



الجراحة والطبيب
للجراحة

Ophthalmology mini-osce

By : malak hamasha

Rand smadi

Waleed ayoub

1. Distance the chart from patient ?

6m

2. Peripheral hospital test to determine whether refer patient to ophthalmology or optometry ?

Pupillary light reflex على الاغلب

3. If patient wear glasses with -5.00 D lens , he will see world ?

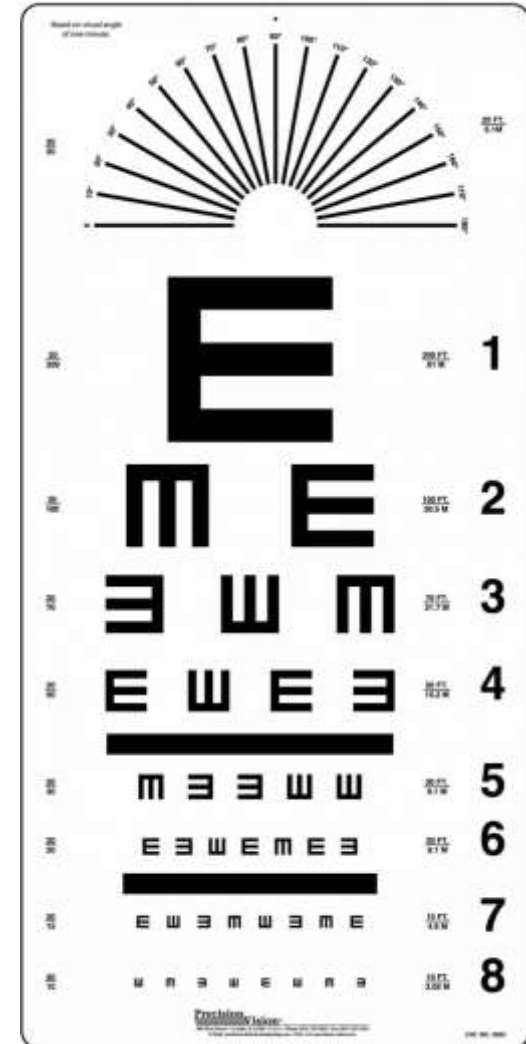
smaller

4. Chart we use it in children smaller than 3 years old ?

allens chart

5. If left eye see 20/200 and right eye see 20/60 , which eye is the worst ?

Left eye



- 5.00 D
↳ Diopeter

- \rightarrow Pt has Myopia

+ \rightarrow Pt has Hyperopia

⊗ The further away the number is from zero \rightarrow The worse the eye vision and the higher the required corrective power of the lens needed

⊗ Myopia is corrected by Concave lense \rightarrow Those lenses make objects smaller.

⊗ Hyperopia is corrected by Convex lense \rightarrow Those lenses make objects bigger

⊗ examples :-

⊃ - 1.00 D \rightarrow one Diopeter of myopia.

⊃ - 4.00 D \rightarrow 4 Diopeter of myopia

\rightarrow - 4.00 D is worse and needs thicker lens to correct it.

⊗ + 4.00 D eye is worse than + 1.00 D eye and needs thicker lense.



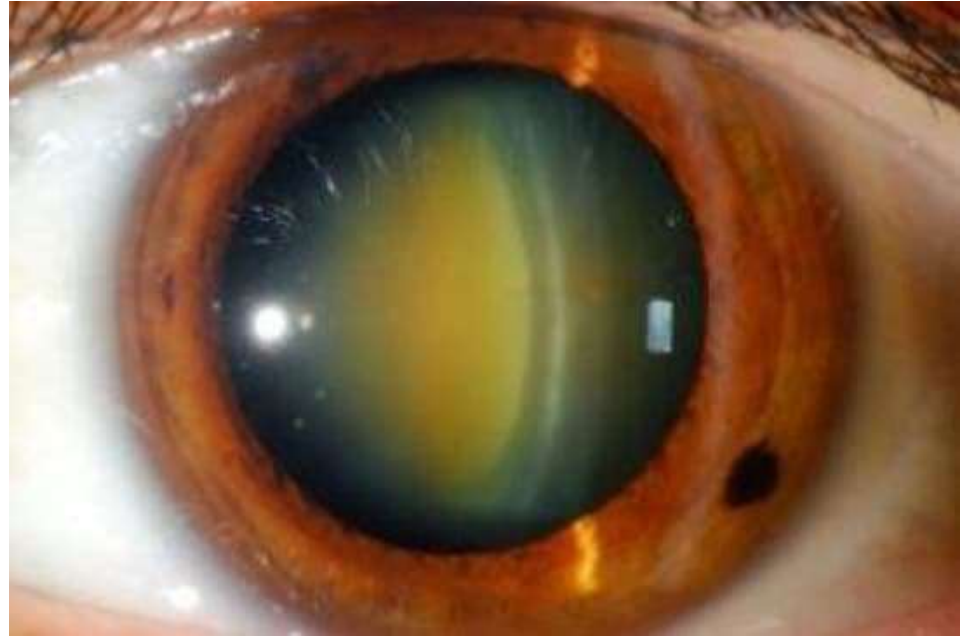
True or false :

1. Retinoblastoma most common primary –intraocular- tumor in children ?
True
2. Mainly affect bilaterally ? **False**
3. Most common symptom is strabismus ? **False, its leukocoria 55% then strabismus 25%**
4. Treated by chemotherapy ? **true**
5. Endophytic retinoblastoma mean it is subretinal space ? **False**
Endophytic is into vitreous cavity, Exophytic is into subretinal space

سؤال من متعدد بس الجواب الصحيح هو
A is hard exudate



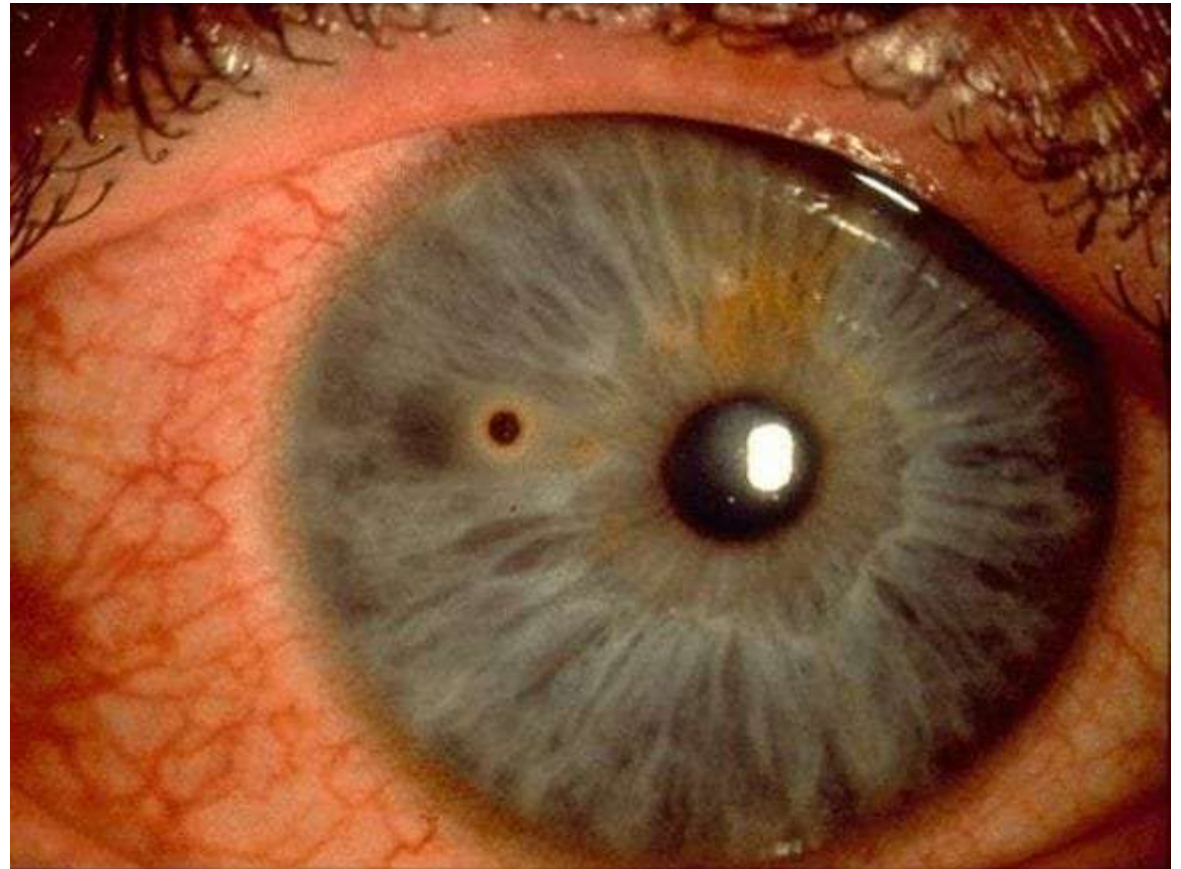
1. Diagnosis : **nuclear cataract**
2. Most common operation nowadays :
Phacoémulsifications
3. one of the complication of this condition , what name of this accumulation in anterior chamber ? مع الصورة اللي تحت
hypopyon



