

1. Most common etiological variety of uveitis is:

- A. Infective
- B. Toxic
- C. Allergic
- D. Metabolic

2. Commonest cause of fungal uveitis is:

- A. Candida
- B. Aspergillus
- C. Fusarium
- D. Mucormycosis

3. All of the following are features of granulomatous iridocyclitis except:

- A. Minimal ciliary congestion
- B. Mutton fat KPs
- C. Marked aqueous flare
- D. Nodules on the iris

4. All of the following are features of acute non-granulomatous iridocyclitis except:

- A. Marked ciliary congestion
- B. Numerous small keratic precipitates
- C. Minimal aqueous flare
- D. No iris nodules

5. Aqueous flare seen in anterior chamber is due to: A. Leakage of protein particles into the aqueous humour following breakdown of blood aqueous barrier

- B. Leakage of leukocytes into anterior chamber
- C. Both of the above
- D. None of the above

6. 'Snow ball' opacities near the ora serrata are pathognomonic of:

- A. Fungal endophthalmitis
- B. Pars planitis
- C. Diabetic retinopathy
- D. Anterior choroid iritis

7. Sign of activity in chronic iridocyclitis is:

- A. Aqueous cells
- B. Aqueous flare
- C. Pigmented KPs
- D. All of the above

8. The pathognomonic sign of acute iridocyclitis is: A. Small pupil

- B. Aqueous flare
- C. Keratic precipitates
- D. All of the above

9. In bacterial endophthalmitis systemic steroids should be:

- A. Started immediately
- B. Started after 12-24 hours of intensive antibiotic therapy
- C. Deferred
- D. Given after 7 days of intensive antibiotic therapy

10. Koeppe's nodules:

- A. Are a feature of non granulomatous iridocyclitis
- B. Are situated at the pupillary border
- C. Consist of polymorphonuclear cells
- D. Do not initiate posterior synechiae formation

11. Busacca's nodules:

- A. Are a feature of nongranulomatous uveitis
- B. Are situated at the pupillary border
- C. Usually initiate posterior synechiae formation
- D. Consists of lymphocytes, plasma cells, epithelioid and giant cells

12. Festooned pupil results from:

- A. Irregular dilatation of pupil with atropine in the presence of segmental posterior synechiae
- B. Annular synechiae
- C. Occlusion pupillae
- D. All of the above

13. Heterochromia iridis is a feature of:

- A. Malignant melanoma of iris
- B. Sympathetic paralysis
- C. Glaucomatocyclitis crisis
- D. Siderosis bulbi
- E. All of the above

14. Typical coloboma of iris occurs:

- A. Inferonasally
- B. Superonasally
- C. Inferotemporally
- D. Superotemporally

15. The earliest symptom of sympathetic ophthalmitis is:

- A. Pain

- B. Decreased distant vision
- C. Photophobia
- D. Diplopia

16. The most earliest sign of anterior uveitis is:

- A. Aqueous flare
- B. Keratic precipitates
- C. Constriction of pupil
- D. Raised intraocular pressure

17. The investigations of anterior uveitis for a 25 years old boy are all except:

- A. HLA-B27
- B. X-ray sacroiliac joint
- C. TORCH agent test
- D. USG abdomen
- E. ELISA for HIV

18. Uveitis is caused by all except:

- A. TB
- B. Staphylococcus
- C. Streptococcus
- D. Klebsiella

19. Photopsia occurs in:

- A. Iritis
- B. Choroiditis
- C. Cyclitis
- D. Scleritis

20. Amsler sign is seen in:

- A. Posner-Schlossman syndrome
- B. Pars planitis
- C. Macular degeneration
- D. Fuchs uveitis

21. The type of synechiae in iris bombe is:

- A. Ring
- b. Total
- c. Filiform
- d. Goniform

22. Mutton for keratic precipitate and Busacca's nodules is seen in:

- A. Granulomatous uveitis

- B. Non-granulomatous uveitis
- C. Posterior uveitis
- D. Choroiditis

23. The use of highly active anti-retroviral therapy (HAART) is associated with the development of:

- A. Keratitis
- B. Uveitis
- C. Retinitis
- D. Optic neuritis

24. Keratic precipitates are on which layer of cornea:

- A. Epithelium
- B. Endothelium
- C. Stroma
- D. Bowman's membrane

25. A 10-year-boy present with b/1 chronic uveitis. Which investigation should be ordered:

- A. Hemogram
- B. X-ray of sacroiliac joint
- C. HIV test
- D. Mantoux test