.What's the ttt?

Bed rest, Cyclopentolate, Watch intra-ocular pressure



Q:



1. According to the 4 pictures in the previous slide, mention all signs you see in them ?

- a- b- sub retinal hemorrhage
- c- retinal fibrosis
- d- Rubiosis Iridis

2. What is the most likely differential diagnosis ?

DM proliferative retinopathy

3. what are the lines of treatment ?

- a- lesser
- b- Anti -VGEF

Q: A 65 year old patient presented with decreased vision loss in the right eye.

1. Mention clinical signs in the picture

The picture in the exam was very unclear. It had opacification, conjunctival injection and edema

2. What is the most likely diagnosis?

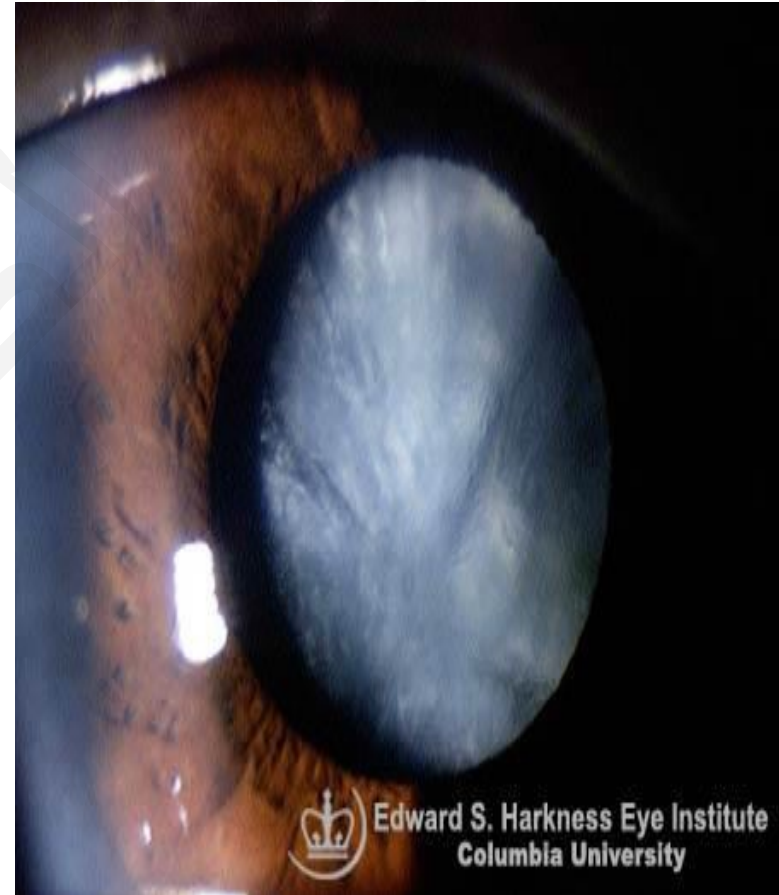
Cataract

3. What other tests you should do?

Biometry

4. What is the treatment?

Phacoemulsification



Q:

1.What is this test called?

Fundoscopy

2.What eye is this?

here it is right eye

3.Mention clinical finding you can see.

Hemorrhage, cotton wool spots, etc.

4.What is the most likely diagnosis?

Branch retinal vein occlusion

5.What is the treatment?

Laser and ?



Q:

1. Mention clinical signs you see in the picture

Suture, in the exam there was injection, edema and hypopyon

2. What is your differential diagnosis?

Corneal graft rejection, other differential is anterior uveitis or keratitis

3. What is the treatment?

Antibiotics and ?



Q:

1. What structure is shown here?

Optic disc & arteries and veins

2. Mention findings you see in the picture.

Loss of cupping, pallor of the optic disc, irregular contour & engorgement of veins

3. What is the differential diagnosis in a 35 year old female patient?

Idiopathic intracranial hypertension, other
DDx: anything that increases ICP

4. What other test (clinical examination) should you do?

Optic nerve function test (visual field, acuity ... etc)



Q: Patients had these readings:

Right eye: -2.0/-1.0 @90 Left eye: +3.0/+1.5 @180

1.What is the diagnosis in the: • Right eye • Left eye

Right eye: regular compound myopic astigmatism

Left eye: regular compound hypermetropic astigmatism

2.The patient is at increase risk of what is the following: • Right eye • Left eye

Right eye (myopic): increase risk of retinal detachment, primary open angle glaucoma

Left eye (hypermetropic): increase risk of acute closure angle glaucoma, and central retinal vein occlusion.

Q:

1. Test name?

Fundoscopy

2. Which eye?

Left

3. Signs?

Dot-blot hemorrhages, Tortuous veins,
Cotton-wool spots

4. Most common cause of vision loss in
these patients?

5. Your most likely diagnosis?

Superior temporal branch retinal vein
occlusion



The picture in the exam was confusing and very
similar to diabetic retinopathy.

Q:

1.Signs?

Injection, Iris prolapse, tear drop sign, eyelid laceration

2.Diagnosis?

Penetrating Laceration

3.Plan for management?



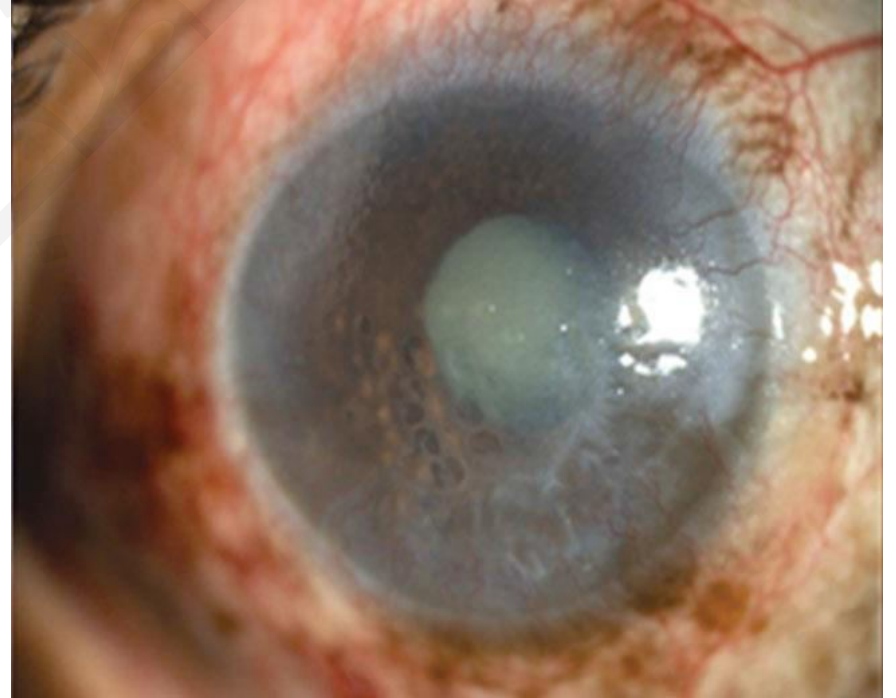
Q: Headache, Ocular pain, Old age,
Sudden

1. 4 Findings?

Mid-dilated pupil (it was in the real picture), Conjunctival injection, Corneal opacification, Cataracts, ...

2. Diagnosis?

Acute angle-closure glaucoma



Q: Rt eye: -2.0/-1.5@90 Left eye: +3.0

1.Refractive error?

Rt: compound myopic astigmatism.

Left: Hypermetropia

2.When together?

Anisometropia

3.Increased risk of?

