

OPHTHALMOLOGY

archive

Mini - OSCE

مجمع ومرتب

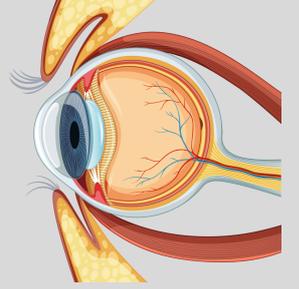
حتى 2025

حتى ثاني قروب (

من روح)

تجميع وترتيب: عيادة العايد

تدقيق: يوسف المحادين



ملاحظات:

١. يا جماعة أرشيف العيون مهم جدا جدا جدا لامتحان، أهم من المادة، ضروري تدرسه كامل للأخير .
٢. الأرشيف هذا شامل الأسئلة اللي بملف أرشيف نبض وواين، يعني ان شاء الله شامل ارشيف كل السنوات.
٣. في بعض الأسئلة ما كانت مكتوبة منيح او محلولة غلك او مش واضحة بالأرشيف القديمة، فاحنا زبطناها بناء على امتحاننا لانه كان كله أرشيف تماما.
٤. حذفنا الأسئلة المكررة وجمعنا خيارات السؤال وافرعه من مجموع الارشيف، بحيث يصير السؤال الواحد عالصورة الواحدة شامل كل الخيارات والأفرع.
٥. قسمنا الأسئلة حسب الموضوع والمحاضرة، عشان يكون سهل عليك تكون عارف المفاهيم العامة بالمحاضرة عالاقل قبل ما تبصم الارشيف، من باب العلم الك كدكتور حتى تستفيد.
٦. دققنا اجابات الأسئلة حتى تكون الأمور تمام ان شاء الله وتحلوا صح.

لا تنسونا من دعواتكم الطيبة، وان شاء الله يساعدكم تفللوا
وتجيبوا علامات عالية 🌱

Cataract

Q) type of cataract in picture?

neuclear cataract.

Q) What is the treatment?

Phacoemulsification surgery

Q) most common complication of surgery?

M.C Intraoperative Complications is Posterior Capsule Rupture

M.C early postoperative complication is corneal edema.

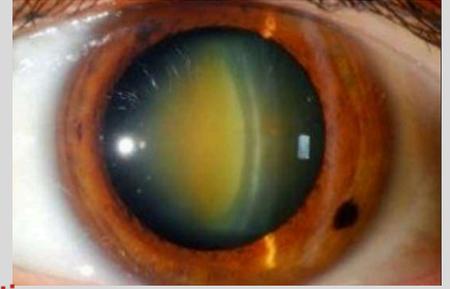
M.C late postoperative complication Posterior Capsular Opacification

M.C overall complication is posterior capsular opacification

M.C serious complications is infection Endophthalmitis (sign is hypopyon)

Q) what is the name of the accumulation pus in the anterior chamber?

hypopyon



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

- A. vitrous loss
- B. glucoma
- C. retinablastoma
- D. astigmatism
- E. endophthalmatitis



ANSWER : C

Cataract surgery complications except? vitrous loss galucoma hypermetropea:

- A) vitrous loss
- B) galucoma
- C) hypermetropea

ANSWER: C

All of the following can be a cause of cloudy eye in infants except :

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

ANSWER : C

All of the following can cause cataract except :

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

ANSWER : C

Physical examination And optics & refraction

1. Distance the chart from patient ?

6m

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

Pupillary light reflex

3. If patient wear glasses with $-5.00D$ 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

6. All true about hypermetropia except:

Needs minus lens

7. regarding examination which is false?

