

# Internal Assessment - I

NTCQ - Answer Key.

Date :- 16 / 7 / 19.

1. (d) Geographical ulcer.
2. (b) Interstitial keratitis
3. (d) Wolfring gland.
4. (c) Endothelial cells of cornea.
5. (c) Bacterial corneal ulcer.
6. (d) Inferior meatus.
7. (d) Adenovirus
8. (d) Aphakia,
9. (b) Gasserian ganglion.
10. (a) latent + manifest hypermetropia.
11. (d) Keratoconus.
12. (b) Myopia.
13. (a) Trachoma
14. (c) Descemet's membrane.
15. (c) Trigeminal Nerve.

## Internal Assessment - II

NFCA's Answer key

Date - 15.10.19.

1. (b) Equator. Posterior pole
2. (a) Nuclear cataract.
3. (b) Intumescent cataract.
4. (a) Tonic IOL.
5. (c) Nd-YAG laser
6. (b) Laser iridotomy
7. (b) Increasing uveoscleral outflow.
8. (a) Posterior limit of Descemet's membrane
- 9) (a) Congenital glaucoma  
(b) Acute congestive glaucoma
- 11) (c) Necrotising scleritis without inflammation
- 12) (d) Pathological myopia.
- 13) (a) Granulomatous uveitis
- 14) (b) Vogt-Koyanagi-Harada Syndrome
- 15) (b) Amphotericin B.

# Internal Assessment III

## MCQ - Answer key.

1. (b) Layer of rods & cones
2. (b) optic disc.
3. (a) Posterior ciliary artery.
4. (d) Hypertensive retinopathy.
5. (a) Myopia.
6. (c) Proliferative diabetic retinopathy.
7. (c) Central Serous retinopathy
8. (b) Neurosensory retina & Pigment epithelium
9. (a) Rhegmatous retinal detachment
10. (b) Rhodopsin.
11. (c) optic Nerve.
12. (a) Bitemporal Hemianopia.
13. (d) Abent papillary defect
14. (d) Sudden, painful loss of vision.
15. (c) Ganglion cells.

**VINAYAKA MISSIONS KIRUPANANDA VARIYAR MEDICAL COLLEGE AND  
HOSPITAL**  
**FEB EXAM GOING BATCH EXAM(84 BATCH)**  
**OPHTHALMOLOGY**

**INTERNAL ASSESMENT-I**

Date: 16-07-2019

Marks-15[1x15]

1. In which ulcer do we use double stain?
  - a) fungal corneal ulcer
  - b) bacterial corneal ulcer
  - c) acanthamoeba keratitis
  - d) geographical ulcer
  
2. In which ulcer steroid eye drops is the drug of choice?
  - a) fungal corneal ulcer
  - b) interstitial keratitis
  - c) geographical ulcer
  - d) acanthamoeba keratitis
  
3. Which is the modified sweat gland?
  - a) meibomian gland
  - b) Zeiss gland
  - c) Moll gland
  - d) Wolfring gland
  
4. Specular microscope is the equipment to measure?
  - a) epithelial cell count of cornea
  - b) pericytes count of endothelial cells
  - c) endothelial cells of cornea
  - d) none of the above
  
5. Which ulcer produces sterile hypopyon?
  - a) fungal corneal ulcer
  - b) viral keratitis
  - c) bacterial corneal ulcer
  - d) Mooren's ulcer
  
