

RACE Summer 2006: Paper 2

Question 1: A 70-year-old woman suffers a devastating endophthalmitis following complicated (vitreous loss) cataract surgery. She has a significant cataract in the fellow eye and the decision is made to carry out cataract surgery. What steps would you take to minimise the risk of infection in the second eye in this patient? (Include normal procedures and any additional measures).

Question 2: (a) Discuss the indications and contra-indications (absolute and relative: specify) for the use of Mitomycin C in glaucoma surgery; (b) What precautions do you take in its use?

Question 3: Intravitreal triamcinolone is increasingly used for treatment of retinal vascular diseases. List the risks of intravitreal triamcinolone use and describe methods used to reduce them.

Question 4: A 27 year old female complains of bilateral ptosis which is worse towards the end of the day.

- What is the most likely diagnosis?
- Discuss the ocular features which will confirm your diagnosis.
- What clinical tests would you perform or order to confirm your diagnosis? Include any other investigations which are appropriate.
- Six months later she begins having difficulty speaking and styling her hair. What is the clinical significance of these symptoms?

Question 5: A patient presents with biopsy-positive giant cell arteritis. The patient complains of symptomatic failure of abduction in the left eye. What possible pathological lesions could produce these symptoms and how would you manage these?

Question 6: A 32 year old emmetropic woman has unilateral anterior uveitis. Investigations have revealed no specific cause. She has experienced 5 attacks in the last 7 years. She attends your clinic having been on treatment for the current attack for the last 2 weeks. Medications: timolol/dorzolamide (Cosopt) bd, bimatoprost (Lumigan) nocte, fluoromethalone acetate (Flarex) qid, all LE.

Findings are:

Var 6/5 Val 6/9-2 best corrected

IOP R 17 L 42

Mild anterior cortical and posterior subcaps. cataract in LE

LE AC cells 1+; flare 1-2+, no KP

Discs: R 0.3 L 0.5

Computerised perimetry is normal.

- Discuss the management issues and detail the treatment you will undertake.
- The attack of uveitis has now settled, she is using no steroid, the IOP on maximum tolerated medical therapy is 30mmHg. Discuss your further management.

Question 7: A 69 year old lady presents with a 6 month history of swelling in the right upper lid. Over the past month she has had discharge and crusting of the lids. On examination there is a central firm swelling within the eyelid, discharge and a few upper eyelid lashes are missing.

- (a) What are the three most likely diagnoses?
- (b) Which of these is the most likely, why and what other signs would you look for?
- (c) What are the most important management issues with respect to the diagnosis?
- (d) What are the prognostic features of this diagnosis?

Question 8: A 3 month old baby with nystagmus since birth is referred to you by a general practitioner. The child is photophobic but has clear ocular media.

- (a) Discuss your differential diagnosis.
- (b) What investigations are appropriate & what findings would you expect for each condition?
- (c) If there were no photophobia, what would be the most likely diagnosis?
- (d) What examination findings would you expect?