4. The management of this complication is vitrectomy ? **True**



1. What called this object ? **Foreign body**
2. Management ? **Remove it and give antibiotic**





1. Diagnosis ? **Exotropia**
2. Surgery can did it to treat muscle that affected in this condition ?
Bilateral lateral recession
3. should we postpone operation till amblyopia treated for better result of operation ? **True**
4. Management of amblyopia is cover right eye and give it atropine in it ?
False

This is done in normal (left) eye not amblyopic one

عشان المريض يجبر يستخدم العين المصابة وتحسن

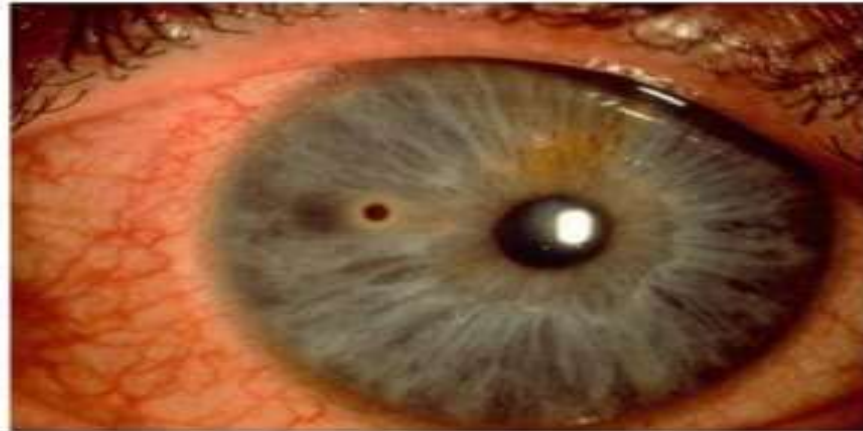
Ophthalmology archive

group A+B

الفصل الصيفي

1. What called this object ? **Foreign body**
2. Management ? **Remove it and give antibiotic**

السؤال كان كتابي



السؤال كان دوائر



1. Diagnosis ? **Exotropia**
2. Surgery can did it to treat muscle that affected in this condition ?
Bilateral lateral recession
3. should we postpone operation till amblyopia treated for better result of operation ? **True**
4. if the right eye was -5.00 and the left -4.5 , we should cover the right eye ? **الصيغة مش حرفي بس هاد المعنى يعني false الجواب**

When should we use pan retinal photocoagulation?
When there is peripheral retinal neovascularization without vitreal hemorrhage
مثش متاكدين من الجواب

😊 موجود لقدام

السؤا
ل
دوائر

سؤال من متعدد بس الجواب الصحيح هو
A is hard exudate



What is the sign? dendritic ulcer

What eye drop should we avoid?

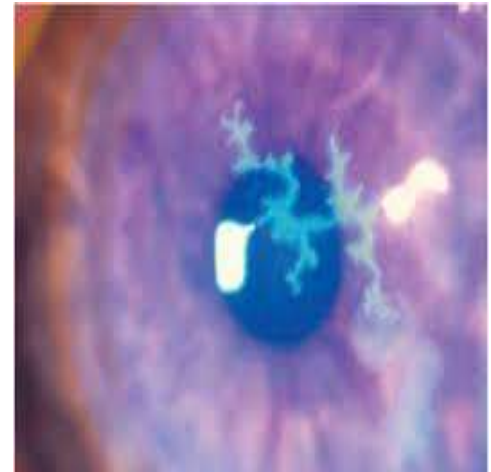
Steroids as they will exacerbate the condition

What is the dye?

Fluorescein

What is the treatment?

Topical antivirals (acyclovir)



السؤال كتابي

السؤال دوائر وكتابي

What is the name of the procedure?

Corneal graft or corneal transplant or **keratoplasty**

What part is taken for it?

Central cornea

If the iop is 43mmhg what is eye drop that we can stop?

The topical steroids



السؤال دوائر

What is the diagnosis?

Nuclear cataract

What is the treatment?

Phacoemulsification



Nuclear cataract

What is the diagnosis?

Graves disease

what is the most commonly affected ocular muscle (in this sign)?

Levator palpebrae superioris



السؤال كتابي

what is the thickest extraocular muscle?

Inferior rectus

Thickness:

Inferior rectus > medial > superior > lateral

*) لو كان السؤال كتابي :

- most common affected ocular muscle → inferior rectus
- most common affected ocular muscle in this sign (eyelid retraction) → Levator Palpebrae superioris

Ophthalmology mini-osce

نبأ الحباشنة
تمارا المحادين
ساجدة المقابلة

1. What is the sign?

dendritic epithelial ulcer

2. What is the stain?

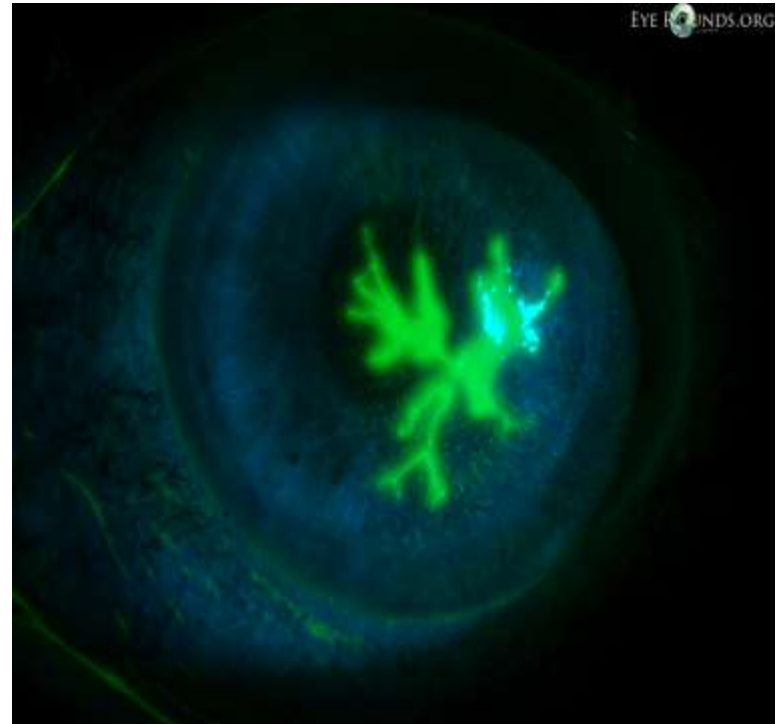
Flourescine stain

3. What is the most appropriate medication?

anti viral: Acyclovir

4. What is the drug should be avoided?

Topical steriods



5. What is the surgery?

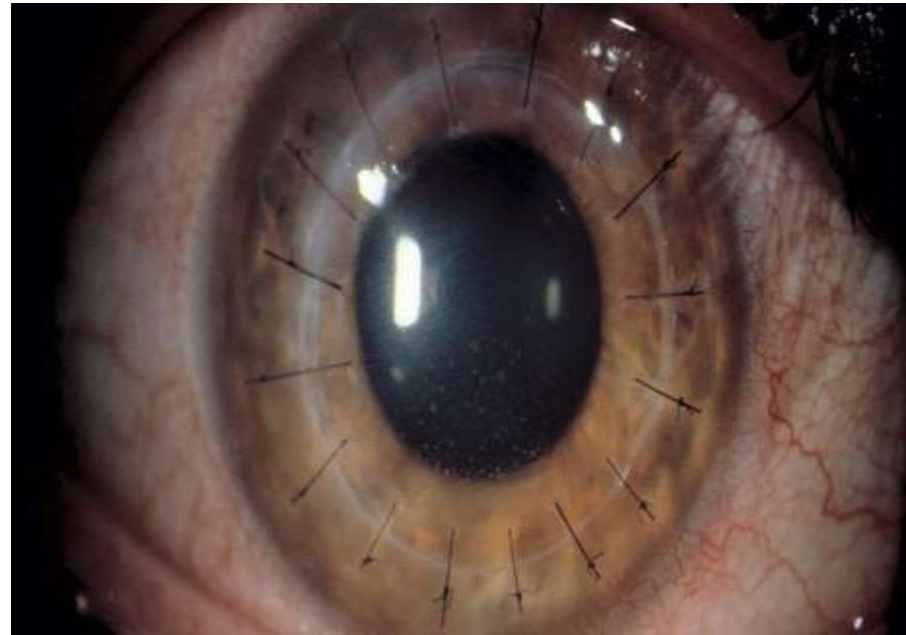
Keratoplasty

6. What is the part ?

Central cornea

7. If the IOP is 34mmHg what is the medication that causes it?

steroids



8. What is the disease?

Graves Disease

9. What is muscle involvement?

Levator palpebrae superioris
muscle

10. What is the thickest
muscle?

Inferior rectus



11. What is this?

Right-Exotropia

12. Surgery to this?

bilateral lateral rectus
recession



13. If patient's refractive error is -4.5 on the left eye and -5 on the right eye, we have to cover his right eye after he wears a corrective spectacles to prevent amblyopia»». **false**

14. erythema and swelling in the upper and lower lid) but the pt can move his eye (so we rule out orbital cellulitis and we think about preseptal cellulitis), but the doctor doesn't think this is because inflammatory process he thinks about malignant cause, what do you think the cause is.....ans: **rhabdomyosarcoma**

15. investigation

CT-scan

MCQ

16. Foreign body

Remove and give antibiotic



.....
.....
17. A, Hard exudate

18. One of the following is indication for pan retinal photocoagulation

ans: neovascularization on the retina
except if there is large vitreous hemorrhage



Group 4

Leen & Rand Mbaidin

كل اسئلة هذا القروب موجودين لقدام بشكل افضل 😊

Q1: identify A and B ?

