

POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO

MD (OPHTHALMOLOGY) PART II / MODULE IV EXAMINATION
OCTOBER, 2004

Date: 25th October, 2004

Time: 1.00 p.m. - 4.00 p.m.

ESSAY PAPER

All questions are to be answered.
Answer each question in a separate book.

1. The first post operative refraction following cataract surgery shows a high astigmatic error.
Enumerate the causes and discuss the management including prevention.
2. A 60 year old man is noted to have optic disc cupping and a disc haemorrhage on routine examination. Visual acuity is 6/12 OU with minus 1.5D spherical refraction. The tension is 16 mmHg OD and 17mmHg OS. The slit lamp examination shows mild nuclear sclerosis. The remainder of slit lamp examination is normal.
 - a) How would you evaluate this patient in order to arrive at a diagnosis ?
 - b) What relevant questions should be asked in the history ?
 - c) What investigations you would like to request ?
 - d) How would you interpret the results of the investigations ?
3. Three year old child with an acute onset esotropia, is referred for an eye examination. There is no history of birth trauma. Neonatal, medical and surgical history is normal. No family history of retinoblastoma.
 - a) What is the differential diagnosis?
 - b) How would you investigate this child.
4. A 45 year old myopic man is admitted with a complaint of rapid deterioration of vision in his only seeing eye. The examination findings are a visual acuity of 6/60 with a macula off, superotemporal bullous retinal detachment with a single tear at 11 clock hours.
 - a) List the surgical methods available to reattach his retina.
 - b) What method would you choose and list the reasons why ?
 - c) List the disadvantages of the method you choose.
 - d) The patient is discharged with an attached retina following surgery, but presents with redetachment in three weeks. List the possible causes.

POSTGRADUATE INSTITUTE OF MEDICINE
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MD (OPHTHALMOLOGY) PART II/MODULE IV EXAMINATION
AUGUST, 2006

Date :- 16th August 2006

Time :- 1.00 p.m. - 4.00 p.m.

ESSAY PAPER

All questions are to be answered.
Answer each question in a separate book.

1. 3 year old child presents with ptosis.
 - (a) What clinical features will you examine for ?
 - (b) Briefly discuss the management of this child.
 - (c) What are the post-operative complications of levator palpebrae superioris resection ?

2. Discuss how would you improve the outcome of phacoemulsification cataract surgery by
 - (a) incision design
 - (b) optimising phacodynamics
 - (c) intraocular lens design and material

3. A 58 year old man presented to the casualty department with sudden onset of poor vision in right eye.

On examination he was found to have a RAPD. (relative afferent pupillary defect) and funduscopy revealed a pallid disc swelling on right eye. His left eye was normal.

Discuss the management of this patient.

4. A 60 year old male with a 15 year history of diabetes presents with a sudden loss of vision in his right eye. No retinal detail is evident owing to a moderately dense right vitreous haemorrhage.

Describe how you would manage this patient. Include the history and examination findings you would look for, investigations and treatment options.

POSTGRADUATE INSTITUTE OF MEDICINE
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MD (OPHTHALMOLOGY) PART II / MODULE IV (POSTPONED)

EXAMINATION

JANUARY 2007

Date : 18th January 2007

Time : 1.00 p.m. - 4.00 p.m.

ESSAY PAPER

All questions are to be answered.
Answer each question in a separate book.

1. A 40 year old teacher presents with vertical diplopia
 - 1.1. What relevant questions would you ask in the history to evaluate the possible cause ?
 - 1.2. Outline the investigations you would request (with reasons). .
 - 1.3. Briefly outline the management.

2. Discuss the pathogenesis, causes and the management of neovascularisation of the iris..

3. A 55 year old gardner who underwent cataract surgery and intra ocular lens implantation for traumatic cataract 6 months ago presents with bullous keratopathy in that eye.
 - 3.1. Discuss the possible causes.
 - 3.2. What investigations would you do ?
 - 3.3. Discuss the management.

4. Discuss briefly
 - 4.1. The value of fundus fluorescene angiography in the diagnosis of ocular tumours.
 - 4.2. The treatment options for systoid macular oedema.
 - 4.3. The pathogenesis of proliferative vitreo retinopathy (PVR)

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MD (OPHTHALMOLOGY) PART II / MODULE IV EXAMINATION
OCTOBER, 2007

Date : 9th October 2007

Time: 9.00 a.m. - 12.00 noon

ESSAY PAPER

All questions are to be answered.

