



Name : .....

Roll No. : .....

Invigilator's Signature : .....

**CS/B.OPTM/SEM-6/BO-601/2012  
2012**

**SYSTEMIC CONDITION & THE EYE**

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 the following :  $10 \times 1 = 10$

i) The anti-tubercular drug commonly responsible for optic neuritis is

- |               |                  |
|---------------|------------------|
| a) Rifampicin | b) Pyrizinamide  |
| c) Ethambutol | d) Streptomycin. |

ii) Malignant malaria is caused by

- |                    |                          |
|--------------------|--------------------------|
| a) <i>P. vivax</i> | b) <i>P. malaria</i>     |
| c) <i>P. ovale</i> | d) <i>P. falciparum.</i> |



- iii) Surest sign of malignancy is
  - a) lymph node enlargement
  - b) fever
  - c) weight loss
  - d) metastasis.
- iv) High dose vitamin A has
  - a) growth promoting effect
  - b) growth reducing effect
  - c) carcinogenic effect
  - d) teratogenic effect.
- v) The following conditions are all phacomatoses *except*
  - a) von Hippel-Lindau disease
  - b) von Recklinghausen disease
  - c) Sturge-Weber syndrome
  - d) Down's syndrome.
- vi) HLA-B27 positivity is associated with
  - a) hypertensive retinopathy and uveitis
  - b) diabetic nephropathy and uveitis
  - c) leprotic uveitis
  - d) rheumatoid arthritis and uveitis.



- vii) "Caseation" is a term used in relation to
- a) tuberculosis
  - b) leprosy
  - c) malaria
  - d) malignancy.
- viii) Absolute failure to produce insulin is seen in
- a) type I diabetes
  - b) type II diabetes
  - c) both types I and II
  - d) diabetes type II with nephropathy.
- ix) For insulin uptake by cells a ..... is required.
- a) receptor
  - b) hormone
  - c) enzyme
  - d) catalyst.
- x) Microangiopathy is term used in connection with the pathophysiology of
- a) tuberculosis and the eye
  - b) malaria and the eye
  - c) hypertension and the eye
  - d) diabetes and the eye.

**GROUP - B**

**( Short Answer Type Questions )**

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

2. Osmotic diuresis in type II diabetes.
3. Visual defects found in lesions involving optic chiasma
4. Pathophysiology of diabetic retinopathy
5. Differences between tuberculoid and lepromatous leprosy.



**GROUP - C**

**( Long Answer Type Questions )**

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

6. a) Discuss the differences in characteristics of benign and malignant neoplasm.
- b) Discuss the clinical features and management of any one important malignant conditions of the eye ( in eyelid/ cornea/ conjunctiva ). 5 + 10
7. a) Discuss the clinical features, diagnosis and management of pulmonary tuberculosis.
- b) What are the possible "ocular" complication of tuberculosis ? 10 + 5
8. Discuss on
- a) Ocular features that may be seen in malaria
- b) Prevention, control and treatment of malaria. 5 + 10
9. Classify thyroid diseases. Discuss the ophthalmic features of thyrotoxicosis.
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