6. Nasolacrimal duct opens into?

**d]presbyopia**

**13.Herberts pits is seen in**

**a]trachoma**

**b]acute endophthalmitis**

**c]thyroid ophthalmopathy**

**d]iridocyclitis**

**14. Keyser fleischer ring is seen in which layer of cornea?**

**a] bowmans membrane**

**b]stroma**

**c]descemets membrane**

**d]endothelium**

**15.Afferent for corneal reflex is**

**a]trochlear nerve**

**b]facial nerve**

**c]trigeminal nerve**

**d]abducent nerve**

**V.M.K.V. MEDICAL COLLEGE & HOSPITAL, SALEM,**

**DEPARTMENT OF OPHTHALMOLOGY**

**MCQs – Questions**

**III MBBS – PREFINAL YEAR- INTERNAL ASSESSMENT – II**

**Date: 15.10.2019**

**Time: 12.45 PM to 3.45 PM**

**Total Marks: 15 X 1 =15**

1) The capsule of the crystalline lens is thinnest at

- a) Anterior pole
- b) Posterior pole
- c) Equator
- d) None of the above

2) Second sight phenomenon is seen in

- a) Nuclear cataract
- b) Cortical cataract
- c) Posterior subcapsular cataract
- d) Mature cataract

3) Phacomorphic Glaucoma is caused by

- a) Incipient cataract
- b) Intumescent cataract
- c) Morgagnian cataract
- d) Zonular cataract

4) IOL which can correct astigmatism is

- a) Toric IOL
- b) Multifocal IOL
- c) Monofocal IOL
- d) ACIOL

- 10) Shallow Anterior Chamber is seen in
- a) Primary Open Angle Glaucoma
  - b) Acute congestive Glaucoma
  - c) Steroid induced Glaucoma
  - d) Pathological Myopia
- 11) Scleromalacia Perforance is
- a) Non – Necrotising Scleritis
  - b) Necrotising scleritis with inflammation
  - c) Necrotising scleritis without inflammation
  - d) Malignant tumour of Sclera
- 12) Most common cause of Posterior Staphyloma is
- a) Perforating injury
  - b) Iridocyclitis
  - c) Scleritis
  - d) Pathological Myopia
- 13) Koeppe's & Busacca's nodules are characteristic of
- a) Granulomatous Uveitis
  - b) Non- granulomatous Uveitis
  - c) Recurrent Posterior Uveitis
  - d) Intermediate Uveitis
- 14) Skin depigmentation, B/L Uveitis & tinnitus is a feature of
- a) Waardenburg syndrome
  - b) Vogt Koyanagi Harada syndrome
  - c) Alport's syndrome
  - d) Werner's syndrome
- 15) Intravitreal antifungal used in Endophthalmitis is
- a) Fluconazole
  - b) Amphotericin B
  - c) Itraconazole
  - d) Natamycin

**V.M.K.V. MEDICAL COLLEGE & HOSPITAL, SALEM**

Department OF Ophthalmology

Feb 2020 Exam going Batch(84 Batch)

Internal Assessment III

MCQ

Time: 30 minutes

Date: 30.11.2019

Questions

Marks: 15 X 1=15

1. Photosensitive layer retina  
a) Pigment Layer  
b) Layers of rods and cones  
c) External limiting membrane  
d) Internal limiting membrane (b)
2. Blind spot of mariotte  
a) Fovea centralis  
b) Optic disc  
c) Macula lutea  
d) Ora serrata (b)
3. The retina receives its blood supply from all, except-  
a) Posterior ciliary artery  
b) Central retinal artery  
c) Retinal arteries  
d) Plexus of Zinn and Haller arteries (d)
4. Marcus- Gunn sign seen in-  
a) Retinitis pigmentosa  
b) Retinal detachment  
c) Diabetic retinopathy  
d) Hypertensive retinopathy (d)
5. First retinal abnormality in diabetic retinopathy-  
a) Microaneurysm  
b) Hard exudates  
c) Soft exudates  
d) Cotton wool spots (a)
6. Panretinal photocoagulation is indicated in-  
a) Macular edema  
b) Retinal breaks  
c) Proliferative diabetic retinopathy  
d) Tractional retinal detachment (c)
7. Umbrella configuration on fluorescein angiography  
a) Retinitis pigmentosa  
b) Rheugmatous retinal detachment  
c) Central serous retinopathy  
d) Eale's disease (b)