



**RANZCO ADVANCED CLINICAL EXAMINATIONS (RACE)  
SEMESTER 1 2011  
PAPER 2: Part A - TUESDAY 8 FEBRUARY 2011**

- Paper 2 RACE written examination consists of TWO parts: Part A & Part B.
- Part A is worth 80% of the total marks for Paper 2. Part B is worth 20% of the total marks for Paper 2.
- 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 2.
- 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 2 PART A: TOTAL 8 QUESTIONS**

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**Q 1.**

You are contacted by your neurosurgical colleague to consult with a patient with a complete facial nerve palsy (VII nerve palsy) following surgery for a cerebello-pontine angle tumour. He reports that the nerve was not sacrificed in tumour removal.

1. Discuss the implications of finding other associated cranial nerve palsies in his ophthalmic care
2. Outline your short and long term treatment plan for this patient.

**Q 2.**

A 58-year old man presents with watering of the right eye of several years duration, and a 12 month history of excessive mucus in that eye. He lives alone, and is constantly bothered by fatigue at work.

He has been treated for recurrent right infective conjunctivitis with antibiotics topically and orally without success.

Examination shows mild obesity, and horizontal lower eyelid laxity on both sides more on the left side than the right. His lacrimal drainage system is patent to irrigation on both sides.

A horizontal shortening procedure was performed on the right lower lid, but failed to relieve the epiphora.

1. Discuss the possible causes for his persistent ocular symptoms.
2. What clinical features would help with the diagnosis?
3. Discuss your treatment plan. (medical and surgical)

**Q 3.**

A 48 year old woman presents with a 10 year history of 'migraine' headache.

A typical attack consists of left-sided or bifrontal headache, with occasional blurred vision and haloes noted after the onset of the headache. The attacks are precipitated by going to the opera or watching TV for prolonged periods. She occasionally feels nauseated after the attack, but prefers a well-lit rather than a dark room after onset of the headache.

1. Discuss your clinical assessment of this patient and the features you would be looking for to support your presumptive diagnosis and guide your management.



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**Q 4.**

A 56 year old executive presents with IOP of R 25 L 28 mmHg. Her optic discs and visual fields are normal.

1. What is your diagnosis?
2. What other factors would you consider in evaluating the risk of this patient developing glaucoma?

You decide that treatment is indicated.

Give details of:

3. The name of the specific treatment you will choose.
4. The reason for this choice
5. The literature evidence supporting your choice.

**Q 5.**

A 73 year old lady comes to see you complaining of decreased vision in the right eye with the following findings

	Right eye	Left Eye
VA	hand movements	6/36
IOP	12	12
Slit lamp	AC deep No cells	AC deep no cells
Fundus	White cataract no view	4 + nuclear sclerosis grossly normal but view is difficult

You decide to proceed with right cataract surgery.

1. What specific additional information will you discuss with this patient as opposed to a routine cataract patient?

In the operating theatre, the pupil is well dilated and there is no evidence of zonular loss or weakness.

2. How will you modify your routine cataract surgery for this patient? Please include surgical details of these modifications and why you incorporate them.

After removing the nucleus and cortex, you note an anterior capsular tear has extended to the posterior capsule, without vitreous loss.

3. Outline the steps in treatment that you will undertake at this stage.



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**Q 6.**

A 68 years old woman presents complaining of blurred vision in both eyes that is worse first thing in the morning and then tends to clear at least to some degree during the day. Examination at 1pm reveals BSCVA of 6/15 OD and 6/24 OS with a nuclear sclerotic cataract of 2+ OS, minimal cataract OD and evidence of bilateral guttata. The left cornea shows evidence of deep stromal folds and some epithelial oedema. The remainder of the examination is unremarkable.

1. What are the likely causes of visual reduction in her left eye?
2. List two (2) Investigations that may confirm the diagnosis
3. Given the clinical history what results would you expect from these investigations?
4. Discuss in detail the management of this patient given the clinical findings.

**Q 7.**

A 36 year old woman presents with blurred vision and photophobia in her left eye for 1 week. She gives a history of having had a corneal transplant but is unclear of the reason 12 years before. On examination the BSCVA is 6/60 OD and 6/36 OS. The right cornea is ectatic with thinning, Keratometry readings OD of 62D and 54D Vogt's striae, apical scarring and a corneal thickness of 320um and the left corneal transplant is oedematous with 3 loose sutures protruding with associated vascularisation and KP over two thirds of the endothelium

1. What is the diagnosis in each eye?
2. How would you manage the left eye?

Unfortunately despite your best effort (in 2) the left cornea does not clear and the patient now has BSCVA of 6/60 OD and 6/60 OS.

3. What options would you consider to visually rehabilitate this patient in the short and long term? (List and describe in your preferred order).
4. If you are required to perform a corneal transplant on the left eye, what is your preferred technique and what extra precautions would you take given the history.

**Q 8.**

A 31 year old male had LASIK surgery performed 2 weeks before and reportedly had excellent Day 1 uncorrected visual acuity, subsequently he noticed a foreign body sensation, photophobia and progressive blurred vision becoming worse over the last week. Examination reveals a discrete infiltrate measuring 2.5mm involving the interface and associated with an overlying epithelial defect. There are numerous white cells surrounding the infiltrate but these are localized to the area around the infiltrate

1. What is the most likely diagnosis?
2. How would you treat this patient?
3. What are the risk factors for this complication?