Rt: RD

Left: Angle closure glaucoma

Q:

1. What do you see in each image?

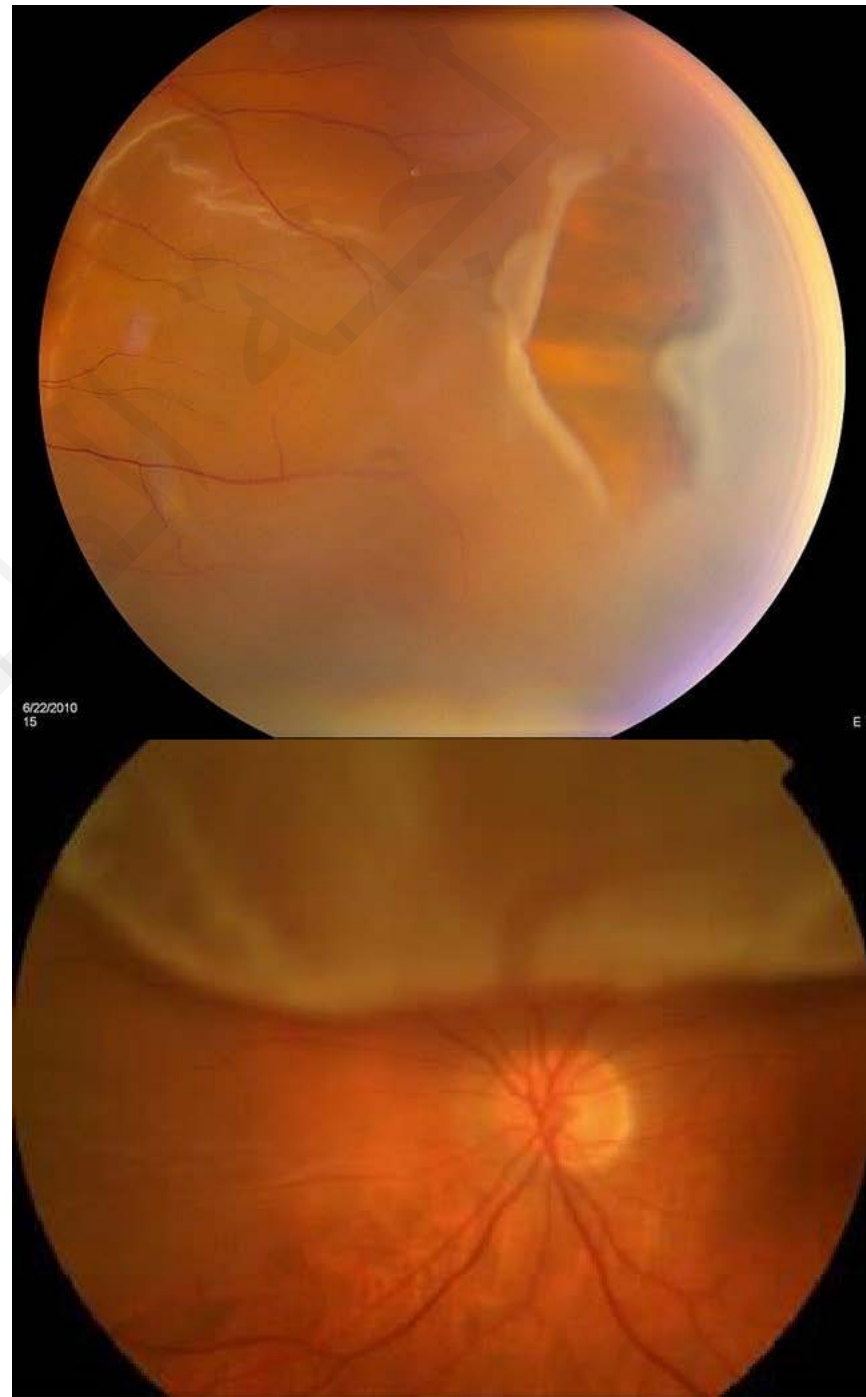
Retinal tear (the picture in the exam wasn't clear), Convex corrugated retina superiorly.

2. Diagnosis and type?

Rhegmatogenous RD

3. Risk factors?

Age, Myopia, Retinal surgery, Trauma, Family Hx



Q:

1. Which structure is shown here? **Optic Disc, part of retina, retinal arteries and veins.**

2. Mention the most prominent sign?
Increase cup to disc ratio

3. What is your differential diagnosis?
Open angle glaucoma

4. Mention your management plan?
Medical: B-blocker, ACI.. Laser, trabeculoplasty
Surgical: trabeculectomy



Q:

1. Mention 5 signs you see in this figure.

-Hypopyon

-Suture

-

-

-

2. What is your DDx?

Infected eye (could be keratitis)
post op. Corneal graft

3. What is your first line in the management?

Antibiotics



Q:

1.What is the name of the chart?

Snellen chart

2.Used for what?

Visual Acuity

3.Left eye?

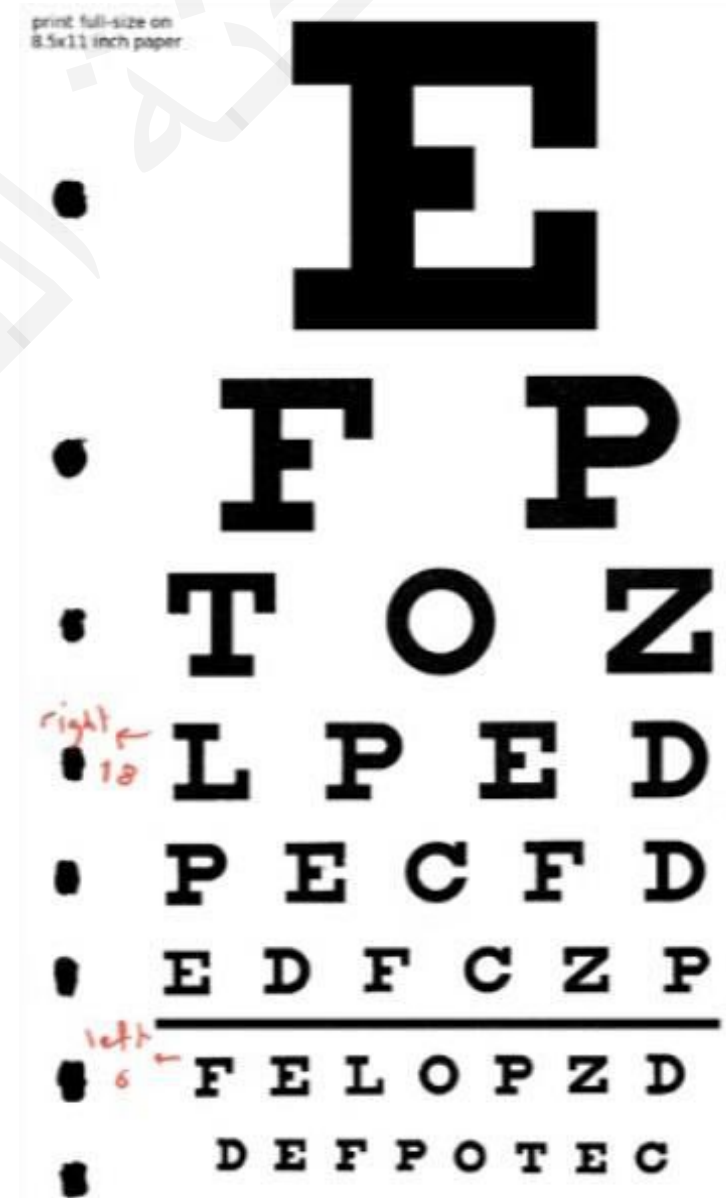
6/6

4.Right eye?

6/18

5.Which eye is better?

Left eye



Q:

1. Which structure is shown here?

Optic Disc, part of retina, retinal arteries and veins.

2. For which eye is the pic.?

Right eye

3. Mention 4 clinical signs seen in this pic.

-Hemorrhage -Cotton wool -Hard exudate -Microaneurysm

4. What is your diagnosis?

Non proliferative diabetic retinopathy.



Q:

