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-IV
(OPHTHALMOLOGY)

Time Allowed : 3 hours FM : 200

All questions carry equal marks of 2 each.
Attempt all questions.

1. The Superior rectus is inserted behind the limbus at a distance of
   (a) 5.5mm (b) 7.7mm
   (c) 6.9mm (d) 6.5mm
2. The tertiary action of the Superior Oblique muscle is
   (a) Intorsion (b) Depression
   (c) Abduction (d) Adduction
3. The secondary action of the Superior rectus muscle is
   (a) Intorsion (b) Abduction
   (c) Elevation (d) Extorsion
4. In Grading of binocular single vision, Fusion is
   (a) Grade I (b) Grade II
   (c) Grade III (d) Grade IV
5. Test to detect suppression includes all except
   (a) Worth's 4 dot test (b) Synoptophore
   (c) Base out prism test (d) Pin hole test
6. The most common cause of Amblyopia is
   (a) Squint (b) Stimulus deprivation
   (c) Anisometropia (d) Astigmatism
7. Severe Amblyopia is when the visual acuity is equal to or less than
   (a) 6/12 (b) 6/60
   (c) 3/60 (d) 1/60
8. The most common cause of diplopia is
   (a) Anisometropia (b) Incipient cataract
   (c) Mechanical restriction (d) Muscle paralysis
9. Cover-uncover test tells the presence of
   (a) Heterophoria (b) Heterotropia
   (c) Exotropia (d) Esotropia

10. Normal Near point of convergence is
    (a) 60mm
    (b) 70mm
    (c) 50mm
    (d) 80mm
11. Near point of accommodation varies with
    (a) Time
    (b) Place
    (c) Illumination
    (d) Age
12. The amount of deviation remains constant in all directions of gaze in
    (a) Concomitant squint
    (b) Incomitant squint
    (c) Paralysis
    (d) Trauma
13. The process of concomitant Strabismus starts by the age of
    (a) 10 years
    (b) 7-8 years
    (c) 3-6 years
    (d) Infancy
14. The age of onset of Infantile Esotropia is usually at
    (a) 9 months
    (b) 2-4 months
    (c) 6 months
    (d) 12 months
15. The time of surgery in Infantile Esotropia is
    (a) 3 years
    (b) 2 years
    (c) 1 year
    (d) Before 1 year of age
16. In Infantile Esotropia, amblyopia develops in
    (a) 25-40%
    (b) 50%
    (c) 10%
    (d) 80%
17. The most common type of squint in children is
    (a) Infantile Esotropia
    (b) Accomodative Esotropia
    (c) Exotropia
    (d) Esophoria
18. The causes of sensory esotropia are all except
    (a) Cataract
    (b) Congenital Ptosis
    (c) Large AC/A ratio
    (d) Retinoblastoma
19. The most common type of exodeviation is
    (a) Intermittent exotropia
    (b) Constant exotropia
    (c) Congenital exotropia
    (d) A-V pattern
20. Direct cover test confirms the presence of
    (a) Amblyopia
    (b) Latent squint
    (c) Intermittent squint
    (d) Manifest squint
21. It can differentiate concomitant from paralytic squint
    (a) Direct cover test
    (b) Alternate cover test
    (c) Cover-uncover test
    (d) Uncover test
22. Hirschberg test is done at a distance of
    (a) 1 meter
    (b) 66 cm
    (c) 33 cm
    (d) 55 cm
23. In prism bar cover test, the apex of the prism is placed at
    (a) towards the deviation
    (b) opposite the deviation
    (c) parallel
    (d) vertical
24. In worth's 4 dot test, if there is left eye suppression the patient sees
    (a) 3 green lights
    (b) 2 red lights
    (c) 2 green and 2 red lights
    (d) 2 green lights

25. In worth's 4 dot test, if there is diplopia the patient sees
    (a) 3 green lights
    (b) 3 red lights
    (c) 2 red lights
    (d) 2 red and 3 green lights