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

Q) all of the following true except:

-Hypermetropia concave lens

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

- A) ipsilateral defect in direct light reflex
- B) contralateral defect in consensual light reflex
- C) ipsilateral RAPD
- D) contralateral defect in direct light reflex
- E) normal accommodation in both eyes

ANSWER: D

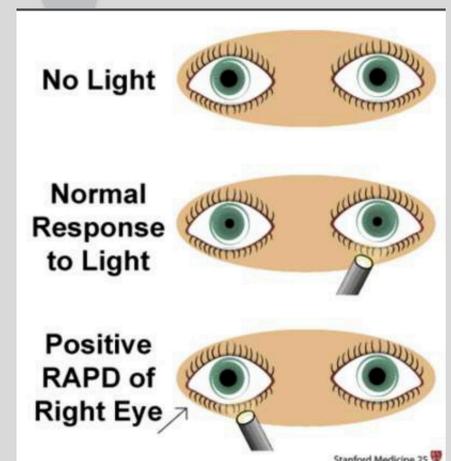
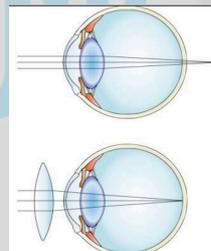
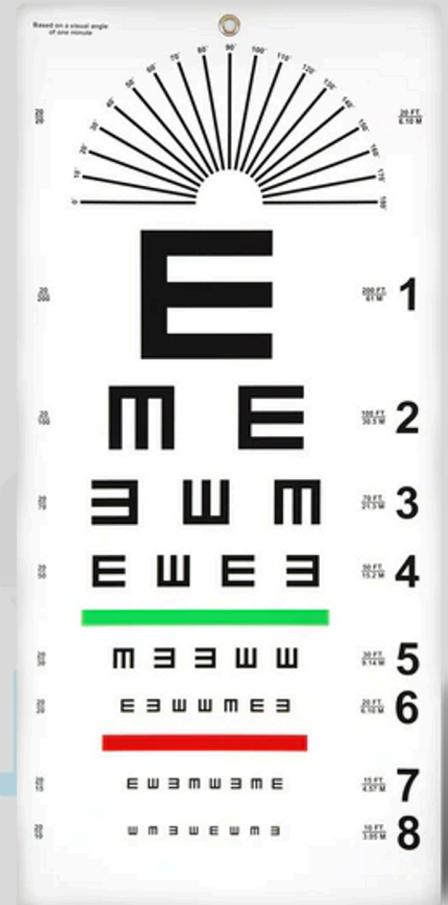
Q) all are true except:

- A) cyclorefraction in children is not mandatory.
- B) Unilateral diplopia more common in astigmatism.

ANSWER: A

Q) one of the following is false?

Myopic eye treated with convex lens



Q) 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 observation view
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

سؤال التوصيل من هذا الجدول
عموم د. خليل السالم

Glucoma

Q) 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 bilaltral
- 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



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

- A. it occure 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 grow to cover the pupillary opening
- E. ut may recurre after removal

ANSWER : B

Q) Name of the sign :

pterygium



Retina & retinal vascular diseases

Q) 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: B

All questions numbered here about this pic..

Q1) all are used in treatment except :

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

ANSWER : D

Q2) Caused by, except ?

- A) iris bombe
- B) glaucoma
- C) cataract

Answer: C

Q3) name of the sign:

rubeosis iridis

Q4) type of glaucoma associated :

secondary neovascularization glaucoma

Q5) most common cause for this condition other than diabetic retinopathy?

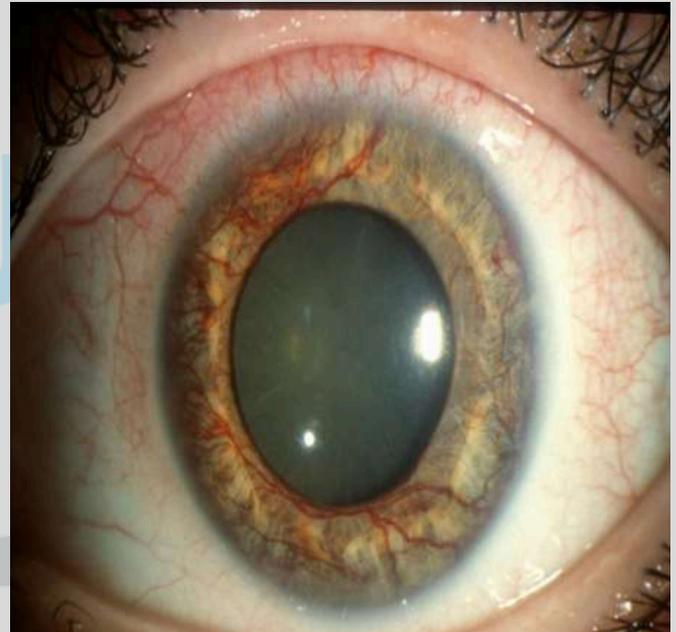
CRVO (central retinal vein occlusion)