1. Mention one sign in the left pic?

Abnormal adduction of right eye

2. Give two differential diagnosis?

-Right 6 cranial nerve palsy

-Right esotropia

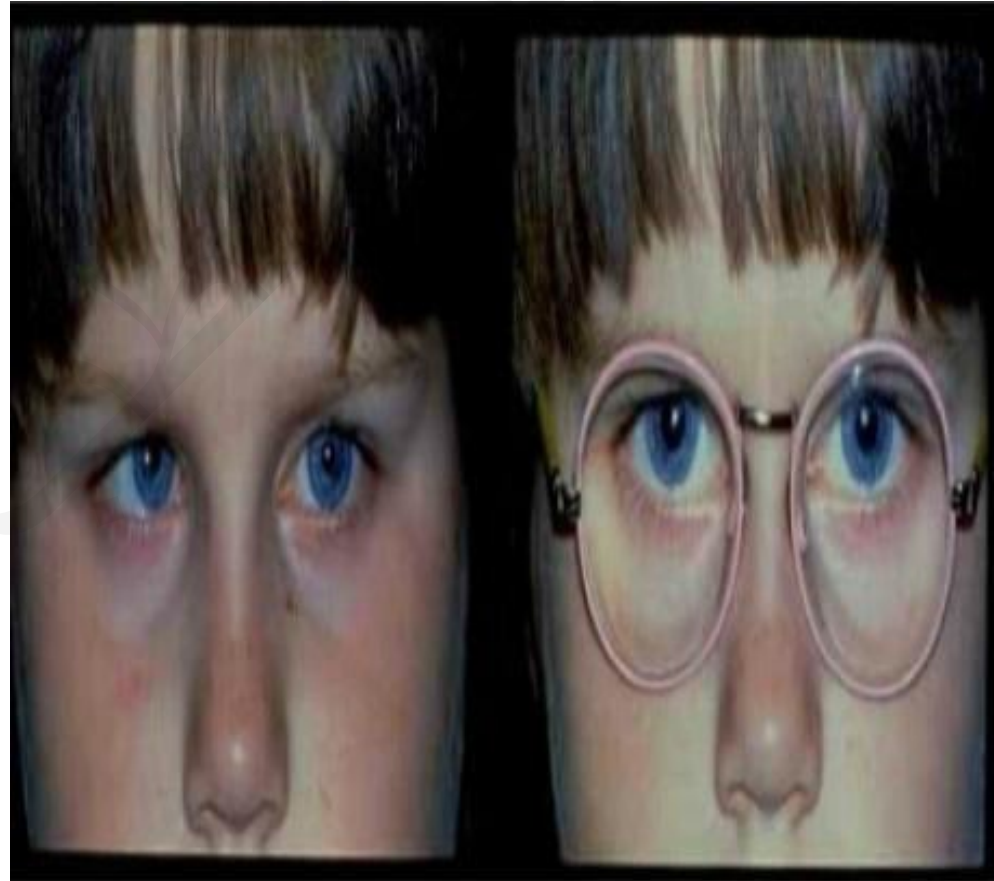
3. Mention two signs in the right pic?

-The eye return to the normal position (centralized)

-Hypermetropia

4. What is your final diagnosis?

Full accommodative right esotropia



Q:

1.What is the name of this charts ?

Snellen chart

2.Why is it used?

To test the vision acuity

3.Left eye ?

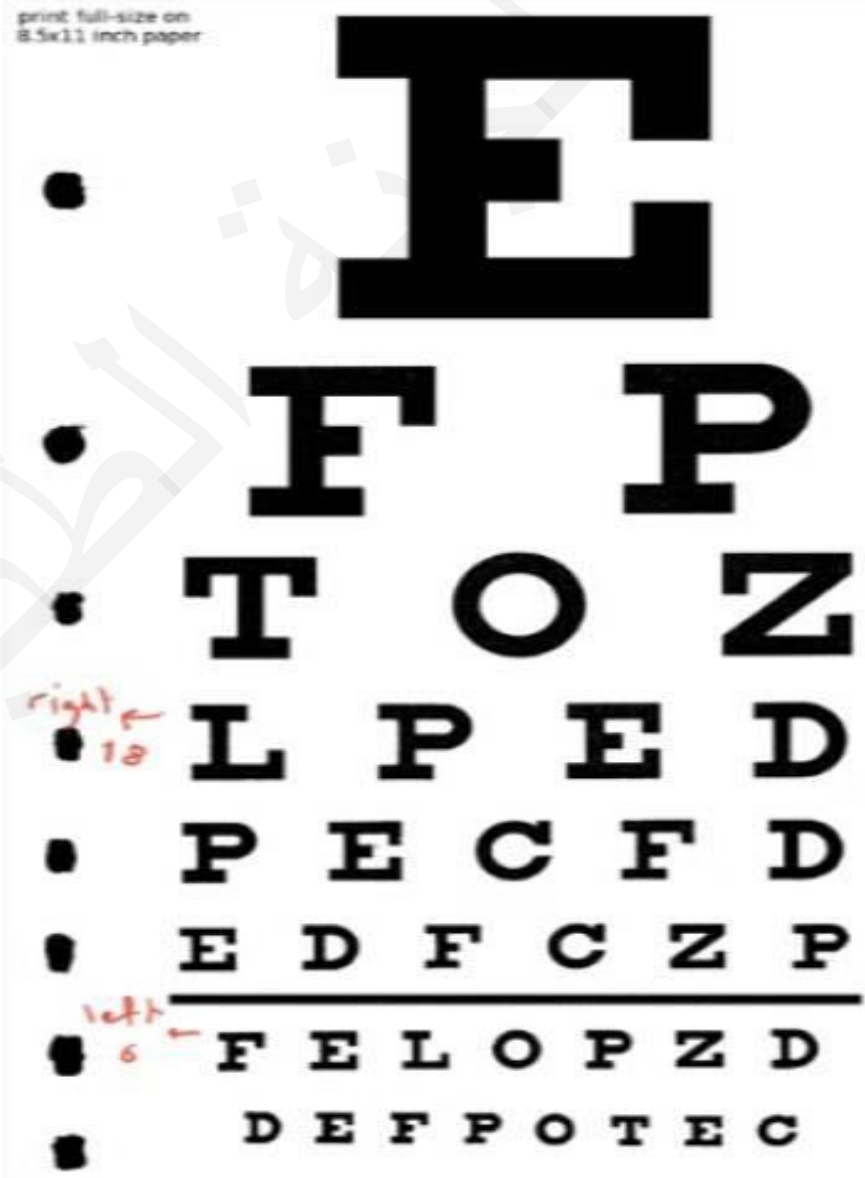
Left 6/6

4.Right eye ?

Right 6/18

5.Name one further test we do for right eye ?

Pinhole test



Q:

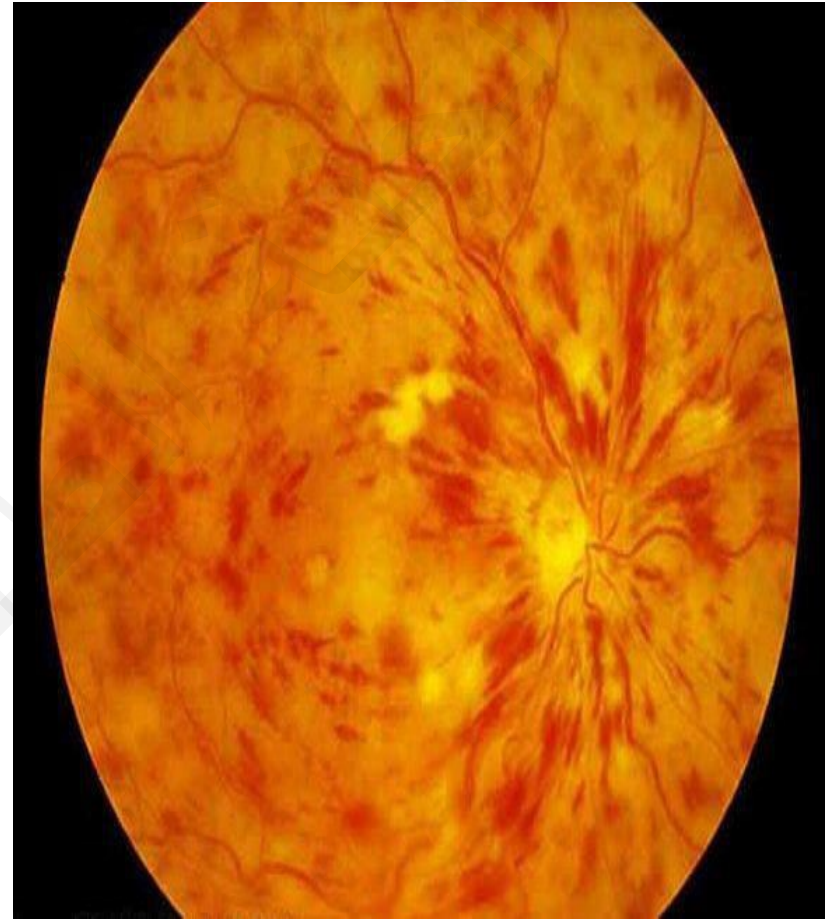
1. Mention 4 clinical sign

Flame shape hg , soft exudate , dot
blots hg

2. Mention DDx

Central retinal vein occlusion
Vitreous hg Advanced proliferative
diabetic retinopathy

3. One further Q



Q:

1.What is this image called ?

Fundoscopy for right eye

2.For which eye ?