A..blot dot hemmorage

B..hard exudate

Q2: pic.of dendritic ulcer ..least uncommon of these for recurrence ?

Q3: all cause follicular conjectivies except?

Q4: pic of ptosis since born (6months child):

Dx: congenital ptosis

Operations to know the cause : tarsoraphy?!

Investigation mcq

Q5: match each visual field defect with its cause

كانوا 7 أفرع

من جدول في موقع الدكتور خليل

Q6: regarding examination which is false?

It isn't mandatory to use dilator eye drops in children to examine the retina

Q7: pic. of medial tear (laceration)in the lower eye lid

1)what will you do?

Refer patient to ophthalmologist ✓☐

Q8: pic. of symblepharon which of the following doesn't cause it?

Q9: all of the following can be seen in trachoma except?

Ectropian

Q10: which of the following won't cause homonymous hemianopia field defect?

Q11: pic of cherry red spot

Dx: Central retinal artery occlusion

Q12: all of the following true except

Hypermetropia concave lens

Q13: true or false

nasolacrimal duct obstruction ٣ أشهر عنده طفل

لا أو بنعمله إذا سائل وكان probing

ophthalmology

november

1. All true about hypermetropia except

Needs minus lens

2. all are true except

cyclorefraction in children is not mandatory(not sure)

3. what is this pic?

Pic. Of rubeosis iridis



4. all are true except?

give steroid

beta blocker

drug causes meiosis

5. Caused by, except ?

iris bombe

glaucoma

cataract

6. most common cause for this condition other than
diabetic retinopathy?

CRVO

7. Case of optic neuritis all is of its symptoms except?

right ring scotoma (it causes central scotoma)

red green color impairment

rapd is common

right optic swelling

Case of DR name the indicated by arrow

8. what is A?

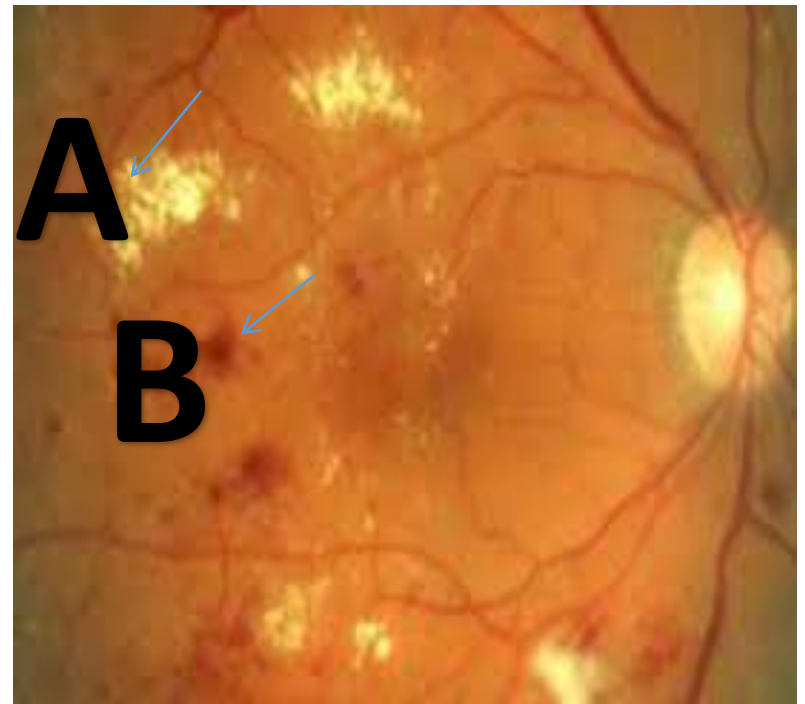
Hard exudate

9. what is B?

Dot/blot hemorrhage

10. Most common cause if blindness in DM?

macular edema (not sure)



11. case of uveitis all ass.w/ anterior uveitis except?

-KP

-macular edema

-post. synechia

-hypopyon

Pic of ptosis ,the mother say he has this condition since birth

12. Name the condition ?

Congenital ptosis

13. Name the surgery ?

Frontalis sling surgery

14. What to do ?

Assure as it will improve spontaneous

Refere to ophthalmologist (not sure)

Refere to neurologist

order MRI



15. Case of vernal catarrh, all are true except ?

it causes keratoconus

vernal catarrh causes maculopathy

steroids causes cataract

steroids causes glaucoma



16. Pic. Of iris dialysis, all are true except?

marfan

trauma

retinoplastoma

hypocystenurea

ehler danols type 6



17. Cataract surgery complications except?

vitrous loss

galucoma

hypermetropea

Child with esotropia

18 .all are true except?

do exam to exclude secondary causes of squint

send home

19.

20: all are risk factor for retinopathy of prematurity except:

O₂

under 32 week

weight under 1500 g

dilation eye drops



- **Ophthalmology**
 - **December**
- **20 questions mixed (MCQ&Written)**
 - **25 min 2 way**

Written

3. what is this pic?

Pic. Of rubiosis iridis

4. all are tru except?

give steroid

beta blocker

drug causes meiosis



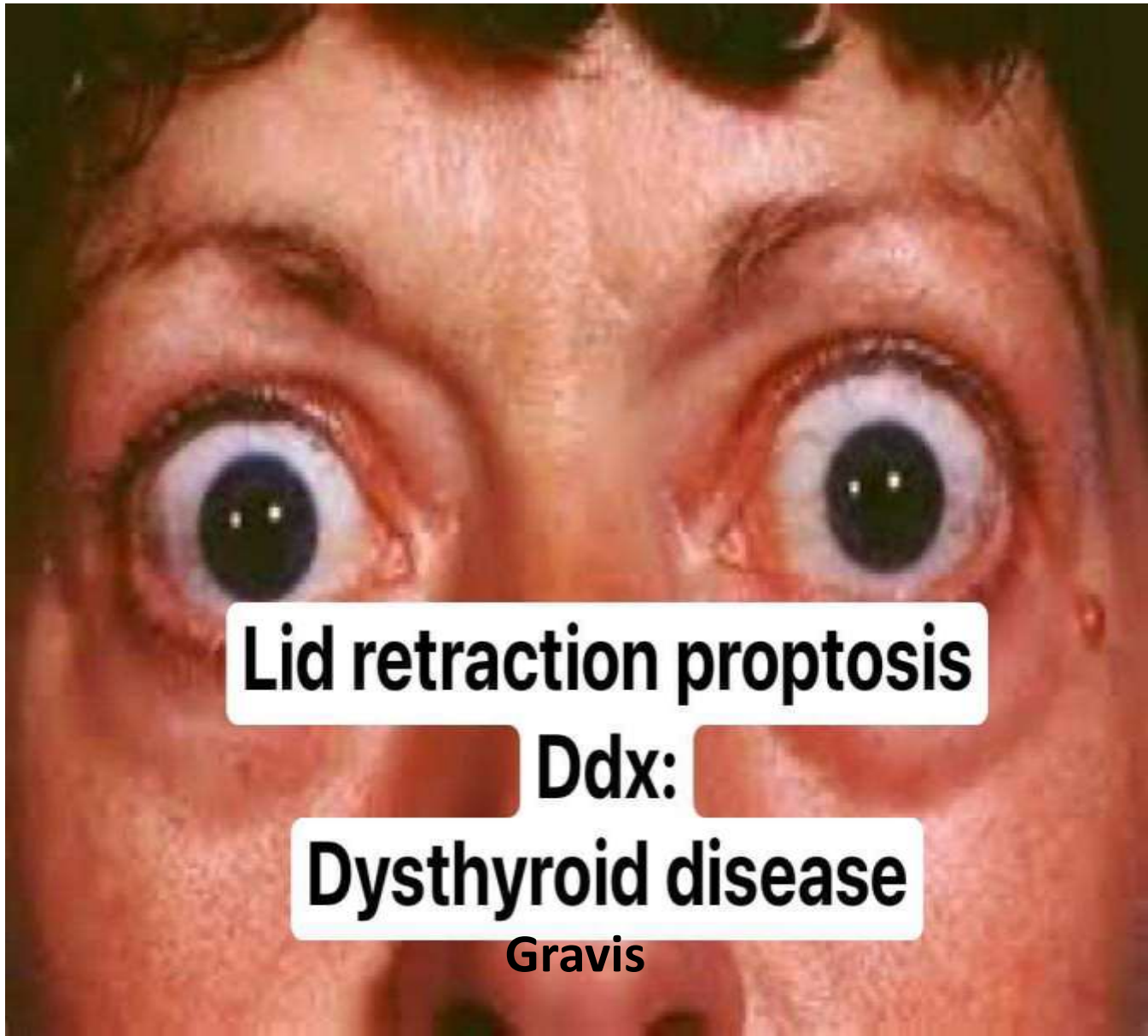
Written

-Type of glaucoma?

Secodary

neovascularization

glaucoma



Lid retraction proptosis

Ddx:

Dysthyroid disease

Gravis

MCQ

**1 Type gaze affected by climb
down ?**

pt can't read

Ans:Downward!

