

MIZORAM PUBLIC SERVICE COMMISSION
TECHNICAL COMPETITIVE EXAMINATIONS FOR
SENIOR GRADE OF MIZORAM HEALTH SERVICES (SPECIALIST SUB-
CADRE) UNDER HEALTH & FAMILY WELFARE DEPARTMENT,
GOVERNMENT OF MIZORAM, FEBRUARY-2024

PAPER-III
(OPHTHALMOLOGY)

Time Allowed : 3 hours

FM : 200

All questions carry equal marks of 2 each.

Attempt all questions.

1. The most common cause of bacterial conjunctivitis is
 - (a) H.Influenzae
 - (b) Staph aureus
 - (c) Staph epidermidis
 - (d) Pseudomonas
2. Epidemics of mucopurulent conjunctivitis "red eye" is classically caused by
 - (a) Haemophilus influenza
 - (b) Pseudomonas
 - (c) Staph aureus
 - (d) Moraxella
3. Angular Conjunctivitis is caused by
 - (a) Pseudomonas
 - (b) Staph epidermidis
 - (c) Moraxella Axenfield
 - (d) Candida
4. Herberts follicles in trachoma is seen at the
 - (a) Limbal area
 - (b) Fornix
 - (c) Eyelids
 - (d) Cornea
5. SAFE strategy adopted by WHO is to prevent blindness due to
 - (a) Cataract
 - (b) Glaucoma
 - (c) Uveitis
 - (d) Trachoma
6. The most common cause of viral conjunctivitis is
 - (a) Herpes simplex
 - (b) Herpes Zoster
 - (c) Adenovirus
 - (d) Poxvirus
7. Acute Herpetic conjunctivitis is commonly caused by
 - (a) Herpes simplex type I
 - (b) herpes simplex type II
 - (c) Adenovirus
 - (d) Myxovirus
8. Horner-Tranta's spots are seen in
 - (a) Viral Conjunctivitis
 - (b) Spring Catarrh
 - (c) Bacterial conjunctivitis
 - (d) Trachoma
9. Corneal Ulcer seen in vernal keratoconjunctivitis is
 - (a) Fungal ulcer
 - (b) Bacterial ulcer
 - (c) Shield ulcer
 - (d) Viral Ulcer

10. Pterygium generally occurs at the
 - (a) Nasal side
 - (b) Temporal
 - (c) Superior
 - (d) Inferior
11. Most common cause of subconjunctival hemorrhage is
 - (a) Inflammation
 - (b) Infection
 - (c) Bleeding disorder
 - (d) Trauma
12. Stocker line is seen in
 - (a) Cataract
 - (b) Pterygium
 - (c) Pinguecula
 - (d) Chemical conjunctivitis
13. Microcornea is when the horizontal diameter of the cornea is less than
 - (a) 12mm
 - (b) 14mm
 - (c) 10mm
 - (d) 11mm
14. Haab's striae is a tear at the
 - (a) Descemet's membrane
 - (b) Epithelium
 - (c) Endothelium
 - (d) Stroma
15. Haab's striae is seen in
 - (a) Pterygium
 - (b) Megalocornea
 - (c) Keratitis
 - (d) Buphthalmos
16. Congenital corneal opacity is seen in all except
 - (a) Reiger's syndrome
 - (b) Marfan syndrome
 - (c) Axenfeld's syndrome
 - (d) Peter's anomaly
17. Hypopyon Corneal ulcer is caused by
 - (a) Staphylococci
 - (b) Streptococci
 - (c) Gonococci
 - (d) Pneumococcus
18. Hypopyon corneal ulcer caused by Pneumococcus is called
 - (a) Ulcus serpens
 - (b) Ring shaped ulcer
 - (c) Oval Ulcer
 - (d) Shield ulcer
19. Sterile hypopyon is seen in
 - (a) Fungal ulcer
 - (b) Bacterial ulcer
 - (c) Viral Keratitis
 - (d) Endophthalmistis
20. Scraping of corneal ulcer for sample investigation is done by
 - (a) base to margin
 - (b) margin to base
 - (c) base of ulcer
 - (d) margin only
21. To see the fungal filaments in corneal ulcer the test done is
 - (a) Gram stain
 - (b) Giemsa stain
 - (c) KOH mount
 - (d) Calcofluor white stain
22. Features of fungal corneal ulcer are all except
 - (a) dry looking surface
 - (b) feathery margin
 - (c) purulent
 - (d) immunering
23. Small satellite lesions may be present in corneal ulcer due to
 - (a) Fungus
 - (b) Bacterial
 - (c) Virus
 - (d) Inflammation
24. Typical history of injury with vegetative matter is seen in corneal ulcer due to
 - (a) Bacteria
 - (b) Fungus
 - (c) Protozoa
 - (d) Virus