Right eye

3.Mention structure shown in this image

Part of retina , optic disk , retina vein and artery

4.Mention 4 finding

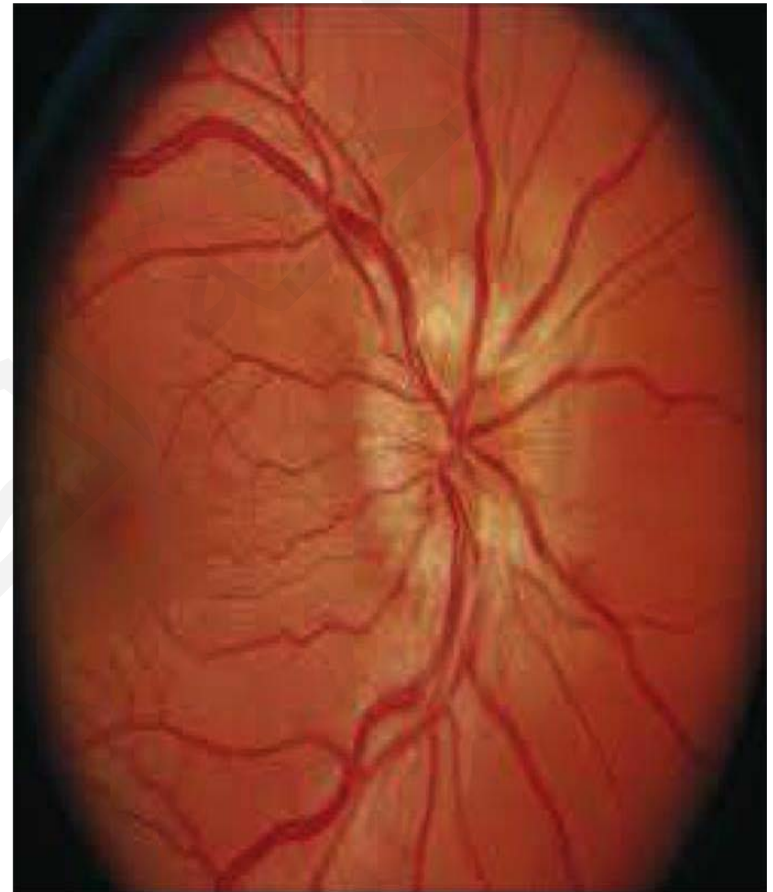
Indistinct margin of optic disk , loss of cup , engorgement of BV , pale color optic disk

5.Mention clinical test you may do

Optic function test , intracranial pressure , vitals

6.Mention DDx

Optic neuritis , papilledema , ischemic optic neuropathy



Q:

1. Mention the clinical finding you see in the picture

Iris prolapse , irregular shape pupil (tear drop sign) , laceration upper eyelid , mild conjunctivitis

2. What's your diagnosis ?

Rupture globe

3. What must you do?

Cover eye , NPO , iv abx iv analgesia , surgical repair





Q:

1. What's your findings in each pic (Pic a : look to right

Pic b : look straight Pic c : look to left)

normal looking for both eye Pic b : slight adduction left eye ,
normal right eye Pic c : incomplete adduction of left eye

2. What's other symptom pt. may come with?

horizontal binocular diplopia

3. What's your diagnosis?

left 6th CN palsy

Q:

1. Mention 4 clinical signs can you see in the above two pictures?

- Left eye total Ptosis
- Mydriasis
- out-down look
- Exophthalmus

2. What is your most likely diagnosis?

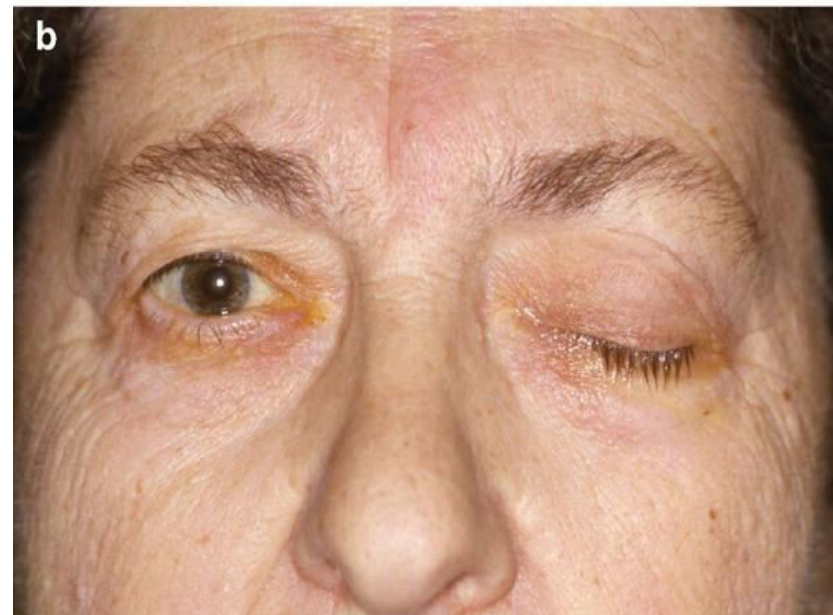
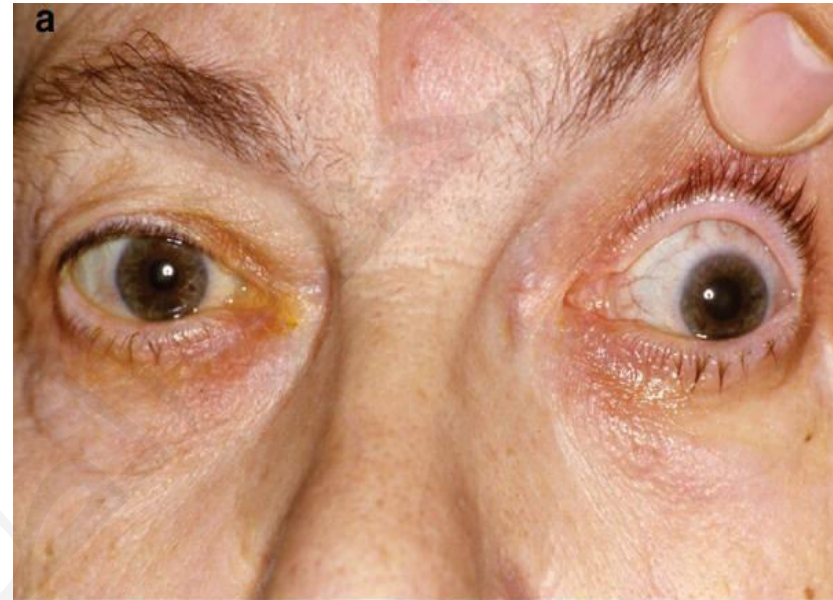
Left 3rd nerve palsy

3. How many clinical types of this disorder do you know?

Medical and surgical

4. Which one of it does this patient mostly have?

Surgical (dilated pupil)



Q:

1. Write down 5 signs that you can see?

- Hypopyon
- Ciliary injection
- Dilated pupil
- Corneal scar
- Edema

2. What is your DDX?

- Infective Keratitis

3. What is the most common causative microorganism?

- Pseudomonas Orogenosa**

4. What is the most common risk factor in adults?

- Contact lens



Q:

1. What is this picture called?

-OCT

2. What anatomical structures shown?

-The fovea

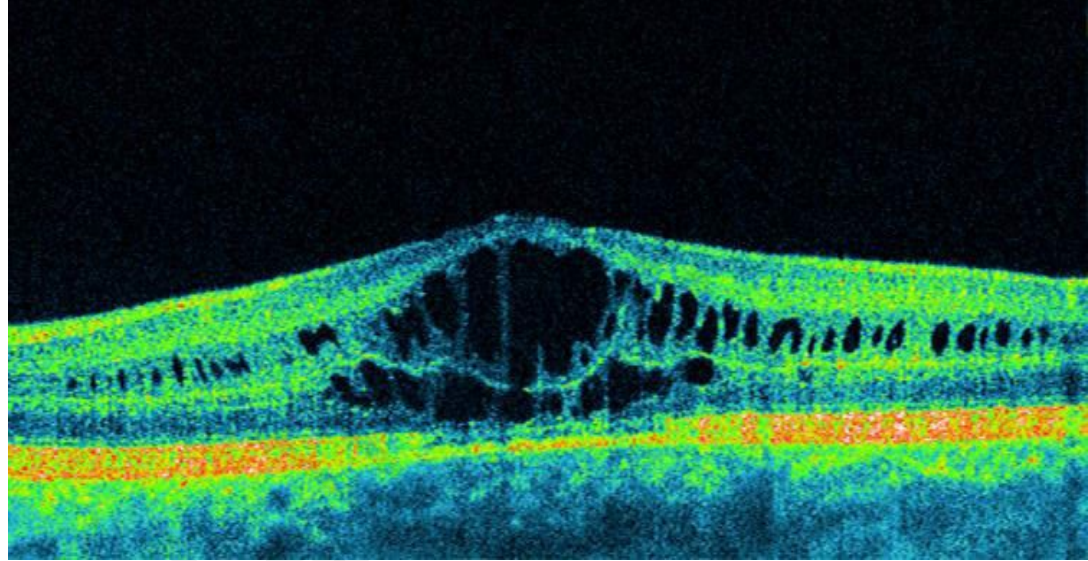
3. What are the abnormalities seen in this picture?

