



Name :
Roll No. :
Invigilator's Signature :

CS/B.Optm/SEM-5/BO-504/2012-13

2012

**OCULAR DISEASES-II
(PASTERIOR & NEURO EYE DISEASE)**

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) The optic neuritis which shows "a normal optic disc"
 - a) Papillitis
 - b) Retrobulbar neurities
 - c) Neuro retinitis
 - d) Established Papilloedema.
 - ii) Pupil sparing 3rd nerve palsy is seen in
 - a) aneurysm of post. Communicating artery
 - b) tumour
 - c) diabetes
 - d) head trauma.

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- iii) Chiasmal disease cause
 - a) binasal hemianopia
 - b) bi temporal hemianopia
 - c) superior quadrantanopia
 - d) inferior quadrantanopia.
- iv) 90-day glaucoma is seen in
 - a) ischemic CRVO b) non ischemic CRVO
 - c) retinal detachment d) optic neuritis.
- v) Most significant finding of proliferative diabetic retinopathy
 - a) haemorrhage b) exudates
 - c) neovascularization d) cotton wool spots.
- vi) Anterior ischaemic optic neuropathy is seen in
 - a) myasthenia gravis b) temporal arteritis
 - c) multiple sclerosis d) brain tumour.
- vii) In cortical blindness there is
 - a) bilateral loss of vision
 - b) normal papillary light reflexes
 - c) none of these
 - d) all of these.
- viii) Cafe-an-lait spots are characteristic of
 - a) Horner's syndrome
 - b) wolfram syndrome
 - c) neuro & bromatosis
 - d) sturge weber syndrome.



- ix) Essential Blapharospasm
- a) is more common in female
 - b) seen above 60 yrs of age
 - c) best treated by recurrent inj. of Bolutirum toxin
 - d) all of these.
- x) Retinal Detachment may result from
- a) Microcystoid degeneration
 - b) Pavingstone degeneration
 - c) Honeycomb degeneration
 - d) Lattice degeneration.
- xi) Night Blindness may be seen in
- a) Retinitis pigmentosa
 - b) High myopia
 - c) Ognchis disease
 - d) all of these.

GROUP – B

(Short Answer Type Questions)

Write short notes on any *three* of the following.

3 × 5 = 15

2. Cystoid Macular Oedema.
3. Pauretinal Photocoagulation.
4. Cherry red spot at Macula.
5. Ophthalmoscopy



GROUP – C

(Long Answer Type Questions)

Answer any *three* of the following. $3 \times 15 = 45$

6. Describe in short the applied anatomy clinical features & causes of Abducens nerve (sixth cranial nerve) lesions.
 $5 + 5 + 5$
7. Draw a diagram of Papillary Reflex Pathway. What is Argyll Robertson pupil ? What is Horner syndrome ? $7 + 4 + 4$
8. What are the predisposing conditions of CRVO ? What is the clinical picture of ischaemic CRVO ? $7 + 8$
9. What is retinal detachment (RD) ? What are the different types of RD ? What are predisposing factors for Rhegmatogenous – RD ? What are the chemical presentation of RD ? $2 + 5 + 4 + 4$

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