Q) 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

Q) all are risk factor for retinopathy of prematurity except:

- A) O₂
- B) under 32 week
- C) weight under 1500 g
- D) dilation eye drops



ANSWER: D

Q) Case of DR name the indicated by arrow

- what is A?

Hard exudate

- what is B?

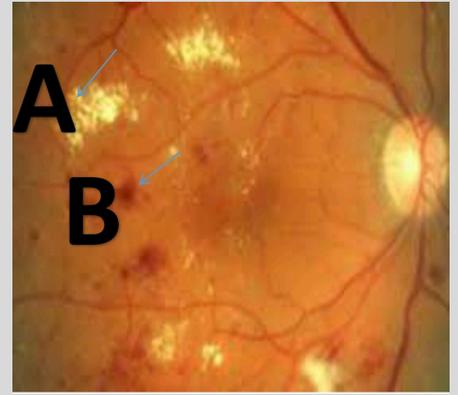
Dot/blot hemorrhage

- Most common cause of blindness in DM?

macular edema

- When should we use pan retinal photocoagulation?

When there is peripheral retinal neovascularization without vitreal hemorrhage



True or false :

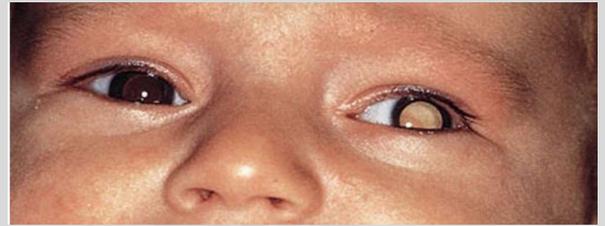
1. Retinoblastoma most common primary –intraocular– tumor in children ? **True**

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**



About this picture:

Q1) retinal detachment Ddx?

rhegmatogenous

Q2) All are causes except? (Mcq)

Dysthyroid disease

Q3) treatment? (Mcq)

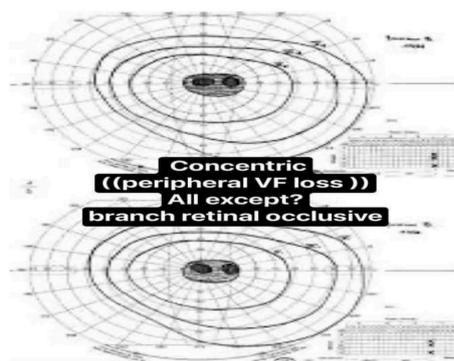
urgent case referred.



ما هر علينا السؤال وبس شغنا بهاي الصورة فحطيناه زي ما هو

MCQ

ما بنقدر نحدد اذا صح او لا، مش كل الخيارات موجودة



Cornea and conjunctiva and lacrimal system

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

- A) bacterial keratitis
- B) bacterial conjunctivitis

ANSWER: A

what is the appropriate management?

- A) give 4th generation fluoroquinolones
- B) admit and give broad spectrum IV antibiotics
- C) give lubricants and refer to ophthalmologist

ANSWER: A

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

False

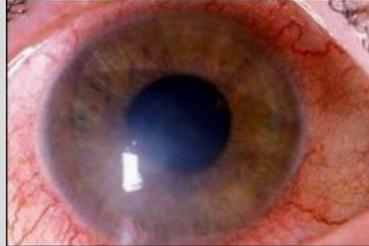
2. All true except ?

Minority resolve within 6 months

Q) 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

أي وحدة من الصورتين ممكن تيجي



الصورتين اي وحدة منهم ممكن تيجي لنفس السؤال

Q) Cicatricial 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



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

- A) viral conjunctivitis
- B) trachoma
- C) bacterial conjunctivitis
- D) toxic reaction to eye drops
- E) allergic conjunctivitis

ANSWER: E



Q) 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



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

اي صورة منهم ممكن تيجي لنفس السؤال عادي

هرات كان يكتب most
least وهرات common
uncommon لنفس السؤال



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



1.What is the surgery?