(Not sure)

2

pic.of dendritic ulcer ..least uncommon of these for recurrence ?

Written

Case of DR name the indicated by arrow

8. what is A?

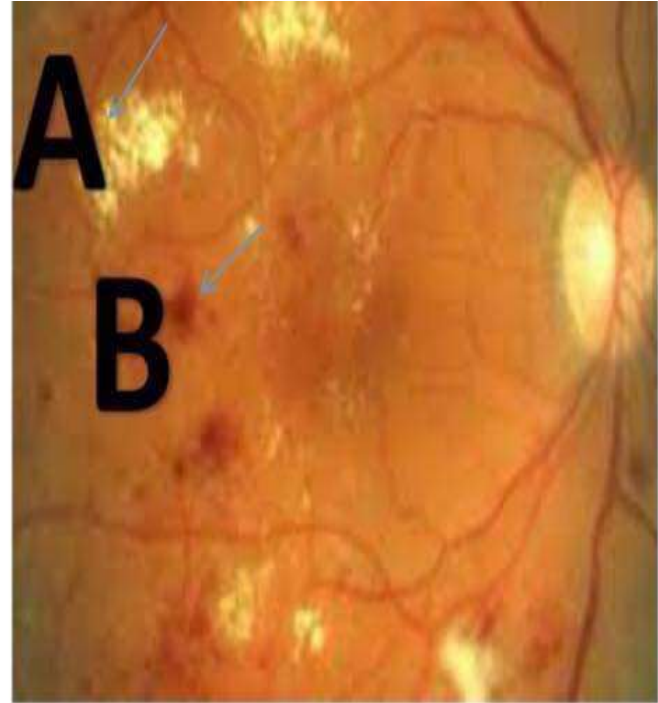
Hard exudate

9. what is B?

Dot/plot hemorrhage

10. Most common cause of blindness in DM?

macular edema (not sure)



MCQ

5. Caused by, except ?

iris bombe

glaucoma

cataract

11. case of uveitis all ass.w/ anterior uveitis
except?

-KP

-macular edema

-post. synechia

-hypopyon

Uveitis

MCQ



****Bacterial conjunctivitis**

MCQ

لسوء ان مكرر كثير

عشرات هيئ الكل
chalazion
يدرس
من آتوقع / السلايوات
وينشوف أي الحيات
في الامتحان هي الأنسب
ممكن في جوابهم هون
يكون هو الأنسب ن

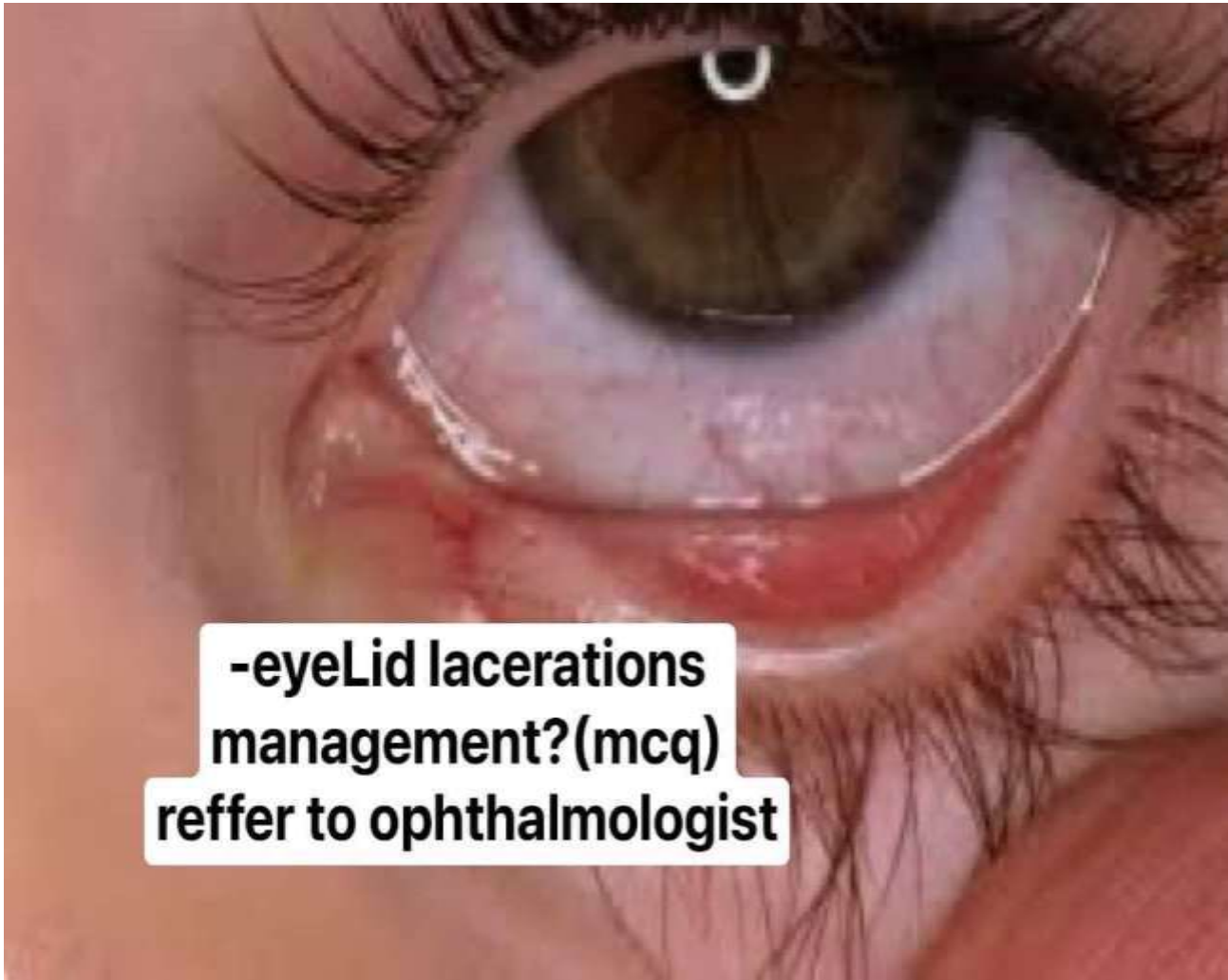


All of the following true about this condition except?

Large chalazion lead to astigmatism

⊗ ما ينقدر نحدد
إيجابية إذا صح أو
عنه بدنه مس موجودة
⊖ باقي الصيغات

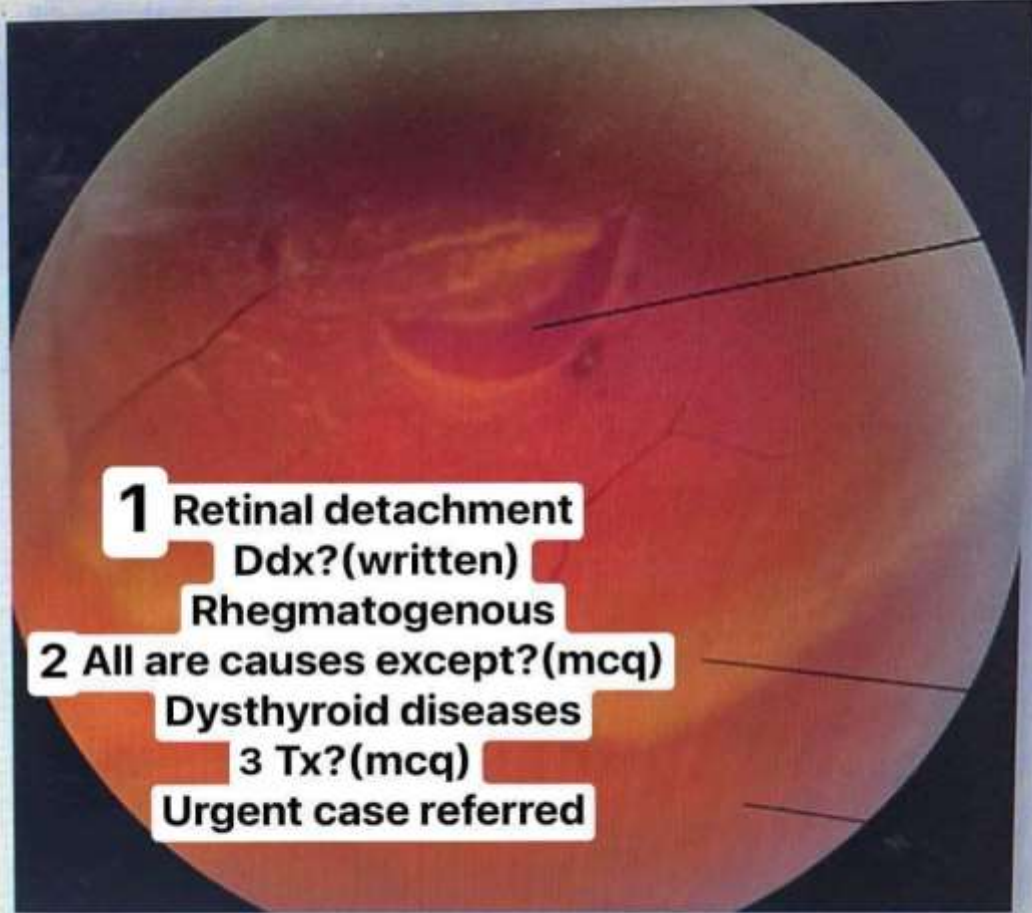
But internet says chalazion can cause astigmatism



**-eyeLid lacerations
management?(mcq)
refer to ophthalmologist**

MCQ





1 Retinal detachment
Ddx?(written)

Rhegmatogenous

2 All are causes except?(mcq)

Dysthyroid diseases

3 Tx?(mcq)

Urgent case referred

MCQ

ما بنقدر نحدد اذا صح او لأ, مش كل الخيارات موجودة



Ophthalmology mini-osce

By : Rahma Saraireh


Sara abdelaziz

19 q in 25m

2024/2/8



**All of the following true
about this condition except?
Large chalazion lead to
astigmatism**



—All of the following complications of cataract except?

