

МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
Харківський національний медичний університет

Exam questions in ophthalmology
“КРОК-2”
«DISEASES OF THE EYELIDS AND CONJUNCTIVA»

Manual for individual work for
English speaking foreign students

Запитання з офтальмології до іспиту «КРОК-2»
«ЗАХВОРЮВАННЯ ПОВІК ТА КОН'ЮНКТИВИ»

Методичні вказівки з офтальмології
для індивідуальної підготовки іноземних студентів
медичних факультетів
з англійською мовою навчання

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Compliers P. A. Bezditko
 Y. M. Pyina
 O. P. Muzhichuk

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Упорядники П. А. Бездітко
 Є. М. Ільїна
 О. П. Мужичук

Pathology of the eyelids, lacrimal organs and orbital diseases

Eyelids is a protective accessory for cornea and conjunctiva. It protects eyes from environmental (external) influences such as wind, foreign bodies, dust, etc.; prevents drying, providing moistening, which is essential for normal functioning of cornea and conjunctiva. Morphological and functional peculiarities, blood supply and innervation defines peculiarities of its pathology. In general prevalence of eye pathology, lesions of eye lids and lacrimal organs is about 10 percents. In adults an inflammatory and neoplastic processes are most common. Early diagnosis and prevention of eye lids pathology is very important for choosing useful therapy.

The lacrimal system consists of two components: the main and accessory glands and their secretions and the lacrimal excretory outflow system. The symptom of overflow tearing, or epiphora, is often the reason a patient seeks treatment from an ophthalmologist. In evaluating this complaint, the physician needs a firm understanding of the basic tenets of lacrimal anatomy, physiology, and pathology in order to make the correct diagnosis and to plan rational therapy.

Disorders of the orbit are uncommon and are of the most complex in ophthalmology. Tissues of orbit are covered by bone walls and the eyeball, so hidden to visual examination and palpation. In the relatively small volume of the orbit enclosed several complex anatomical structures, which supplies important functions of an Eye. It is important to keep in mind, that orbit closely connected with cranium cavity and additional nasal sinuses. So, early diagnosis of orbital pathology should prevent serious intracranial complications and damage of organ of vision

Orbital disorders may arise primarily within the orbit; alternatively, they may spread there from adjacent structures or from distant sources via vascular pathways, or they may be manifestations of systemic diseases. It may be of inflammatory, neoplastic, vascular, endocrine, traumatic nature. Appropriate diagnosis and management of these conditions present a challenge to the physician's knowledge and ingenuity. The incidence and prevalence of orbital disease vary with geographic location, sex, age, and race. Frequently, the assistance of a pathologist skilled in the interpretation of abnormal orbital tissues is required in establishing a diagnosis. Consequently, basic and advanced orbital surgical technique includes the ability to obtain and prepare biopsy specimens. Collaboration with neurosurgeons, otolaryngologists, plastic surgeons, neuroradiologists, neuroanesthesiologists, and endocrinologists is frequently required, adding to the complexity and interest of this field of study.

Control questions for checking the basic level: Enumerate main methods of diagnostic of eyelid's lesions. Define the concepts of the hordeolum, chalasion, blepharitis. What are the etiological factors of development of the hordeolum, chalasion, blepharitis? What are the clinical signs and the main principles of

management in case of hordeolum, chalasion, blepharitis? Enumerate anomalies of eyelids position, and its etiology. Classification, symptoms, the principles of treatment of eyelids tumors. What are the diagnostic methods for lacrimal organs lesions? Define the concept of dacryocystitis. Name the etiological factors of development of the dacryocystitis in adults and newborns. Name the clinical signs of dacryocystitis in adults and newborns. Enumerate the main principles of treatment and prevention procedures of dacryocystitis in adults and newborns. Name the complications of chronic dacryocystitis. What is etiology, clinic, pathogenesis and treatment of lacrimal sac phlegmon.

