



# Ophthalmology MINI OSCE

Soul batch

B groups

# Q1: contact lens wearer, present with pain , photophobia

- **what's the dx** : infectious/bacterial keratitis
- **What is the initial management** : antibiotics

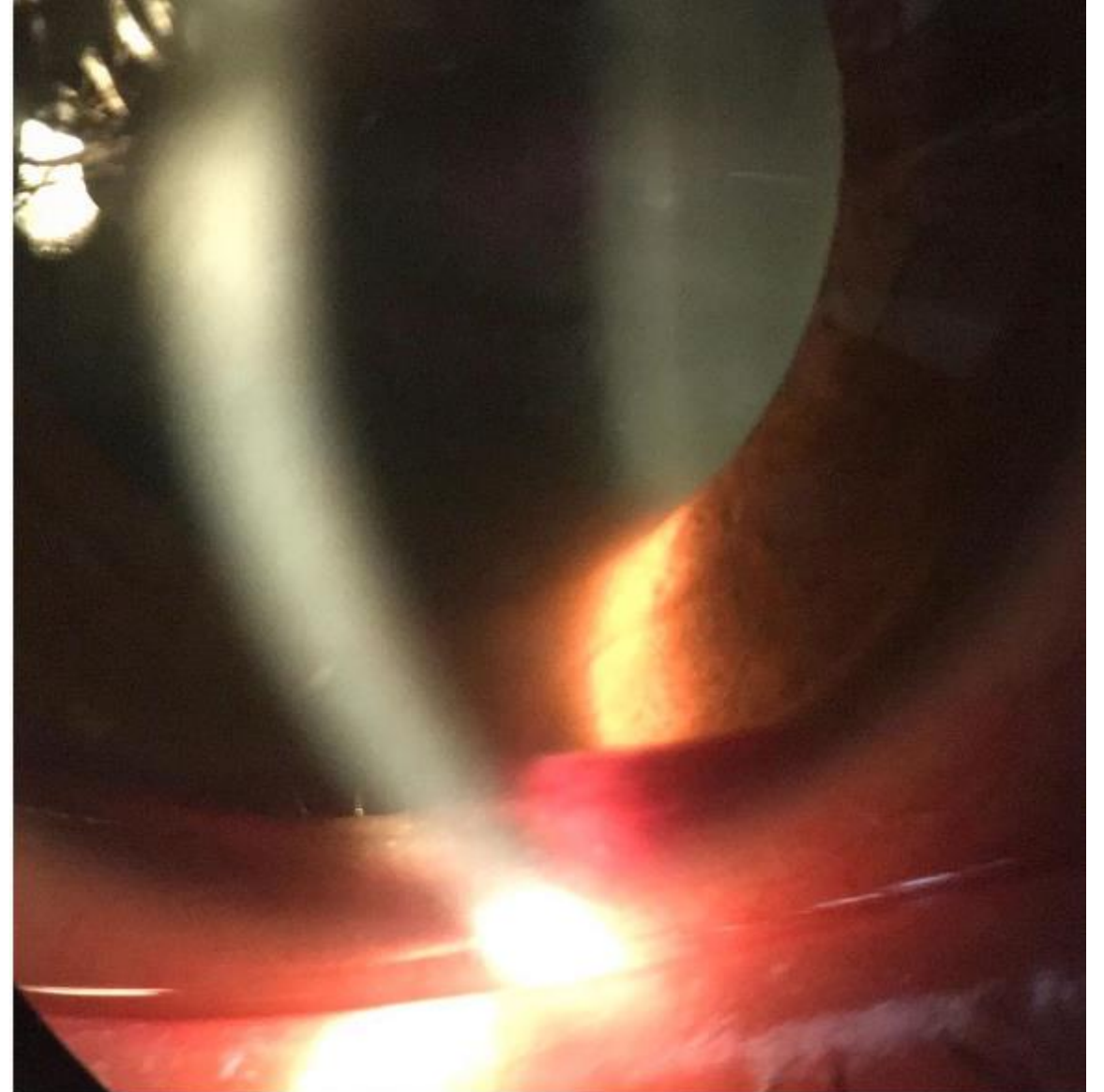




- **what is the sign ?** Left eye Leukocoria
- **2 ddx:** retinoblastoma , congenital cataract