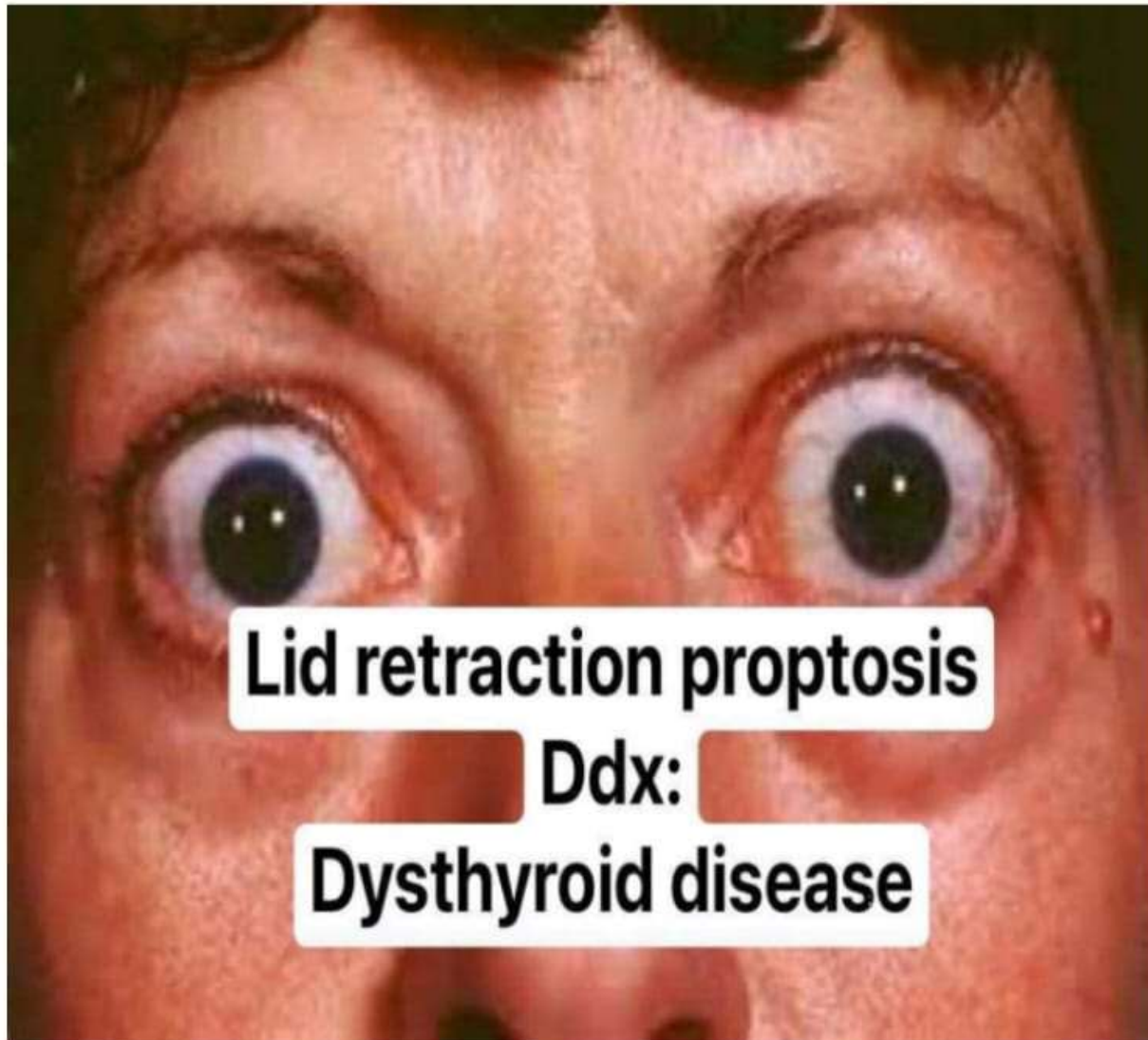
retinoblastoma

—All of the following can lead to cataract except?

Mixed astigmatism



**-eyeLid lacerations
management?(mcq)
refer to ophthalmologist**



Lid retraction proptosis

Ddx:

Dysthyroid disease

**1 Type gaze affected by climb
down ?**

pt can't read

Ans:Downward!

(Not sure)



All of the following cause
Cicatrival inflammatory
except?

Bollus pimhggoid

****Bacterial conjunctivitis**

Case of DR name the indicated by arrow

8. what is A?

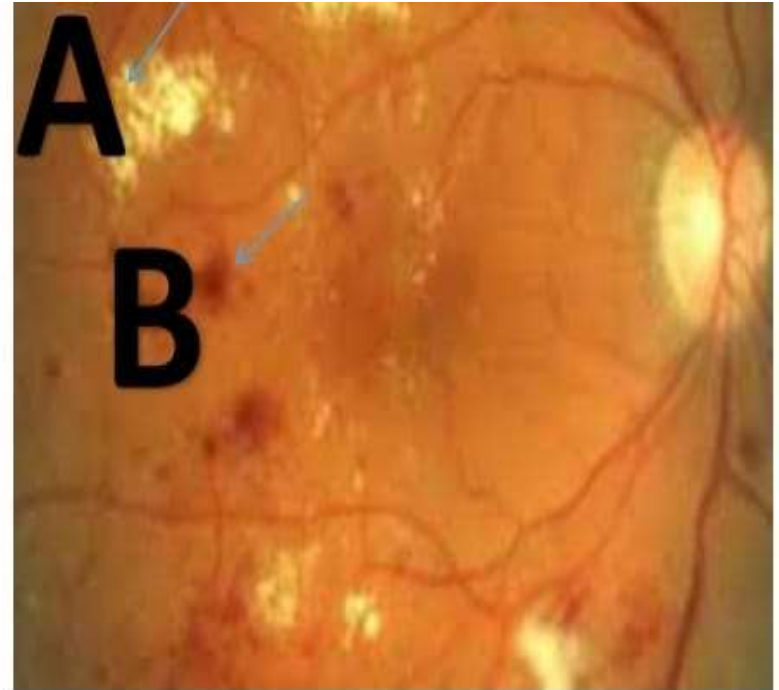
Hard exudate

9. what is B?

Dot/plot hemorrhage

10. Most common cause of blindness in DM?

macular edema (not sure)