Keratoplasty

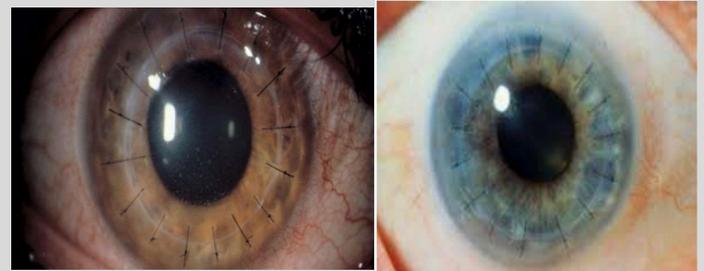
2.What is the part ?

Central cornea

3.If the IOP is 34mmHg what is the medication that cause it?

steriods

اي صورة منهم او بتشبههم ممكن تيجي لنفس السؤال



Q) Diagnosis (mcq)
Keratoconus



all of the following true about this case except:

- A) accumulation of materials in obstructed meibomian gland
- B) warm compresses are helpful
- C) best treatable by topical antibiotic
- D) large chalazion may cause astigmatism
- E) persist cases need surgical intervention

ANSWER: C



Q) Case of vernal catarrh, all are true except ?

- A) it causes keratoconus
- B) vernal catarrh causes maculopathy
- C) steroids causes cataract
- D) steroids causes glaucoma

ANSWER: B



Q) about this pic...

1. What you see??

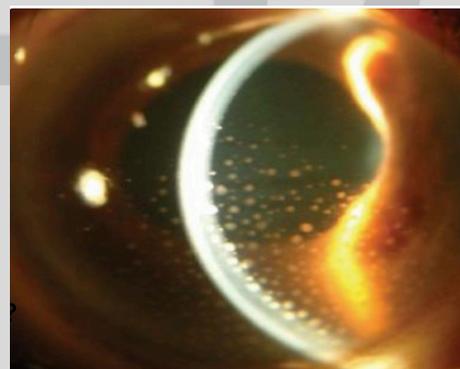
Morton fat keratin precipitate

2. what is the treatment?

Penicillin

3. If positive VDRL . What is your diagnosis ??

Syphilis



Q) about this pic...

1. Cause of A?

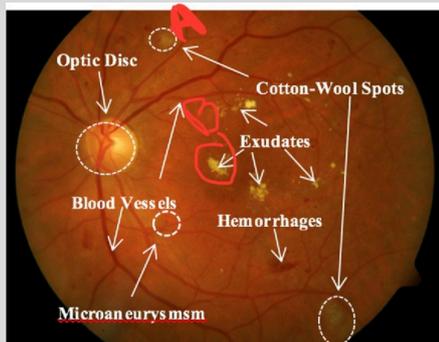
Nerve fiber layer infection

2. Cause of B?

Lipid deposition

3. Best management?

Control hypertension and DM



Q) all cause follicular conjunctivitis except?

مش موجود خيارات، بس هيك في الارشيف القديم

Q) about this pic....

1. All of the following DDX except :

- A. Congenital cataract
- B. Retinoblastoma
- C. Melanoma
- D. Persistent hyperplastic primary vitreous
- E. Retinopathy of prematurity

ANSWER: C



2. What is the management ?

- A. Refer to ophthalmology clinic

3. this neonate will have a good long-term prognosis for his visual field.

- A. True
- B. False

ANSWER: false

Q) Case (mentioned that there is abruit heard),dx?

Cavernous sinus fistula



Strabismus and trauma

Q) 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



Q) 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

Q) Pic. Of iris dialysis, all are true except?

- A) marfan
- B) trauma
- C) retinoblastoma
- D) hypotony
- E) ehler danlos type 6

ANSWER: C



Q) Child with esotropia, all are true except?