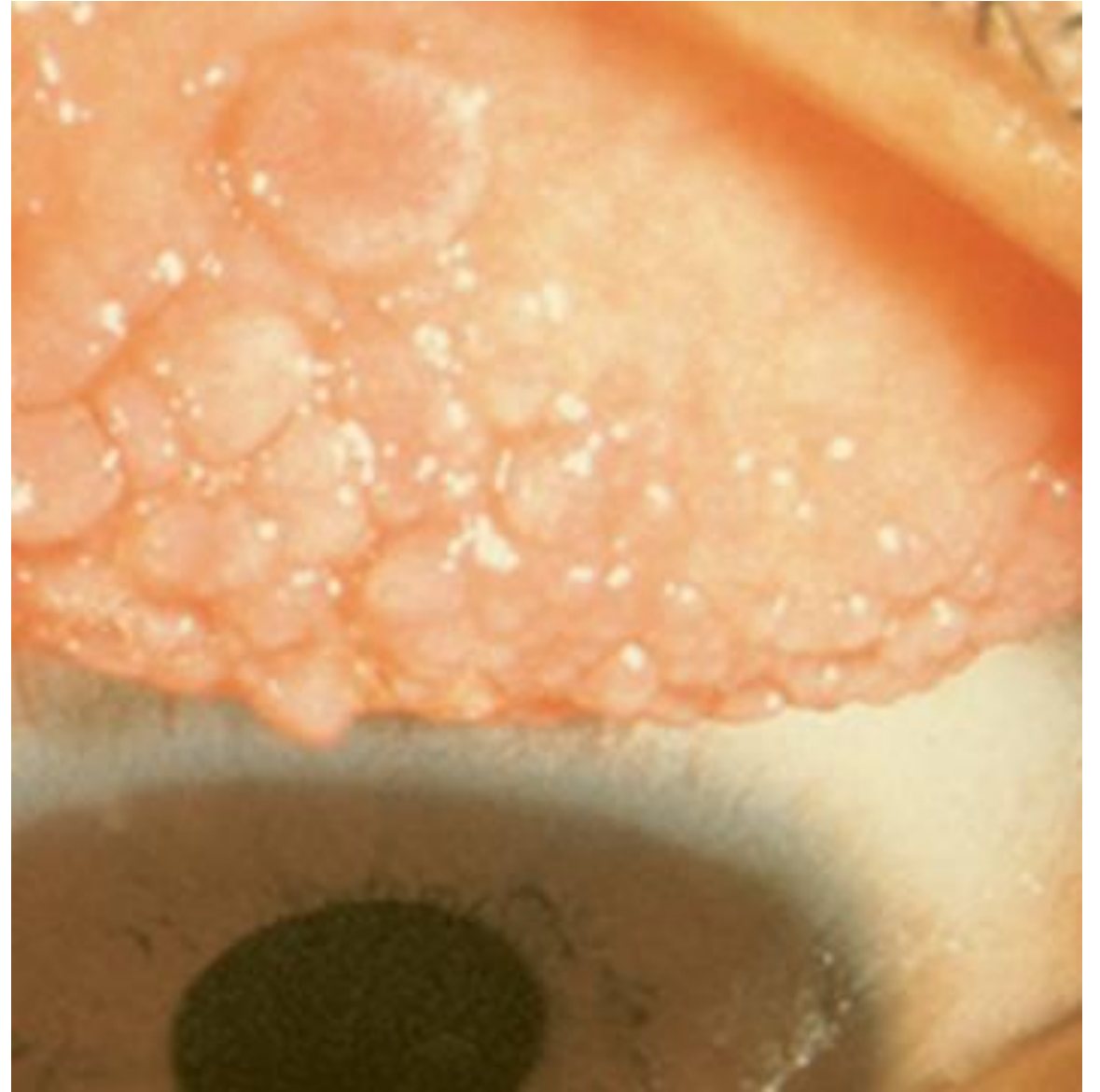
Q3: 6yr old boy , with hx of blunt trauma , this is his slit lamp ( the picture was from the lateral side) :

- **what is the finding** : hyphema
- **Management:** Rest, cyclopegics, steroid.. , RULE OUT EYE INJURY ( عليها علامة لحالها والباقي عليه علامة)



Q4: pt presents with red eye, itchy :

- **dx:** allergic conjunctivitis
- **The sign ?** Papillae (cobblestone)
- **Mention one line if ttt:** mast cell stabilizer , anti histamine.. etc



- **dx:** rupture globe /penetrating eye injury
- **Initial management step:**  
surgical repair (anything else is wrong)





Q6: the following  
is the optic disc:

- **dx:** optic disc swelling / papilledema
- **2 possible causes:** IHH, optic neuritis ,..



# Q7: 60yrs old pt , present with loss of vision:

- **2 findings** : Hg , hard exudate
- **Most probable dx:** non proliferative DR WITH MACULOPATHY (DR alone is wrong)



Q8 mention 3 drug groups used as eye drops to treat Glaucoma :

- b blockers,
- PG analogues
- CA inhibitors

- Mention three types of refractory errors and the type of lens to correct each one ?

