

**STATE MEDICAL AND PHARMACEUTICAL UNIVERSITY  
“NICOLAE TESTEMIȚANU”**

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**WRITTEN TESTS**

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1) Patient with ocular pain, miosis, perlimbal injection, blurred vision is suffering of:

- a) Acute conjunctivitis
- b) Acute uveitis**
- c) Acute glaucoma
- d) Lacrimal sac flegmone
- e) Acute episcleritis

2) Where does the vision process start?

- a) Rods and cones**
- b) Bipollar cells
- c) Ganglionaire cells
- d) Choroid
- e) Optic nerve

3) When the corneal erosion at fluorescein test does has a dendritic aspect we call it:

- a) Keratitis punctate
- b) Keratitis superficial herpetic**
- c) Staphiloma
- d) Leucoma
- e) Serpiginous ulcer

4) Superior Rectus Muscle has an action on:

- a) Lowering
- b) Uprising**
- c) Adductor
- d) Abductor
- e) Dilator of the pupil

5) For classical anterior acute uveitis is not characteristic:

- a) Photophobia
- b) Perikeratic injection
- c) Pain
- d) Tearing
- e) Colored halos around the light source/ Macular edema**

6) The numerous of sensitive nerves has:

- a) The conjunctiva
- b) The cornea**
- c) The sclera
- d) The retina
- e) The choroid

7) During iris inflammation what caused the ciliar body to react pathologically:

- a) Near position
- b) Same vascularization**
- c) Same innervation
- d) High intraocular pressure
- e) Same lymphatic system

8) The visual acuity at the new-born is:

- a) Hundreds**
- b) 0,1 and higher
- c) 0,6 and higher
- d) 0,8 and higher
- e) 1,0 and higher

9) How frequent should a glaucoma patient see his eye doctor:

- a) Weekly
- b) Once every 3 months**
- c) Once a year

- d) Once every 3 years
- e) When seeing a rainbow in front of his eyes

10) A patient with "Total obstruction of lacrimal ways" diagnosis will be effectively treated by:

- a) The palpebral part of the lacrimal gland excision
- b) Conjunctivorhinostomy**
- c) Canaliculorhinostomy
- d) Dacriocystorhinostomy
- e) Conjunctivo-sinuso-stomy

11) The cataract causes:

- a) A sudden loss of vision
- b) A progressive loss of vision**
- c) Photophobia
- d) Change of refraction (myopisation)**
- e) Blepharospasmus

12) The examination of the orbit is done by:

- a) Radiography**
- b) Computed tomography**
- c) Perimetry
- d) Tonometry
- e) Biomicroscopy

13) Anterior uveitis is treated with:

- a) Local steroids**
- b) Local and general non-steroid anti-inflammatories**
- c) Myotics
- d) Local anesthetics
- e) Mydriatics**

14) Conjunctivitis can be treated with all the bellow except:

- a) Timolol**
- b) Cloromphenicol
- c) Pilocarpin**
- d) Oxacyclin
- e) Tetracyclin

15) Which is the less indicated therapy in epithelial dendritical keratitis caused by Herpes Simplex Viruses?

- a) Acyclovir ointment
- b) Interferon
- c) Pilocarpin eye drops 1%**
- d) Gentamycin eye drops**
- e) Tobramycin ointment 0,3%**

16) In case of penetrating injury the mandatory examination method are:

- a) X-Ray by Comberg-Baltin**
- b) Lacrimal ways lavage
- c) Biomicroscopy**
- d) Exoptalmometry
- e) Diaphanoscopy

17) Tearing appears in:

- a) Chorioretinitis
- b) Refractive errors
- c) Cataracts
- d) Lacrimal point's eversion**
- e) Lacrimal ways obstruction**

18) What are the clinical signs in keratitis?

- a) **Ocular pain**
- b) **Blepharospasm**
- c) Colored halos in front of the eyes
- d) **Tearing**
- e) **Photophobia**

19) What are the clinical signs of incipient cataract?

- a) **Visual disturbances, polyopia**
- b) **Fixed dots in front of the eye**
- c) Ocular pain
- d) Rainbow around the light source
- e) Tearing

20) What are the clinical signs of the central artery obstruction?

