

THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF
OPHTHALMOLOGISTS

CLINICAL OPHTHALMOLOGY EXAMINATION

OPHTHALMOLOGY PAPER 2 – Parts A and B

Tuesday 3 August 2004

Note: Ophthalmology Papers 1 & 2 are of equal value

- All questions are to be attempted
- All questions are of equal value

Time allowed: 2.5 hours

PART A – 8 Short Essay Questions

QUESTION 1

A 67 year old man is referred to you complaining of reduced vision. The best corrected vision is R 6/18, L 6/9 part. Your findings include bilateral moderate nuclear and posterior subcapsular cataracts as well as right premacular fibrosis.

Discuss your management of this patient (surgical detail not required)

QUESTION 2

A previously well 48 year old woman presents with blurred right vision. There is mild anterior uveitis and early posterior subcapsular cataract. There are fine KP distributed over the entire cornea. The posterior segment is normal. The left eye is normal. The pressure is 28mm Hg in the right eye and 16mm Hg in the left.

- (a) What is the likely diagnosis?
- (b) What other clinical signs may be present that would confirm your diagnosis?
- (c) What treatment is required for the uveitis?
- (d) Follow-up confirms the raised intraocular pressure and Humphrey field testing indicates the glaucoma hemifield test [GHT] is outside normal limits. What does the “GHT is outside normal limits” mean?
- (e) What treatment might you recommend for the glaucoma?
- (f) The posterior subcapsular cataract progresses and a decision is made to carry out surgery. In this particular case, what surgical options would you consider and why? What specific measures regarding your surgery are particularly important in this patient?

QUESTION 3

What are the systemic factors whose control is thought to prevent and/or reduce diabetic retinopathy? Support your opinion by reference to named clinical trials.

QUESTION 4

A 31 year-old-male presents with a chronically discharging right socket. He had a secondary hydroxyapatite-type orbital implant placed one year after an enucleation (the original problem was a traumatic rupture of the globe) and the implant is now exposed.

What is the most likely cause of the discharge? Discuss the aetiology and management of the exposure problem in this patient.

QUESTION 5

A 22 year old obese female presents with a history of intermittent visual loss lasting a few seconds several times a day, and headache which is worse on arising in the morning. Her only medication is Depovera monthly injections for contraceptive purposes. Her vision is 6/6 in each eye and her only signs are bilateral swollen discs with flame shaped haemorrhages. She brings with her a CT scan which is normal.

- (a) Why are her discs swollen?
- (b) What investigations would be required, and why?
- (c) Describe your management. For any management you recommend describe how you would determine its efficacy and list any complications that you would look for.

QUESTION 6

A 2 year old child has suffered blunt ocular trauma. The resultant hyphaema has resolved, the IOP is normal and there is no damage to the angle or fundus, but the child has a worsening cataract which has to be removed. You need to discuss the options for refractive correction for this child with the family. Outline the options and indicate how you would deal with this situation.

QUESTION 7

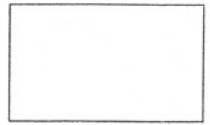
A 25 year old plasterer presents to Emergency 30 minutes after having splashed both eyes with wet cement containing lime. He received 5 minutes of irrigation by a workmate.

- (a) What immediate treatment measures will you undertake?
- (b) Outline the key points of your examination.
- (c) How will you assess the severity of this patient's condition and the prognosis?
- (d) Describe your medical management of this patient for the first 5-7 days.

QUESTION 8

You have just completed a successful phaco emulsification. The bag including posterior capsule is intact. You are injecting viscoelastic to fill the bag prior to IOL insertion and the cannula flies off the syringe, tearing the capsule. Describe your management.

PART B – 30 Very Short Answer Questions



QUESTION 1

An 85 year old male presents with decreased left vision. He had left cataract/ IOL surgery done 30 years ago. In the left eye you note an old style iris-supported IOL with microhyphaema, IOP of 30 mmHg, and a few KP. What is the most likely diagnosis?

QUESTION 2

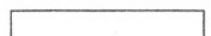
A patient has 6/6 in each eye but bilateral posterior subcapsular cataracts. What simple clinical test can you do in your clinic which may influence your decision to comply with his wish for cataract surgery?

QUESTION 3

A patient presents with IOP of 2 mmHg three weeks after a routine phaco emulsification/ post chamber IOL insertion. Seidels test is negative. Give 5 causes.

