



RANZCO Advanced Clinical Examinations (RACE)
2009 Semester 1 RACE PAPER 2 PART A: Total 8 questions
Suggested time allocation: 2 hours (15 minutes per question)

Question 1

You are practicing in northern Queensland over the summer and a 36 year old landscape gardener comes to see you with a 1 week history of a painful, red photophobic left eye after being hit in the eye with a tree branch.

His vision is 6/6 Right eye and 6/24 Left eye

Exam of the right eye is normal. Left eye: no afferent pupil defect

Conjunctiva: chemosis and injection. Cornea: 3 mm epithelial defect with greyish infiltrate

Margins are irregular, raised and feathery. There are 2 separate small areas of infiltrate adjacent to the main lesion. Anterior Chamber: 3 plus cells, hypopyon 0.25 mm

- a) What is the most likely diagnosis?
- b) You perform a corneal scraping. What tests do you order and what is each test designed to look for?
- c) Outline your treatment of this patient.

Question 2

A 35 year old woman presents with headaches. She is 22 weeks pregnant. She has a past history of unilateral uveitis (LE) which has been fully investigated and has been quiescent for over a decade. However this has produced synechial angle closure for at least half the trabecular circumference of the LE.

For the last 8 weeks she has had increasing left-sided frontal headache, haloes around lights and blurred vision. You measure her IOP at 44mmHg.

- a) Outline the issues that need to be considered in this patient's treatment.
- b) Detail a treatment plan for her.

Question 3

A patient undergoing elective cataract surgery develops a posterior capsule tear followed by vitreous loss. One quadrant of lens nucleus dislocates into the vitreous cavity. You noted that the capsulorhexis is intact and there is a large defect in the posterior capsule.

Discuss:

- a) Your further intra operative management, including details of surgical technique and instrumentation
- b) Your immediate postoperative management (first 48 hours).
- c) The major causes of long-term poor postoperative visual acuity in patients with this complication

Question 4

A 26 years old women presents with blurred vision and photophobia in her left eye. She reports having had LASIK surgery 3 days previously. On examination, you noted Snellen acuity of VAR6/6 and VAL6/36. Slit lamp examination shows well positioned LASIK caps and fine sand like granular opacities in the interface that obscure some iris detail and involve the visual axis.

- a) What is the most likely differential diagnosis?
- b) What other features would you look for to confirm your diagnosis?
- c) What is the treatment of this condition in general and specifically in reference to this case?
- d) What is the aetiology of this condition?
- e) If there was evidence of cluster of these cases in a centre, what measures should be taken

Question 5

A 19 year old intoxicated male presents with a full thickness laceration of his right upper and lower eyelids. He was involved in a pub brawl. The laceration extends laterally from the outer part of the upper eyelid to medially adjacent to the upper punctum mostly above the level of the tarsal plate, and through the lower lid medial to the punctum. The globe appears intact and his vision is 6/6 in both eyes.

- a) Describe your assessment, including any tests required and their relevance.
- b) Describe in detail your surgical repair of this patient.

Question 6

You have been asked to see a 60 years old male in-patient in a general hospital who is complaining about a significant reduction in his right vision over the last three days. He has recently undergone complex abdominal surgery which resulted in septicaemia and a period in intensive care.

The visual acuity is 6/24 in the right eye and 6/9 in the left. Anterior segment examination showed moderate anterior uveitis in the right eye. Also in this right eye the view of his posterior segment was hazy due to vitritis but a focal white area was seen just outside the inferior temporal arcade.

- a) What is the diagnosis?
- b) Describe your further investigation and treatment of this patient.

Question 7

An orthoptist presents a 9 year old child to you. The orthoptist describes the child with a significant right face turn, and no abduction in the right eye.

A presumptive diagnosis of Duane's syndrome has been made by your orthoptist. Visual acuity is 6/6 in each eye and Lang steropsis of 1200 sec.

- a) Describe the clinical features you will seek, to confirm this diagnosis.
- b) Describe the differentiation from cranial nerve palsy.
- c) Devise a plan of treatment for this child, with specific reference to each clinical problem.

Question 8

A 23 year old woman presents with headaches, worse in the morning, and present over six weeks. Her local doctor has her on a course of treatment for acne. She states she has lost vision for seconds on two occasions and has blurred vision on right gaze. On examination there is Optic Nerve Head Oedema bilaterally.

- a) Give a differential diagnosis, and describe how specific tests help in this differentiation.
- b) What is the most likely cause in this patient?
- c) Describe the common and less common but important underlying aetiological causes.
- d) Describe the role of an ophthalmologist in the diagnosis and treatment of this patient.