Answer each question in a separate book.

1. 56 year old diabetic female teacher presented to your clinic with a complaint of blurred vision in both eyes. She had corrected visual acuities of 6 /24 in the right eye and 6/12 in her left.
 - (a) Central corneal thickness of her right cornea was 650 11m and left was 560 μ m
 - (b) She had central guttata in both corneas
 - (c) moderate nuclear sclerosis in both eyes
 - 1.1 What is your management of this patient ? (35 marks)
 - 1.2 If she is to have cataract surgery what further pre-operative assessments would you consider ? (15 marks)
 - 1.3 What steps would you take to optimize the outcome of cataract surgery ? (15 marks)
 - 1.4 What would be your post-operative management ? (35 marks)

2. A mother complains that her 6 month old baby "does not see well".
 - 2.1. List two possible causes under each category.
 - (a) Anterior segment
 - (b) Posterior segment
 - (c) Perinatal causes
 - (d) Genetic causes (24 marks)

 - 2.2 Describe the diagnostic features of each in the history, examination and investigations. (76 marks)

3. You are called by the neurosurgical ICU consultant for an ophthalmological opinion regarding a 25 year old female who had sustained head injury following a road traffic accident. She had regained consciousness on the previous day and now complains of diplopia.

3.1. What are the possible causes for her diplopia ? (30 marks)

3.2. What key features would you look for in her examination ? (40 marks)

3.3. How would you manage her ? (30 marks)

4. 35 year old male had a IOFB removed surgically from his left eye and he required a vitrectomy and scleral buckle. He developed a secondary cataract and this was removed and lens replaced with a sulcus fixed posterior chamber intra ocular lens. His post operative refraction was right - 0.5 sphere, + 0.25 cylinder axis 90 and left, the injured eye: -6.5 sphere -1.25 cylinder axis 50 = 6/9. He has a good scleral buckle and no retinal pathology. His intra ocular pressures are normal.

He is a full time maintenance worker in the Colombo Municipal Council.

The patient has intractable double vision due to the anisometropia and wonders what can be done to improve the situation and restore him to binocularity.

4.1. List the possible means of correction and important benefits and problems associated with each method. (100 marks)

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MD (OPHTHALMOLOGY) PART II/MODULE IV EXAMINATION
OCTOBER 2008

Date : 20th October 2008

Time : 1.00 p.m. - 4.00 p.m.

ESSAY PAPER

All questions are to be answered.
Answer each question in a separate book.

1. A man presented to casualty having being hit in the eye by a tennis ball whilst playing cricket Discuss your assessment and management (100 marks)
2. A 62-year-old woman who had a successful trabeculectomy for advanced glaucoma in her right eye nine months ago, is now undergoing cataract surgery in the same eye to improve central vision. Describe briefly the **specific problems which you may encounter in this patient**, during cataract surgery and in the post operative period and what steps you would take to overcome each of these. (100 marks)
3. A farmer presents to you with a corneal ulcer and has been on topical medication for 3 days.
 - 3.1. What are the important factors that should be elicited in the history and examination ? (40 marks)
 - 3.2. What is your immediate and long term management of this Patient ? (60 marks).
4. Write short notes
 - 4.1. How would you clinically assess anisocoria ? (40 marks)
 - 4.2. Briefly describe the options available for treatment of exudative age related macular degeneration. (30 marks)
 - 4.3. Describe the features and the treatment of blepharophimosis. (30 marks)

POSTGRADUATE INSTITUTE OF MEDICINE
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OPHTHALMOLOGY MODULE IV EXAMINATION
NOVEMBER 2009

Date : 9th November 2009

Time : 1.00 p.m. - 4.00 p.m.

ESSAY PAPER

All questions are to be answered.
Answer each question in a separate book.

