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**SUMMER 2007  
RANZCO ADVANCED CLINICAL EXAMINATIONS**

**PAPER 2  
Wednesday, 24 January 2007**

**Part A: 8 questions  
Part B: NOT AVAILABLE AS REFERENCE**

**DURATION OF PAPER: 2.5 HRS**

## Summer 2007 RACE Paper 1 Part A

Candidate No:

**Question 1:** You are an experienced cataract surgeon who usually has excellent results. You have done a list of six routine cataracts using phaco-emulsification. The next day five out of the six cases have severe corneal oedema; the sixth has mild corneal oedema.

What plan of investigations would you institute to determine the cause of this problem, and what steps would you take to elucidate the cause?

**Question 2:** You have diagnosed Mr Allen, who is 60 years of age, with pre-perimetric glaucoma. Detail your further management.

**Question 3:** A 35-year-old presents with a 2-hour history of a right inferior altitudinal field defect. Describe how you would assess this patient with respect to history, physical examination and investigation.

**Question 4:** A 60 year old diabetic man presents with deteriorating vision. His best corrected right vision is 6/24 and there is cataract and diabetic maculopathy in his right eye.

- (a) Describe in detail how you would determine whether the cause of the loss of vision is from the cataract or from his diabetic maculopathy.
- (b) After consideration you decide he merits cataract surgery. List the sequence of steps for management of his diabetic maculopathy.
- (c) His diabetic maculopathy has become stable and you have done cataract surgery which is uncomplicated but his best corrected acuity is still only 6/24. The ocular media are clear. What is the most likely cause of the reduced acuity and what is your management?

**Question 5:** A 64 year old woman presents to you with bilateral irritable red eyes. There is evidence of conjunctival shortening, subconjunctival fibrosis and some symblephora. A provisional diagnosis of ocular cicatricial pemphigoid has been made by an optometrist.

- (a) What history is important to elucidate in this patient?
- (b) If the history is non-contributory how would you confirm the diagnosis?
- (c) Describe your treatment of this condition when the disease is moderately severe.
- (d) What commonly encountered ocular complications occur in this condition?

**Question 6:** Two weeks ago a 70 year old man develops a left 7th nerve palsy and complains of burning and tearing in his left eye.

- (a) What clinical signs will you look for in your evaluation of this patient?
- (b) You elect not to do any investigations at the present time. What medical management would you prescribe until the patient returns in 4 weeks?
- (c) At the 4 week follow-up appointment, severe corneal punctate erosions are present. What surgery would you recommend?

## **Summer 2007 RACE Paper 1 Part A**

Candidate No:

**Question 7:** You receive a referral for a 5 year old girl newly diagnosed with juvenile idiopathic arthritis.

- (a) You see the child and the examination is normal. Outline your follow-up protocol for this condition.
- (b) The child develops anterior uveitis. Topical therapy fails to achieve satisfactory control of the inflammation. What other treatment options may be helpful?
- (c) The child develops bilateral subcapsular cataracts and requires cataract surgery. She still has stable chronic low grade iritis on treatment. For visual rehabilitation will you use IOLs, contact lenses or glasses, and why?
- (d) Secondary glaucoma arises in one eye and surgery is required. The optic nerve is still healthy. The mild iritis persists. What glaucoma surgery will you recommend and why?

**Question 8:** A 36 year old man presents with a one-week history of blurred vision in the left eye. This is associated with a dull periorbital ache accompanied by pain on eye movement. There is no history of other visual or systemic symptoms. Examination reveals visual acuities of 6/5 OD and 6/24 OS, decreased colour perception, a left afferent papillary defect with 1+ anterior chamber cells, vitritis, and peripheral periphlebitis. The optic nerve head looks swollen.

- (a) Which clinical features in this patient's history and examination allow differentiation between acute demyelinating optic neuritis and anterior ischaemic optic neuropathy?
  - (b) What investigations would you perform to help confirm demyelinating optic neuritis?
  - (c) What characteristic MRI features would indicate this patient has high-risk multiple sclerosis?
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