RAN-2606000104050901

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Third MBBS (Part-II) Examination March - 2026

Ophthalmology (Paper : Set-II)

[Total Marks: 100

સૂચના : / Instructions	Seat No.:
(1) ઉપરોક્ત દર્શાવેલ વિગતો ઉત્તરવહી પર અવશ્ય લખવી. Fill up strictly the above details on your answer book	Student's Signature

Section – I

1. A 55-year-old woman presents with sudden onset severe eye pain, blurred vision, headache, and vomiting. On examination, the eye is red with a mid-dilated fixed pupil and hazy cornea. Intraocular pressure is markedly elevated. What is the most likely diagnosis? **20**
   a. Acute conjunctivitis
   b. Acute angle-closure glaucoma
   c. Anterior uveitis
   d. Corneal ulcer

2. A 65-year-old male complains of gradual painless loss of vision in both eyes for 2 years. Vision improves slightly in dim light. Fundus examination is difficult due to lens opacity. What is the most likely cause?
   a. Primary open-angle glaucoma
   b. Senile cataract
   c. Retinal detachment
   d. Macular degeneration

3. A 50-year-old myopic patient complains of sudden flashes of light followed by appearance of a curtain over vision in one eye. What is the most likely diagnosis?
   a. Vitreous haemorrhage
   b. Retinal detachment
   c. Acute glaucoma
   d. Optic neuritis

4. A 12-year-old child from a rural area presents with chronic redness and irritation of eyes. Examination reveals follicles on the upper tarsal conjunctiva and pannus formation over the cornea. Causative organism?
   a. Chlamydia trachomatis
   b. Staphylococcus aureus
   c. Adenovirus
   d. Streptococcus pneumonia

5. A 55-year-old diabetic patient complains of gradual visual impairment. Fundoscopy shows microaneurysms, dot and blot haemorrhages, and hard exudates in all four quadrant, what stage of retinopathy
   a. Proliferative diabetic retinopathy
   b. Moderate Non-proliferative diabetic retinopathy
   c. Hypertensive retinopathy
   d. Mild non proliferative diabetic retinopathy

6. Which is the largest crystallin of the human lens in terms of abundance and functional importance?
   a. B-Crystallin
   b. α-Crystallin
   c. γ-Crystallin
   d. β γ Crystallin

7. Which one of the following contributes to the aqueous layer of the tear film?
   a. Glands of Wolfring
   b. Glands of Zeiss
   c. Goblet cells
   d. Meibomian gland

8. Which of the following IOP-lowering therapy would be **LEAST** suitable for a patient who has mild Broncho- constrictive lung disease?
   a. Timolol
   b. Betaxolol
   c. Latanoprost
   d. Brimonidine

9. Which of the following structures is derived from neural crest cells?
   a. Corneal endothelium
   b. Lens
   c. Lacrimal sac.
   d. Sclera

10. A3-year-old patient presents with bilateral leukocoria. What is the **LEAST** likely diagnosis?
   a. Congenital cataracts
   b. Retinoblastoma
   c. Retinopathyof prematurity
   d. Metastasis

11. Phacolytic glaucoma is
   a. Non granulomatous inflammation
   b. Zonal granulomatous inflammation
   c. Macrophages filled with lens material
   d. Type II g E- mediated anaphylaxis

12. Primary angle-closure glaucoma occurs most commonly in patients with shallow anterior chambers. Among the following, which does **NOT** contribute to a shallow anterior chamber?
   a. Mature lens
   b. Hyperopia
   c. Ocular hypertension
   d. Iris bombe

13. Which one of the following regarding megalo cornea is **TRUE**?
   a. Most common inheritance is autosomal dominant
   b. Associated with progressive corneal enlargement
   c. Corneal diameter greater than 10mm
   d. Associated with Down syndrome

14. Which one of the following medications is commonly used to treat cases of filamentous fungal keratitis caused by F*usarium* spp.?
    a. Flucytosine
    b. Natamycin
    c. Amphotericin B
    d. Miconazole