Exam questions “Diseases of the eyelids, lacrimal organs and orbital disorders”

1. A sty (hordeolum) is:
 - A. *Inflammation of the Meibomian glands.*
 - B. *Inflammation of part of the eyelash.*
 - C. *Special type of blepharitis.*
 - D. *Meibomian cysts.*
 - E. *Eyelid tumor.*
2. The entropion is:
 - A. *Eyelid tumor.*
 - B. *The eyelids turns outwards.*
 - C. *Scram.*
 - D. *Eyelid turns inwards.*
 - E. *Upper eyelid droops.*
3. Typical complaints with blepharitis:
 - A. *Purulent detachable.*
 - B. *Vision decrease.*
 - C. *Redding and itching eyelid edges.*
 - D. *Blepharospasm.*
4. What is ptosis?
 - A. *Lacrimation disorders.*
 - B. *Cornea sensitivity decrease.*
 - C. *Eyebulb movement restriction.*
 - D. *Upper eyelid prolapses.*
 - E. *Lost of vision field.*
5. To diagnose dry eye syndrome following procedures are done (select the wrong statements):
 - A. *Schirmer test based on the speed of wetting of a strip of filter paper inserted over the lid margin.*
 - B. *Rose bengal staining.*
 - C. *Inspection of the marginal strip for continuous flow of tears.*
 - D. *Break up time of the pre corneal tear film.*
 - E. *None of the above.*

6. Signs of acute dacryocystitis are (select the wrong statements):
- A. *Red, hot and tender swelling below the medial palpebral ligament.*
 - B. *Oedema of medial side of lids.*
 - C. *Mild conjunctivitis near the inner canthus.*
 - D. *Systemic disturbances like fever and headache.*
 - E. *None of the above.*
7. A product of secretion of the meibomian glands:
- A. *Congenital dacryocystitis.*
 - B. *Mucocele.*
 - C. *Oily surface layer.*
 - D. *Watery middle layer.*
 - E. *Mucoid deep layer.*
8. A product of lacrimal glands:
- A. *Congenital dacryocystitis.*
 - B. *Mucocele.*
 - C. *Oily surface layer.*
 - D. *Watery middle layer.*
 - E. *Mucoid deep layer.*
9. A product of goblet cells of conjunctiva:
- A. *Congenital dacryocystitis.*
 - B. *Mucocele.*
 - C. *Oily surface layer.*
 - D. *Watery middle layer.*
 - E. *Mucoid deep layer.*
10. Watering in a new born occurring in the second week after the birth:
- A. *Congenital dacryocystitis.*
 - B. *Mucocele.*
 - C. *Oily surface layer.*
 - D. *Watery middle layer.*
 - E. *Mucoid deep layer.*
11. Distended, atonic hypertrophied lacrimal sac full of sterile mucoid material:
- A. *Congenital dacryocystitis.*
 - B. *Mucocele.*
 - C. *Oily surface layer.*
 - D. *Watery middle layer.*
 - E. *Mucoid deep layer.*
12. Symptoms of complete third cranial nerve palsy:
- A. *Dilated pupil.*
 - B. *Limitation of all eye movements (except abduction).*
 - C. *Total ptosis.*
 - D. *Only a, c.*
 - E. *All correct.*