- A) do exam to exclude secondary causes of squint
- B) send home

ANSWER: B



Q) Pic of ptosis, the mother says he has this condition since birth

1. Name the condition?

Congenital ptosis

2. Name the surgery?

Frontalis sling surgery

3. What to do?

- A) Assure as it will improve spontaneously
- B) Refer to ophthalmologist (not sure)
- C) Refer to neurologist order MRI

ANSWER: B



Q) about picture....

1. What is the disease?

Graves Disease / Dysthyroid disease

2. What is muscle involvement?

Levator palpebrae superioris muscle

3. What is the thickest muscle?

Inferior rectus



Q) about this pic..

1. Diagnosis ?

Exotropia

2. Surgery can do 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

5. 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



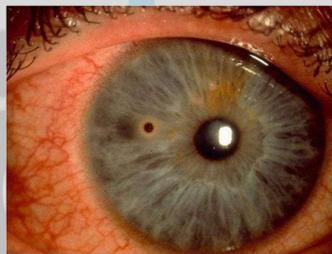
Q) about this pic...

1. What called this object ?

Foreign body

2. Management ?

Remove it and give antibiotic



1. Dx?

esotropia

2. Which of the following to do next?

Cyclorrfracton

3. Dr covered the right eye and described her glasses, her father said that her vision become worse when she take off glsses, whatis your appointment?

1. Doctor covered the wrong eye

2. No benefit from glasss

3. The dication of glasse is wrong from first

4. Prepare to sx after glasses using is failed

answer : all false



Eylids

Q) erythema and swelling in the upper and lower lid)but the pt can move his eye(so we role 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..

1. what do you think the cause is.....

ANSWER: rhabdomyosarcoma

2. investigation?

CT-scan

Visual field defect, uveitis, optic nerve and pupillary disorders

Q) Match the following correctly:

1. left monocular blindness --> **left retrobulbar optic neuropathy**
2. bitemporal hemianopia --> **suprasellar aneurysm**
3. right homonymous hemianopia --> **left MCA stroke**
4. left monocular nasal hemianopia --> **left internal carotid artery atheroma**
5. right homonymous hemianopia with macular sparing --> **left PCA stroke**
6. left central scotoma --> **left age-related macular degeneration**
7. left arcuate scotoma --> **left eye glaucoma**

Visual Field changes an correlation with Eye disease

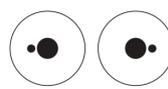
<p><i>More common:</i> Ischemic optic neuropathy, hemibranch retinal artery occlusion, retinal detachment</p> <p><i>Less common:</i> Glaucoma, optic nerve or chiasmal lesion, optic nerve coloboma</p>	<p>Loss of all or part of the superior or inferior half of the visual field; does not cross the horizontal median</p>	<p>Altitudinal field defect</p>
<p>Damage to ganglion cells that feed into a particular part of the optic nerve head</p> <p><i>More common:</i> Glaucoma</p> <p><i>Less common:</i> Ischemic optic neuropathy (usually nonarteritic), optic disk drusen, high myopia</p>	<p>A small, bow-shaped (arcuate) visual field defect that follows the arcuate pattern of the retinal nerve fibers; does not cross the horizontal median</p>	<p>Arcuate scotoma</p>
<p><i>More common:</i> Glaucoma, bitemporal retinal disease (eg, retinitis pigmentosa)</p> <p><i>Rare:</i> Bilateral occipital disease, tumor or aneurysm compressing both optic nerves</p>	<p>Loss of all or part of the medial half of both visual fields; does not cross the vertical median</p>	<p>Binasal field defect (uncommon)</p>
<p>Glaucoma, retinitis pigmentosa or another peripheral retinal disorder, chronic papilledema after panretinal photocoagulation, central retinal artery occlusion with cilioretinal artery sparing, bilateral occipital lobe infarction with macular sparing, nonphysiologic vision loss, carcinoma-associated retinopathy</p> <p><i>Rare:</i> Drugs</p>	<p>Loss of the outer part of the entire visual field in one or both eyes</p>	<p>Constriction of the peripheral fields, leaving only a small residual central field</p>
<p>Optic tract or lateral geniculate body lesion; lesion in temporal, parietal, or occipital lobe (more commonly, stroke or tumor; less commonly, aneurysm or trauma); migraine (which may cause transient homonymous hemianopia)</p>	<p>Loss of part or all of the left half or right half of both visual fields; does not cross the vertical median</p>	<p>Homonymous hemianopia</p>