25. Most common cause of Viral Corneal ulcer is
(a) Adenovirus (b) Herpes Simplex type II
(c) Herpes Simplex type I (d) Herpes Zoster
26. Dendritic Corneal ulcer is due to infection by
(a) Virus (b) Fungus
(c) Bacteria (d) Protozoa
27. In recurrent Ocular herpes, the virus remains dormant in the
(a) Facial Nerve (b) Submandibular ganglion
(c) Retinal ganglion (d) Trigeminal ganglion
28. Disciform keratitis is seen in what type of corneal ulcer
(a) Fungal (b) Viral
(c) Bacterial (d) Trauma
29. The most common nerve affected in herpes zoster Ophthalmicus is
(a) Frontal nerve (b) Lacrimal nerve
(c) Nasociliary nerve (d) Trigeminal nerve
30. Contact lens users are at increased risk of keratitis due to
(a) Fungus (b) Bacteria
(c) Viral (d) Acanthamoeba
31. Inflammatory peripheral corneal ulcer due to autoimmune disease is
(a) Rosacea Keratitis (b) Mooren's Ulcer
(c) Shield Ulcer (d) Ulcus Serpens
32. In Keratoconus, localized bulging of lower eyelid when patient looks down is called
(a) Ectropion (b) Hutchinson sign
(c) Musson's sign (d) Teardrop sign
33. Short term storage medium of cornea is
(a) M-K medium (b) Glycerine
(c) Optisol Gs (d) Organ culture method
34. Systemic diseases associated with episcleritis are all except
(a) Gout (b) Psoriasis
(c) Connective tissue disorders (d) Hypertension
35. Most common association of Scleritis is
(a) Gout (b) Herpes Zoster
(c) SLE (d) Rheumatoid arthritis
36. The most common cause Posterior Staphyloma is
(a) Pathological myopia (b) Trauma
(c) Infection (d) Glaucoma
37. Intermediate Uveitis is also called as
(a) Granulomatous Uveitis (b) Pars Planitis
(c) Panuveitis (d) Post Uveitis
38. Conditions like malignancies, retinal detachment etc mimicking Uveitis is called
(a) Pseudouveitis (b) Retinitis
(c) Masquerade syndrome (d) Atopic Uveitis
39. Mutton fat Keratic precipitates (KPs) are seen in
(a) Viral Uveitis (b) Injury
(c) Panuveitis (d) Granulomatous Uveitis