- 13.** Complications of ptosis:
- A. Amblyopia.*
 - B. Myopia.*
 - C. Ectropion.*
 - D. Entropion.*
 - E. All correct.*
- 14.** The treatment of chalasion is as follows:
- A. Medicamental (injection of prolongate steroids).*
 - B. Surgical.*
 - C. Dry warm.*
 - D. All correct.*
- 15.** What are complains in case of styte (hordeolum)?
- A. Decrease of vision.*
 - B. Painful eyelid touch.*
 - C. Painful eyeball movement.*
 - D. Photophobia.*
 - E. Mucopurulent discharge.*
- 16.** Differential diagnosis of epiphora in a white eye are (select the wrong statements):
- A. Congenital absence of punctum.*
 - B. Occlusion of punctum by an eye lash or oncertion.*
 - C. Chronic dacryocystitis.*
 - D. Stenosis of punctum.*
 - E. Mucocele of frontal sinus.*
- 17.** Complications of acute dacryocystitis are (select the wrong statements):
- A. Lacrimal fistula.*
 - B. Caverneous sinus thrombosis.*
 - C. Encysted pyocele.*
 - D. Fibrosis and occlusion of sac cavity.*
 - E. None of the above.*
- 18.** What is used to treat meibomian blepharitis?
- A. Goniopuncture.*
 - B. Massage of eyelids.*
 - C. Instillation: riboflavin, cysteine.*
 - D. Dry warm.*
- 19.** Match the following numbered sites of lacrimal obstruction with the areas of canaliculus involved middle:
- A. When there is mid canalicular obstruction.*
 - B. If the whole length is obliterated.*
 - C. If the common opening is sealed off beyond the meeting point.*

20. Match the following numbered sites of lacrimal obstruction with the areas of canaliculus involved total:
- A. *When there is mid canalicular obstruction.*
 - B. *If the whole length is obliterated.*
 - C. *If the common opening is sealed off beyond the meeting point.*
21. Match the following numbered sites of lacrimal obstruction with the areas of canaliculus involved ampullary:
- A. *When there is mid canalicular obstruction.*
 - B. *If the whole length is obliterated.*
 - C. *If the common opening is sealed off beyond the meeting point.*
22. The medial wall of the orbit is formed from anterior to posterior by:
- A. *Frontal process of maxilla.*
 - B. *Lacrimal bone.*
 - C. *Ethmoid bone.*
 - D. *Lesser wing of sphenoid bone.*
 - E. *All correct.*
23. The upper lid entropion can be occur by:
- A. *Scarring.*
 - B. *Trachoma.*
 - C. *Contracture of conjunctiva.*
 - D. *Trauma.*
 - E. *All correct.*
24. The condition is characterized by painful swelling of the lids, chemosis, proptosis, some interference with ocular movements is:
- A. *Atopic eczema.*
 - B. *Chronic dacryocystitis.*
 - C. *Myxedema.*
 - D. *Haemangioma.*
 - E. *Nothing correct.*
25. What are the causes of dacryoadenitis?
- A. *Complication of common infectious diseases.*
 - B. *Lacrimation disorders.*
 - C. *Wrong correction of refraction anomalies.*
 - D. *Intraocular pressure increase.*
 - E. *Paresis of the muscle raising the upper eyelid.*
26. Schirmer test is not useful for the diagnosis of (select the wrong statements):
- A. *Tabes dorsalis.*
 - B. *Ophthalmia neonatorum.*
 - C. *Ambliopia.*
 - D. *Dry keratoconjunctivitis.*
 - E. *Diphtheric conjunctivitis.*