-Intraretinal and subretinal edema

-loss of foveal depression

4. What is the commonest cause in people above 65 years of age? -

AMD



Q:

1.Name the most prominent in photo A ?

-sign of neovascularization

2.Name 4 signs in photo B ?

-Rubeosis iridis

-Hyperemia

-Pupil dilation

-Lens opacification

3.Give two differential diagnosis?

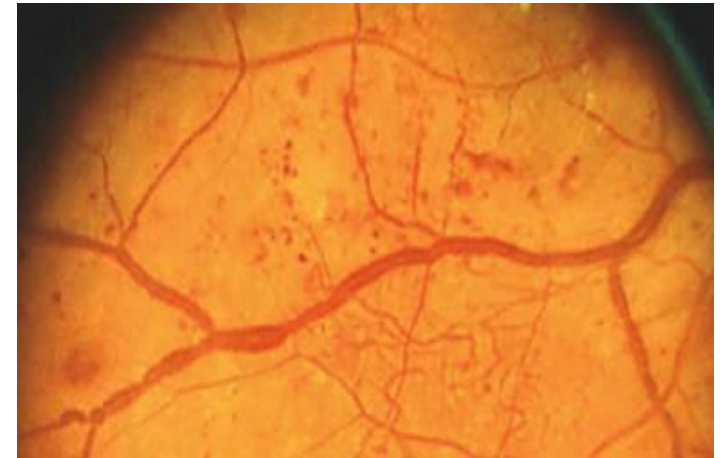
-Retinal venous occlusion

-Proliferative diabetic retinopathy

4.Mention two treatment modalities?

-Anti VEGF

-Argon laser pan retinal macula sparing photocoagulation



Q:

1.Which structure is shown here ?

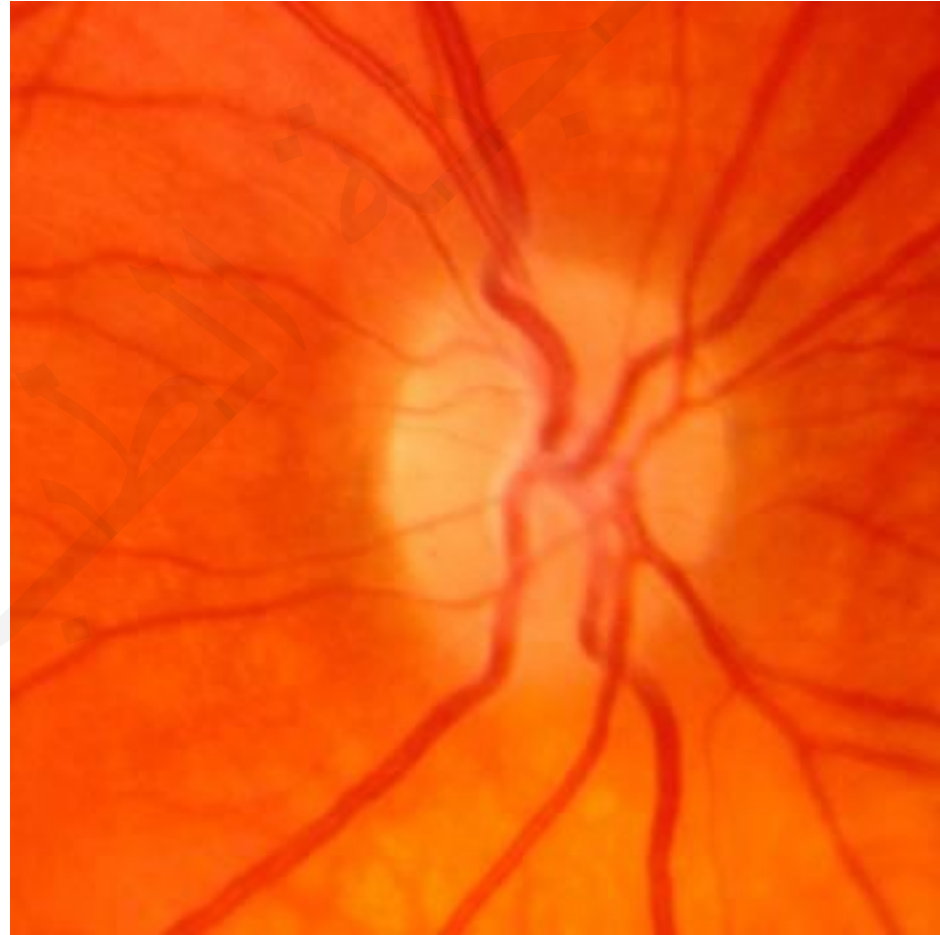
-optic disc,part of retina,retinal arteries and veins.

2.Mention 4 abnormalities you can see in the figure(4 clinical abnormalities).

-loss of optic disc cupping
-indistinct margin of optic disc
-pale color of optic disc
-increased venous engorgement

3.Give 2 DDx for these findings in 35 years aged woman.

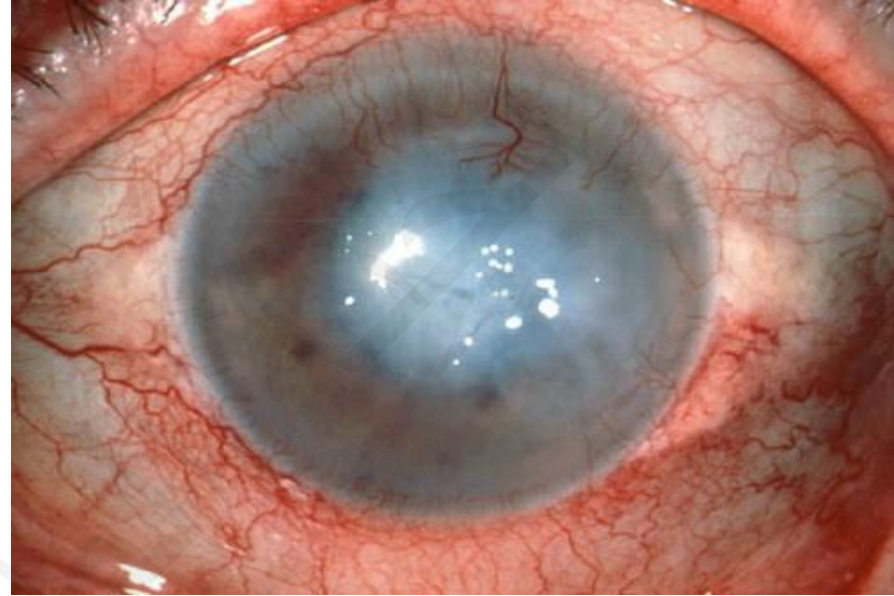
-papilledema (e.g due to idiopathic intracranial HTN)
-optic neuritis



Q:

1. Mention 4 signs you see in this figure.

- ciliary injection (here it's diffuse but in the exam figure it was ciliary)
- pannus
- corneal ulcer
- corneal opacification



2. Mention a sign that you expect to find here?

Hypopyon or posterior synechiae

3. Give 2DDx ?

- Keratitis - Anterior uveitis

4. Mention your management plan ?

- Investigations : swab for culture
- Management :
- Topical Abs (if the cause is bacterial) + cyclopegic agents (e.g : Atropine) + steroids to reduce inflammation

Q:

1. which eye is this ?

Right eye

2. Name the anatomical structures that you can see here ?

- Retina - Optic disc - Macula - Retinal arteries and veins

3. mention 4 signs you can see ?

- microaneurysms scattered in all 4 quadrants
- Hemorrhages (its better to mention the quadrant they're located in, in our exam figure they were in inferotemporal and superotemporal)
- hard exudates
- Cotton wool spots (its better to mention the quadrant they're located in)

3. What is your diagnosis ?

- Non-proliferative diabetic retinopathy (moderate to severe).



Its not the same figure that was shown in the exam, it's the closer one we could find ! So answers are based on the one came in the exam.

Q:

1. Mention the name of this modality of imaging ?

OCT : optic coherence tomography

2. which structure does it show ?