QUESTION 4

You have to insert a PC-IOL into the sulcus rather than into the bag. What adjustment in IOL power should be made?



QUESTION 5

List three late (>one month) post-op complications of aqueous drainage devices, such as Molteno tubes.

QUESTION 6

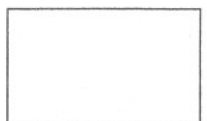
List therapeutic options for malignant glaucoma.

QUESTION 7

Give 2 contraindications to the use of alpha-agonists as glaucoma therapy.

QUESTION 8

Topiramate has been associated with what specific ocular complication?



QUESTION 9

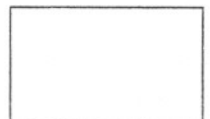
An optometrist refers a 10 year old patient with peripheral retinal haemorrhages in the upper nasal quadrant in one eye. You elicit a history of blunt trauma 6 weeks before. Give details of the signs you would look for on your fundus examination.

QUESTION 10

Four days after routine cataract surgery your patient complains of a blurred area of vision just above fixation and you find the acuity is only 6/24. On the inferior edge of the FAZ there is an irregular oval, cream white area in the deep retina which stains intensely on fluorescein angiography. What is the diagnosis? What is the natural history of this lesion?

QUESTION 11

A 20 year old man presents 2 months after a car accident in which he sustained a closed head injury and which required neurosurgical intervention. He has been blind since the accident. His acuities are perception of light in each eye. There is no ocular perforation and no fundus view because of dense vitreous haemorrhages. What is the diagnosis? What is your next step in your assessment?



QUESTION 12

A 40 year old man presents 2 days after a motor vehicle accident in which he received chest compression but no ocular injury. While being moved from the accident site he noted that the left vision faded and is now count fingers. In the left eye you find multiple patchy white areas of retina with retinal haemorrhages surrounding a normal optic disc. Give the diagnosis and details of the natural history. The right eye is normal.

QUESTION 13

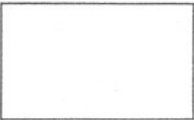
A child with a congenital ptosis is undergoing surgical repair. Whitnall's ligament, an important anatomical landmark in ptosis surgery, is encountered. Between which two structures does this structure extend?

QUESTION 14

A six-year-old child with proptosis underwent an orbital biopsy. The pathology report mentions chloroma. Define "chloroma" and give the derivation of the term.

QUESTION 15

Give two major complications of undertaking a temporal artery biopsy apart from haemorrhage and infection.



QUESTION 16

Give the two distinctly different ocular presentations of intraocular lymphoma.

QUESTION 17

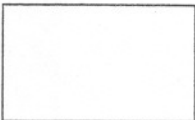
List 3 features which clinically differentiates nodular scleritis from nodular episcleritis.

QUESTION 18

List 4 clinical entities associated with uveitis with elevated intraocular pressure?

QUESTION 19

List 3 clinical scenarios of a swollen optic disc in a patient with uveitis.



QUESTION 20

List 6 causes of visual loss in the presence of nil or minimal early fundal changes.

QUESTION 21

Give an anatomical origin of formed and unformed visual hallucinations.

QUESTION 22

List complications of Botulinum Toxin into a rectus muscle.

QUESTION 23

What is the cause of increased lower eyelid retraction following inferior rectus surgery?

QUESTION 24

A child presents with 5 days of fever, palmar erythema, injected conjunctiva and bilateral anterior uveitis. What is the most likely diagnosis and what is the most serious potential systemic problem?

QUESTION 25

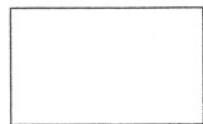
A child presents with a facial Naevus Flammeus. What ophthalmic signs might you find?

QUESTION 26

What diagnostic tests confirm a diagnosis of Sjogrens Syndrome?

QUESTION 27

What is the diagnostic pattern of Cicatricial Pemphigoid on conjunctival biopsy?



QUESTION 28

What are the most common eyelid nits and how are they best treated?

QUESTION 29

Name 2 infectious causes for a true membranous conjunctivitis.

QUESTION 30

A 65 year old woman under treatment for breast cancer presents for routine examination and you find yellow/white refractile deposits in the inner retinae. The vision is normal. What is the most likely diagnosis and what is the natural history?
