



**RANZCO ADVANCED CLINICAL EXAMINATIONS (RACE)
SEMESTER 1 2011
PAPER 1: Part A - MONDAY 7 FEBRUARY 2011**

- Paper 1 RACE written examination consists of TWO parts: Part A & Part B.
- Part A is worth 80% of the total marks for Paper 1. Part B is worth 20% of the total marks for Paper 1.
- Please read the separate instructions for Part A and Part B
- The duration of this examination is 2.5 hrs. Suggested time allocation: Part A TWO HOURS. Part B THIRTY MINUTES.
- Both Part A & Part B must be completed. Order of completion does not matter.
- You will be given 10 minutes reading time before start of the examination.
- DO NOT write on the writing pad or question and answer booklet during reading time.

**PART A
Instructions to candidates**

- Part A consists of 8 short essay questions.
- All questions are of equal value. Part A is worth 80% of total marks for Paper 1.
- Recommended time allocation: TWO hours (out of 2.5 Hours)
- Write your answers in the WRITING PAD provided.
- Read the questions carefully. Write legibly.
- BEGIN YOUR ANSWER TO EACH QUESTION ON A NEW PAGE.
- WRITE THE QUESTION'S NUMBER IN THE LEFT HAND MARGIN ON EVERY PAGE OF YOUR ANSWER.
- Write your candidate number in the box at the top right hand corner on EVERY page you use to write your answers.
- Do not write your answers on the reverse of any page.
- Anything that you cross out will not be marked.



**RANZCO Advanced Clinical Examinations (RACE)
SEMESTER 1/2011 PAPER 1 PART A: TOTAL 8 QUESTIONS**

Q 1.

A 35 year old emmetropic business executive presents with a one week history of right central visual blur and micropsia. His past medical history is remarkable only for asthma. No past ocular history.

Examination reveals his visual acuity is 6/18 in the right eye and the right macula is elevated with no associated haemorrhage in a quiet eye. His left eye is healthy with 6/6 vision.

1. What is the most likely diagnosis?
2. Describe the likely findings on Optical Coherence Tomography (OCT) and fluorescein angiography.
3. Outline your advice to this patient and discuss the treatment options for this condition.

Q 2.

A 23 year old emmetropic Middle Eastern male presents with a red photophobic right eye with blurred vision and an infero-temporal field defect. He has no significant past ocular history but on general questioning describes mouth ulcers and genital ulcers.

1. What is the most likely diagnosis?
2. List the signs you would look for.
3. How you would investigate this man?
4. Outline a plan of management for this man.

Q 3.

A 32 year old woman presents with right visual blur increasing over 2 or 3 weeks. She is otherwise healthy with no significant past ocular history. Clinically she has visual acuities of right 6/36 and left 6/12. There are no anterior chamber or vitreous cells with multiple pale discreet creamy flat choroidal lesions in both posterior segments, with more prominent involvement of the right central macular and parafoveal involvement of the left macula region. Her optic discs and retinal vessels appear healthy.

1. What is the most likely diagnosis?
2. Give a differential diagnosis with differentiating features.
3. Outline how you would investigate this woman.
4. Outline a management plan for this woman.



**RANZCO Advanced Clinical Examinations (RACE)
SEMESTER 1/2011 PAPER 1 PART A: TOTAL 8 QUESTIONS**

Q 4.

A 29 year old white Caucasian woman presents with a 2 week history of pain, redness and blurred vision in the right eye. This was initially treated with chloramphenicol drops by her family doctor with no improvement. She has had no previous episodes.

The right eye is quite photophobic with CF vision. The pupil is small, irregular and stuck down with posterior synechiae. There is fibrin in the anterior chamber with 4+ cells. The left eye is entirely normal with 6/5 vision.

1. What questions would you specifically ask this patient?
(explain the relevance of each question)
2. What tests would you perform and give the reasons for each test.
3. How would you treat her small stuck down pupil?
4. How would you treat her inflammation?

Q 5.

A 3 month old baby boy with a watery eye is brought to see you. In your clinic, you observe an enlarged cornea and suspect glaucoma. You arrange an examination under anaesthetic (EUA).

1. What measurements do you take at the time of EUA? Explain the significance of these measurements.
2. Describe any special paediatric precautions with topical anti-glaucoma treatment.
3. Briefly outline initial surgical treatment options in primary congenital glaucoma (PCG).

Q 6.

You are asked to examine a 10 year old boy with multiple cafe-au-lait spots.

1. What are the diagnostic criteria for NF-1?
2. What is the significance of Lisch Nodules at this age?
3. Describe your follow up of children with NF-1.
4. What are the causes of poor visual outcome in this condition?



**RANZCO Advanced Clinical Examinations (RACE)
SEMESTER 1/2011 PAPER 1 PART A: TOTAL 8 QUESTIONS**

Q 7.

A 35 year old patient has a large angle consecutive exotropia .
This causes significant social embarrassment and he would like it corrected.
Best corrected vision is 6/6 and 6/18.

1. What ocular motility assessments are required prior to planning surgery?
2. Explain how are these performed and why are these important in the management of this man?

Q 8.

You have been referred a patient with double vision. The CT scan performed by the referring neurologist shows a cavernous sinus meningioma.

1. What specific questions will you ask the patient, explaining their relevance?
2. What specific examination findings will you look for, explaining their relevance?
3. What tests will you organise, again explaining their relevance?
4. Provide a plan of future care of this patient