**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?**

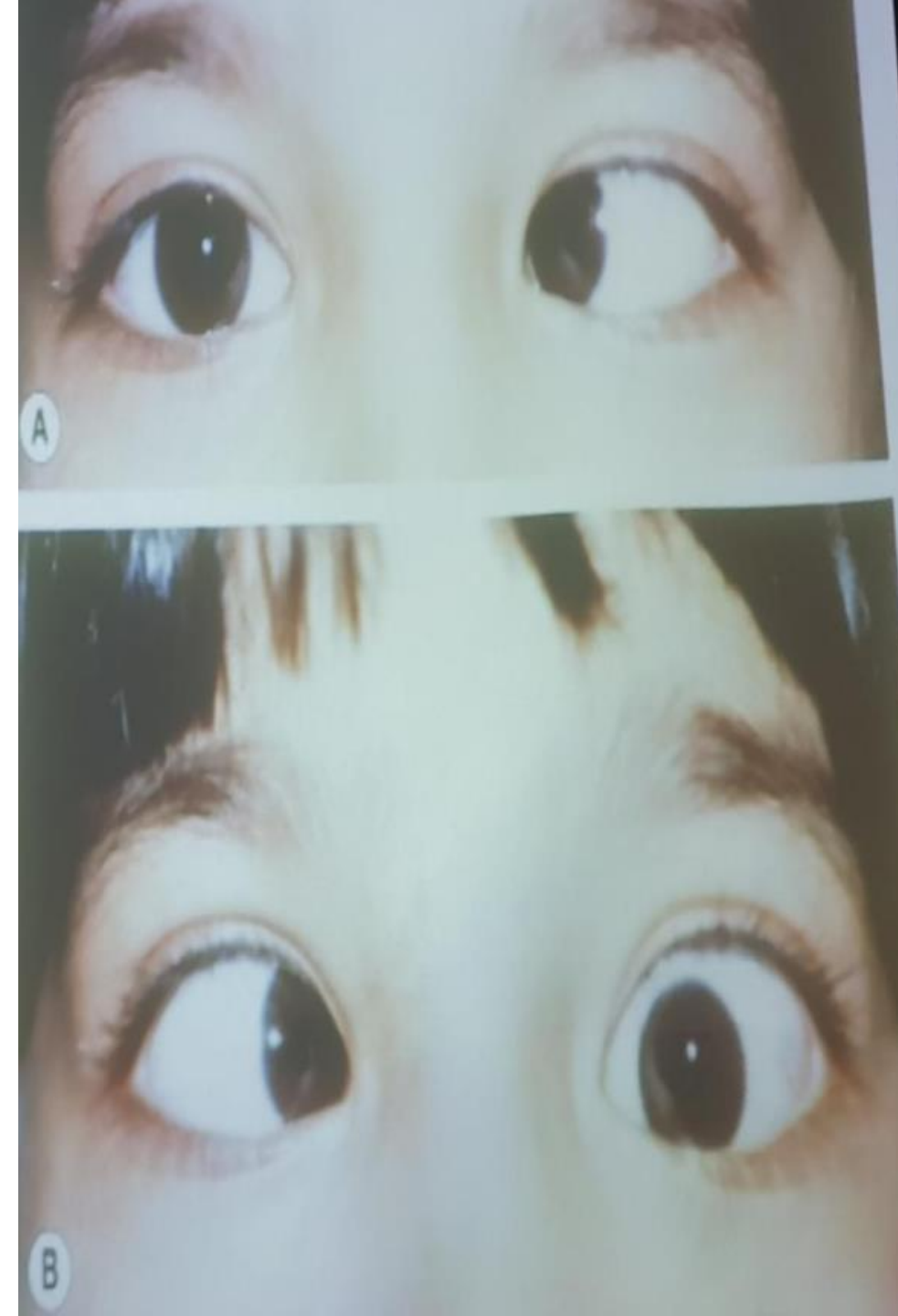
Left eye fail to abduct

**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"



**What is the Name of this procedure?**

Goldmann Applanation Tonometry.

**What is the prerequisites of it?**

Local Anesthesia + Fluorescein dye

**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



**1- What is the name of this test ?**

Optical coherence tomography (OCT)