40. Fine KPs are seen in all except
(a) Tuberculosis (b) Herpes
(c) CMV retinitis (d) Fuchs heterochromic iridocyclitis
41. The earliest sign of acute anterior uveitis is
(a) Hypopyon (b) Aqueous flare
(c) KPs (d) Cells in anterior chamber
42. Adhesions between the posterior surface of iris and anterior surface of lens is
(a) Anterior synechiae (b) Ring synechiae
(c) Posterior synechiae (d) Lateral synechiae
43. Secondary Glaucoma due to Uveitis is due to
(a) Pupil block (b) Angle closure
(c) Inflammation (d) optic nerve damage
44. Most common cause of intermediate uveitis is
(a) Tuberculosis (b) Idiopathic
(c) Syphilis (d) Sarcoidosis
45. Posterior Uveitis is also known as
(a) Choroiditis (b) Pars Planitis
(c) Panuveitis (d) infectious uveitis
46. The most common cause of Acute retinal necrosis is
(a) CMV (b) Herpes simplex
(c) Varicella Zoster (d) HIV
47. Fuchss heterochromic iridocyclitis is characterized by
(a) Mutton fat KPs (b) Absence posterior synechiae
(c) No iris atrophy (d) No cataract
48. Vogt-Koyanadi-Harada Syndrome(VKH) includes lesions except
(a) Cutaneous (b) Neurological
(c) Auditory (d) Intestinal
49. Juvenile Idiopathic Uveitis is commonly
(a) Bilateral (b) Granulomatous
(c) ANA negative (d) Male
50. The most common mode of infection in Endophthalmitis is
(a) Endogenous (b) Exogenous
(c) Secondary from surrounding sites (d) Metastatic
51. The lens capsule is thickest at the
(a) Posterior (b) Anterior
(c) Inferior (d) Pre-equator
52. The oldest fibres of the lens are in the
(a) Nucleus (b) Capsule
(c) Epithelium (d) Cortex
53. The Lens glucose metabolism is mainly by the pathway of
(a) Kreb's citric acid cycle (b) Sorbitol
(c) Glycolytic (d) HMP
54. The word "Cataract" is drived from Greek word "katarraktes" which means
(a) Opacity (b) Waterfall
(c) Ageing (d) White

55. The most common type of congenital cataract is
(a) Coronary (b) Blue dot
(c) Sutural (d) Lamellar
56. In children below 2 years of age, the IOL power is undercorrected by
(a) 20% (b) 10%
(c) 5% (d) 15%
57. In children between 2 to 8 years of age the IOL power is undercorrected by
(a) 20% (b) 5%
(c) 30% (d) 10%
58. The commonest type of acquired cataract is
(a) Traumatic (b) Senile
(c) Complicated (d) Metabolic
59. The most important risk factor for senile cataract is
(a) Heredity (b) Dietary factors
(c) Age (d) Smoking
60. The earliest visual disturbance with senile cataract is
(a) Glare (b) Colored Halos
(c) Diplopia (d) Black spots
61. LOCS III classification of cataract grade the cataract on how many components
(a) 1 (b) 3
(c) 4 (d) 2
62. Iris shadow is seen in what stages/types of cataract
(a) Hypermature (b) Mature
(c) Nuclear (d) Immature
63. The most common type of lens-induced glaucoma is
(a) Phacotopic (b) Phacolytic
(c) Phacomorphic (d) Phacoanaphylactic
64. The classical diabetic cataract is also called
(a) Cotton wool cataract (b) Snowflake cataract
(c) Rosette (d) Christmas tree
65. Oil Droplet cataract/opacity is seen in
(a) Galactosemia (b) Hypocalcemia
(c) Hyperkalemia (d) Hypokalemia
66. Sunflower cataract is seen in
(a) Lowe's syndrome (b) Marfan syndrome
(c) Hypercalcemia (d) Wilson's disease
67. The common type of cataract in Corticosteroid induced is
(a) Nuclear (b) Posterior subcapsular
(c) Cortical (d) Anterior subcapsular
68. Hydrodelimitation is more useful in the cataract of
(a) Posterior Polar (b) Cortical
(c) Nuclear (d) Anterior subcapsular
69. Elschnig's pearls is seen in
(a) Diabetes (b) Steroid induced
(c) After Cataract (d) Wilson's disease

