



**RANZCO ADVANCED CLINICAL EXAMINATIONS (RACE)
SEMESTER 2 2010**

**PAPER 2 PART A
DOE: 7 July 2010**

- This examination paper consists of TWO parts: Part A & Part B
- **The writing pad provided is for Part A only.** Part B is a question and answer booklet.
- Part A carries 80% of the total marks for this paper. Part B carries 20%.
- The duration of this examination is 2.5 hrs. Suggested time allocation: Part A TWO HOURS. Part B THIRTY MINUTES.
- Both Part A & Part B must be completed. Order of completion does not matter.
- You will be given 10 minutes reading time before start of the examination. Do not write on the writing pad or question and answer booklet during reading time.



RANZCO Advanced Clinical Examinations (RACE)
SEMESTER 2/2010 PAPER 2 PART A: TOTAL 8 QUESTIONS (80% of Paper 1 Marks)
Suggested time allocation: 2 Hours (out of 2.5 Hours)

Question 1

A 10 year old child presents with an acutely painful right eye. There is a history of long standing photophobia and red eye. Examination reveals an oval ulcer on the superior part of the right cornea. On eversion of both upper lids you discover a florid papillary/ cobblestone appearance.

- a) What is the diagnosis?
- b) Discuss how you would treat this child
- c) What is the long term prognosis for this child?

Question 2

A 69 year old female has been referred to you for consideration of cataract surgery.

The preoperative refraction is Right $+8.50/-0.50@90=6/9$ and Left $+3.50/-1.00@90=6/24$. She has moderate nuclear sclerotic cataract and early posterior subcapsular cataract in the right eye and a dense nuclear sclerotic cataract and dense posterior subcapsular cataract in the left.

- a) What specific examination findings would you look for before proceeding with surgery?
- b) What problems, in this patient, do you envisage with preoperative biometry and lens choice, and how would you resolve these?
- c) What problems, specifically in this patient, can occur intraoperatively and how would you alter your surgical technique to avoid these?

Question3

At 27 weeks gestation, a pregnant diabetic presents with a sudden loss of vision occurring over the preceding 24 hours.

- a) What are the possible causes?
- b) Outline your immediate management
- c) Include all investigations you wish to perform and the subsequent management of each likely cause.



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Question 4

A 57 year old man presents with a painful, red left eye 2 months after an episode of herpes zoster ophthalmicus on the same side. His vision is 6/36 with corneal oedema, keratic precipitates, 2+ AC cells and flare, irregular pupil with an IOP of 32mmHg. You cannot see the fundus clearly. Apart from recent work-related stresses, he is otherwise well. His right eye is normal.

- a) How do you treat this man's ocular problem?
- b) How soon would you review this patient and why?

Fundus examination is made possible after the corneal oedema improves. There is now a suggestion of a peripheral area of retinitis.

- c) How do you treat this patient now?

Question 5

You are asked to assess a 35 year old patient who complains of diplopia. This patient had suffered a closed head injury three weeks previously and had been unconscious for two weeks and managed in an Intensive Care Unit. Now he is awake and you are reviewing him in your clinic, he is complaining of diplopia.

He has visual acuity of 6/6 in each eye. There are no facial injuries, orbital haemorrhage or fractures.

- a) Describe specifically what questions you will ask to evaluate the diplopia, explain the significance of each question .
- b) Describe your clinical examination of the ocular motility, specifically detailing what signs you are looking for and how these signs help to differentiate the underlying cause of the diplopia.
- c) List **FOUR** common causes of the diplopia in such a patient.

Question 6

A 44 year old woman is referred with right proptosis and blurred vision in her right eye. Right visual acuity is 6/18, LVA 6/6, R RAPD, R disc oedema and headaches of nine months duration. She has noticed fullness over her right temporal region. CT scan shows hyperostosis involving the lateral wall of the right orbit.

- a) What is the most likely diagnosis and why?
- b) What is the differential diagnosis?
- c) What is your treatment plan?



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Question 7

A 6 year old girl is referred from an optometrist with the suspicion of papilloedema. Her Vision is 6/6 uncorrected bilaterally.

- a) What features in the patient's history help to differentiate papilloedema from congenital disc elevation (CDE)?
- b) What features in your clinical examination help to differentiate papilloedema from CDE?
- c) What investigations would you order/perform to help differentiate papilloedema from CDE? Explain how each of these is helpful.

Question 8

A 45 year old male patient undergoes his first Avastin intravitreal injection for right myopic related subfoveal neovascularisation with 6/24 vision. The procedure proceeds uneventfully.

Outline how you would assess and manage each of the following post injection scenarios:

- a) He presents Day 1 with an irritable red watering eye. Vision is unchanged at 6/24 and intraocular pressure is normal.
- b) He presents Day 3 with a painful red eye with 6/60 vision, 3+ cells in the AC, and a 2mm hypopyon.