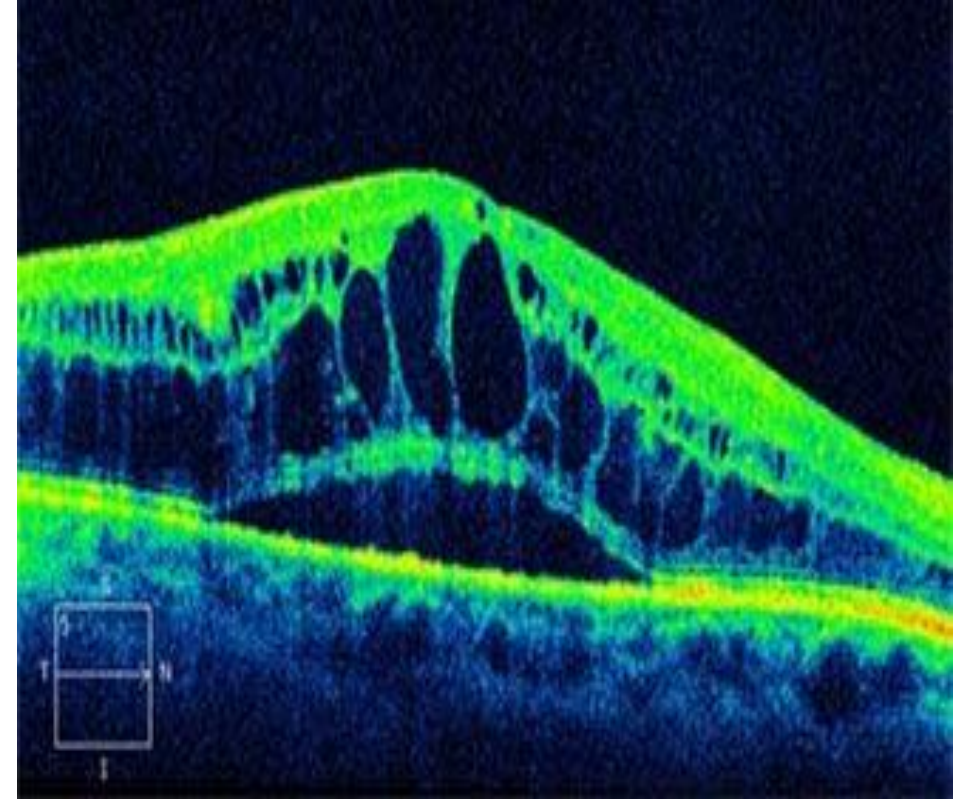
**2- What is the finding in this image ?**

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)



# Pt presented with blunt trauma

- What can you see in the pic?  
Restricted vertical movement  
Subconjunctival hemorrhage  
Swollen lid  
Loss of sensation over upper cheek  
Periorbital ecchymoses

Ttt?

