Topic: Anatomy of visual organ

1. The main elements of visual organ are:
a) eye globe, eye adnexa, optic nerve;
b) eye globe, eye adnexa;
c) eye globe, eye adnexa, subcortical visual centers;
d) eye globe, eye adnexa, subcortical visual centers, cortical visual centers.

2. Eye globe has such coats as:
a) fibrous, vascular, neural;
b) conjunctival, vascular, muscular;
c) conjunctival, cutaneous, vascular;
d) cutaneous, tarsal, conjunctival.

3. Transparent elements of the eye globe are such structures as:
a) cornea, aqueous humor of anterior and posterior chambers, lens, vitreous body;
б) tears, cornea, aqueous humor of anterior and posterior chambers, lens;
в) tears, cornea, aqueous humor of anterior and posterior chambers, lens, vitreous body;
г) cornea, lens, vitreous body;

4. Axial length of average eye globe is equal to:
a) 24 mm;
b) 25 mm;
c) 23 mm;
d) 22 mm.

5. Eye globe and it adnexa are blood supplied by:
a) internal carotid artery;
б) external carotid artery;
в) common carotid artery;
г) medial cerebral artery.

6. Accommodation apparatus of the eye globe consists of such structures as:
a) ciliary body, zonula fibers, lens;
b) cornea, iris, lens;
c) iris, pupil, lens;
d) pupil, lens, retina.

7. Drainage zone of the eye globe consists of such elements as:

a) trabecular meshwork, Shlemm’s canal, intrascleral veins, anterior ciliary veins;
b) posterior chamber, trabecular meshwork, Shlemm’s canal, anterior ciliary veins;

c) pupil, trabecular meshwork, Shlemm's canal, intrascleral veins, episcleral veins;
г) ciliary body, posterior chamber, pupil, anterior chamber

8. Avascular zone of retina is:
a) macula;
b) optic disk;
c) peripheral retina;
d) macula and peripheral retina.

9. Avascular and aneural eye structures are:
a) lens and vitreous body;
b) cornea, lens and vitreous body;
c) cornea and lens;
d) cornea, lens, retina.

10. Orbital cavity is adjacent with such air sinuses as:
a) frontal, ethmoidal, maxillary, sphenoid;
b) frontal, ethmoidal, maxillary, sphenoid, mastoid;
c) frontal, ethmoidal, maxillary, mandibular;
d) frontal, ethmoidal, maxillary.

Topic: Functions of visual organ

1. There are such functions of visual organ:
a) central vision, peripheral vision, colour vision, light adaptation, binocular vision;
b) central vision, peripheral vision, colour vision, light adaptation, infrared vision;
c) central vision, peripheral vision, polychromatic vision, binocular vision;
d) central vision, peripheral vision, monochromatic vision, binocular vision.

2. Central vision is performed by such retinal photoreceptors as:
a) cones;
b) rods;
c) ganglion cells;
d) bipolar cells.

3. Peripheral vision is performed by such retinal photoreceptors as:
a) cones;
b) rods;
c) ganglion cells;
d) bipolar cells.

4. The main types of the visual field are:
a) hemianopia, scotoma;

b) nearsightedness, farsightedness and astigmatism;
c) presbyopia, asthenopia, spasm and paralysis accommodation;
d) monochromasia, dichromasia, anomalous trichromasia.

5. Classification of hemianopia does not include such type as:
a) monofocal;
b) unilateral and bilateral;
c) homonymous;
d) heteronymous binasal and bitemporal.

6. Classification of scotomas does not include such type as:
a) monofocal and bifocal;
b) physiological and pathological;
c) negative and positive;
d) absolute and relative.

7. The main disorders of colour vision are such as:
а) monochromasia, dichromasia, anomalous trichromasia;
б) nearsightedness, farsightedness and astigmatism;
в) presbyopia, asthenopia, spasm and paralysis accommodation;
г) hemianopia, scotoma.

8. The types of anomalous triochromasia includes:
a) protanomaly, deuteroanomaly, tritanomaly;
b) protanopia, deuteroanopia, tritanopia;
c) xantopsia, cyanopsia, erythropsia;
d) normal trichromasia, moderate trichromasia, weak trichromasia.

