	Utech
Name:	(4)
Roll No.:	As Assembly Foundation Test Statement
Invigilator's Signature :	

CS/B.OPTM/SEM-5/BO-504/2010-11 2010-11

OCULAR DISEASE - II POSTERIOR SEGMENT (RETINA & NEURO-OPHTHALMOLOGY)

Time Allotted: 3 Hours Full Marks: 70

The figures in the margin indicate full marks.

Candidates are required to give their answers in their own words as far as practicable.

GROUP - A

(Multiple Choice Type Questions)

1. Choose the correct alternatives for any ten of the following:

 $10 \times 1 = 10$

- i) Which is not an important diagnostic criterion of giant cell arteritis?
 - a) ESR > 70 mm/hour
 - b) C-reactive protein > 2.45 mg/dl
 - c) Jaw caludication
 - d) Neck pain.
- ii) Unilateral blindness in a male child with massive exudation under the retina is most likely a case of
 - a) Coat's disease
 - b) Retinoblastoma
 - c) Sturge-Weber syndrome
 - d) Louis-Bar's syndrome.

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iii)	A retinal detachment patient mostly complains of				
	a)	pain	b)	good vision	
	c)	flashes and floaters	d)	diplopia.	
iv)	In myasthenia gravis, during a diagnostic test, we use a drug called				
	a)	Piperazine citrate	b)	Azathioprim	
	c)	Edrophonium	d)	Carbamazepine.	
v)	Sillicone oil is a/an				
	a)	aqueous substitute	b)	lens substitute	
	c)	vitreous substitute	d)	artificial lens.	
vi)	ri) In retinoblastoma, if the microscopical exami shows Flexner-Wintersteiner rosettes, it is conside be				
	a)	highly malignant	b)	less malignant	
	c)	not malignant	d)	none of these.	
vii)	Dyschromatopsia is the term for defective				
	a)	day vision			
	b)	night vision			
	c)	colour vision			
	d) light brightness sensitivity.				
viii)	i) Wernicke's hemianopic pupil is damage to the				
	a)	optic nerve	b)	optic tract	
	c)	chiasma	d)	occipital lobe.	
ix)	Cherry Red sopt is found in				
	a)	CSR	b)	CRVO	
	c)	CRAO	d)	diabetic retinopathy.	
x)	Macular disease presents with				
	a)	pain	b)	low peripheral vision	
	c)	low central vision	d)	floaters.	

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- xi) Papilloedema is commonly found in all these diseases, *except*
 - a) proliferative diabetic retinopathy
 - b) optic neuritis
 - c) vein occlusion
 - d) hypertensive retinopathy grade IV.
- xii) Flame-shaped haemorrhages are situated in the
 - a) ganglion cell layer of the retina
 - b) internal limiting membrane
 - c) nerve fibre layer
 - d) inner plexiform layer.

GROUP - B

(Short Answer Type Questions)

Answer any three of the following.

 $3 \times 5 = 15$

- 2. What is Rhegmatogenous retinal detachment?
- 3. What are OKN and other tests with special reference to malingering?
- 4. Write the classification of hypertensive retinopathy.
- 5. What are the clinical features of optic nerve damage?
- 6. What are the features of Neurofibromatosis I?
- 7. What is leukocoria? Name the causes and discuss any one of these causes in detail.

GROUP - C

(Long Answer Type Questions)

Answer any *three* of the following.

 $3 \times 15 = 45$

8. Give the causes of vitreous haemorrhage and examination findings. What investigations should be done? Discuss the clinical features of proliferative diabetic retinopathy.

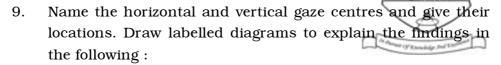
4 + 3 + 3 + 5

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- a) Unilateral horizontal gaze palsy
- b) Left internuclear ophthalmoplegia
- c) Right one-and-a-half syndrome.

3 + 4 + 4 + 4

- 10. Discuss retinitis pigmentosa under the following headings:
 - a) What is it?
 - b) How is it inherited?
 - c) Clinical features
 - d) Treatment and role of genetic counselling nowadays.

$$2 + 3 + 5 + 5$$

11. What do you mean by the term "Phakomatosis"? Name three conditions that include under this term. Discuss the systemic and ocular features of tuberous sclerosis.

$$2 + 3 + 5 + 5$$

- 12. Name the 4th cranial nerve. Describe the origin, course (in brief) and clinical features of a 4th cranial nerve palsy. How will you detect a 4th nerve palsy in the presence of a 3rd nerve palsy? 1+2+4+5+3
- 13. Write short notes on any *five* of the following :

 5×3

- a) Homonymous hemianopia
- b) Bitemporal hemianopia
- c) Amblyopia
- d) Altitudinal hemianopia
- e) Hemeralopia
- f) Nystagmus.

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