Three guide line



Pt has sensation of foreign body without watering

- DDX?  
episeclaritis
- TTT?  
steriods



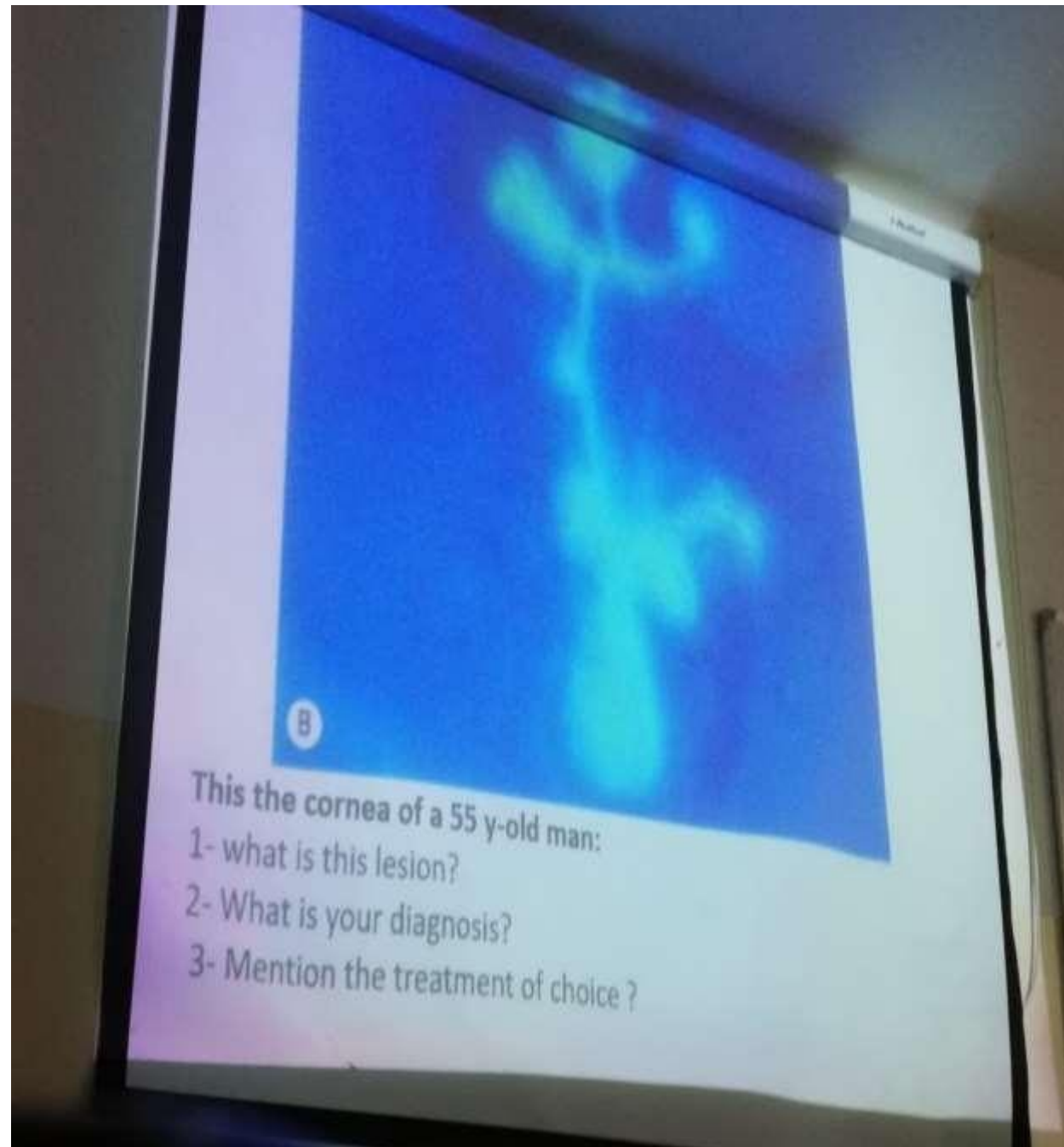


- There was a pic of central vein occlusion

# Opthalmology

GroupA5/6/7/8

Q1.



1 Dendritic ulcer.

2 Herpes simplex keratitis.

3- Antiviral (Acyclovir).

Q2.

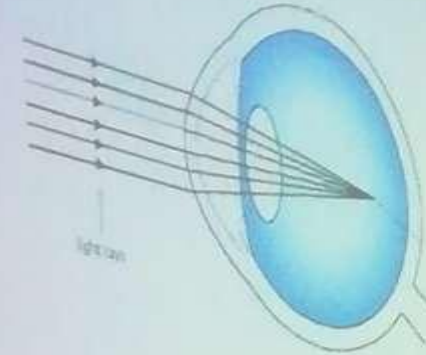


This is the cornea of a 67y -o man who presented with progressively reduced visual acuity:  
What is your diagnosis ? What is the definitive treatment?