9. Formation of binocular vision does not includes such conditions as:
a) emmetropia;
b) visual acuity 0,3-0,4;
c) fusion ability;
г) iseiconia.

10. Finishing of formation of binocular vision ends to:
a) 7-15 years;
b) 5-7 years;
c) 5-6 months;
d) 3-4 months.

Topic: Inflammatory diseases of the eye adnexa and orbit

1. Meibomian glands are located in the following layer of the eyelid:

a) tarsal plate;

b) skin;

c) muscular layer;

d) conjunctival layer.

2. Allergic diseases of the eyelids of immediate type include:

a) urticaria, angioedema, contact dermatitis;

b) eczema of the skin of the eyelids, toxicoderma;

c) molluscum contagiosum, vitiligo;

d) adenocarcinoma of the meibomian gland, basal cell carcinoma.

3. Allergic diseases of the eyelids of a delayed type include:

a) eczema of the eyelid skin, toxicoderma;

b) urticaria, angioedema, contact dermatitis;

c) molluscum contagiosum, vitiligo;

d) adenocarcinoma of the meibomian gland, basal cell carcinoma.

4. Hypersecretion of the meibomian glands in combination with insufficient excretion of secretions is characteristic of the following clinical type of blepharitis:

a) simple (meibomian, posterior, marginal);

b) scaly (seborrheic);

c) demodectic;

d) ulcerative.

5. External hordeolum is:

a) acute purulent inflammation of the hair follicle or sebaceous gland at the root of the eyelashes;

b) chronic proliferative inflammation of the meibomian gland of the eyelid cartilage;

c) viral infection of the skin of the eyelids;

d) malignant neoplasm of the meibomian gland.

6. Symptoms of dacryoadenitis:

a) swelling and pain of the upper eyelid, S-shaped palpebral fissure, displacement of the eye downward and inward;

b) painful compaction at the medial commissure of the eyelids;

c) painless swelling at the inner canthus;

d) sticking of eyelashes, lacrimation, photophobia, redness of the eyeball.

7. For the differential diagnosis of neonatal dacryocystitis with conjunctivitis, the following diagnostic test is carried out:

a) regurgitation test;

b) Schirmer's test;

c) Norn's test;

d) Primrose's test.

8. The formation of a difficult-to-remove necrotic film on the surface of the conjunctiva of the eyelids is characteristic of conjunctivitis caused by the following pathogen:

a) diphtheria bacillus;

b) adenovirus;

c) pneumococcus;

d) gonococcus.

9. Neonatal conjunctivitis can be caused by the following maternal genital infections:

a) gonococcal and chlamydial infections;

b) syphilis;

c) trichomoniasis;

d) candidiasis.

10. In the treatment of chlamydial conjunctivitis, the following groups of antibiotics are most effective:

a) macrolides, fluoroquinolones;

b) aminoglycosides, amphenicols;

c) cephalosporins, penicillins;

d) lincosamides, carbapenems.

Topic: Pathology of the lens in adults and children.

1. Cataract is an opacification of lens due to:
a) disturbances in the lens biochemistry;
b) increased intraocular pressure;
c) inflammation of lens;
d) inflammation of the eyeball coats.

2. Risk factors for developing of cataract are:
a) all of the following are true;
b) nutritional deficiency of antioxidants and low protein diet;
c) UV spectrum (300-400 nm) of sunlight;
d) ionizing radiation.

3. One of the most common causes of complicated cataract is a systemic pathology such as:
a) diabetes mellitus;
b) arterial hypertension;
c) arterial hypotension;
d) senile atherosclerosis.

4. Cataracts are classified according to the time of occurrence into:
a) congenital and acquired;
b) phacolytic and phacomorphic;
c) radiation and toxic;
d) stationary and progressive.

5. According to the clinical course, cataracts are divided into:
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7. Subjective symptoms of cataracts include:
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B) pericorneal injection, sensation of foreign body under the upper eyelid, infiltrate on the cornea;
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8. Pseudophakia is:
a) the presence of an artificial lens in eye;
b) the condition of the eye without a lens;
c) the condition of the eye without vitreous humor;
D) the presence of an artificial iris in the eye.