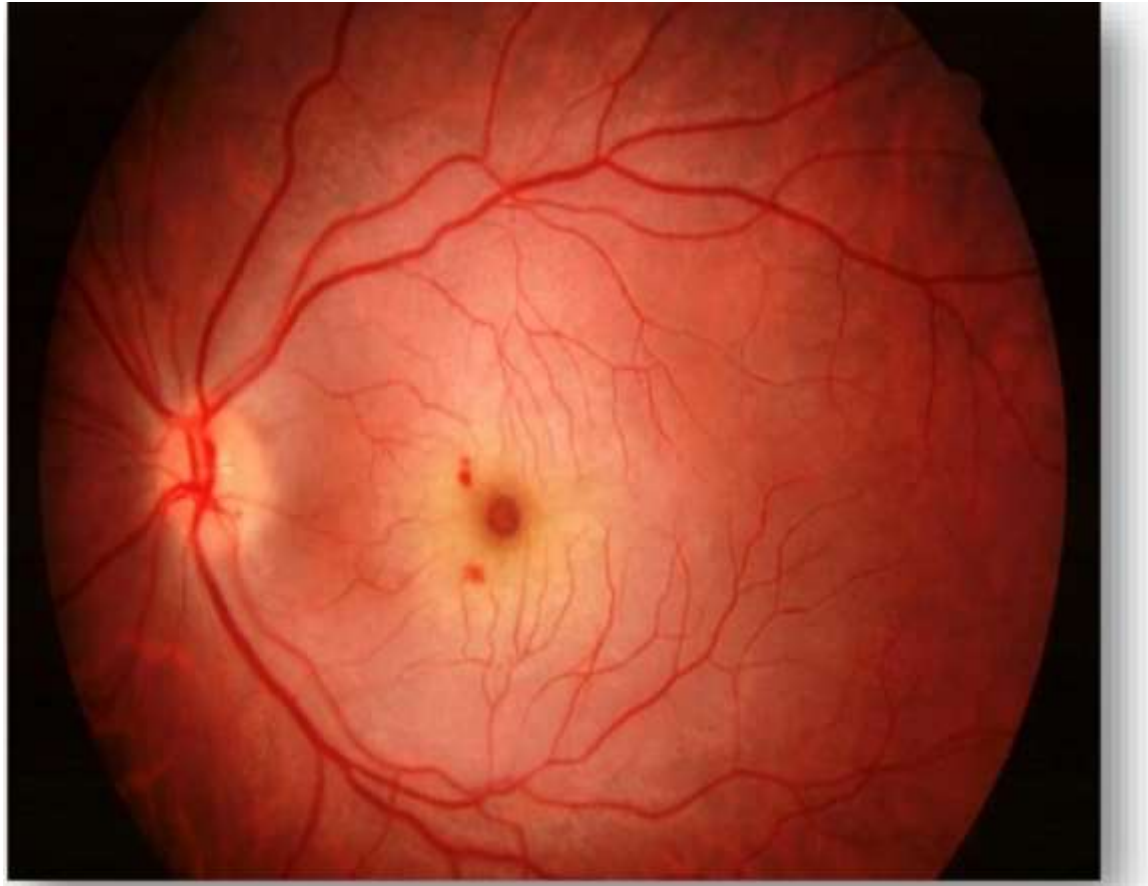
Diagnosis(Written) : Pterygium

True about it (mcq) : not premalignant



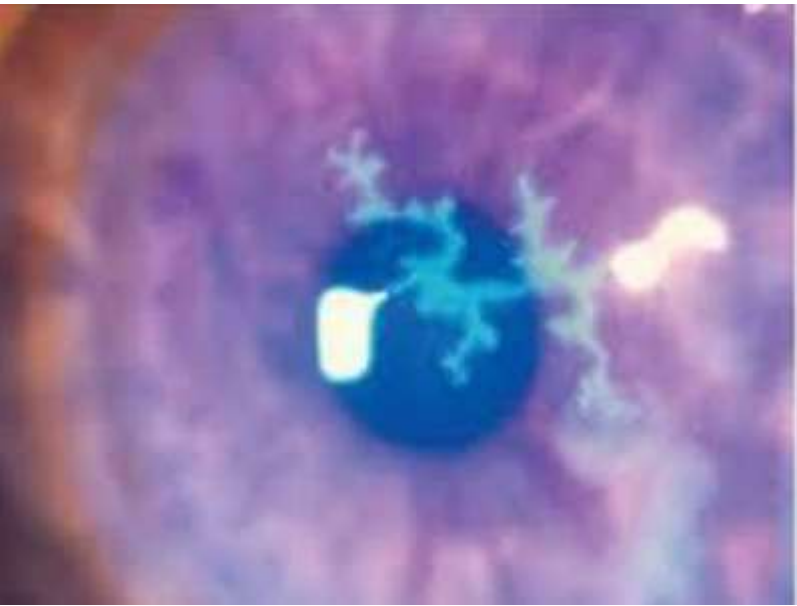
Written:

Central retinal artery occlusion



• dendritic ulcer .. least uncommon of these for recurrence : (MCQ)

antibiotic use

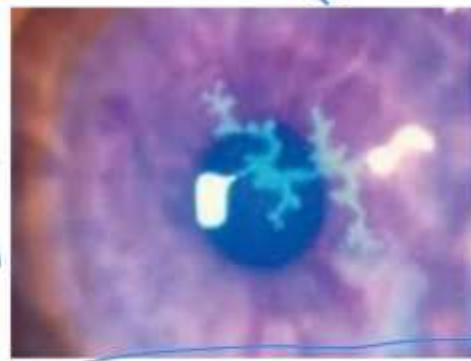


• dendritic ulcer .. least uncommon of these for recurrence : (MCQ)

antibiotic use

لعبقني الانجليزى
least uncommon
= most common

مو صا كرين
من الجواب
ه مكره كمتير
السؤال



علا غلب
Topical steroids الجواب

Diagnosis(mcq)

Keratoconus



child came with congenital nasolacrimal duct obstruction, we do probing ?

False

probing لأنه مش من اول مره نعمل ال
نمشي بالخطوات

Spontaneous opening occur in most cases.

Lacrimal sac massage accompanied by lid hygiene.

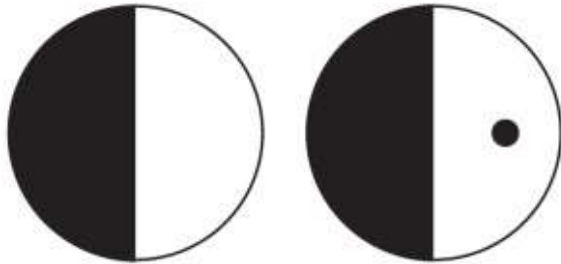
If above failed Lacrimal sac syringing & probing

match each visual field defect with its cause

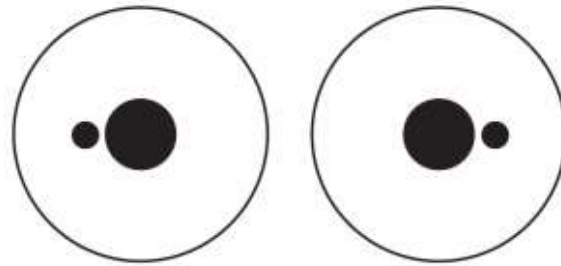
Notes	Typical lesions	Field defect	Blood supply	Locus of the visual pathway
	Optic neuritis Amaurosis fugax Optic atrophy Retrobulbar optic neuropathy Trauma	Ipsilateral monocular blindness	Ophthalmic artery	Optic nerve
	Central) (chiasm Pituitary adenoma Suprasellar aneurysm ----- Peripheral chiasm Internal carotid artery atheroma	Bitemporal hemianopia (central chiasm) ----- Ipsilateral monocular nasal hemianopia (peripheral chiasm)	:Branches from Internal carotid Posterior communicating artery Anterior cerebral artery Anterior communicating artery	Optic chiasm

7 خيارات وكل خيار بعلامة
 من موقع الدكتور خليل

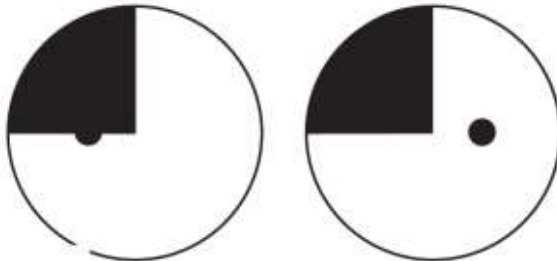
	MCA Stroke	Contralateral homonymous hemianopia	Middle cerebral artery (MCA)	Optic tract
	MCA Stroke	Contralateral homonymous quadrantanopia	Middle cerebral artery (MCA)	Optic radiation
	PCA, Posterior communicating artery	Contralateral homonymous hemianopia with macular sparing	Mostly by the PCA. The MCA also helps supply the anterior portion, which corresponds to the macula	Calcarine sulcus
	PCA, Posterior communicating artery	Contralateral homonymous hemianopia with macular sparing	Mostly by the PCA. The MCA also helps supply the anterior portion, which corresponds to the macula	Occipital cortex



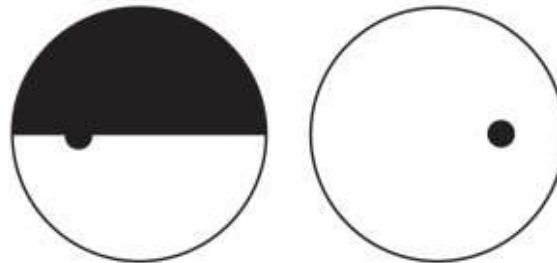
Left homonymous hemianopia.



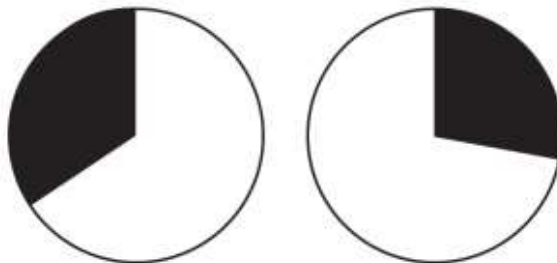
Central scotoma.



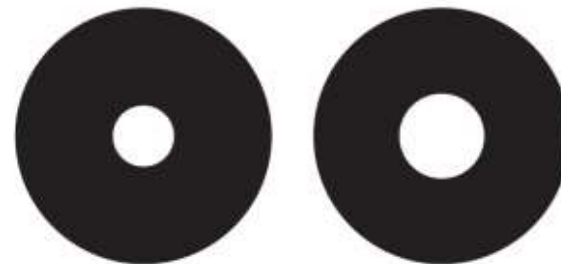
Left superior homonymous quadrantanopia.



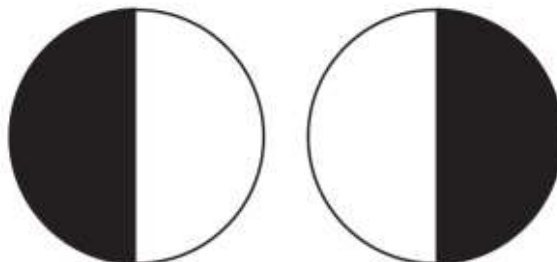
Superior altitudinal hemianopia in the left eye.



Bitemporal superior quadrantanopia.



Concentric peripheral field loss.



Complete bitemporal hemianopia.