Diagnosis: Cataract.

Treatment: Phacoemulsification.

Q3.



This is a diagram showing the optics of one of the common refractive errors:

- 1- What is this refractive error?
- 2- Mention three options for treatment?





Q4.



This is an anterior segment photograph for a 30 y old man who was involved in a fight:

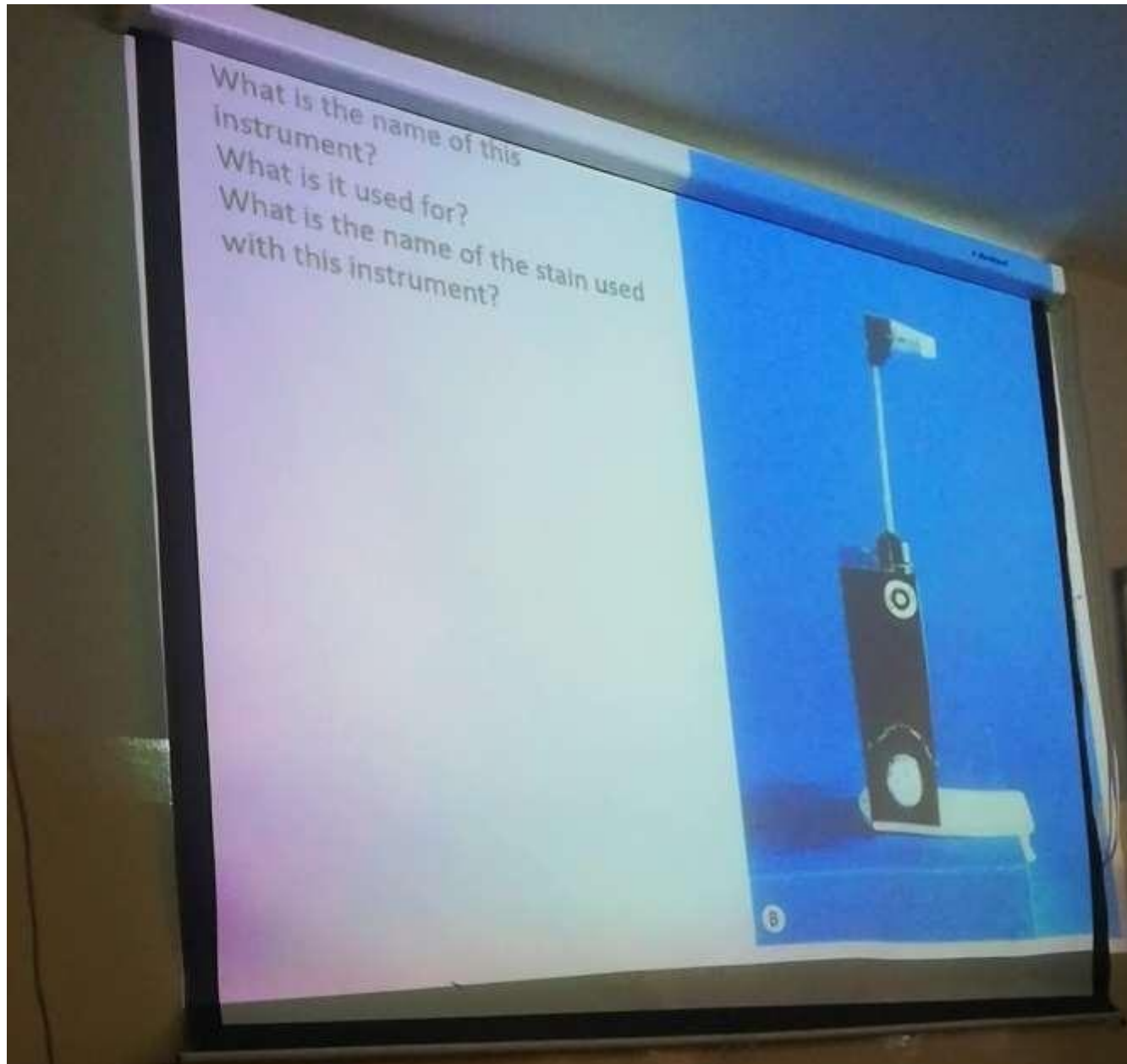
- 1- Mention two clinical signs that are apparent in this photo?
- 2- What is your diagnosis?
- 3- What is the definitive management?