70. The direction of lens subluxation in Marfan's syndrome is
(a) Inferior (b) Supero-temporal
(c) Supero-nasal (d) Temporal
71. The outer blood-retina barrier is formed by the
(A) Choroidal vessels (b) RPE
(c) Lamina cribrosa (d) Optic nerve sheath
72. The inner blood-retina barrier is formed by the
(a) Retinal capillaries (b) Photoreceptors
(c) Nuclear layer (d) Ganglion cells
73. Roth's spots in retina are seen in
(a) Herpes simplex retinitis (b) CMV Retinitis
(c) Bacterial Endocarditis (d) Tuberculosis
74. The most common cause of Central Retinal Artery Occlusion is
(a) Angiospasm (b) Raised IOP
(c) Thrombosis (d) Emboli
75. Eales' disease is characterized by
(a) Vitritis (b) Recurrent Vitreous Hemorrhage
(c) Hard exudates (d) CME
76. In CRAO, cattle trucking is seen in the
(a) Retinal veins (b) Capillaries
(c) Retinal arteries (d) Optic disc
77. Pathognomonic features for Ischemic CRVO is
(a) Retinal hemorrhage (b) Papilloedema
(c) RAPD (d) Cotton wool spots
78. Tapering of veins on either side of the crossings in Hypertensive retinopathy is called
(a) Salu's sign (b) Gunn sign
(c) Bonnet sign (d) Ficks sign
79. Copper wiring is seen in which grade of Hypertensive Retinopathy
(a) Grade I (b) Grade II
(c) Grade III (d) Grade IV
80. The most important risk factor for Diabetic Retinopathy is
(a) Types of diabetes (b) Duration of diabetes
(c) Age of onset (d) Heredity
81. In Retinopathy of Prematurity, RIDGE is formed in what stage
(a) Stage 1 (b) Stage 3
(c) Stage 4 (d) Stage 2
82. International classification of ROP (ICROP) is based on all except
(a) Margin (b) Stage
(c) Zone (d) extent
83. Retinitis Pigmentosa predominantly affects the
(a) Melanin (b) RPE
(c) Rods (d) Cones
84. Smoke Stack pattern in FFA is seen in
(a) ARMD (b) CSR
(c) Diabetic Retinopathy (d) CME

85. Retinoblastoma is unilateral in
(a) 50% (b) 80%
(c) 100% (d) 70-75%
86. The most common presentation of retinoblastoma is
(a) Visible mass lesion (b) Squint
(c) Leucocoria (d) Low vision
87. Optic nerve Glioma arises from the
(a) Dura (b) Astrocytes
(c) Pia (d) Optic sheath
88. The most important risk factor for developing open angle glaucoma is
(a) Intraocular pressure (b) Heredity
(c) Myopia (d) Diabetes
89. The earliest clinically significant visual field defect in glaucoma is
(a) Seidel's scotoma (b) Arcuate scotoma
(c) small paracentral scotoma (d) Ring scotoma
90. Steroid-Induced Glaucoma is a type of
(a) Angle closure (b) Open angle
(c) Inflammatory (d) Traumatic
91. Angle Recession is seen in
(a) Angle closure (b) Open Angle
(c) Cliary block (d) Trauma
92. Persistent Hyperplastic Primary Vitreous is almost always
(a) Unilateral (b) Bilateral
(c) selflimiting (d) Anterior
93. Globe rupture of the eyeball is caused by
(a) Chemical injury (b) Sharp Object
(c) Blunt object (d) Penetrating injury
94. Kayser-Fleischer ring is copper deposition on which layer of the cornea
(a) Epithelium (b) Descemet's membrane
(c) Stroma (d) Bowman's membrane
95. All are used for localization of intraocular foreign body except
(a) Limbal ring (b) Ultrasound
(c) X-ray (d) Tonometry
96. The most common Regional Anaesthesia used for intraocular surgery is
(a) Facial block (b) Retrobulbar block
(c) Topical (d) Peribulbar block
97. The suture material for suturing corneal wound/laceration is
(a) 6-0 Vicryl (b) 10-0 Nylon
(c) 8-0 Vicryl (d) 5-0 Silk
98. Delayed complications of cataract surgery includes all except
(a) CME (b) After cataract
(c) Posterior capsule rupture (d) Epithelial ingrowth
99. Dalen-Fuchs' nodules are seen in
(a) VKH (b) Sympathetic Ophthalmitis
(c) Fuch's Iridocyclitis (d) Blunt trauma

100. Siderosis bulbi produced by iron foreign body after how long the injury

(a) 1 month

(b) 2 to 6 months

(c) 3 to 12 months

(d) 2 months to 2 years

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