- a) Cloudy vision
- b) **Sudden vision less**
- c) **Cherry-look of the macula on the milky-white retinal color**
- d) Hemorrhages on the fundus
- e) Crushed Tomato symptom

21) The vascularization of the retina is done by:

- a) The long posterior cilliar arteries
- b) The short posterior cilliar arteries
- c) **Central retinal artery**
- d) The anterior cilliar arteries
- e) The hyaloid artery

22) For the beginning phase of papillary stasis is characteristic:

- a) Central scotoma
- b) Visual disturbances, decrease of VA
- c) **Non-inflammatory edema of the Optic Nerve Papilla**
- d) **Normal visual acuity**
- e) **Convex - aspect of the Optic Nerve Papilla**

23) Syphilitic keratitis:

- a) **Has 3 stages**
- b) **Produces corneal neovascularization**
- c) Decrease corneal sensibility
- d) **It is bilateral**
- e) It is monolateral

24) Local narrowing of visual field occurs:

- a) **Primary glaucoma**
- b) **Retinal detachment**
- c) Astigmatism
- d) Hyperopia
- e) Emetropia

25) Acquired hemeralopia is due to:

- a) **Vitamin A food deficit**
- b) Atherosclerosis
- c) Toxoplasmosis
- d) **Liver pathologies**
- e) Diabetes mellitus

26) Local and general glaucoma treatment:

- a) Steroids
- b) Midriatics
- c) **Miotics**

- d) **Beta-blocants**
- e) **Carbonic anhydrase inhibitors**

27) Subjective sings of acute glaucoma attack are:

- a) **Ocular pain in hemicrania**
- b) **Important vision loss**
- c) Diplopia
- d) **Sickness**
- e) **Colored halos in front of light sources**

28) Amblyopia is caused by:

- a) **Congenital cataract**
- b) **Unilateral strabismus**
- c) Alternating strabismus
- d) Senile cataract
- e) **Anisometropia**

29) What is characteristic for corneal penetrating wound?

- a) **Through which the ungnid posses from anterior chamber**
- b) Deep anterior chamber
- c) **Small anterior chamber**
- d) **Ocular hypotonia**
- e) **The catching of the iris in the corneal wound**

30) Corneal foreign bodies' symptoms:

- a) **Foreign body sensation**
- b) Hemianopia
- c) **Photophobia**
- d) **Tearing**
- e) **Blepharospasmus**

31) The positive diagnosis for primary open angle glaucoma is based on:

- a) **Intraocular hypertension**
- b) **Narrow of visual field**
- c) **Open angle of the anterior chamber**
- d) **Lens dislocation**
- e) Glaucoma excavation

32) Complications of the perforating wounds of the eye are:

- a) **Posttraumatic cataract**
- b) **Secondary glaucoma**
- c) Primary glaucoma
- d) **Ophthalmia sympatica**
- e) **Endophtalmitis**

33) First degree of conjunctiva and cornea's burn is manifested by:

- a) **Conjunctival hyperemia**
- b) **Corneal epithelium defects**
- c) Pale conjunctiva (often with white small bloody) infiltrates
- d) China (porcelain) - looking cornea
- e) Deep necrosis of the cornea

34) Optic Nerve atrophy is manifested by:

- a) **Pale optic nerve**
- b) **Loss of visual functions**
- c) **Narrow of visual field**
- d) "Cherry kernel" sing
- e) "Crushed tomato" sing

35) Intraocular metallic foreign body localization is diagnosed by:

- a) One side x-Ray
- b) 2 sides x-Ray
- c) **Comberg-Baltin x-Ray**
- d) Angiography
- e) Diaphanoscopy

36) Clinical sign of the diphtheria conjunctivitis:

- a) Pronounced upper lid edema
- b) Lid pain
- c) Abundant purulent secretion
- d) **Fibrins' membrane adherent to the conjunctiva**
- e) Follicules

37) The chalazion is:

- a) Congenital lid defect
- b) Lid parasite
- c) **Chronic meibomeitis with secret deposited and capsule formation**
- d) Acute meibomeitis
- e) Malignant lid tumour

38) Cons density is higher:

- a) At retinal periphery
- b) **Macula**
- c) Optic Nerve
- d) Uniform through all retinal surface
- e) Ora serrata

39) A 3 months old child with chronicle purulent congenital dacriocystitis. What are the doctor's actions?

- a) **Massage the lacrimal sac region**
- b) **Lavage of the lacrimal sac**
- c) Closed sondage of lacrimal ways with lavage
- d) Open sondage of naso-lacrimal duct
- e) Dacriocystorinostomy

40) The lagophthalmia is caused by paralysis of the?