1 Iris prolapse. Laceration. Oval pupil.  
Subconjunctival Hemorrhage.

2 Open Globe injury.

3- Primary repair.

Q5.

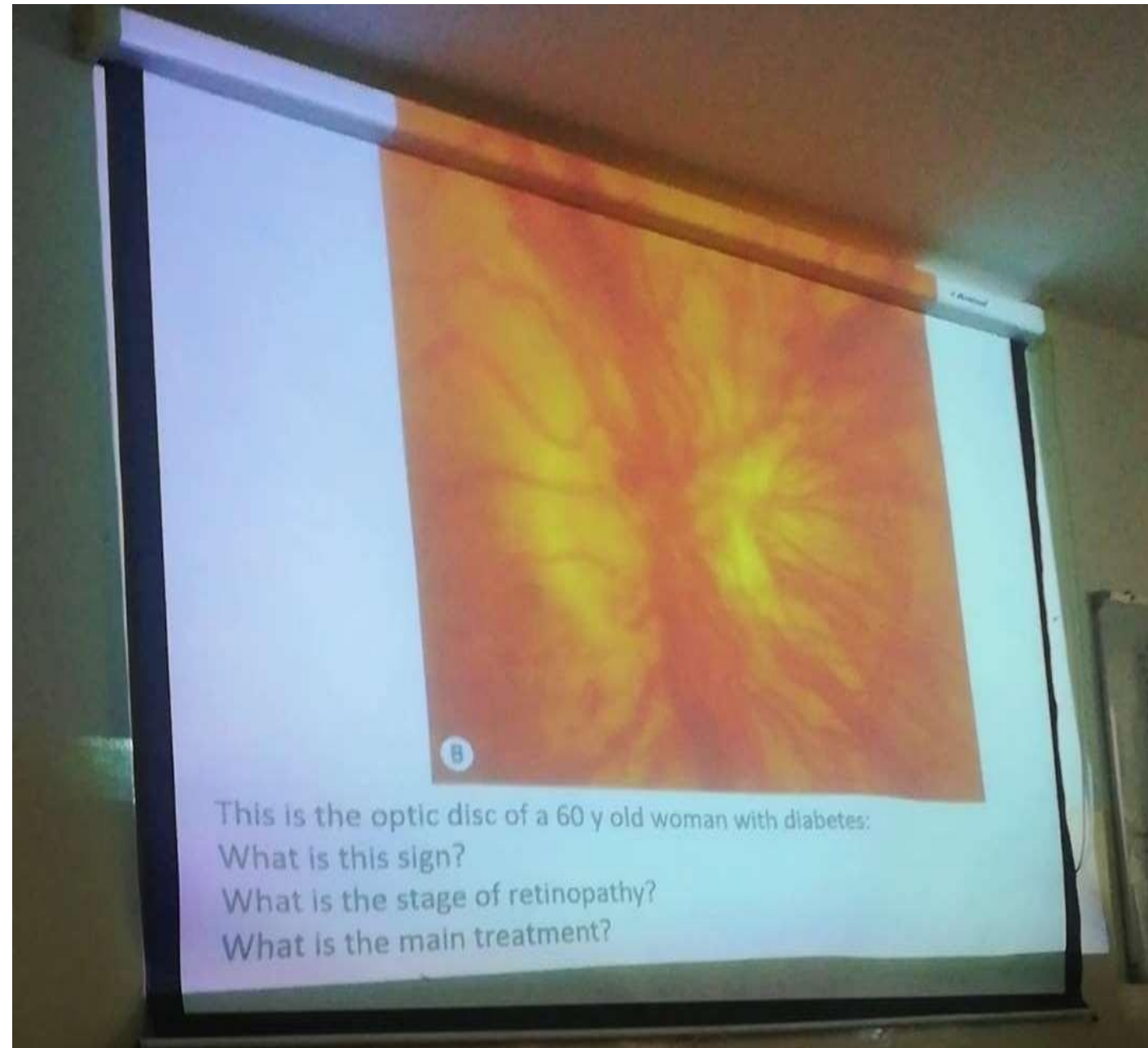


1 Goldmann applanation tonometer.

2 Measurement of intraocular pressure.

3- Fluorescein stain.

Q6.



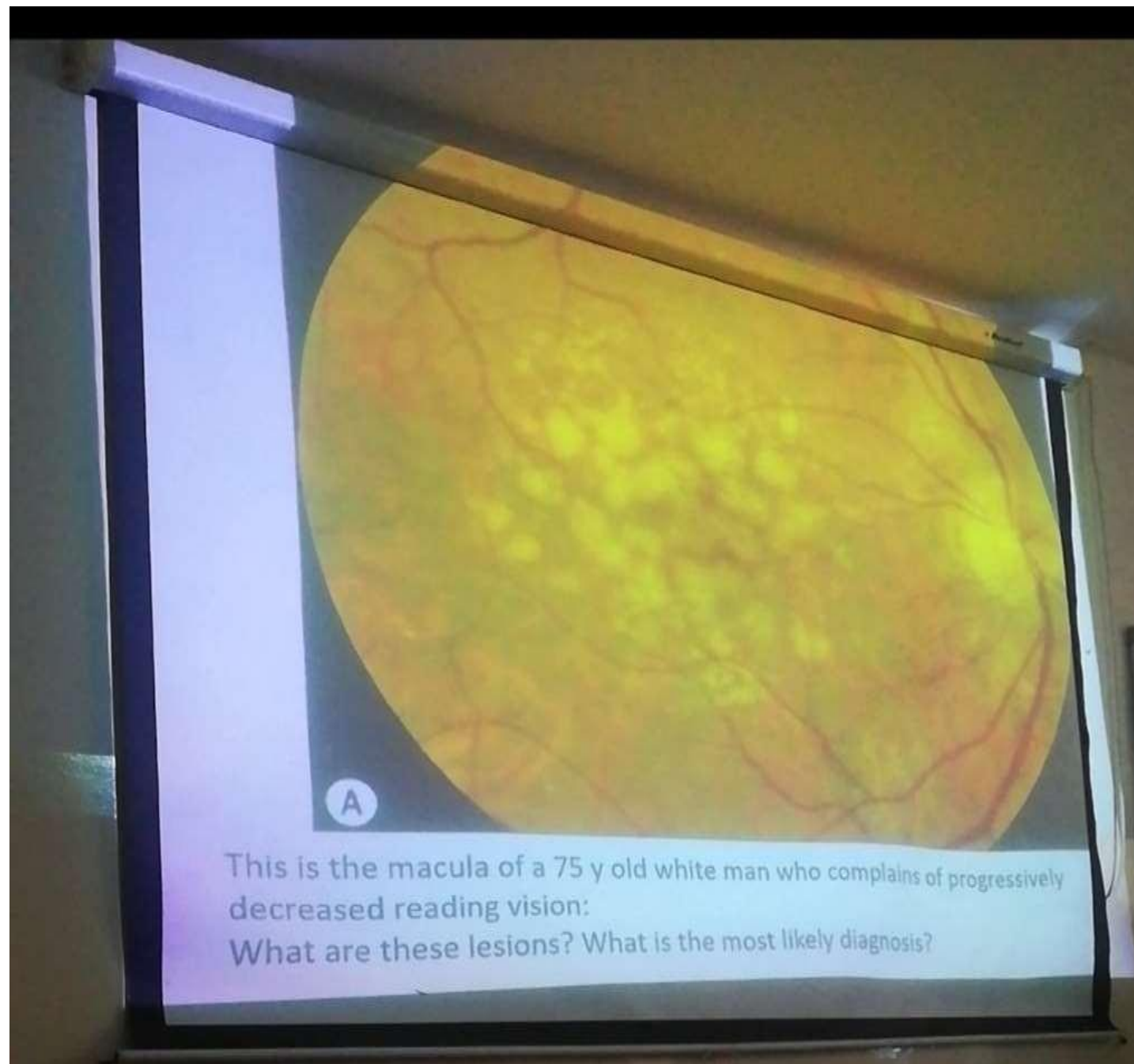
1 Neovascularization at DISC (NVD).