Al Salem Eye Clinic
Discover The Difference

2 question about congenital glaucoma



1) All true except :

1) Using Anesthesia can be delayed until 2nd year age and measure iop

2) Anesthesia use is mandatory for IOP measuring

3) Clear cornea doesn't exclude glaucoma

Nabed ophthalmology
archive
6th of March

done by : خزامى سعادة

Q1) 26 year old female pregnant lady presented with this sign , she has history of recurrent stomatitis , whats the most likely to be the cause of recurrence ?

A. topical steroids
use

B. systemic
steroids use

C. topical
antibiotics use

ANSWER : A



Q2) A 3 years old child presented with excessive tearing and increase in the size of cornea , all of the following are true except ?

- A. it maybe congenital glucoma because the conditon is bilateral
- B. a clear cornea dosen't exclude the diagnosis
- C. using anesthesia for diagnosis and measuring IOP can be postpond until 2 years of age
- D. using anesthesia is mandatory for diagnosis and measuring IOP



ANSWER : C

Q3) All of the following can be a cause of cloudy eye in infants excepty :

- A. congenital glucoma
- B. birth trauma
- C. congenital esotropia
- D. congenital rebulla

ANSWER : C

Q4) a 66 years old male patient with history of HTN presented with sudden onset visual loss in the right eye , the best corrected visual acuity in the left eye was 6/6 and in the right eye no light perception , the fundoscopic examination revealed the following sign , what's the most likely cause of this case ?

**ANSWER : central retinal artery occlusion
(written)**



Q5) all are used in treatment except :

- A. topical cycloplegic
- B. topical steroids
- C. beta blockers
- D. drugs tha causes miosis

ANSWER : D

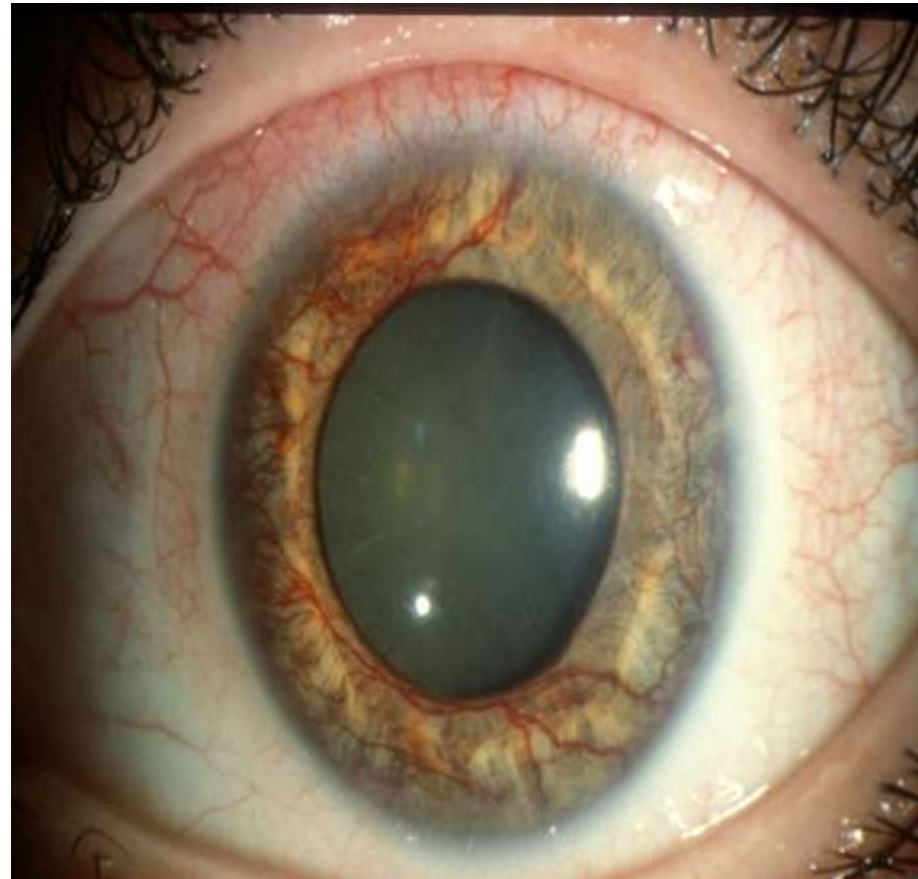
Q6) name of the sign :

rubeosis iridis (written)

Q7) type of glucoma assossiated

:

**secondary neovascularization
glucoma (written)**



Q8) A child fell off his bicycle came to the ER with this presentation , what's your management :

- A. reassure the parents that it will heal spontaneously
- B. refer to the ophthalmologist for further management
- C. clean the wound and send home
- D. suture the wound by yourself

ANSWER : B



Q9) A female patient presented with this sign, CT imaging shows thickened extraocular muscles, the most likely cause of her condition is:

ANSWER : dysthyroid disease
(MCQ)

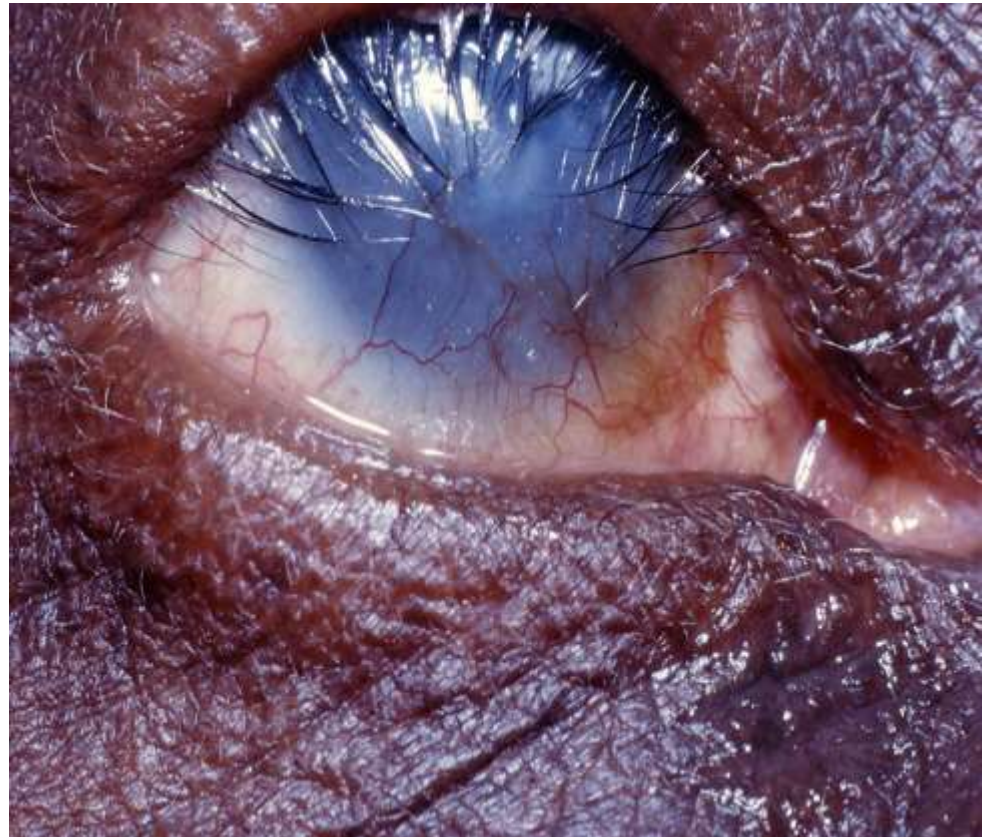


Q10) All of the following are associated with trachoma except :

- A. trichiasis
- B. cicatrical ectropion
- C. pannus formation
- D. follicular conjunctivitis
- E. conjunctival scarring

ANSWER : B

It causes entropion not ectropion



Q11) All of the following causes homonymos hemonopia except :

- A. optic tract lesion before ...
- B. optic nerve
- C. optic tract lesion after ...
- D. optic radiation
- E. calcarine sulcus

ANSWER : B

Q12) A child presented with this sign , all of the following about this condition are true except ?

- A. it's caused by RB1 gene
- B. it's benign condition that doesn't require further intervention
- C. plaque radiotherapy can be used for solitary cases
- D. it may cause retinal detachment
- E. trilateral form tend to be bilateral

ANSWER : 2



Q13) Name of the sign :
pterygium (written)

Q14) All of the following about this case are true except :

- A. it occurs due to UV light and heat exposure
- B. it's premalignant
- C. it's removed when it's rapidly growing
- D. it's removed when it grows to cover the pupillary opening
- E. it may recur after removal

ANSWER : B



Q15) Match the following about direct and indirect ophthalmoscope

- 1) in direct ophthalmoscope the image is. > **virtual and erect**
- 2) direct ophthalmoscope magnification power > ***15**
- 3) indirect ophthalmoscope magnification power > **3-5**
- 4) diameter of the field of observation in direct ophthalmoscope > **about 10°**
- 5) diameter of the field of observation in indirect ophthalmoscope is > **greater than 37° degree**
- 6) scleral indentation can not be seen using > **direct ophthalmoscope**
- 7) visualisation in hazy media is poor using > **direct ophthalmoscope due to low illumination**
- 8) image in indirect ophthalmoscope is . > **real and inverted**
- 9) structures seen using direct ophthalmoscope are. > **central retina only**
- 10) structures seen using indirect ophthalmoscope are > **central and peripheral retina**
- 11) indirect ophthalmoscope has > **high illumination**
- 12) Stenosis can be achieved by > **indirect ophthalmoscope**