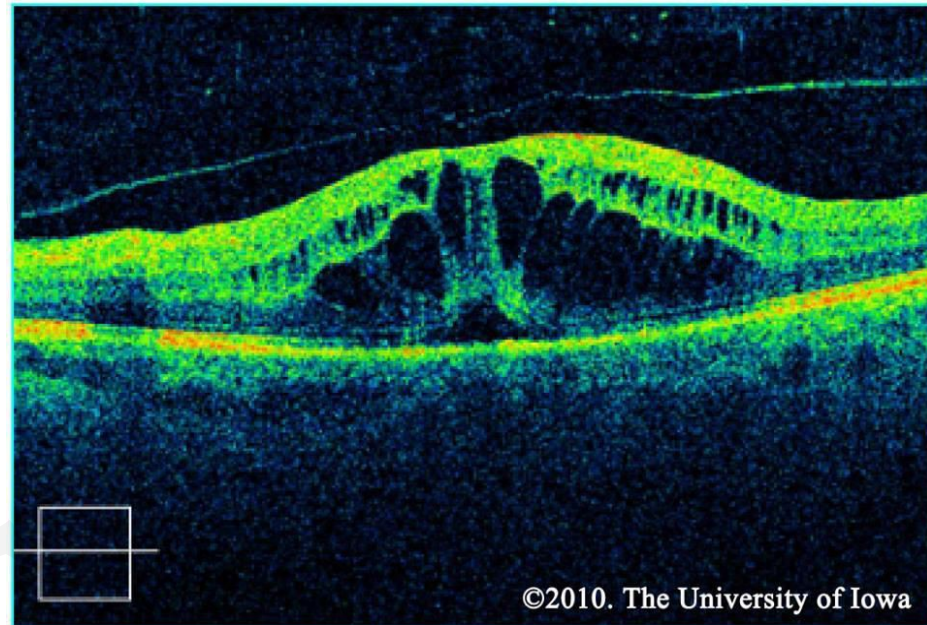
Retina and it's layers

3. mention the abnormalities that you can see ?

**-loss of foveal depression (foveal hump) -
edema and collection of inter-retinal and
subretinal fluids.**

4. whats the most common cause of chronic
loss of vision in pts above 65 years ??

**WET AMD (age related macular
degeneration).**



Q:

1.mention signs that you can see in this baby ?

- heterochromia iridis
- partial ptosis in the left eye
- myosis in the left eye
- lower lid swelling pulling the eye inward slightly.



Figure 1: Left pupillary miosis, marked hypochromia of the left iris, ipsilateral mild ptosis and left hemifacial anhidrosis

2.if this baby was taken to dark room , What is the difference that you will see ?

More obvious myosis in the left eye

3.what is your diagnosis ?

Congenital Horner syndrome.

4.give 1 test that you can confirm your diagnosis by it ?

Put mydriatic agents, like atropine drops or cocaine drops, if left eye didn't respond, then its Horner

Q:

1.what is the name of this pic? And for which eye it is ? Right or left ?

Fundoscopy, for left eye.

2.what are the clinical signs seen in this pic ?

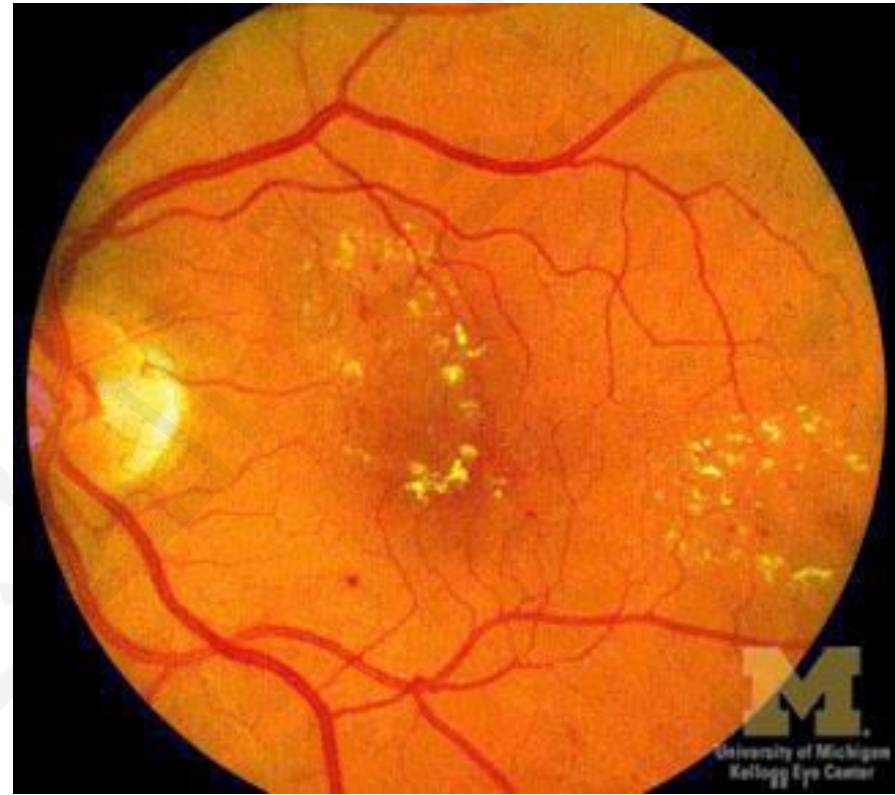
Hart exudates in the macular(central)area and in supero-inferior nasal quadrants. Scattered microaneurysms and hemorrhages.

3.what is your differential diagnosis ?

Macular edema due to non proliferative diabetic retinopathy (diabetic maculopathy)

4. what is your treatment plan ?

- anti-VEGFs (intravitreal injections)
- argon laser(grid or focal)
- vitrectomy(last option)



Q:

1.what clinical signs you can see in these pictures ?

Severe bilateral eyelid edema and erythema.

conjunctival injection.

Pseudomembranes.

Muco-purulent discharge making eyes sticky to each other.

Papillae

2.what is the most likely diagnosis ?

Bacterial conjunctivitis

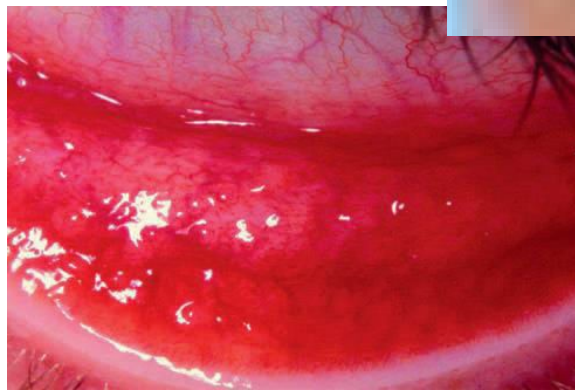
3.what investigation you would like to do ?

Taking swab for culture, gram staining.

4.what is your first line in the management?

-wide spectrum topical antibiotics.

-reduce risk of transmission.



Q:

1.what signs that you can see?

laceration ,ecchymosis and swelling, limited upper gaze, enophthalmos.

2.what other sign this patient might have?

Subcutaneous emphysema, infra-orbital nerve anesthesia, diplopia, ocular damage.

3.test to diagnose?

ct scan.

4.what is the diagnosis?

orbital floor blow-out fracture.



Q:

1. Which structure is shown here ?

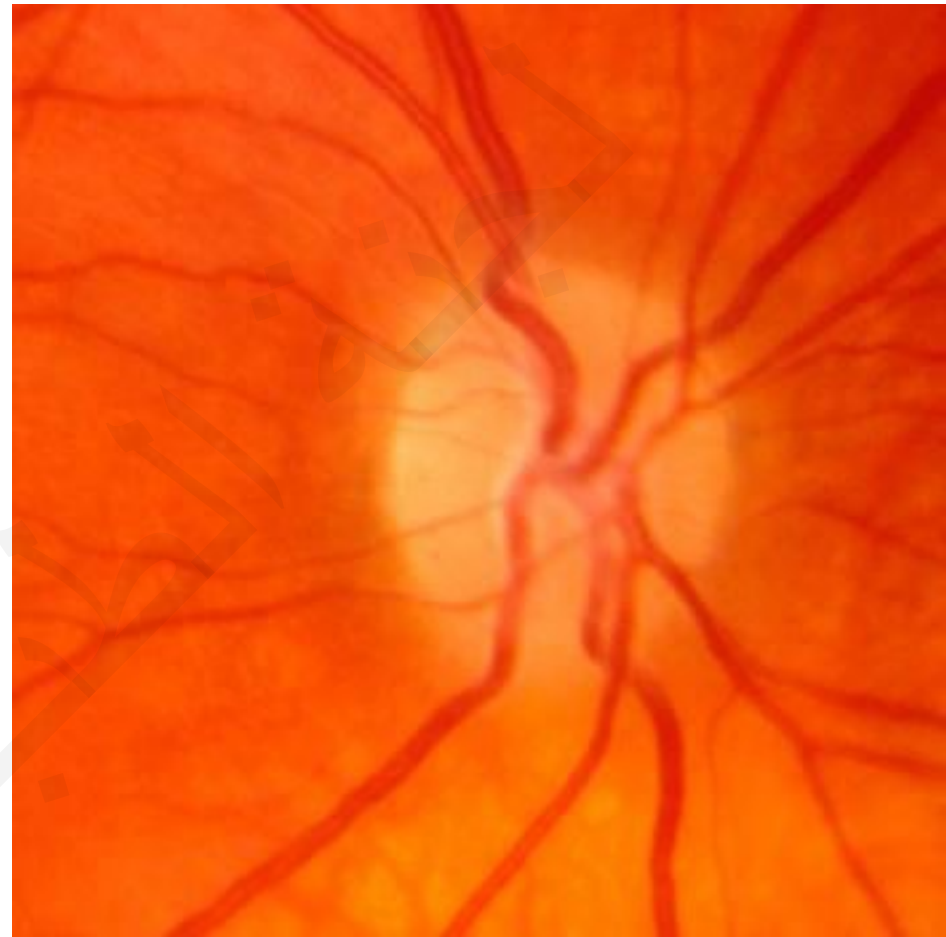
-optic disc, part of retina, retinal arteries and veins.

2. Mention 4 abnormalities you can see in the figure (4 clinical abnormalities).

- loss of optic disc cupping
- indistinct margin of optic disc
- pale color of optic disc
- increased venous engorgement

3. Give 2 DDx for these findings in 35 years aged woman.

- papilledema (e.g. due to idiopathic intracranial HTN)
- optic neuritis



Q:

1.name this sign?

Buphthalmous(mainly) ,
corneal opacity

2. name another sign associated with this
disease?

Other signs : tearing , photophobia , habb
stria

3. what kind of surgery you can do?

Trabeculectomy , Goinotomy



Q:

1.what is the name of this procedure?

Laser iridotomy

2-mention one indication ?

Acute closed-angle glaucoma

Figure 7. Laser peripheral iridotomy. The site of the laser iridotomy (performed in the acute angle-closure glaucoma setting) appears slightly more central as the anterior chamber deepens and the pupil becomes less dilated after resolution of the acute attack.

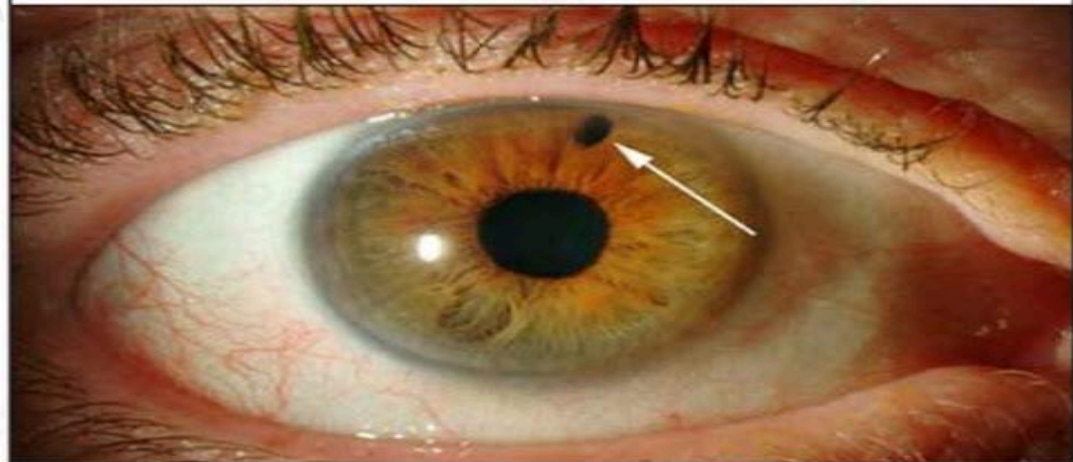


Image courtesy of International Journal of Clinical Reviews
<http://www.remedica-journals.com/International-Journal-of-Clinical-Review/Browse/Issues/November-2010/Article-Management-of-Angle-Closure-Glaucoma>

Q: 25 years old male with history of flu.

1. What is the diagnosis ?

Viral Conjunctivitis

2. what is the cause ?

Adenovirus

3. treatment?

conservative



Q: what is the name of this sign ?

hypopyon



Q:

1. PVD stands for what?

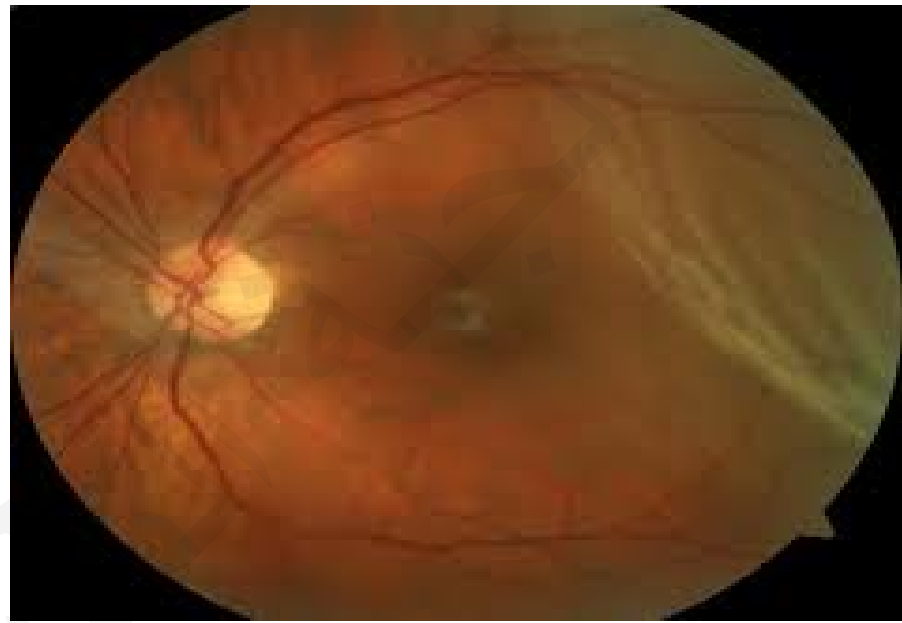
Posterior vitreous detachment

2. What is the type of retinal detachments that is treated medically ?

Exudative type

3. what is the symptom associated with this ?

flashing lights , floaters



Q:

1.define astigmatism?

Parallel rays come to focus in 2 focal lines rather than a single focal point .

2.one pathology causes astigmatism?

Keratoconus , corneal infection.

3.treatment?

Regular astigmatism : cylinder lenses with or without spherical lenses.

Irregular astigmatism : rigid CL , surgery .

Laser , intraocular tonic lenses , limbal relaxing incision

Q:

1.what signs that you can see?

laceration ,ecchymosis and swelling, limited upper gaze, enophthalmos.

2.what other sign this patient might have?

Subcutaneous emphysema, infra-orbital nerve anesthesia, diplopia, ocular damage.

3.test to diagnose?

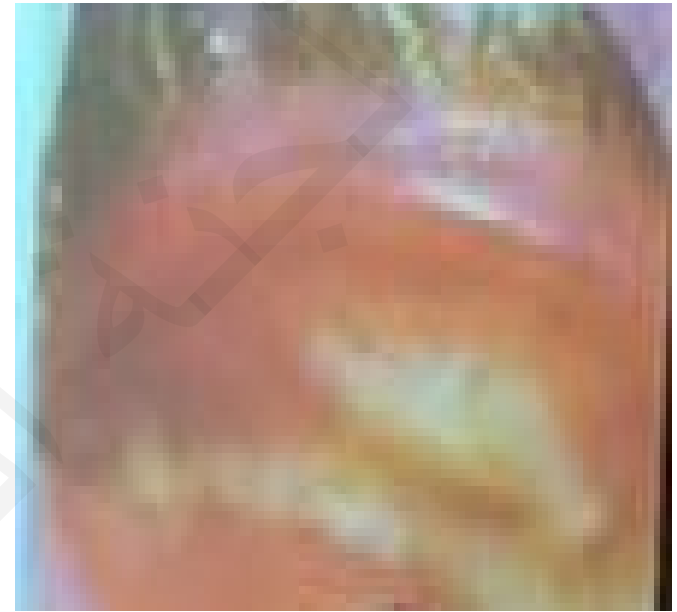
ct scan.