26. The goals of treatment of concomitant squint are to maintain all except
    (a) binocular single vision
    (b) good cosmetic
    (c) emmetropia
    (d) good visual acuity

27. In Incomitant strabismus, the amount of deviation varies in
    (a) different direction of gaze
    (b) side of deviation
    (c) downgaze
    (d) upgaze

28. The main symptom of paralytic squint is
    (a) Ocular deviation
    (b) Diplopia
    (c) Confusion
    (d) Vertigo

29. In Paralytic squint, usuall there is no
    (a) Diplopia
    (b) Abnormal head posture
    (c) Deviation
    (d) Amblyopia

30. The common muscle involved in isolated muscle paralysis is
    (a) Medial rectus
    (b) Superior rectus
    (c) Lateral rectus
    (d) Inferior rectus

31. Double elevator palsy is characterised by involvement of
    (a) Superior Oblique
    (b) Superior rectus & Inferior Oblique
    (c) Superior rectus
    (d) Inferior Oblique

32. Total Ophthalmoplegia involves all except
    (a) 5^{th} nerve
    (b) 3^{rd} nerve
    (c) 4^{th} nerve
    (d) 6^{th} nerve

33. The lesion of Internuclear Ophthalmoplegia lies on the
    (a) Optic nerve
    (b) Optic radiation
    (c) Visual Cortex
    (d) Medial longitudinal fasciculus

34. The test shows the paralyzed muscle and also its sequelae
    (a) Diplopia charting
    (b) Cover-uncover test
    (c) Hess screen test
    (d) Maddox rod

35. In "A"& "V" pattern squint the amount of deviation varies on upgaze & downgaze by
    (a) 10 PD & 15 PD
    (b) 10 PD
    (c) 20 PD
    (d) 15 PD

36. The Commonest cause of AV pattern is the dysfunction of
    (a) Superior Rectus
    (b) Oblique muscles
    (c) Inferior rectus
    (d) Lateral rectus

37. Onset is usually sudden in which type of squint
    (a) Concomitant
    (b) AV pattern
    (c) Paralytic
    (d) Infantile

38. Transposition of horizontal muscle is done in the squint type of
    (a) Vertical squint
    (b) AV pattern
    (c) Paralytic
    (d) Horizontal squint

39. Limitation of Abduction is seen in Duane's retraction syndrome
    (a) Type I
    (b) Type II
    (c) Type III
    (d) Type IV

40. Limitation of Adduction is seen in Duane's retraction syndrome
(a) Type I (b) Type II
(c) Type III (d) Type IV

41. Brown's syndrome is due to fibrous tightening of the tendon of
(a) Inferior Oblique (b) Inferior rectus
(c) Superior rectus (d) Superior Oblique

42. Strabismus fixus is bilateral fibrous thickening of the
(a) Superior recti (b) Inferior recti
(c) Medial recti (d) Lateral recti

43. In strabismus surgery, muscle weaking procedures include all except
(a) Resection (b) Recession
(c) Myotomy (d) Myectomy

44. In strabismus surgery, muscle stremgthening procedures include all except
(a) Resection (b) Recession
(c) Tucking (d) Advancement

45. Brun's Nystagmus is caused by tumor in the
(a) Visual cortex (b) Medulla
(c) Cerebello-Pontine angle (d) Posterior fossa

46. Vestibular nystagmus is cause by
(a) Tumor (b) Drug induced
(c) 8th nerve disorder (d) Labyrinthitis

47. See-Saw Nystagmus is cause by
(a) Upper brain stem lesion (b) Cerebellar lesions
(c) Vestibular neuritis (d) Durgs

48. The most common congenital anomaly of the eyelid is
(a) Epiblepharon (b) Epicanthus
(c) Coloboma (d) Microblepharon

49. Most common cause of bacterial blepharitis is
(a) Staphylococci (b) Streptococci
(c) Moraxella (d) Pneumococci

50. An extra row of eyelashes is called
(a) Trichiasis (b) Ankyloblepharon
(c) Entropion (d) Distichiasis

51. Plication of lower lid retractors in entropion surgery is called
(a) Quickert procedure (b) Jones procedure
(c) Weis procedure (d) Z Plasty