9. Indications for surgical treatment of cataract are:
a) patient's dissatisfaction with his vision;
b) hypermature stage of cataract;
B) mature stage of cataract;
d) blindness.

9. The modern standard cataract surgery is:
a) ultrasound phacoemulsification;
b) laser coagulation of cataract;
c) large incision extracapsular cataract extraction;
d) intracapsular cataract extraction.

10. Secondary cataract is:
a) cataract that developed again after lens extraction due to proliferation of the posterior capsule epithelium;
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Topic: Pathology of intraocular pressure. Glaucoma.

1. Glaucoma is:
a) optic neuropathy with increased intraocular pressure and typical visual impairment with an outcome in the form of optic nerve atrophy;
b) optic neuropathy with reduced intraocular pressure and typical visual impairment with an outcome in the form of optic nerve atrophy;
c) opacification of the vitreous body;
d) opacification of the lens.

2. The main types of glaucoma are:
a) primary, secondary, congenital;
b) senile, complicated, toxic, traumatic;
c) diabetic, hypertensive, nephropathic;
d) stabilized, unstabilized.

3. Classification of glaucoma according stages of development:
a) initial, developed, far-advanced, terminal;
b) initial, immature, mature, hypermature;
c) acute, subacute, chronic;
d) compensated, uncompensated.

4. Normal values of tonometric (Pt) and true (P0) intraocular pressure are in the following ranges:
a) (Pt) from 16 to 26 mmHg, (P_0) from 8 to 23 mmHg.;
b) (Pt) from 0 to 26 mmHg, (P_0) from 2 to 26 mmHg;
c) (Pt) from 24 to 32 mmHg, (P_0) from 16 to 28 mmHg;
d) (Pt) from 16 to 20 mmHg, (P_0) from 16 to 32 mmHg.

5. Classification of primary glaucoma according the anterior chamber angle is:
a) open-angle, closed-angle;
b) initial, immature, mature, hypermature;
c) one-angle, poly-angle;
d) anterior angle, posterior angle.

6. The main structures in which pathological changes develop in glaucoma are:
a) anterior chamber angle, corneoscleral trabecula, iris, optic nerve;
b) lens, posterior chamber, vitreous body;
c) cornea, sclera, scleral emissaries;
d) anterior ciliary and posterior long ciliary arteries.

7. Objective signs of an acute attack of angle-closure glaucoma are:
a) conjestive injection, shallow anterior chamber, mydriasis, increased intraocular pressure;
b) pericorneal injection, deep anterior chamber, myosis, increased intraocular pressure;
c) corneal edema, presence of corneal infiltration, hypopion;
d) shallow anterior chamber, opaque lens, myosis, weakening of pupillary reactions.

8. The differential diagnosis of an acute attack of angle-closure glaucoma is carried out with:
a) acute iridocyclitis;
b) cataract;
c) corneal ulcer;
d) retinal detachment.

9. To stop an acute attack of angle-closure glaucoma, the following drugs and procedures are used:
a) myotics, diuretic drugs, hyperosmotics, laser iridectomy;
b) mydriatics, anti-inflammatory drugs, photorefractive surgery;
c) antibiotics, sulfonamides, phacoemulsification of cataracts;
d) glucocorticosteroids, cytostatics, laser trabeculoplasty.

10. The following diagnostic methods are used to detect open-angle glaucoma:
a) perimetry, campimetry, tonometry, tonography, gonioscopy, ophthalmoscopy, optical coherence tomography of the optic disc;
b) visometry, coordiometry, accommodometry;
c) electrooculography, electroretinography;
d) optical coherence tomography of the optic disc, ophthalmoscopy, fluorescent angiography.

Topic: Refraction and accommodation.

1. The main elements of eye optic system are:
    a) cornea, lens;
    b) cornea, retina;
    c) lens, retina;
    d) cornea, lens, vitreous body.

