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BRAINWARE UNIVERSITY

Term End Examination 2025-2026
Programme – B.Optometry-2021/B.Optometry-2022/B.Optometry-2023/B.Optometry-2024
Course Name – Ocular Diseases-I
Course Code - BOPTOC304
(Semester III)

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) Ophthalmia nodosa is characterised under _____
a) Granulomatous conjunctivitis b) Simple allergic conjunctivitis
c) Spring catarrh d) Atopic keratoconjunctivitis

(ii) In _____ opacification starts from periphery.
a) Nuclear sclerosis b) Polar cataract
c) Subcapsular cataract d) Cortical cataract

(iii) Cavernous Hemangioma is usually located in _____ of orbit.
a) Subperiosteal space b) Retrobulbar space
c) Extraconal space d) Intraconal space

(iv) Ecchymosis defines _____
a) Black eye b) Conjunctival congestion
c) Eye with subconjunctival haemorrhage d) Conjunctival chemosis

(v) Dacryocystectomy explains
a) Establishing communication between lacrimal sac and middle meatus of nose b) Simple removal of lacrimal sac
c) Squamous cell carcinoma d) Complete excision of lacrimal sac

(vi) The main function of lens epithelium is to produce _____ in the presence of Na+-K+ pump.
a) Maintenance of homeostasis b) Maintenance of transparency
c) Maintenance of diffusion barrier d) Maintenance of osmosis

(vii) Swimming pool conjunctivitis is caused by:
a) Chlamydia trachomatis b) Adenovirus
c) Picorna virus d) Gonococcus

(viii) Follicle formation may be seen in all of the following except:

a) Trachoma
b) Vernal keratoconjunctivitis
c) Inclusion conjunctivitis
d) Epidemic keratoconjunctivitis

(ix) Horner Tranta's spots are seen in:

a) Vernal conjunctivitis
b) Phylectenular conjunctivitis
c) Angular conjunctivitis
d) Follicular conjunctivitis

(x) Subconjunctival haemorrhage can occur in all conditions except:

a) Passive venous congestion
b) Pertusis
c) Trauma
d) High intraocular tension

(xi) All of the following are pre-cancerous conditions of the lids EXCEPT:

a) Naevi
b) Solar keratosis
c) Xeroderma pigmentosa
d) Carcinoma-in-situ

(xii) The commonest fungal lesion of the eyelid is:

a) Candida
b) Aspergillosis
c) Sporothrix
d) None

(xiii) All are complications of chronic staphylococcal blepharoconjunctivitis except:

a) Chalazion
b) Marginal conjunctivitis
c) Follicular conjunctivitis
d) Phylectenular conjunctivitis

(xiv) A patient with ptosis presents with retraction of ptotic eye lid on chewing. This represents:

a) Marcus gunn Jaw winking syndrome
b) Third nerve misdirection syndrome
c) Abducent palsy
d) Occulomotor palsy

(xv) "Blow-out" fracture of orbit involves:

a) Floor
b) Medial wall
c) All of these
d) None of these

Group-B

(Short Answer Type Questions) 3 x 5=15

2. Explain the clinical features of congenital ptosis. (3)
3. List the names of any three causative organisms of mycotic corneal ulcer. (3)
4. Write down the treatment options for acquired nasolacrimal duct obstruction. (3)
5. Summarise the etiology and clinical features of Stye. (3)
6. A 49-year-old female schoolteacher visited your clinic with a chief complaint of progressive blurring of vision in both eyes over the past 6 months, worse in dim light. Difficulty reading the blackboard and frequent changes in spectacle prescription. She also reports a gradual onset of visual discomfort and glare sensitivity. No recent history of trauma or ocular infections. She was last examined 2 years ago and advised a spectacle correction. No history of ocular surgery. She has a systemic history of Type 2 Diabetes Mellitus, Dx 10 years back, and using Tab Metformin 500mg twice daily. Clinical Findings: Visual Acuity (with current glasses): Right Eye (OD): 6/18, Near: N12 Left Eye (OS): 6/24, Near: N18 Slit Lamp Examination: Anterior chamber: OU: Normal depth, quiet Posterior chamber: OU: Not visible due to media haze Retinoscopy: Myopic shift noted bilaterally Fundus Examination: Mild non-proliferative diabetic retinopathy; macula appears dry Intraocular Pressure: OD: 14 mmHg, OS: 15 mmHg Random Blood Glucose: 186 mg/dL. What is the likely diagnosis, and also explain its pathogenesis? (3)

OR

Write down the predisposing factors for Bacterial Keratitis. (3)

Group-C

(Long Answer Type Questions) 5 x 6=30

7. Illustrate with diagram Probing Test to investigate watering from eyes. (5)

8. Enumerate the types of Orbital Cellulitis. (5)
9. Describe the etiology, symptoms,signs and treatment of External Hordeolum. (5)
10. Summarize the pathology of corneal ulcers. (5)
11. Describe the Ocular complications of Trichiasis. (5)
12. Describe the probable diagnosis, ocular manifestations, ocular complications, their treatment and management of the given case. A 72-year-old farmer sustained trauma by rice straw in his left eye while working in the field 7 days back. He had complaints of foreign body sensation watering, diminution of vision and redness in the eye since injury. (5)

OR

A 52-year-old female presents to the ophthalmology clinic with a complaint of drooping of the upper eyelid in her right eye for the past 6 months. She notes that the drooping is more noticeable in the evening and has gradually worsened. There is no history of trauma, systemic illness, or neurological symptoms. On examination, her right upper eyelid margin rests 3 mm below the superior corneal limbus, with no limitation of extraocular movements. A firm, painless mass is palpable in the upper lid, causing mechanical resistance to eyelid elevation. Levator function is normal. The left eye appears normal. What is the most likely diagnosis for this patient? What investigations would you perform to confirm the underlying cause? (5)

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