15. Which bone is not part of the medial orbital wall?
    a. Maxilla
    b. Sphenoid
    c. Zygomatic
    d. Ethmoid

16. A 68-year-old man underwent cataract extraction with phacoemulsification and insertion of a posterior chamber IOL. The first day postoperatively, he comes back with moderate epithelial and stromal oedema. One week later, the oedema is still present. Which is **NOT** a cause for his persistent corneal oedema?
    a. Elevated IOP
    b. Chemical toxicity
    c. Epithelial downgrowth
    d. Surgical trauma

17. Which is the correct order of increasing mydriatic duration?
    a. Homatropine, cyclopentolate, tropicamide, atropine.
    b. Atropine, homatropine, tropicamide, cyclopentolate
    c. Tropicamide, cyclopentolate, homatropine, atropine.
    d. Atropine, homatropine, cyclopentolate, tropicamide.

18. Which of the following extra ocular muscle is **LEAST** likely to be affected with a retro bulbar anesthetic block?
    a. Superior rectus
    b. Superior oblique
    c. Lateral rectus
    d. Medial rectus

19. The "greyline" of the eyelids :
    a. The mucocutaneous junction of the eye lid margin
    b. The location of the meibomian gland orifices
    c. The muscle of Riolan
    d. Posterior to the tarsus

20. In against-the-rule astigmatism the steep meridian of cornea is
    a. Vertical
    b. Horizontal
    c. Oblique
    d. Irregular

Section – II

Q.1. Define refractive errors. Describe myopia in detail including aetiology, clinical features, complications and management. **2+2+2+2+2=10**

Q.2. A 10-year-old child presents with itching, redness, and ropy discharge from both eyes, especially in summer. Examination shows giant papillae on upper tarsal conjunctiva.
a. What is the most likely diagnosis? **02**
b. Classify this condition. **02**
c. What are the complications? **03**
d. Outline management. **03**

OR

Q.2. A 55-year-old woman complains of watering and discharge from eye. Pressure over lacrimal sac causes regurgitation of pus through punctum..

a. What is your Diagnosis? **02**
b. What are the investigations to be done in this patient **04**
c. Outline the management Plan of this disease **04**

Q.3. **Write Short notes on: (Any 4)** **20**

1. Corneal transparency and factors responsible for it.
2. Enumerate the Layers of tear film and functions of each layer in brief.
3. Define pterygium and its treatment modalities.
4. Draw a labelled diagram of pupillary light reflex
5. What is blepharitis? Write about types of blepharitis and its features.

Section – III

Q.l. Describe the causes, clinical features, investigations and management of Acute Iridocyclitis . **2+3+2+3 = 10**

Q.2. 55-year-old diabetic patient complains of sudden painless loss of vision and floaters in the right eye.

a. What is the probable diagnosis? **01**
b. Classify diabetic retinopathy. **02**
c. Describe fundus findings in proliferative diabetic retinopathy. **03**
d. List investigations used in diagnosis. **02**
e. Outline management. **02**

OR

Q.2. 25-year-old female presents with sudden loss of vision in one eye with pain on eye movement. Fundus examination shows unilateral disc oedema.

a. What is the most likely diagnosis? **01**
b. Classify optic neuritis. **02**
c. Describe clinical features. **03**
d. List investigations. **02**
e. Outline treatment. **02**

Q.3. **Write Short Notes On: (any 4)** **20**

1. Write about clinical features, complications and management of orbital celulitis.
2. Write about the stages of senile cataract.
3. Visual field defects in Primary Open angle glaucoma.
4. A patient scheduled for cataract surgery appears anxious and asks multiple questions regarding procedure.
   a. What are two important elements of effective doctor-patient communication in this situation? **02**
   b. Mention two components of informed consent. **02**
   c. Why empathy is important in patient. **01**
5. Write a note on Ocular manifestation of patient suffering from HIV with CD4 count 250cells.

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