2. Eye physical refraction power in average is equal to:
    a) 30-51 diopters;
    b) 10-30 diopters;
    c) 50-70 diopters;
    d) 71-91 diopters.
3. The most frequent type of clinical refraction in newborn child is:
    a) hyperopia;
    b) myopia;
    c) emmetropia;
    d) myopic astigmatism.
4. Myopia is type of clinical refraction in which light rays entering in eye are focused:
    a) before the retina;
    b) on the retina;
    c) behind the retina;
    d) in two focal points – before and behind the retina.
5. Refraction anomaly, in which in two main meridians there are different degree of the same refractive error or different types of one refractive error, is called:
    a) astigmatism;
    b) myopia;
    c) hyperopia;
    d) emmetropia.
6. Subjective method of refraction examination is performed by means:
    a) of selection of optical glasses supplying the best corrected visual acuity;
    b) of visual acuity checking;
    c) of assessment of retinal light sensitivity;
    d) of assessment of transparency of eye optic medias.
7. Such methods of objective examination of refraction are known as:
    a) skyascopy, autorefractometry;
    b) ophthalmoscopy, gonioscopy;
    c) visometry, biomicroscopy;
    d) visometry, perimetry.
8. Presbyopia is :
    a) aging weakening of accommodation;
    b) excessive tension of accommodation;
    c) spasm of accommodation;
    d) disorder of accommodation in children.
9. Correction of ametropias is not performed by means of:
    a) scleroplastic operation;
    b) contact lenses;
    c) glasses correction;
    d) eximer laser correction.

10. To examine refraction in the condition of cycloplegia the ophthalmologist uses such eye drops as:
    a) 1% atropine sulfates solution;
    b) 1% pilocarpine hydrochlorides solution;
    c) 0,3% ciprofloxacin solution;
    d) 0,5% timolol maleatis solution.

Topic: Pathology of ocular motility.

11. Eye globe has the following amount of the extraocular muscles:
    б) 6;
    в) 4;
    г) 2;
    д) 12.

12. Motor nerve supply of lateral extraocular muscle is performed by:
    б) abducent nerve;
    в) oculomotor nerve;
    г) trochlear nerve;
    д) trigeminal nerve.

13. The function of the visual analyze to join images coming from the retina of each eye into a single image, is called:
    a) binocular vision;
    b) light perception;
    c) central vision;
    d) peripheral vision.

14. The areas of the retinas of the both eyes, the information from which ensures the fusion of images into a single image, are called:
    a) corresponding;
    b) symmetrical;
    c) disparate;
    d) congruent.

15. In alternating strabismus, the following phenomena are noted:
    e) alternate deviation of both eyes from the point of fixation;
    f) constant deviation of one eye from the point of fixation;
    g) periodic deviation of one eye from the point of fixation;
    h) lack of visual fixation of both eyes.
16. Type of strabismus, in which ocular motility is absent or restricted, is called:
    e) paralytic;
    f) concomitant;
    g) false;
    h) hidden.

17. In convergent strabismus, there is a deviation of the eye globe in following direction:
    e) inward;
    f) outward;
    g) upward;
    h) downward.
18. In clinical examination the magnitude of the strabismus angle is determined by:
    e) according to Hirschberg;
    f) according to y Donders;
    g) according to Maklakov;
    h) according to Snellen.
9. A persistent decrease in visual acuity of the eye, which is not improved with glasses, is called:
    e) amblyopia;
    f) anisometropia;
    g) anisocoria;
    h) visual asthenia.

10. The device synoptophore is used in treatment of complex strabismus in order to:
    e) development of bifoveal fusion and fusion training;
    f) increasing of visual acuity;
    g) training of ocular motility;
    h) improvement of neuromuscular conduction.

"Pathology of the lens in adults and children."

Question 1.

Cataract is an opacification of lens due to:

A) disturbances in the lens biochemistry;

B) increased intraocular pressure;

B) inflammation of lens;

D) inflammation of the eyeball membranes and media.

Question 2.

Risk factors for developing of cataract are:

A) all of the following are true;

B) nutritional deficiency of antioxidants and low protein diet;

C) UV spectrum (300-400 nm) of sunlight;

D) ionizing radiation.

Question 3.

One of the most common causes of complicated cataract is a systemic pathology such as:

A) diabetes mellitus;

B) arterial hypertension;

B) arterial hypotension;

D) senile atherosclerosis.

Question number 4.