- a) n. abducens
- b) n. trochearis
- c) **n. facialis**
- d) n. oculomotor
- e) n. trigeminal

41) The lid margin is turned outside, it is:

- a) Lagophthalmy
- b) Blepharospasm
- c) **Ectropion**
- d) Entropion
- e) Ptosis

42) The lid margin is turned inside, it is:

- a) Lagophthalmy
- b) Blepharospasm
- c) Ectropion
- d) **Entropion**
- e) Ptosis

43) Nutrition of the lens is from:

- a) Iris vessels
- b) Ciliary body vessels
- c) The choroid vessels

- d) Retinal vessels
- e) **Aqueous humor (intraocular liquid)**

44) Lagophthalmos is:

- a) The impossibility to elevate superior eyelid
- b) Excessive contraction of the lid
- c) **Impossibility to close the eye**
- d) Eversion of the eyelid
- e) Inversion of the eyelid

45) The lens' refraction power is:

- a) 1-5 D
- b) **18-20 D**
- c) 40 D
- d) 44 D
- e) 60-64D

46) Vascularization of the crystalline lens is:

- a) Hyaloidea artery
- b) Anterior ciliary arteries
- c) Short posterior ciliary arteries
- d) Long posterior ciliary arteries
- e) **Don't have vessels**

47) At the exam of the patient is absent the reflex at the eye fundus, the lens is grey, VA is 1/pr.l.c. The diagnosis is:

- a) Incipient cataract
- b) Non-mature cataract
- c) **Mature cataract**
- d) Glaucoma
- e) Optic neuritis

48) **The base method in the treatment of senile cataract is:**

- a) Conservative
- b) **Surgical**
- c) Doesn't need any treatment
- d) Laser treatment
- e) Physiotherapeutic treatment

49) At the beginning stage of papilledema the visual acuity:

- a) **Not change**
- b) Is moderate reduced
- c) Is profoundly reduced
- d) Is reduced since "0"
- e) Increase

50) In case of optic neuritis the visual acuity:

- a) Doesn't change
- b) Decreases moderate
- c) **Decreases essentially**
- d) Changes during the day
- e) Makes better without treatment

51) The sign that is not characteristic for acute closed angle glaucoma:

- a) Corneal edema
- b) The small anterior chamber
- c) Ellipsoid, dilated pupil
- d) Stasis injection of the eye
- e) **The pupil is in miosis**

52) The higher level of normal intraocular tension which is checked with Maklakov tonometer is:

- a) 20 mm c.Hg
- b) 24 mm c. Hg
- c) **26 mm c. Hg**
- d) 28 mm c. Hg
- e) 14 mm c. Hg

53) The production of aqueous humor is assured by:

- a) Pars plana of the ciliary body
- b) **Ciliary processes of ciliary body**
- c) Iris
- d) Choroid
- e) Retina

54) The emergency aid in a medical point in case of penetrating injuries of the eye is consisted of:

- a) Reposition of the layers that are inclavated in the plague
- b) Section of the layers that are inclavated in the plague and suture of the injury
- c) **Ocular dressing and urgent transportation at the ophthalmotraumatological center**
- d) Ambulatory treatment at the ophthalmologist from the medical point
- e) Miotics

55) Ultraviolet rase (UVR) affects:

- a) The eye good supports the UVR
- b) **Conjunctiva and cornea**
- c) Iris
- d) Lens
- e) Retina

56) The symptoms of the palpebral ptosis are:

- a) **Covering of the pupillary region with the superior lid**
- b) **Subtotal or total immobilization of superior lid**
- c) **Small eyelid aperture**
- d) The inferior lid is turned inside
- e) The impossibility to close the eye

57) The possible complication of congenital total palpebral ptosis:

- a) **Amblyopia**
- b) Glaucoma
- c) Optic Nerve atrophy
- d) Cataract
- e) Uveitis

58) The miotics drops are administered in:

- a) Iridocyclitis
- b) **Glaucoma**
- c) Keratitis
- d) Neuritis
- e) Retinitis

59) The complications of chronic purulent dacryocystitis are:

- a) **Corneal ulcer**
- b) Cataract
- c) **Chronic conjunctivitis**
- d) Dacryoadenitis
- e) **Phlegmon of lacrimal sac**

60) Which are the main signs in the congenital glaucoma?