27. Features of Sjogren's syndrome include (select the wrong statements):
- A. *There is presence of epithelial filaments.*
 - B. *Shows early punctate epithelial erosions.*
 - C. *Shows degenerative focusis in the corneal stroma and sclera.*
 - D. *Increased number of goblet cell, mainly in the lower fornix.*
28. A protection against rapid evaporation:
- A. *An oily outer most layer.*
 - B. *Watery middle layer.*
 - C. *Inner most thin mucoid layer.*
29. Product of secretion of the meibomian glands:
- A. *An oily outer most layer.*
 - B. *Watery middle layer.*
 - C. *Inner most thin mucoid layer.*
30. Mucus produced by goblet conjunctival cells:
- A. *An oily outer most layer.*
 - B. *Watery middle layer.*
 - C. *Inner most thin mucoid layer.*
31. Essential for the normal respiration and metabolism of the cornea:
- A. *An oily outer most layer.*
 - B. *Watery middle layer.*
 - C. *Inner most thin mucoid layer.*
32. Absence of this layer produces xerosis:
- A. *An oily outer most layer.*
 - B. *Watery middle layer.*
 - C. *Inner most thin mucoid layer.*
33. Symptoms of orbital disorders are:
- A. *Protrusion of the eyeball.*
 - B. *Pain and chemosis.*
 - C. *Diplopia or double vision.*
 - D. *Vision loss or decrease.*
 - E. *Redness and swelling of the eyelids.*
 - F. *All correct.*
34. When planning reconstruction of an eyelid defect, the surgeon should:
- A. *replace both anterior and posterior lamella with grafts*
 - B. *avoid undermining adjacent tissue*
 - C. *minimize vertical tension*
 - D. *allow wounds to granulate prior to reconstruction*
35. Appropriate management of multiple or recurrent chalazia includes:
- A. *needle biopsy*
 - B. *shave biopsy*
 - C. *local injection with triamcinolone*
 - D. *full-thickness biopsy*

Case history

36. This disease is often caused by the presence of bacteria, fungi or parasitic organisms. It may arise from sinus infections in the periocular region. This is a severe medical condition and requires a visit to the hospital. Antibiotic treatment is administered to curb the spread of infection to the cavernous sinus within the brain; this infection is potentially fatal. A surgical procedure to expunge orbital abscesses may also be warranted. What is it?

- A. *Wegener's granulomatosis.*
- B. *Orbital cellulitis.*
- C. *Systemic lupus erythematosus.*
- D. *Sarcoidosis.*
- E. *Sjogren's syndrome.*
- F. *Lymphangioma.*

37. On the edges of eyelids, by eyelashes roots in a 7-year-old child there are yellowpurulent crusts glueing his eyelashes in separate bundles. To remove these crusts is very painful. After removal you can see bleeding ulcers. What is the most appropriate diagnosis?

- A. *Eyelid hordeolum.*
- B. *Conjunctivitis.*
- C. *Squamous blepharitis.*
- D. *Ulcerative blepharitis.*
- E. *Eyelid abscess.*

38. A chalasion, that is a dense round formation, has been defined in cartilage stratum of lower eyelid of the right eye in a 38-year-old patient. What caused the illness?

- A. *Skin affection by a virus.*
- B. *Infection develops in eyelids sweat glands.*
- C. *Allergic reaction development.*
- D. *Skin mycosis.*
- E. *Chronic proliferative inflammation of meibomian gland.*

Diseases of the Conjunctiva

Conjunctivitis is one of the most common and treatable eye infections in children and adults. Often called "pink eye," it is an inflammation of the conjunctiva, the tissue that lines the inside of the eyelid. This tissue helps keep the eyelid and eyeball moist. Early diagnosing are the keys to appropriate treatment.

Student should be acquainted with the following subjects: the symptoms and the methods of treatment of acute and chronic conjunctivitis; the clinical picture of different types of conjunctivitis; methods for intraocular pressure measurement; the principals of conjunctivitis treatment; determination, social aspects, signs, diagnostic, treatment and preventive measures of trachoma.

Student should be able to: investigate conjunctiva; diagnose acute and chronic conjunctivitis; organize the first aid in case of acute conjunctivitis; to use the eye drops and ointments for eyes; to putting the diagnosis of trachoma.

Control questions for checking the basic level: Histological structure of conjunctiva. What types of pathological processes in conjunctiva do you know Etiological classification of conjunctivitis. The symptoms of the acute and chronic conjunctivitis. Viral conjunctivitis. Allergic conjunctivitis. Spring catar. Dystrophic disorders of the conjunctiva. Pterigium. Pingvecula. Named the and complications of conjunctivitis. Basic therapy of the conjunctivitis.