Cataracts are classified according to the time of occurrence into:

A) congenital and acquired;

B) phacolytic and phacomorphic;

B) radiation and toxic;

D) stationary and progressive.

Question 5.

According to the clinical course, cataracts are divided into:

A) stationary and progressive;

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Question 6.

Subjective symptoms of cataracts include:

A) decreased vision, increased glare in looking at light, distortion, blurring of image, and impaired color vision;

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C) painful eyeball in its palpation, precipitates on the cornea and miosis;

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Question 7.

Pceudophakia is:

A) the presence of an artificial lens in eye;

B) the condition of the eye without a lens;

C) the state of the eye without vitreous humor;

D) the presence of an artificial iris in the eye.

Question 8.

Indications for surgical treatment of cataract are:

A) patient's dissatisfaction with his vision;

B) hypermature stage of cataract;

B) mature stage of cataract;

D) blindness.

Question 9.

The modern standard cataract surgery is:

A) ultrasound phacoemulsification;

B) laser coagulation of cataract;

B) extracapsular cataract extraction;

D) intracapsular cataract extraction.

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Secondary cataract is:

A) cataract that developed again after lens extraction due to proliferation of the posterior capsule epithelium;

B) cataract that arose as a complication of systemic or local disease;

C) cataract on the fellow eye after lens extraction from the first eye;

D) clouding of the artificial lens.

Topic: Ocular trauma

1. International classification of mechanical eye trauma concludes:

a) closed and open injury;

b) burns, radiation injuries, vibrational trauma;

c) household, transport, industrial trauma;

d) isolated and combined trauma.

2. For the improvement of slit lamp visualization of cornea with loss of epithelium (with corneal erosion) the following test is used:

a) test with fluorescein dye;

b) Norn's test;

c) Schirmer's test;

d) extra load test.

3. For differential diagnosis of penetrating and non-penetrating wounds of the cornea during eye biomicroscopy, the following test can be done:

a) Seidel's test;

b) Norn's test;

c) Schirmer's test;

d) extra loa test.

4. Superficial foreign bodies of the cornea are removed under biomicroscopy control using the following instruments:

a) spear knife, Shotter chisel, injection needle;

b) tweezers for capsulorhexis, prechopper;

c) keratome, microspatula;

d) cannula for washing the lacrimal ducts, Bowman's probe.

5. Absolute signs of a penetrating injury include:

a) the presence of a wound channel, an additional hole in the iris, prolapse of the inner coats of the eye, an intraocular foreign body, a positive Seidel's test;

b) change in the depth of the anterior chamber, change in the shape of the pupil, hypotony of the eye, anamnesis;

c) redness of the eye, lacrimation, blepharospasm and photophobia;

d) bleeding from a wound of the conjunctiva, severe hematoma of the eyelids, negative Seidel's test.

6. Relative signs of penetrating injury include:

a) change in the depth of the anterior chamber, change in the shape of the pupil, hypotony of the eye, anamnesis;

b) the presence of a wound channel, an additional hole in the iris, loss of the inner coats from the eye, an intraocular foreign body, a positive Seidel's test;

c) redness of the eye, lacrimation, blepharospasm and photophobia;

d) bleeding from a wound of the conjunctiva, severe hematoma of the eyelids, negative Seidel's test.

7. First medical aid for penetrating eye injury includes:

a) instillation of an antibiotic into the conjunctival sac, systemic administration of an antibiotic, prevention of tetanus, application of a binocular bandage, referral to an ophthalmological hospital;

b) removal of a foreign body protruding from the eye wound, instillation of an antibiotic into the conjunctival sac, application of a binocular bandage, referral to an ophthalmology hospital;

c) active washing of the wound of the eyeball, placing an ointment with an antibiotic into the conjunctival cavity, applying a bandage to the injured eye, referral to an ophthalmological hospital;

d) retrobulbar injection of an antibiotic, systemic administration of an antibiotic, tetanus prophylaxis, application of a monocular bandage, referral to an ophthalmology hospital.

8. For X-ray localization of an intraocular foreign body, the following are used:

a) Comberg-Baltin rings;

b) Fliring ring;

c) Landolt rings;

d) intrastromal corneal rings.