1. You are informed by the surgical casualty of a patient who has had chemical splashed in both eyes and face.
How do you assess and manage this patient.
 - a. Immediately (25 marks)
 - b. In the first few weeks (50 marks)
 - c. In the long term (25 marks)

2. A 55 year old diabetic presents with visual loss in the left eye. You find she has diffuse macular oedema. In relation to diabetic macular oedema discuss.
 - a. The pathogenesis (30 marks)
 - b. The risk factors influencing prognosis (15 marks)
 - c. The assessment (15 marks)
 - d. The management including mention of the evidence base governing current practice. (40 marks)

3. A 56 year old male presents with a history of sudden loss of vision in the left eye. On examination the left optic disc appears swollen.
Discuss the following in relation to this patient.
 - a. Assessment (40 marks)
 - b. Differential diagnosis (20 marks)
 - c. Management (40 marks)

4. Write brief notes on
 - a. Retinopathy of prematurity (40 marks)
 - b. The indications, technique and risks of Intravitreal Injections (30 marks)
 - c. Suprachoroidal haemorrhage (30 marks)

POSTGRADUATE INSTITUTE OF MEDICINE
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OPHTHALMOLOGY MODULE IV EXAMINATION
OCTOBER 2010

Date : 4th October

Time : 1.00 p.m. - 4.00 p.m.

ESSAY PAPER

All questions are to be answered.
Answer each question in a separate book

1. In pseudoexfoliation.
 - 1.1. During pre operative assessment for cataract surgery, explain step by step your evaluation of your findings in relation to the surgical plan for cataract surgery. (40%)
 - 1.2. What instructions would you give the nurse in charge of the operating theatre of the potential requirement of chemical/mechanical devices which may improve the safe conduct of your surgical outcome. (35%)
 - 1.3. Brief account of possible complications during early/late post operative period in relation to pseudoexfoliation. (25%)

2. 50 year old male underwent a penetrating keratoplasty for a central corneal opacity following a corneal ulcer.
 - 2.1. List the possible post operative complications that you may encounter in the early post operative period. (25%)
 - 2.2. Discuss the advantages and disadvantages of deep anterior lamellar Keratoplasty (DALK) in this patient. (25%)
 - 2.3. Discuss the symptoms, signs and management of corneal graft rejection. (50%)

3. A 40 year old female who was treated for uveitis presented with severe impairment of vision in her only eye. Anterior segment examination did not reveal significant lens opacities.
- 3.1. What are the possible causes for the loss of vision ? (30%)
- 3.2. What medical and surgical options are available to salvage her vision ? (70%)
4. A one month old infant is referred to you by a Paediatrician with a suspicion of possible congenital glaucoma.
- 4.1. How would you assess the patient ? (30%)
- 4.2. Write short notes on how you would surgically manage congenital glaucoma. (30%)
- 4.3. Describe a plan for the long term management of post operative case of congenital glaucoma. (40%)

POSTGRADUATE INSTITUTE OF MEDICINE
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OPHTHALMOLOGY MODULE IV EXAMINATION
OCTOBER 2011

Date : 10th October 2011

Time : 1.00 p.m. - 4.00 p.m.

ESSAY PAPER

All questions are to be answered.
Answer each question in a separate book.

1. A 5 year old child presents to you with a “Squint”.
 - 1.1. What important points would you want to elicit in the history ? (25%)
 - 1.2. Outline how this child should be assessed. (25%)
 - 1.3. If this child had a right esotropia with a visual acuity of 6/18 in right eye and 6/6 in left eye, discuss your management. (50%)

2. A 26 year old type 1 diabetic female presents with flowers in the left eye. She is 29 weeks into her first pregnancy. You find a small vitreous haemorrhage, bilateral early proliferative diabetic retinopathy and early left diabetic maculopathy. Discuss your
 - 2.1. Assessment (40%)
 - 2.2. Immediate management (40%)
 - 2.3. Long term management (20%)

3. A 45 year old in-patient in your hospital with a central venous line in situ is referred with 3 days of loss of vision in the right eye. A bedside examination reveals vision of hand movements in the right eye and 6/9 in the left. The right eye is mildly injected and the fundus view is hazy. The left eye shows unremarkable findings. IOP is within normal for both eyes.
Discuss the management of the patient. (100%)

4. Write short notes on –
 - 4.1. Painless unilateral proptosis in a 7 year old. (40%)

 - 4.2. Local anaesthetic options in cataract surgery. (40%)

 - 4.3. The uses of Botulinum Toxin A in ophthalmic practice. (20%)