52. The most common type of ectropion is
(a) Congenital (b) Cicatricial
(c) Involutional (d) Paralytic

53. Adhesions between margins of the upper and the lower eyelids is
(a) Symblepharon (b) Ankyloblepharon
(c) Blepharophimosis (d) Epiblepharon

54. Most common cause of lagophthalmos is
(a) 7th nerve palsy (b) Severe ectropion
(c) Proptosis (d) Ptosis surgery

55. Reflex blepharospasm is due to sensory stimulation of the branches of
(a) 7th nerve
(b) 4th nerve
(c) 5th nerve
(d) 3rd nerve

56. Features of congenital ptosis includes all except
(a) Lid lag
(b) Poor LPS function
(c) Faint lid crease
(d) Lid retraction

57. Poor LPS function is
(a) < 5mm
(b) < 4mm
(c) < 3mm
(d) < 2 mm

58. Ptosis surgery for mild ptosis with good LPS function is
(a) Sling Sx
(b) LPS resection
(c) Fasaenella-Servat
(d) LPS recession

59. Normal value of marginal reflex distance (MRD) is
(a) 4-5mm
(b) 6mm
(c) 2-3mm
(d) 2mm

60. The most common cause of lid retraction is
(a) Ptosis surgery
(b) Thyroid eye disease
(c) Congenital
(d) Facial palsy

61. Tumour of eyelid arising from the meibomian gland is
(a) Basal cell ca
(b) Squamous cell ca
(c) Sabaceous gland ca
(d) Melanoma

62. Valve of Rosenmuller is present at the
(a) Nasolacrimal duct
(b) Entry of lacrimal sac
(c) Canaliculus
(d) Medial meatus

63. The Length of the horizontal canaliculus is
(a) 4 mm
(b) 4-5mm
(c) 5-6mm
(d) 6-8mm

64. The length of the nasolacrimal duct is
(a) 15-18mm
(b) 10-12mm
(c) 13-15mm
(d) 18-20mm

65. In Fluorescein dye disappearance test, observation of the dye is done after
(a) 1 minute
(b) 5 minutes
(c) 2 minutes
(d) 4 minutes

66. The test to differentiate watering due to obstruction of flow from hypersecretion is
(a) Syringing
(b) Jones dye test
(c) Schirmers test
(d) Regurgitation test

67. Commonest cause of congenital nasolacrimal duct obsructuion is
(a) Bony occlusion
(b) Bacterial infection
(c) Epithelial debris
(d) Membranous obstruction

68. The roof of the orbit is formed mainly by the
(a) Frontal bone
(b) Maxilla
(c) Ethmoid
(d) Sphenoid

69. The thinnest wall of the orbit is the
(a) Roof
(b) Floor
(c) Medial
(d) Lateral

70. Most common cause of bilateral proptosis in adult is
(a) Tumours (b) Fracture orbit
(c) Infection (d) Thyroid eye disease

71. Most common cause of intermittent proptosis is
(a) Orbital Oedema (b) Orbital varix
(c) recurrent haemorrhage (d) Vascular tumours

72. One of the causes of pseudoproptosis is
(a) Retraction of eyelid (b) Leukemia
(c) Ectropion (d) Squint

73. Commonest source of infection in orbital cellulitis is
(a) Foreign body (b) Endogenous
(c) Paranasal sinuses (d) Surgery

74. Pulsatile proptosis is seen in
(a) Cavernous sinus thrombosis (b) Carotidcavernous fistula
(c) Tumour (d) Infection

75. The most common and earliest sign of thyroid eye disease is
(a) Lid Lag (b) Stellwag's sign
(c) Enroth's sign (d) Lid retraction