Indirect ophthalmoscopy	Direct Ophthalmoscopy	
times when a +13D condensing lens is used 5	About 15 times	Magnification
Wider (about 37° in diameter)	Smaller (about 10° in diameter)	Diameter of the field of observationview
There is relatively greater brightness	There is relatively low brightness	Brightness
Peripheral retina seen (<i>by using a scleral depressor in addition to the indirect ophthalmoscopy itself</i>)	Central retina only	Structures seen
Real & inverted image	Virtual & erect image	Image of the fundus that is seen
Binocular indirect ophthalmoscopy provides better stereopsis	Image formed is not stereoscopic	Stereopsis
Seen better	Not well seen (seen with difficulty)	Retina anterior to the equator
Can be easily done in binocular indirect ophthalmoscopy	Difficult	Scleral indentation
Better	Poor	Visualization in hazy media

Q16) Patient presented with blurry vision ,
diagnosed with cataract , surgery was performed ,
all of the following are complication of cataract
surgery except :

- A. vitreous loss
- B. glaucoma
- C. retinoblastoma
- D. astigmatism
- E. endophthalmitis

ANSWER : C

Q17) All of the following can cause cataract except :

- A. trauma
- B. DM
- C. mixed astigmatism
- D. uveitis
- E. chemotherapy

ANSWER : C

Q18) The patient can't read and climb down the stairs , the affected gaze is :

- A. upward paralysis
- B. downward
- C. horizontal
- D. vertical
- E. mixed

ANSWER : B

Q19) Cicatrical inflammatory symblepharon is caused by all of the following except :

- A. bullous pemphigoid
- B. chemical burns
- C. steven johnson's syndrome
- D. Trachoma
- E. Bacterial conjunctivitis

ANSWER : E



Ophthalmology Mini- OSCE

The last rotation

MCQs only



—All of the following complications of cataract except?

retinoblastoma

—All of the following can lead to cataract except?

Mixed astigmatism

Q2) A 3 years old child presented with excessive tearing and increase in the size of cornea , all of the following are true except ?

- A. it maybe congenital glucoma because the conditon is bilateral
- B. a clear cornea dosen't exclude the diagnosis
- C. using anesthesia for diagnosis and measuring IOP can be postpond until 2 years of age
- D. using anesthesia is mandatory for diagnosis and measuring IOP



ANSWER : D / C

Q3) All of the following can be a cause of cloudy eye in infants excepty :

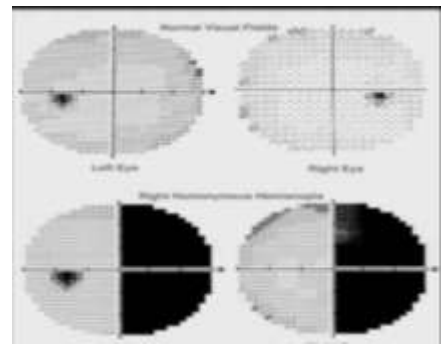
- A. congenital glucoma
- B. birth trauma
- C. congenital esotropia
- D. congenital rebulla



ANSWER : C

Q11) All of the following causes homonymos hemonopia except :

- A. optic tract lesion before ...
- B. optic nerve
- C. optic tract lesion after ...
- D. optic radiation
- E. calcarine sulcus



ANSWER : B



All can cause cicatricial conjunctivitis except?

bullous pemphoid

Stevens Johnson syndrome

chemical burn

trachoma

bacterial conjunctivitis



Patient came with runny nose and fever for 2 days, all of the following can cause this clinical presentation except?

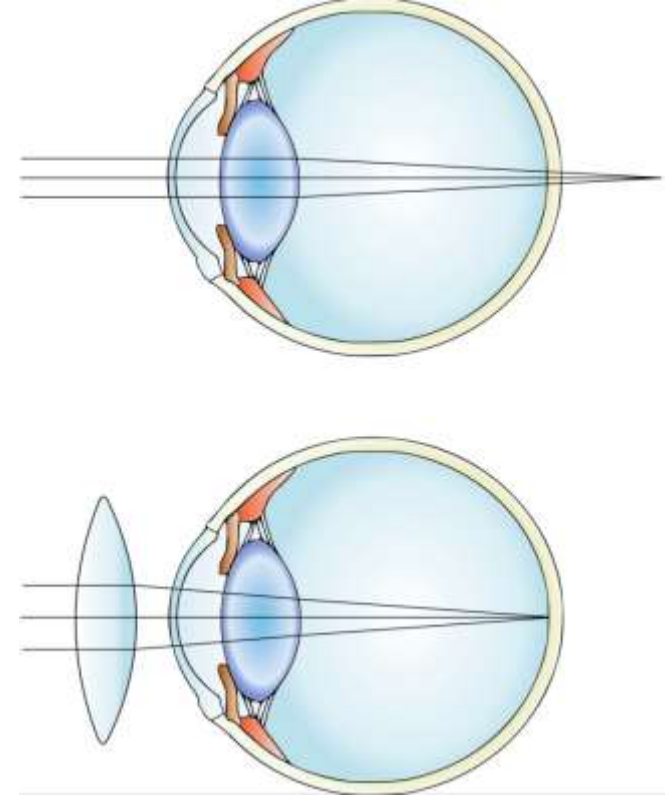
viral conjunctivitis

trachoma

bacterial conjunctivitis

toxic reaction to eye drops

allergic conjunctivitis



what is the best step of management?

refer to ophthalmologist for upper lid surgery

All true about hypermetropia except

need minus lens to be corrected

3 month old presents with excessive tearing, family doctor urged parents to do probing is this true or false?

False



child presents with subconjunctival hemorrhage due to excessive rubbing of eyes, physician did not give the child any eye drops, but the parents insist that he should be given treatment, is the action of the physician true or false?

true



child presents with eyelid laceration, what is your management?

Refer to ophthalmologist



patient with dendritic ulcer, and recurrent stomatitis, what is **the least likely** cause of the recurrence of ulcer?

topical steroids

systemic steroids

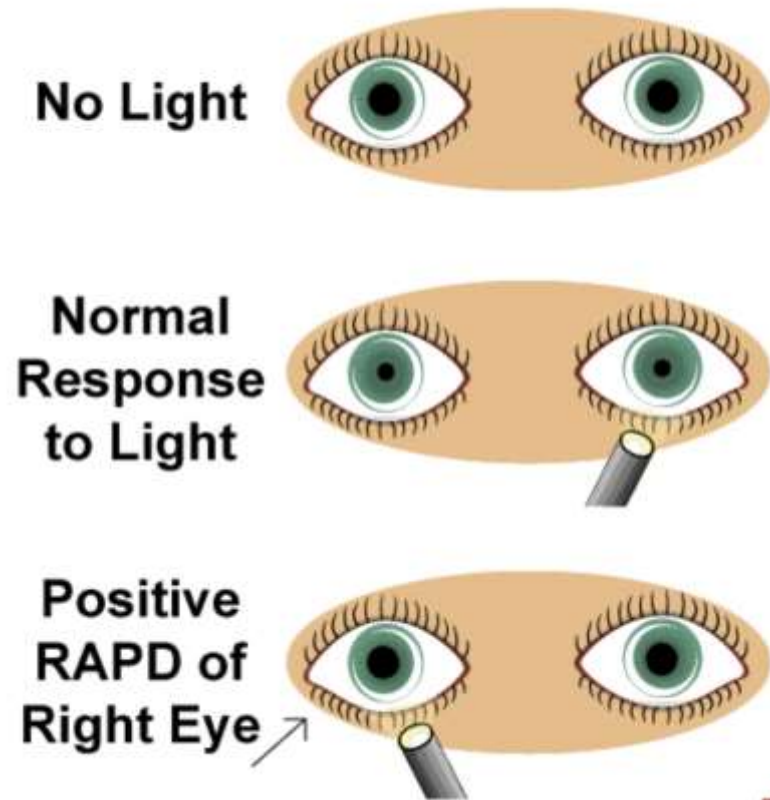
topical antibiotics

UV Light

Concurrent with systemic disease

in unilateral optic nerve lesion, all of the following occurs except?

- ipsilateral defect in direct light reflex
- contralateral defect in consensual light reflex
- ipsilateral RAPD
- contralateral defect in direct light reflex
- normal accommodation in both eyes



Patient (**contact lens wearer**) presents with red painful eye and photopsia, what is the most likely diagnosis?

bacterial keratitis

what is the appropriate management?

give 4th generation fluoroquinolones

admit and give broad spectrum iv antibiotics

give lubricants and refer to ophthalmologist



Match the following correctly

left monocular blindness --> left retrobulbar optic neuropathy

bitemporal hemianopia --> suprasellar aneurysm

right homonymous hemianopia --> left MCA stroke

left monocular nasal hemianopia --> left internal carotid artery atheroma

right homonymous hemianopia with macular sparing --> left PCA stroke

left central scotoma --> left age-related macular degeneration

left arcuate scotoma --> left eye glaucoma

من موقع الدكتور خليل

Q12) A child presented with this sign, all of the following about this condition are true except ?

- A. it's caused by RB1 gene
- B. it's benign condition that doesn't require further intervention
- C. plaque radiotherapy can be used for solitary cases
- D. it may cause retinal detachment
- E. trilateral form tend to be bilateral

ANSWER : 2

2