Exam questions in “Conjunctival diseases”

1. Following are the layers of conjunctiva, except:
 - A. *Epithelium*
 - B. *Adinoid layer*
 - C. *Muscle fibre layer*
 - D. *Fibrous layer*
2. The charactersities of normal conjunctiva are as follows, except:
 - A. *Transparent*
 - B. *Dry*
 - C. *Moist*
 - D. *Mobile*
3. Which is incorrect:
 - A. *Bulbar Conjunctiva lies on anterior 1/3 of sclera*
 - B. *Bulbar Conjunctiva lines on the Cornea*
 - C. *Palpaberal Conjunctiva lines the lids inner sides*
 - D. *Marginal Conjunctiva lies on the inter-marginal strip*
 - E. *Fornix is the fold of Conjunctiva where plapebral is continuous with bulbar.*
4. Inflammatory response of Conjunctiva can be in following ways, except:
 - A. *Papillae formation*
 - B. *Thickening of Conjunctiva*
 - C. *Follicle formation*
 - D. *Cellular exudation*
 - E. *Membrane formation*
 - F. *Cyst formation.*
5. To differentiate bacterial from viral Conjunctivitis, following are the features, except:
 - A. *Severe symptoms in bacterial*
 - B. *Mucopurulent discharge.*
 - C. *Watery discharge in viral.*
 - D. *Simultaneous superficial corneal involvement in viral*
 - E. *Scraping shows Mononuclear cells ii viral while poly-morphs in bacterial.*

6. True membranous Conjunctivitis occurs in the following conditions, except:
- Pneumococcus, Stephylococcus or Gonococcus infection*
 - After exanthemata*
 - Caustic burns*
 - Diphtheretic infection*
 - Mycotic infection.*
7. Treatment of Membranous Conjunctivitis is as follows, except:
- Injection of anti diphtheriatic serum IM*
 - Injection of antibiotics*
 - Antibiotics eye drops frequently*
 - Pilocarpine eye ointment at night*
 - Atropine eye ointment at night*
8. Acute Catarrhal conjunctivitis:
- More mucous than pus*
 - Is highly contagious*
 - Often epidemic*
 - Is most often caused by pneumococcus*
 - All of the above.*
9. Acute purulent conjunctivitis:
- Often due to gonococcus*
 - Responds to antibiotics.*
 - Shows severe swelling of lids*
 - Blepharospasm is present*
 - All of the above.*
10. Ophthalmia Neonatorum is caused by:
- Inclusion conjunctivitis viroid.*
 - Gonococcus*
 - Mixed infection by Staphylococcus, Diphtheroids, Pneumococcus*
 - All of the above*
 - None of the above.*
11. Signs of active trachoma nclude:
- Herbert's pits at upper limbus*
 - Scarring in middle of upper palpebral conjunctiva*
 - Superfecial, vascularising, epithelial keratitis in upper limbus*
 - Cicatricial entropion*
 - All of the above.*
12. Second stage of trachoma according to classification is:
- Prefollicular stage seen as hyperaemia of upper palpebral Conjunctiva*
 - Cicatrising stage*
 - Follicular stage with pannus*
 - Healed trachoma with or without sequelae*
 - None of the above*