4.what is the diagnosis?

orbital floor blow-out fracture.



Q:



1.What signs that you can see?

Mucopurulent discharge ,eyelid edema and erythema, conjunctival injection, follicles, Pseudomembranes.

2.what is the diagnosis?

bacterial conjunctivitis. (because it is purulent)

3.how to manage?

Topical antibiotic, risk of transmission should be reduce, discontinue contact lenses ,irrigation ,topical steroid to avoid scarring.

4.test that you need?

Swab for culture, Gram stain

Q:

1.what the picture shows?

The optic disc, retinal blood vessels.

2.describe the abnormalities?

Optic disc swelling

(indistinct margin ,pallor ,no cupping)

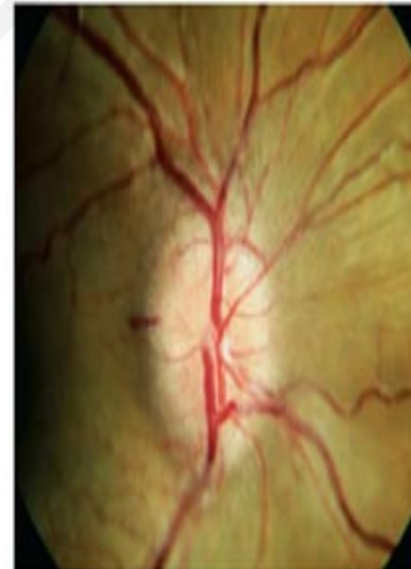
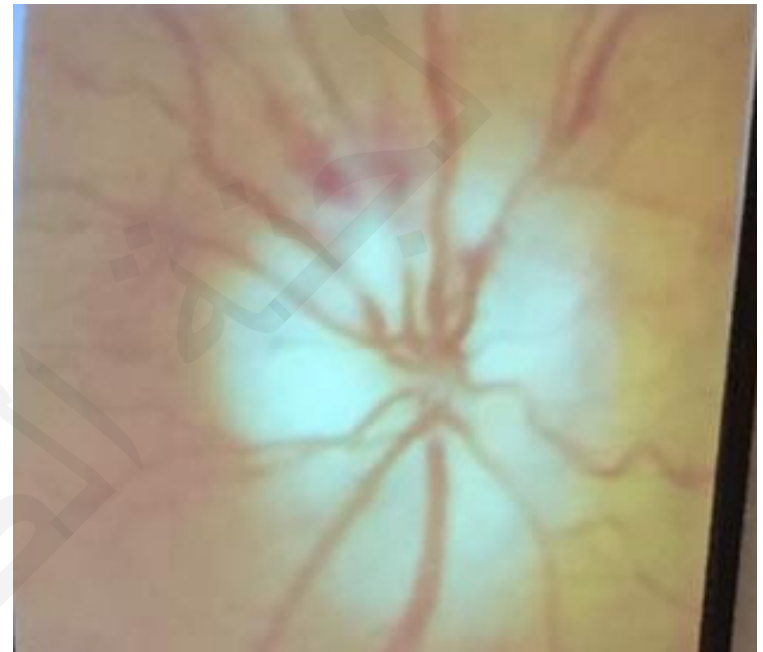
some hemorrhage.

3. What test to do?

Optic nerve function tests.

4.differential diagnosis?

Papilledema, Ischemic optic neuropathy;
arteric and non arteritic causes,
CRVO, optic neuritis.



13. Note the bilateral, symmetric appearance of papilledema.

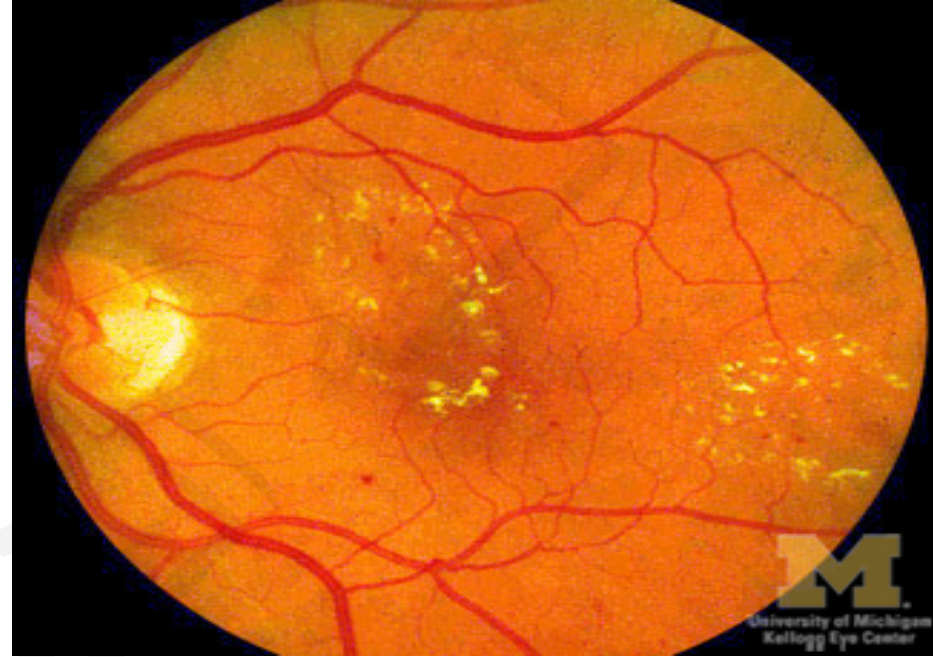
Q:

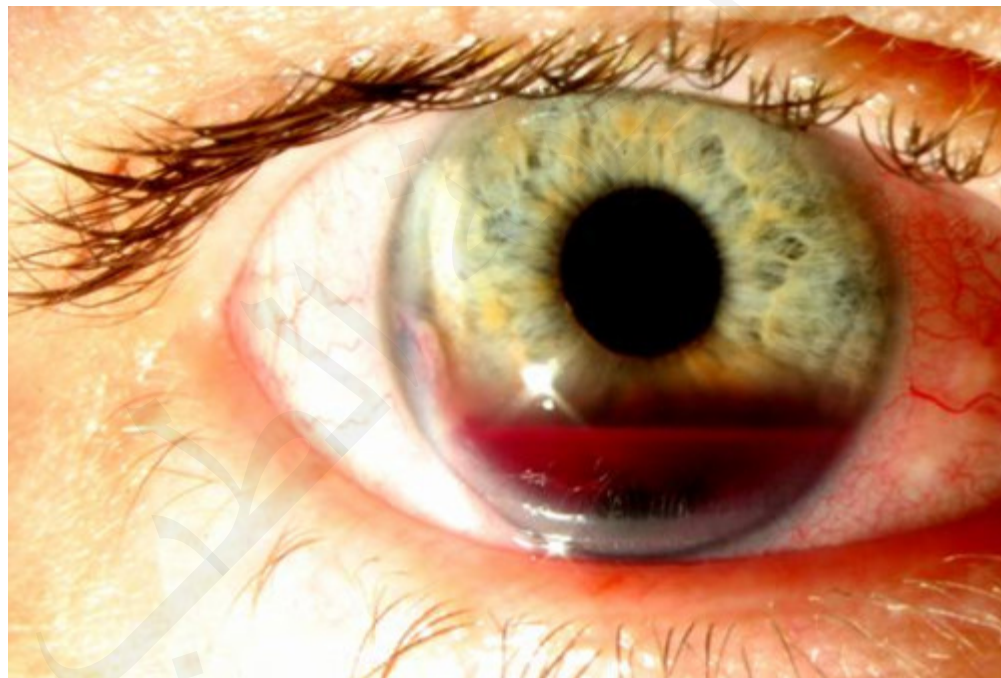
1.what is this picture? right or left eye?
left ,funds graph.

2.what structures that you can see?
Retina, optic disc, macula, retinal
arteries and veins.

3.what is the abnormalities here?
Hard exudates, hemorrhage,
microaneruysm.

4.the differential diagnosis?
Non-proliferative DM retinopathy





Eshi beshbah heak :3 kan 3'areeb :3

Q:

1.what signs that you can see?

Trichiasis?? and hyphema.

2.the most common cause?

Traumatic.

3.the most common complication?

Increase intraocular pressure.

Another:

Coreneal blood staining

Secondary Hg.

4.how to manage?

Conservative treatment but hospitalization may be required

Steroid eye drops together with dilatation of pupil

Vitamin c

Monitor IOP.