2PRP (proliferative diabetic retinopathy).

3- Argon laser Photocoagulation (PRP).



Q7.



Lesions? Drusen.

Diagnosis? Dry – Non exudative Age related macular degeneration.

Q8.

Mention three causes of afferent pupillary defect.

- 1 Optic neuritis.
- 2 Retinal detachment.
- 3 Ischemic optic neuropathy.

Not the same exact photo\*\*

1- Name the test?

Swinging light test What is the abnormality?

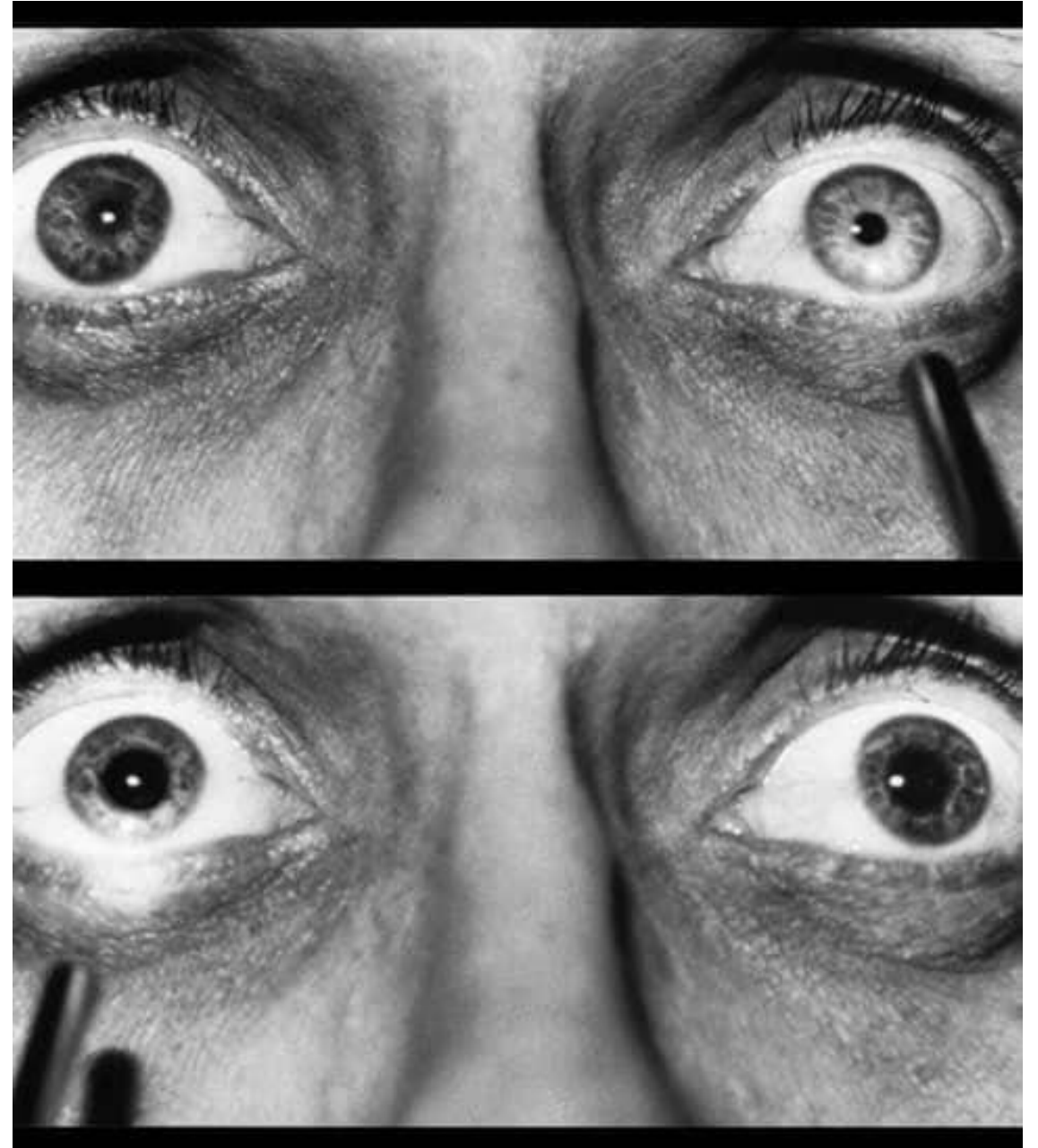
Marcun gunn pupill

2- Mention 4 causes of this abnormality?

Relative afferent pupillary defect

3- Causes:

- 1) optic neuritis
- 2) ischemic optic neuropathy
- 3) central retinal vein occlusion
- 4) amblyopia



1- What is your diagnosis?  
ophthalmia neonatorum

2- Mention 3 causative  
microorganisms?

- Chlamydia
- herpes simplex
- Neisseria gonorrhea

