BRAINWARE UNIVERSITY

Term End Examination 2024-2025
Programme – B.Optometry-2021/B.Optometry-2022/B.Optometry-2023
Course Name – Ocular Diseases-II
Course Code - BOPTOC403
(Semester IV)

Full Marks : 60 **Time : 2:30 Hours**

[The figure in the margin indicates full marks. Candidates are required to give their answers in their own words as far as practicable.]

Group-A
(Multiple Choice Type Question) 1 x 15=15

1. *Choose the correct alternative from the following :*

(i) Identify the injury that causes coagulation and precipitation of cellular proteins that results as a barrier for further damage.
a) Acid burn b) Alkali burns
c) Thermal injury d) Radiational injury

(ii) Visual field examination in pseudopapillitis shows _____.
a) Central scotoma more for colours b) Enlarged blind spot
c) No defect d) None of these

(iii) Choose the restricted term for 'Eye-wall'.
a) Cornea, sclera and conjunctiva b) Cornea and sclera
c) Cornea, sclera and choroid d) Choroid and sclera

(iv) Ring scotoma in early glaucomatous damage occur due to entire loss of _____.
a) Arcuate bundle b) Papillomacular bundle
c) Superior radiating nerve fibre bundle d) Inferior radiating nerve fibre bundle

(v) Identify the fluorescein angiography pattern in pseudopapillitis .
a) Vertical oval pool of dye due to leakage b) No leakage of dye
c) Horizontal oval pool of dye due to leakage d) Total pooling of dye due to leakage

(vi) D-shaped pupil is seen in ____.
a) Iridodialysis b) Iridodonesis
c) Anteflexion of iris d) Retroflexion of iris

(vii) Select the correct abbreviation for PCR.
a) Polymerase cluster reaction b) Polymerase chain rate
c) Polymerase chain reaction d) Polymerase cluster rate

(viii) Choose the correct antigen associated with Reiter's Syndrome.
a) HLA-B21 b) HLA-B23
c) HLA-B25 d) HLA-B27

(ix) Select the reason for occurrence of Haab's striae.

a) Persistent decreased IOP
b) Persistent raise in IOP
c) Hypopyon
d) Hyphaema

(x) Identify the correct use of OCT.

a) Light imaging procedure to take cross-section images of retina
b) Light imaging procedure to take crossection image of crystalline lens
c) Measures the axial length of the eye
d) All of these

(xi) Identify the refractive error changes that can be seen in cases of retinal detchments.

a) Myopia shift
b) Hyperopia shift
c) Presbyopic shift
d) None of these

(xii) _____is the hallmark feature of Eales' disease.

a) Keratic precipitates
b) Retinal neovascularization and vitreous haemorrhage
c) Bull's-eye maculopathy
d) Subretinal fibrosis

(xiii) Select the correct term for greenish or reddish brown iris.

a) Heterochomia iridium
b) Aniridia
c) Polycoria
d) None of theses

(xiv) In case of _____, stromal haze is seen due to the fragmentation of bowman's membrane.

a) Anophthalmos
b) Buphthalmos
c) Microphthalmos
d) All of these

(xv) Identify the first line glaucoma drug.

a) Timolol maleate
b) Brimonidine tartrate
c) Prostaglandin analogues
d) Systemic acetazolamide

Group-B

(Short Answer Type Questions) 3 x 5=15

2. Describe the extraocular lesions followed by blunt injury? (3)
3. Differentiate between endophthalmitis and panopthalmitis. (3)
4. Describe any three methods of assessing intraocular pressure. (3)
5. Write the clinical manifestation of radiational burn in the eye. (3)
6. A 40-year-old female patient presents with complaints of blurred vision, floaters, and mild discomfort in her right eye for the past two weeks. She denies significant pain or redness. The symptoms started gradually and have been worsening. She also reports occasional flashes of light (photopsia). On further inquiry, she mentions a history of skin rashes and occasional joint pain over the last year, but she has not sought medical evaluation for these symptoms. Ocular Examination: Visual Acuity: 20/20 in the left eye, 20/60 in the right eye. Slit-Lamp Examination: Mild cells in the anterior chamber of the right eye. No conjunctival redness or corneal abnormalities. Fundus Examination: Presence of vitreous haze in the right eye. Yellow-white chorioretinal lesions in the posterior pole and periphery. No optic disc swelling observed. Intraocular Pressure (IOP): Normal in both eyes. Identify the possible condition and its complications. (3)

OR

A 72-year-old female presents to the ophthalmology clinic with complaints of gradually decreasing central vision in both eyes over the past year. She reports difficulty reading, recognizing faces, and seeing fine details, although her peripheral vision remains unaffected. She denies any pain or redness in the eyes. Her medical history includes well-controlled hypertension and hyperlipidaemia. She is a non-smoker and denies any family history of significant eye diseases. Identify the possible ocular condition and discuss its management. (3)

Group-C

(Long Answer Type Questions) 5 x 6=30

7. A 42-year-old male patient came for follow-up visit in your clinic, diagnosed with ankylosing spondylitis for 7-8 years. Patient uses systemic NSAIDs to relieve his symptoms as prescribed by his physician. What are the possible ocular complications that may arise due to the systemic condition and adverse effects of the medication? Explain the best possible management for the patient. (5)
8. List and explain the congenital anomalies of the uvea. (5)
9. Explain wernicke's hemianopic pupil. (5)
10. Explain adie's tonic pupil. (5)
11. List the ophthalmoscopic classification of optic atrophy. (5)
12. A patient is presented in your emergency clinic with the complain of vision loss, pain and swelling of eye and its adnexa followed by an RTA (road traffic accident) 2-3 hours back. Write to possible traumatic lesions produced by blunt object according to BETT classification. (5)

OR

A 35-year-old male presents with complaints of **blurry vision and a darkened central spot (scotoma)** in his right eye for the past three weeks. He also reports **distorted vision (metamorphopsia)** and a reduction in color perception along with visual acuity RE: 20/20 and LE 20/40. The symptoms started gradually and have caused difficulty with reading and focusing on fine details. He denies any pain, redness, or other significant ocular symptoms. (5)

- He has been experiencing **high levels of work-related stress** over the past few months.
- He occasionally uses over-the-counter **steroid nasal sprays for allergies**.
- There is no significant family history of eye diseases, and he has no systemic illnesses like diabetes or hypertension.

Identify the retinal condition and write its management.

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