- 13.** Differential diagnosis of trachoma includes:
- A. *Inclusion conjunctivitis*
 - B. *Spring catarrh*
 - C. *Adenovirus follicular conjunctivitis*
 - D. *Folliculosis*
 - E. *All of the above.*
- 14.** Sequelae of trachoma include:
- A. *Pseudoptosis* .
 - B. *Cicatricial entropion*
 - C. *Trichiasis*
 - D. *Parenchymatous xerosis of conjunctiva*
 - E. *All of the above.*
- 15.** Phlyctenular keratoconjunctivitis is mostly caused by:
- A. *Bacterial infection.*
 - B. *Viral infection.*
 - C. *Allergy to tuberculo proteins*
 - D. *Allergy to exogenous allergens*
 - E. *None of the above.*
- 16.** Differential diagnosis of phlyctenular conjunctivitis include:
- A. *Episcleritis nodule*
 - B. *Scleritis nodule*
 - C. *Nodule of Granuloraa due to a small foreign body*
 - D. *Limbal dermoid.*
 - E. *All of the above.*
- 17.** Symptoms of spring catarrh include:
- A. *Itching*
 - B. *Watering*
 - C. *Resentment to light*
 - D. *Burning sensation*
 - E. *All of the above.*
- 18.** Signs of palpebral spring catarrh include:
- A. *Flat, cobblestone type papillae in upper palpebral conjunctiva.*
 - B. *Muddy gelatinous, brownish raised thickening at the lirabus*
 - C. *Tranta's spots at limbus*
 - D. *All of the above*
 - E. *None of the above*
- 19.** Angular conjunctivitis is caused by:
- A. *Virus infection*
 - B. *Morax-Axenfield bacillus*
 - C. *Tubercular bacillus*
 - D. *Koch-Weeks bacillus*
 - E. *All of the above.*

20. Phlyctenular keratoconjunctivitis is mostly caused by:
- Bacterial infection.*
 - Viral infection.*
 - Allergy to tuberculo-proteins*
 - Allergy to exogenous allergens*
 - None of the above.*
21. Differential diagnosis of phlyctenular conjunctivitis include:
- Episcleritis nodule*
 - Scleritis nodule*
 - Nodule of Granulosa due to a small foreign body*
 - Limbal dermoid.*
 - All of the above.*
22. Symptoms of spring catarrh include:
- Itching*
 - Watering*
 - Resentment to light*
 - Burning sensation*
 - All of the above.*
23. Following are the layers of conjunctiva, except:
- Epithelium*
 - Adinoid layer*
 - Muscle fibre layer*
 - Fibrous layer*
24. The characteristics of normal conjunctiva are as follows, except:
- Transparent*
 - Dry*
 - Moist*
 - Mobile*
25. Which is incorrect:
- Bulbar conjunctiva lies on anterior 1/3 of sclera*
 - Bulbar conjunctiva lines on the cornea*
 - Palpebral conjunctiva lines the lids inner sides*
 - Marginal conjunctiva lies on the inter-marginal strip*
 - Fornix is the fold of conjunctiva where palpebral is continuous with bulbar.*
26. Inflammatory response of conjunctiva can be in following ways, except:
- Papillae formation*
 - Thickening of conjunctiva*
 - Follicle formation*
 - Cellular exudation*
 - Membrane formation*
 - Cyst formation.*

27. To differentiate bacterial from viral Conjunctivitis, following are the features, except:

- A. *Severe symptoms in bacterial*
- B. *Mucopurulent discharge in vira*
- C. *Watery discharge in viral.*
- D. *Simultaneous superficial corneal involvement in viral.*
- E. *Scrapping shows mononuclear cells in viral while polymorphs in bacterial.*

Case history

28. A mother has noticed in her one day old child a mucoid discharge and the lids get stuck together when the child sleep. Examination of the eyes reveal mild conjunctival congestion and blepharospasm. The preauricular lymph nodes are palpable.

a) The diagnosis of the case is:

- A. *Congenital dacryocystitis*
- B. *Ophthalmia neonatorum due to venereal viroid;]*
- C. *Ophthalmia neonatorum due to gonococcus*
- D. *Spring catarrh*
- E. *Angular conjunctivitis*

b) Treatment of the above case comprises of:

- A. *Hot fomentation and irrigation of the eye*
- B. *Antibiotic eye drops frequently*
- C. *Cycloplegic eye drops*
- D. *All of the above*
- E. *None of the above*

29. A young boy aged 10 yrs complain of recurrent attacks of intense itching in both the eyes. There is marked watering and photophobia. On examination there are two muddy, geltenous brownish raised spots at the limbus with mild ciliary congestion.

a) The diagnosis of the above case is:

- A. *Phylectenular keratoconjunctivitis*
- B. *Spring catarrh-bulbar type*
- C. *Episcleritis*
- D. *Scleritis*
- E. *Viral keratoconjunctivitis*

b) The treatment of the above case comprises mainly of:

- A. *Local corticostertriod drops*
- B. *Antibiotic drops*
- C. *Atropine 1% eye ointment*

c) The most probable cause of the above condition is:

- A. *Infection*
- C. *Allergy*
- D. *Neoplastic*

30. A young adult male, came with history of purulent discharge from right eye for the last 3 days. On cross questioning he also admitted having frequency of micturition and dysuria. On examination the eyelids were swollen and there was conjunctival congestion.

- a)** The diagnosis of the above case is:
 A. Spring catarrh
 B. Gonococcal conjunctivitis
 C. Ophthalmia neonatorum
 D. Viral conjunctivitis
 E. Corneal ulcer
- b)** To confirm the diagnosis the most useful test is:
 A. Culture of conjunctival swabi
 B. Conjunctival biopsy
 C. Gram staining of conjunctival smear
 D. Fluorescence staining of cornea
 E. All of the above
- c)** The treatment of the above case comprises of:
 A. Frequent instillation of penicillin eye drops
 B. Irrigation of conjunctival sac with normal saline
 C. Atropine 1% eye ointment
 D. A course of systemic sulfa drugs or penicillin
 E. All of the above
- d)** The causative organism is:
 A. Pneumococcus
 B. Virus
 C. Allergic reaction
 D. Gonococcus

Answers

Diseases of the eyelids, lacrimal organs and orbital disorders

№	Correct answer	№	Correct answer	№	Correct answer	№	Correct answer
1	A	11	B	21	C	31	B
2	D	12	E	22	E	32	C
3	C	13	A	23	E	33	F
4	D	14	D	24	A	34	C
5	E	15	B	25	A	35	D
6	E	16	E	26	D	31	B
7	C	17	E	23	E	36	B
8	D	18	B	24	A	37	D
9	E	19	A	25	A		
10	A	20	B	26	D		

Conjunctival diseases

№	Correct answer	№	Correct answer	№	Correct answer	№	Correct answer
1	C	10	D	19	B	28	a) C
2	B	11	C	20	C		a) D
3	B	12	C	21	E	29	a) B
4	F	13	E	22	E		a) A
5	B	14	E	23	C		b) C
6	E	15	C	24	B	30	a) B
7	D	16	E	25	B		b) C
8	E	17	E	26	F		c) E
9	E	18	D	27	B		d) D

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для індивідуальної підготовки іноземних студентів
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з англійською мовою навчання***

Упорядники Бездітко Павло Андрійович
 Льбіна Євгенія Миколаївна
 Мужичук Олена Павлівна

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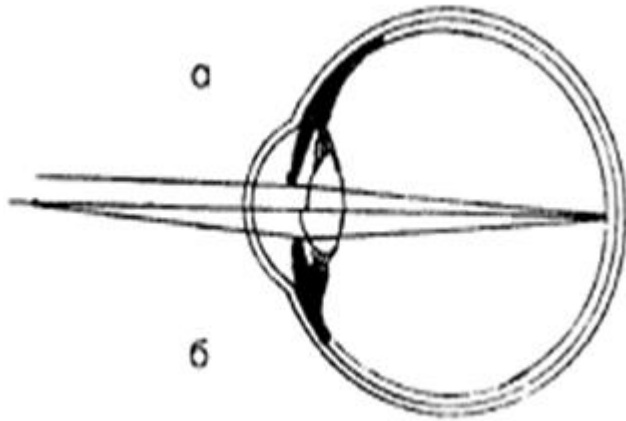


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**Редакційно-видавничий відділ
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**EXAM QUESTIONS
IN OPHTHALMOLOGY
“KPOK-2”
“DISEASES OF THE EYELIDS
AND CONJUNCTIVA”**

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