9. Hemorrhagic signs of eye contusion include:

a) hyposphagma, hyphema, hemophthalmos;

b) iridodialysis, cyclodialysis, retinodialysis;

c) luxation of the lens, dislocation of the intraocular lens;

d) Berlin's oedema of the retina, choroidal rupture.

10. First medical aid for a chemical burn of the eye with an unknown substance includes the following measures:

a) removal of particles of a chemical agent, washing the conjunctival sac with neutral solutions, instillation of an antibiotic, systemic administration of an antibiotic, referral to an ophthalmological hospital;

b) instillation of an antibiotic into the conjunctival sac, systemic administration of an antibiotic, prevention of tetanus, application of a binocular bandage, referral to an ophthalmology hospital;

c) chemical neutralization of the damaging agent, instillation of an antibiotic, systemic administration of an antibiotic, referral to an ophthalmological hospital;

d) retrobulbar injection of an antibiotic, systemic administration of an antibiotic, tetanus prophylaxis, application of a monocular bandage, referral to an ophthalmology hospital.

Topic: Uveitis

1. Uveitis is:
a) inflammation of the entire vascular coat of the eye globe;
b) inflammation of the iris and ciliary body;
c) inflammation of the choroid;
d) inflammation of the retina of the eye globe.

2. Anterior uveitis is:
a) iridocyclitis
b) choroiditis;
c) parsplanitis;
d) retinitis.

3. Posterior uveitis is:
a) choroiditis.
b) irit;
c) iridocyclitis;
d) parsplanitis.

4. Peripheral uveitis is localized:
a) in the pars plana of the ciliary body;
b) in the pars plicata of the ciliary body;
c) in the iris;
d) in the choroid.

5. Peripheral uveitis differs from anterior uveitis:
a) by the minimal amount of subjective symptoms and objective signs;
b) by the sharp severity of subjective symptoms and objective signs;
c) by the absence of any complications from other parts of the eyeball;
d) by occurrence mainly in adulthood and old age.

6. Panuveitis is:
a) a combination of anterior and posterior uveitis;
b) a combination of anterior uveitis and keratitis;
c) a combination of choroiditis and retinitis;
d) a combination of anterior uveitis and scleritis.

7. Differential diagnosis of acute iridocyclitis should be carried out with:
a) acute attack of angle-closure glaucoma;
b) acute conjunctivitis;
c) acute keratitis;
d) endophthalmitis.

8. The signs of acute iridocyclitis do not include:

a) pupil dilation;
b) pericorneal injection;
c) changes in the color and pattern of the iris;
d) pupil constriction.

9. In acute iridocyclitis the following drugs are not used:
a) myotics;
b) mydriatics;
c) glucocorticosteroids;
d) nonsteroidal anti-inflammatory drugs.

10. Patient with central unifocal chorioiditis never will have such subjective symptom as:
a) pain in the eye;
b) decreased visual acuity;
c) photopsies;
d) metamorphopsia, micropsia, macropsia.

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d) congenital and acquired.

7. Subjective symptoms of cataracts include:
a) decreased vision, increased glare in looking at light, distortion, blurring of image, and impaired color vision;
B) pericorneal injection, sensation of foreign body under the upper eyelid, infiltrate on the cornea;
C) painful eyeball in its palpation, precipitates on the cornea and miosis;
D) photopsia and metamorphopsia.

8. Pseudophakia is:
a) the presence of an artificial lens in eye;
b) the condition of the eye without a lens;
c) the condition of the eye without vitreous humor;
D) the presence of an artificial iris in the eye.

9. Indications for surgical treatment of cataract are:
a) patient's dissatisfaction with his vision;
b) hypermature stage of cataract;
B) mature stage of cataract;
d) blindness.

9. The modern standard cataract surgery is:
a) ultrasound phacoemulsification;
b) laser coagulation of cataract;
c) large incision extracapsular cataract extraction;
d) intracapsular cataract extraction.

10. Secondary cataract is:
a) cataract that developed again after lens extraction due to proliferation of the posterior capsule epithelium;
b) cataract that develop as a complication of underlying systemic or local disease;
c) cataract on the fellow eye after lens extraction from the first eye;
d) clouding of the artificial lens.