

OPHTHALMOLOGY
PAPER-II

TIME: 3 HOURS
MAX. MARKS: 100

OPH/J/19/26/II

IMPORTANT INSTRUCTIONS

- This question paper consists of 10 questions divided into Part “A” and part “B”, each part containing 5 questions.
- Answers to questions of part A and part B are to be strictly attempted in separate answer sheet(s) and the main + supplementary answer sheet(s) used for each part must be tagged separately.
- Answers to question(s) of Part A attempted in answer sheet(s) of part B or Vice versa shall not be evaluated.
- Answer sheets of Part A and Part B are not to be tagged together.
- Part A and Part B should be mentioned only on the covering page of the respective answer sheets.
- Attempt all questions in order.
- Each question carries 10 marks.
- Read the question carefully and answer to the point neatly and legibly.
- Do not leave any blank pages between two answers.
- Indicate the question number correctly for the answer in the margin space.
- Answer all the parts of a single question together.
- Start the answer to a question on a fresh page or leave adequate space between two answers.
- Draw table/diagrams/flowcharts wherever appropriate.

Write short notes on:

PART A

1. Clinical features and management of adenoviral keratoconjunctivitis. 5+5
2. A 30-year-old male reports with acute onset unilateral red eye and diminished vision of three days duration with watery discharge, a corneal epithelial lesion, stromal infiltration and an immune ring on the endothelium. He gives a history of previous episodes of red eye in the same eye and has lesions suggestive of previous corneal disease. Make a flowchart describing how you would arrive at a diagnosis and how you would manage the case. 5+5
3. a) Classify esotropia. 2+4+4
b) How would you plan the management of convergence excess esotropia in a 5-year-old child?
c) Describe the choice of procedure and surgical planning in detail.
4. A patient with chronic angle closure glaucoma undergoes a trabeculectomy and has a shallow anterior chamber on the first postoperative day. Describe the process by which you would discern the cause of postoperative anterior chamber shallowing and how you would manage this situation. 5+5
5. Ocular management of a 50-year-old diabetic patient including medical, surgical and Laser treatment who has 3/60 vision and proliferative diabetic retinopathy in both eyes. 10

P.T.O.

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Please read carefully the important instructions mentioned on Page '1'

- Answers to questions of Part A and part B are to be strictly attempted in separate answer sheets and the main + supplementary answer sheets used for each part must be tagged separately.
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PART B

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| 6. | A 10-year-old child with complaints of blurring of vision and whitish opacities in both eyes is brought to OPD. Discuss differential diagnosis and management of this case. | 5+5 |
| 7. | a) Clinical features and differential diagnosis of various types of retinal detachment.
b) Management of giant retinal tear. | 6+4 |
| 8. | A 6-year-old child is brought to the OPD by her parents with complaints of drooping of the left upper lid noticed three years ago. How would you evaluate this patient and decide on your course of management? | 5+5 |
| 9. | Enumerate the various ocular manifestations of Hansen's disease. Discuss management of Lagophthalmos. | 4+6 |
| 10. | a) Neurofibromatosis-ocular manifestations.
b) Differential diagnosis of optic nerve glioma. | 5+5 |
