



RANZCO Advanced Clinical Examinations (RACE)
Semester 2/2009 RACE Written Examinations
Paper 2 Part A: Total 8 questions
Suggested time allocation 2 hrs (15 minutes per question)

Question 1

A patient you have been treating for glaucoma is declared to have ‘failed medical therapy’.

- a) Define ‘failed medical therapy’ in open angle glaucoma management.
- b) What are the clinical implications of this diagnosis?
- c) What are the factors that will determine which further therapy you will choose?
- d) Detail the risks associated with your further treatment choices.

Question 2

You are asked to examine a six week old baby who has bilateral cataracts.

- a) How would you determine if surgical intervention is indicated?
- b) Briefly discuss the main post-operative issues that will need to be dealt with? (Include both short and long term issues).

Question 3

A 42 year old man presents with a four month history of diplopia, a mild left ptosis and 3mm left proptosis with pain and vague numbness. A CT scan shows enlargement of the left lacrimal gland with some bony changes.

- a) Give the differential diagnosis and describe the clinical features and investigations that may help in this differentiation.
- b) What is the most likely diagnosis and why?
- c) Devise a treatment plan for this patient.

Question 4

A 42 year old man presents with sudden severe pain on the left side of his neck and face. He also complains of altered taste sensation. On examination you note eyelid asymmetry and a smaller pupil on the left

- a) What is the most likely diagnosis?
- b) What are some predisposing factors for this condition?
- c) Name three other features that may be present in the ophthalmological examination?
- d) What pharmacological tests could you perform to evaluate the pupil abnormality? Describe how you perform the tests and the result you would expect to observe.
- e) How would you investigate this condition and what would you expect to find?
- f) What treatment would you initiate?

Question 5

A patient presents two days after horizontal muscle strabismus surgery, with a large angle exotropia, diplopia and an inability to adduct the operated eye. (The surgery was performed to correct a consecutive exotropia, pre operatively the eye movements were normal with the exception of a small degree of adduction deficit).

- a) What is the complication?
- b) What factors predispose this patient to the complication?
- c) Describe the principles of the approach to correcting the problem. Include in your answer the
 - I. specific explanation to the patient
 - II. what treatment is required
 - III. specific surgical problems expected and how these are dealt with

Question 6

Mr. S a 40 year old male crane driver was loading his surfboard onto the roof of his car when the elastic strap recoiled into his left eye. He did not lose consciousness but noticed immediate loss of vision and pain in the left eye.

Examination shows vision of < 6/60 left and 6/5 right eye, a large hyphaema, traumatic mydriasis, IOP 30mmHg and a vitreous haemorrhage. There is chemosis and subconjunctival blood.

- a) Describe your assessment and treatment in the short term, including any investigations you deem necessary.
- b) Plan long term follow up identifying specific problems which may present as a result of this injury.

Question 7

A 75 year old woman has been diagnosed with pseudophakic bullous keratopathy in her left eye. She is bilaterally pseudophakic and has had a macula hole treated in her right eye. Her vision is OD 6/24 and OS CF. In recent months her left eye has become painful and bullae are noted. There are deep blood vessels in three quadrants of the left cornea. After discussion of treatment options she elects to undergo a penetrating keratoplasty.

- a) What measures would you take preoperatively, postoperatively to reduce the risk of corneal graft rejection in this case?
- b) What are the risk factors for corneal graft rejection in general?
- c) Despite your optimal treatment this patient presents 6 months after a successful transplant with photophobia, blurred vision and a swollen cornea. On examination you notice corneal oedema, anterior chamber cells and keratic precipitates in the inferior half of the cornea. What is your treatment?

Question 8

A two year old child presents with a turned eye and you diagnose an esotropia.

- a) With specific detail, describe how you would determine whether the child has amblyopia?
- b) What specific protocol would you use to determine the refraction?
- c) The two common diagnoses are infantile esotropia and accommodative esotropia. How would you distinguish between these two and what difference does that make to your management plan?