



Name :

Roll No. :

Invigilator's Signature :

CS/B.OPTM/SEM-5/BO-504/2011-12

2011

OCULER DISEASE -II

(POSTERIOR SEGMENT & 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.

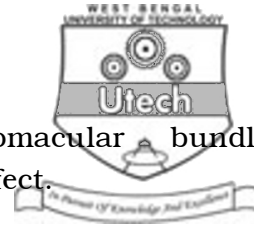
GROUP - A

(Multiple Choice Type Questions)

1. Choose the correct alternatives for any *ten* of the following : 10 × 1 = 10
- i) Bevacizumab is
 - a) anti-prostaglandin
 - b) anti-leukotrinic
 - c) adenosine receptor inhibitor
 - d) anti-vascular endothelial growth factor.
 - ii) All are true about the IVth cranial nerve, *except*
 - a) it is crossed cranial nerve
 - b) it is a short thick nerve
 - c) it is the only cranial nerve which emerges from dorsal aspect of brain
 - d) caused ipsilateral hypertropia.

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[Turn over



- iii) Toxic amblyopia affects papillomacular bundle presenting a visual field defect.
- a) centrocecal scotoma
 - b) Siedels sign
 - c) homonymus hemianopia
 - d) binasal hemiamopic defect.
- iv) Unilateral papilloedema with optic atrophy on the other side is called
- a) Crouzon sign
 - b) Teacher Collins syndrome
 - c) Aperts syndrome
 - d) Foster Kennedy syndrome.
- v) Diffuse choroidal haemangioma, ipsilateral facial angioma, ipsilateral congenital glaucoma refers to condition (under phacomatosis).
- a) von Hippel Lindau disease
 - b) von Reckling Hausen's disease
 - c) Sturge Weber syndrome
 - d) Refsum syndrome.
- vi) Bergmeister's Papilla is
- a) residual fragments of hyaloid system seen as floaters in the vitreous
 - b) mass of glial tissue covering centre of optic disc
 - c) a short segment of hyaloid vessel projecting into vitreous from the disc
 - d) a pit in the optic disc.



- vii) Liquefaction of vitreous gel is called
- a) synchysis
 - b) syneresis
 - c) P.V.D.
 - d) asteroid hyalosis.
- viii) In diabetic maculopathy, FFA shows a typical appearance called
- a) flower petal appearance
 - b) flurette
 - c) ink blot appearance
 - d) disciform appearance
- ix) In Hypertensive Retinopathy, hard exudates are deposited around fovea in and form macular star.
- a) internal limiting membrane
 - b) retinal pigment epithelium
 - c) outer nuclear layer
 - d) Henle's layer.
- x) In hypertensive retinopathy the duration of hypertension is reflected by the degree of
- a) arterio sclerotic changes
 - b) hypertensive vascular changes and retinopathy
 - c) narrowing of vessels
 - d) all of these.
- xi) The most important finding in 'Proliferative diabetic retinopathy' is
- a) deep haemorrhages
 - b) hard exudates
 - c) cotton wool exudates
 - d) neovascularisation.



GROUP – B

(Short Answer Type Questions)

Write short notes on any *three* of the following. $3 \times 5 = 15$

2. Malignant Melanoma of choroid.
3. Differentiate between Papilloedema and Papillitis (using a tabular format).
4. Left internuclear ophthalmoplegia.
5. Investigations to be done in a case of suspected Retinoblastoma.
6. Pathogenesis of Hypertensive Retinopathy.

GROUP – C

(Long Answer Type Questions)

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

7. Discuss the clinical features, investigations and management of a case of Myasthenia Gravis.
8. Discuss the diagnosis, investigations and treatment of Central Serous Retinopathy.
9. What is R.O.P. (Retinopathy of Prematurity ? Discuss its pathogenesis, clinical findings, treatment and prevention.
10. a) Discuss the pathogenesis of methyl alcohol amblyopic and its treatment.
b) Mention four Arterio venous crossing changes seen in hypertensive retinopathy. 7 + 8

