OPHTHALMOLOGY

DIABETIC RETINOPATHY

* 62 yr old diabetic for 15 yrs. Vision rt. Eye 6/36, left eye 6/18. IOP is 12 mmHg in both eye. Blood sugar within normal limits now.
	+ Causes of diminution of vision
	+ Fundus changes in non proliferative Diabetic retinopathy
	+ Treatment options for proliferative diabetic retinopathy
* Complications of diabetic retinopathy + treatment
* Proliferative diabetic retinopathy
* Classify diabetic retinopathy
* 42 yr male is a known diabetic for 5 yr complain of sudden LOV in rt. Eye. On examination; visual acuity is finger counting 2 meters distance and lt. eye is 6/36. Spectacle power is -12 D in rt. Eye and -6 D in lt. eye. Slit lamp examination of ant. segment is normal. Rt. Eye fundus shows dot hemorrhages and inf. Retinal detachment
	+ Probable causes of sudden loss of vision
	+ Etiology, pathogenesis and treatment of primary retinal detachment
	+ What is clinically significant macular edema?
	+ What are fundus finding in myopia?

CATARACT

* Complications of cataract surgery
* Congenital cataract
* Types of senile cataract
* Hypermature senile cataract
* Complicated cataract
* Etiopathogenesis of senile cataract, types, management of adult senile cataract and complications of cataract surgery
* Enumerate various cataracts associated with different metabolic diseases

CONJUNCTIVA

* Pterygium
* Angular conjunctivitis
* Ophthalmia neonatorum
* Allergic conjunctivitis
* Epidemic keratoconjunctivitis
* What is Bitot’s spot? Enumerate various manifestations of hypo and hypervitaminosis of vit. A

UVEA

* Viral keratitis
* Signs and symptoms of anterior uveitis
* Disciform keratitis
* 30 yr old female presented with complaints of pain, redness, photophobia of rt. Eye for 1 week with diminution of vision. Positive history of trauma. On examination vision of rt. Eye -6/24 and lt. eye -6/60. There are aqueous cells and flare in rt. Eye with IOP 26mmHg and 18 mmHg in lt. eye. Pupil reaction is sluggish.
	+ Ant. and post. Segment findings
	+ Provisional diagnosis
	+ Causes for diminution of vision
	+ Management
	+ Complications if left untreated
* 45 yr old lady presented with pain and redness in rt. Eye for 3 days. Vision in rt. Eye – 6/24 and lt. eye-6/9. Slit lamp examination shows KPs and flare. Intraocular pressure rt. Eye -26mmHg and lt. eye- 14 mmHg. Fundus is normal
	+ D/d
	+ Cause of raised IOP in rt. Eye
	+ Signs and symptoms of acute ant. uveitis
	+ Management of ant. uveitis
	+ Treatment of endophthalmitis

SCLERA

* Episcleritis
* Scleritis

CORNEA

* Etiology, pathogenesis, clinical picture and management of bact. Corneal ulcer
* Fungal corneal ulcer
* 25 yr female presents with h/o of trauma with vegetable matter and complaints of pain, redness and watering in rt. Eye. On examination cornea showed irregular whitish lesion
	+ Provisional diagnosis
	+ Enumerate other ass. Signs of the disease
	+ Management
	+ Complications

GLAUCOMA

* Primary angle closure glaucoma
* Management of acute angle closure glaucoma
* Measurement of IOP
* Lens induced glaucoma
* Management of acute congestive glaucoma
* Angle closure glaucoma
* 65 yr old female comes with severe pain, redness, watering, intolerance to light, decreased vision in RE with h/o headache and vomiting. On examination visual acuity is finger counting close to face in RE and 6/12 in LE. Diffuse conjunctival congestion and corneal edema with lid edema is noted. Her IOP is 40 mmHg in RE and 14 mmHg in LE.
	+ D/d
	+ Other signs to examine
	+ Pathogenesis of disease
	+ Management
	+ Complications if left untreated
* Open angle glaucoma
* Normal tension glaucoma
* Define glaucoma. Give classification of glaucoma
* 65 yr old male complains of frequent change of presbyopic glasses. On examination BCVA is 6/36 in RE and 6/60 in LE. Ant segment is normal. IOP-24mmHg in RE and 28mmHg in LE. Fundoscopy revealed disc cupping in both eyes
	+ Probable causes for diminution of vision
	+ Normal IOP and how it is measured?
	+ Optic disc changes in primary open angle glaucoma
	+ What is open and closed angle glaucoma?
	+ Visual field change sin primary open angle glaucoma
	+ Treatment

LACRIMAL SAC

* Chronic dacrocystitis
* Epiphora
* Acute dacrocystitis

VISUAL DEFECTS

* Amblyopia
* What is refractive error? Briefly describe types of refractive error and then management
* Myopia
* Astigmatism
* Hypermetropia

SYSTEMIC CONDITIONS AFFECTING EYE

* Ocular manifestations of thyroid disease
* Etiopathogenesis of papilledema
* Herpes zoster ophthalmicus
* Endophthalmitis

ANTERIOR CHAMBER

* 15 yr old female presents with complains of pain, redness and photophobia in rt.eye for 2 days. On examination; VA is normal, circumcorneal congestion present and examination of ant. chamber revealed presence of cells and flare and on dilatation festooned pupil was seen. Pt. had similar attack one yr back.
	+ Provisional diagnosis
	+ Other signs of disease
	+ Systemic diseases ass. With it
	+ How will you manage such a case?
	+ Complications
* 42 yr female complains of pain. Redness and photophobia for 5 days in RE. VA of RE 6/36 and LE 6/6 with Snellen’s chart. Slit lamp examination of RE shows fine KPs, cells 2+ and flare. Fundus is normal
	+ Probable diagnosis? Reasons?
	+ What are KPs, types, significance?
	+ Difference between occlusion pupillae and seclussio pupillae
	+ Investigations needed
	+ Complications that can occur if left untreated
	+ What are types of glaucoma can occur in this case and why?
	+ Treatment adviced

EYE LIDS

* Ectropion
* Entropion

RETINA

* Child brought by mother complaining of whitish discoloration in both eyes seen after 3 months of birth. On examination tehre is whitish reflex in pupillary area
	+ D/d
	+ Etiology of congenital cataract
	+ Investigations required
	+ Treatment
	+ Intraoperative complications
* Retinoblastoma
* Retinoscopy
* Retinopathy of prematurity
* Define leucokoria with D/d. C/f of retinoblastoma with treatment options

IRIS

* Acute iridocyclitis

MISCELLANEOUS

* Salient features of eye banking
* D/d of red eye
* Vision 2020
* Trachoma
* Blindness prevalence, prevention, rehabilitation
* Enumerate various cycloplegic agents
* What is OCT? Describe the role of OCT in various ophthalmic diseases
* Rehabilitation of blind
* Closed globe injury
* Binocular single vision