76. Difficulty in eversion of upperlid in thyroid eye disease is
(a) Von Graffe's sign (b) Gifford's sign
(c) Stellwag's sign (d) Enroth's sign

77. Most common extraocular muscle involved in thyroid eye disease is
(a) Inferior rectus (b) Medial rectus
(c) Lateral rectus (d) Superior rectus

78. Chocolate cyst is seen in orbital tumour of
(a) Capillary hemangioma (b) Cavernous hemangioma
(c) Lymphangioma (d) Varix

79. The Orbital tumour which usually regresses with time is
(a) Cavernous hemangioma (b) Capillary hemangioma
(c) Lymphangioma (d) Dermoid

80. Orbital rhabdomyosarcoma arises from
(a) Smooth muscle (b) Skeletal muscle
(c) Striated muscle (d) Pluripotent cells

81. The most common histopathological type of orbital rhabdomyosarcoma is
(a) Embryonal (b) Alveolar
(c) Botryoid (d) Spindel cell

82. The commonest site of location of Orbital rhabdomyosarcoma is
(a) Inferior Orbit (b) Supero-nasal
(c) Supero-temporal (d) Lateral orbit

83. Optic nerve sheath meningioma is associated with
(a) Retinoblastoma (b) Rhabdomyosarcoma
(c) Neurofibromatosis-I (d) Nevus

84. The commonest site of benign reactive lymphoid hyperplasia is
(a) Lacrimal gland (b) Ocular muscles
(c) Orbital fats (d) Orbital fascia

85. The most common primary site for metastatic orbital tumours in male is
(a) Prostrate
(b) Liver
(c) Bones
(d) Lungs

86. The most common primary site for metastatic orbital tumours in female is
(a) Liver
(b) Ovary
(c) Breast
(d) Stomach

87. The definition of blindness by WHO is visual acuity equal to or less than
(a) 6/60
(b) 3/60
(c) 1/60
(d) 6/36

88. Severe visual impairment is visual acuity in the better eye of
(a) 6/18
(b) 6/18 to 6/60
(c) Less than 3/60
(d) Less than 6/60 to 3/60

89. Avoidable blindness includes blindness due to all except
(a) Retinal detachment
(b) Vitamin deficiency
(c) Cataract
(d) Trachoma

90. The most common cause of blindness in India is
(a) Glaucoma
(b) Refractive errors
(c) Cataract
(d) Posterior segment disorders

91. Vision 2020:The Right to Sight was launched by WHO in the year
(a) 2000
(b) 1999
(c) 2002
(d) 2005

92. Which country was the first to launch National Programe for control of blindness
(a) USA
(b) Japan
(c) Germany
(d) India

93. India launched the NPCB as 100% centrally sponsored programme in the year
(a) 1976
(b) 1978
(c) 1980
(d) 1985

94. VI (Visual Impairment) was added to the name NPCB in the year
(a) 2000
(b) 2004
(c) 2010
(d) 2017

95. Implementation & monitor of blindness at the district level is done by
(a) NHM
(b) Deputy commissioner
(c) NPCBVI
(d) District Blindness Control Society

96. Human resource needs identified to combat blindness is by introduction of
(a) ASHA
(b) Mid-level ophthalmic personnel
(c) Trained nurses
(d) multitask worker

97. The new approach for eye camp is
(a) Reach-in-Approach
(b) Computerized
(c) Best Facilities
(d) Advanced equipments

98. The recommendations of WHO, the primary level on the infrastructure pyramid is
(a) Training centres
(b) Service centers
(c) Centres of excellence
(d) Vision centres

99. The medicine widely used for prevention of progression of myopia is
(a) Homatropine 1%
(b) Atropine 0.01%
(c) Atropine 0.1%
(d) Atropine 1%

100. The gene therapy available for treatment of retinitis pigmentosa is

(a) Lucentis
(b) Omega-3
(c) Luxturna
(d) Ozurdex

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