	<u>Utech</u>
Name:	<u> </u>
Roll No.:	As Alexander (V. Commission and Commission)
Inviailator's Sianature :	

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

2012 OCULAR DISEASES-II

(PASTERIOR & NEURO EYE DISEASE)

 $\it Time \ Allotted: 3 \ Hours$ $\it Full \ Marks: 70$

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 quadrantinopia
 - d) inferior quadrantinopia.
- 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.

 $3 \times 5 = 15$

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

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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 Abducers 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?

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