BLDE(DEEMED TO BE UNIVERSITY)

MBBS

Summative Assessment

Time: 3 Hours

Marcy 2024

Max Marks: 80 Marks

OPHTHALMOLOGY QP CODE: 3013opth

Your answer should be specific to the question asked Draw neat labeled diagrams wherever necessary Each answer should be written on new page only. Write question number in left side of margin

Long Essay (Answer to be started on fresh page only)

 $10 \times 2 = 20 Marks$

- Define and classify Diabetic retinopathy. Write clinical features and management of non proliferative Diabetic retinopathy
- 2. A 60 years old male presents with painless progressive diminution of vision in both eyes for 2 years. On examination the distant visual acuity is 6/12 with a Double arcuate scotoma in each eye. Answer the following questions: a) What is the most probable diagnosis? b) Describe the fundus changes in such a case. c) Enumerate with the help of diagrams the other possible field defects in such cases. d) Name the groups of drugs used in the medical management of this case with suitable examples. (1+3+3+3=10)

Short Essay (Answer to be started on fresh page only)

 $5 \times 6 = 30 Marks$

- 3. Enumerate the causes for eccentric and axial proptosis
- 4. Compare and contrast acute and chronic dacryocystitis
- 5. Describe the various layers of cornea with neat labelled diagram
- 6. Describe the anterior chamber signs in case of anterior uveitis
- 7. Illustrate the visual pathway
- 8. Write about eye banking

Short Answer (Leave three lines gap between the answers)

 $3 \times 10 = 30 Marks$

- List the cosemtic indications of contact lenses
- 10. Enumerate the complications of tarsorrhaphy
- 11. Enumerate the causes for chemosis of conjunctiva
- 12. Enumerate the complication of scleritis
- 13. Enumerate the clinical condition that can present as iridocyclitis
- 14. Enumerate three causes for tractional retinal detachment
- ^{15.} Enumerate the causes for preventable blindness
- 16. Enumerate the application of Nd-YAG laser
- 17. Write six causes of vitreous haemorrage
- 18. Enumerate the complication of senile cataract