السؤال من موقع د. خليل السالم ربط بين هذول الجدولين. هذا رابط الجدول الكبير وشوفوا الثاني عالموقع ومواضيع ثانية في واحضروا هذا الفيديو كثير مفيد للفهم، وفي فيديوهات ثانية على موقع د. خليل برضو شرح لبي يجب يستفيد

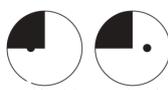
<p><i>More common:</i> Chiasmal lesion (eg, pituitary adenoma, meningioma, craniopharyngioma, aneurysm, glioma)</p> <p><i>Less common:</i> Tilted optic disks</p> <p><i>Rare:</i> Nasal retinitis pigmentosa</p>	<p>Loss of all or part of the lateral half of both visual fields; does not cross the vertical median</p>	<p>Bitemporal hemianopia</p>
<p>Papilledema, optic nerve drusen, optic nerve coloboma, myelinated nerve fibers at the optic disk, drugs, myopic disk with a crescent</p>	<p>Enlargement of the normal blind spot at the optic nerve head</p>	<p>Blind-spot enlargement</p>
<p>Macular disease, optic neuropathy (eg, ischemic or Leber hereditary neuropathy, optic neuritis-multiple sclerosis), optic atrophy (eg, due to tumor compressing the nerve or toxic-metabolic disorders)</p> <p><i>Rare:</i> Occipital cortex lesion</p>	<p>A loss of visual function in the middle of the visual field</p>	<p>Central scotoma</p>



Left homonymous hemianopia.



Central scotoma.



Left superior homonymous quadrantanopia.



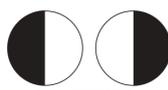
Superior altitudinal hemianopia in the left eye.



Bitemporal superior quadrantanopia.



Concentric peripheral field loss.



Complete bitemporal hemianopia.



AI Salem Eye Clinic
Discover The Difference

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
	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

Q) 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

Q) case of uveitis all ass.w/ anterior uveitis except?

- A) KP
- B) macular edema
- C) post. synechea
- D) hypopyon

ANSWER: B

Q) Case of optic neuritis all is of its symptoms except?

- A) right ring scotoma (it causes central scotoma)
- B) red green color impairment
- C) rapd is common
- D) right optic swelling

ANSWER: A (it causes central scotoma)

Q) Pt with low back pain referred to ophthalmologist?

1. What is sign?

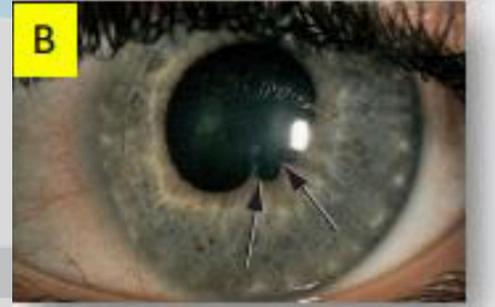
Posterior synechiae

2. What investigation to do for dx?

X ray

3. Dx?

Ankylosing spondylitis



✍ يقول الشيخ صلاح الخالدي عن صاحب النفس التواقة الطموحة :

" إنه يعلم أن الواجبات أكثر من الأوقات، ولذلك يستفيد من كل يوم وساعة ولحظة من وقته، ويعتقد أنه لا يجد عنده ساعة يُضيها في اللهو والعبث، وهو لا يعاني من «أوقات الفراغ» التي يُعاني منها معظم الناس الفارغين من الاهتمامات الكبار، ولكنه يعاني من «تزاحم» الأعمال والواجبات، ويُعاني من «قلة الوقت»، ويتمنى لو كان الوقت يشتري بالمال، إذن لاشتري أوقات الفارغين والضائعين واللاهين ... "

- الخطة البراقة لذي النفس التواقة