- a) **Increase of cornea size and the eye**
- b) **Dysplasia of iridocorneal chamber angle**
- c) Ocular hypotonia



**d) Increase of intraocular pressure**

e) Purulent discharge in conjunctiva's sac

61) Midriatics are indicating in:

a) **Iridocyclitis**

b) Glaucoma

c) Conjunctivitis

d) Papillitis

e) **Keratouveitis**

62) Local anesthetics are administered in:

a) **Tonometry**

b) Perimetry

c) In examination of the sensibility of cornea

d) **Extraction of the foreign body of cornea**

e) Refractometria

63) In acute glaucoma are administered:

a) **Pilocarpine**

b) Atropine

c) Tetracaine

d) Chloramphenicol

e) **Diacarb**

64) Through superior orbital fissure passing:

a) Ophthalmic artery

b) Optic nerve

c) **The first branch of trigeminal nerve**

d) **Oculomotorius nerve**

e) **V. ophthalmica superior or communis**

65) Through the optic canal lies:

a) **Arteria ophthalmica**

b) N. ophthalmicus

c) **Optic Nerve**

d) Short ciliary posterior arteries

e) Long ciliary posterior arteries

66) The branches of a. ophthalmica are:

a) **a. supraorbitalis, a. lacrimalis**

b) **a. centralis retinae**

c) **a. ciliares anteriores**

d) **aa. ciliares posteriores longae and shortae**

e) a. carotica interna

67) Perikeratic injection indicates to:

a) Conjunctivitis

b) Primary open angle glaucoma

c) **Inflammation of the vascular tract**

d) Age-related cataract

e) Retinal detachment

68) Secretory lacrimal organs are:

a) **Lacrimal gland**

b) Puncta lacrimalis

c) Canaliculus lacrimalis

d) **Accessories lacrimal glands**

e) Lacrimal sac

69) The lacrimonasal canal is open in:

- a) **Concha nasalis inferior**
- b) Concha nasalis media
- c) Concha nasalis superior
- d) Maxilar sinus
- e) Mownth cavity

70) Cornea comprises from:

- a) 2 layers
- b) 3 layers
- c) **5 layers**
- d) 6 layers
- e) 7 layers

71) The collagen fibrils in cornea are orientated:

- a) **Paralel**
- b) Haotic
- c) Concentric
- d) Perpendicular to the surface of cornea
- e) Oblique

72) Nutrition of cornea:

- a) **Difusion from perilimbal meshwork**
- b) a. retinal centralis
- c) aa. ethmoidales
- d) a. palpebralis superior
- e) a. palpebralis inferior

73) How many segments does the optic nerve have:

- a) 1
- b) 2
- c) 3
- d) 4
- e) 5

74) The outflow of the aqueous from the anterior chamber is done by:

- a) Zinn's ligaments
- b) Lens capsule
- c) **Anterior chamber angle and scleral sinus (Schlemm canal)**
- d) Corneal stroma
- e) Pupil

75) The function of sclera:

- a) Nutrition of the eye
- b) **Protection of intern layers of the eye**
- c) Refraction
- d) Accommodation
- e) **Maintenance of the shape of the eye**

76) The functions of choroid are:

- a) **Trofic (for retina)**
- b) Refraction
- c) Light perception
- d) **Termic**
- e) Accommodation

77) The function of retina is:

- a) Refraction
- b) Trofic
- c) **Light perception for realisation of the visual act**

- d) Accommodation
- e) Filtration of intraocular liquid

78) The Bowman membrane is between:

- a) epithelium and corneal stroma**
- b) stroma and Descemet membrane
- c) Descemet Membrane and endothelium
- d) Endothelium and aqueous humor from the anterior chamber
- e) In the corneal stroma thickness

79) Who many meningeal coverings does the optic nerve have?

- a) 1
- b) 2
- c) 3**
- d) 4
- e) 5

80) How many extra ocular muscles form the oculomotor muscle apparatus:

- a) 4
- b) 5
- c) 6**
- d) 7
- e) 8

81) The annular tendon Zinn begins at:

- a) Foramen rotundum
- b) Foramen opticum**
- c) Fissura orbitalis superior
- d) Fissura orbitalis inferior
- e) Foramen ovalis

82) The short posterior ciliary arteries supply blod to:

- a) Cornea
- b) Iris
- c) Internal layers of retina
- d) External layers of retina**
- e) Ciliary body

83) The vascularization of the iris and ciliary body:

- a) Aa. ciliares posteriores longes**
- b) Aa. ciliares posteriores breves
- c) Aa. ciliares anteriores**
- d) Aa. palpebrales
- e) A. centralis retinae

84) The central artery of retina supplies blod to:

- a) Choroid
- b) Internal layers of retina**
- c) External layers of retina
- d) Iris
- e) Ciliary body

85) Optic nerve is:

- a) Sensory nerve**
- b) Motor nerve
- c) Mixed nerve
- d) Sympathetic nerve
- e) Parasympathetic nerve

86) The muscle exterior rectus is enervated by:

- a) N. Oculomotoris comun
- b) N. Facialis
- c) N. Abducens**
- d) N. Trochlearis
- e) N. simpaticus

87) The base function of visual analiser is:

- a) Peripheral vision
- b) Visual acuity
- c) Chromatic vision
- d) Photosensibilization**
- e) Binocular vision

88) In case of a visual acuity is 1,0 (vis=1,0) the details of the optotype are read from the table, for appreciation of visual acuity are seen under an angle of:

- a) 1min**
- b) 2 min
- c) 3 min
- d) 4 min
- e) 5 min

89) If the patient sees the first road of the optotype at a distance of 1 meter, the visual acuity will be:

- a) 0,1
- b) 0,05
- c) 0,02**
- d) 0,01
- e) 0,03

90) The astenopy is frequent at person that is:

- a) Hipermetropic**
- b) Miopic
- c) Presbiopic
- d) Aphak
- e) Emetropic

91) Emergency treatment in acute iridocyclitis:

- a) Pilocarpine
- b) Atropine**
- c) Timolol
- d) Gentamycin
- e) Dicaine

92) Ectropion is characterized by:

- a) opacification of lens
- b) opacification of vitreous
- c) eversion of ciliary border of lid**
- d) Retinal hemorrhages
- e) Retinal detachment

93) What is not characterized for blepharitis?

- a) Itching
- b) Burning
- c) Decrease of visual acuity**
- d) Ocular inconvenience
- e) Hyperemia of lid's borders

94) External hordeolum is inflammation of:

- a) Meibomius
- b) Zeiss**

- c) Henle
- d) Krause
- e) Wolfring

95) Chalazion is a chronic inflammation of glands:

- a) Zeiss
- b) Meibomius**
- c) Henle
- d) Krause
- e) Wolfring

96) Which of the following palpebral tumors are malignant?

- a) Angioma
- b) Dermoid cyst
- c) Nevus
- d) Adenocarcinoma**
- e) Papilloma

97) Which of the following palpebral tumors are malignant?

- a) Xantelasma
- b) Hemangioma
- c) Baso-cellular basalioma**
- d) Pigmentary nevus
- e) Papilloma

98) What is NOT specific for conjunctivitis?

- a) Ocular discomfort
- b) The sensation of foreign particles under eyelids
- c) Burning
- d) Pronounced decrease of visual acuity**
- e) Pruritus

99) Persons with protanopia don't discern:

- a) Green
- b) Red**
- c) Blue
- d) Yellow
- e) Violet

100) Palpebral ptosis can be caused by:

- a) n. facialis
- b) n. oculomotorus**
- c) n. trigeminal
- d) n. trochlearis
- e) n. optic

101) In adults the upper limit of visual field for white color is :

- a) 10-15 degrees
- b) 40-45 degrees**
- c) 65-70 degrees
- d) 80-85 degrees
- e) 20-25 degrees

102) In adults the lower limit of visual field for white color is :

- a) 35-40 degrees
- b) 45-50 degrees
- c) 80-90 degrees
- d) 60-70 degrees**
- e) 20-30 degrees

103) In adults the temporal limit of visual field for white color is :

- a) 35-40 degrees
- b) 45-50 degrees
- c) **80-90 degrees**
- d) 60-70 degrees
- e) 20-30 degrees

104) In adults the nasal limit of visual field for white color is :

- a) 35-40 degrees
- b) **45-50 degrees**
- c) 80-90 degrees
- d) 60-70 degrees
- e) 20-30 degrees

105) Bactericidal action of tear is due to the presence of:

- a) Lidase
- b) Chimotripsine
- c) **Lisosime**
- d) Water
- e) Phosphatase

106) Amblyopia is a disorder of:

- a) Light perception
- b) Color vision
- c) Peripheral vision
- d) **Binocular vision**
- e) Visual accommodation

107) One dioptre is the power of refraction of a lens with focal distance:

- a) 100 m
- b) 10 m
- c) **1 m**
- d) 10 cm
- e) 1cm

108) The power of refraction of a lens with focal distance 0,5m is:

- a) 4,0 D
- b) **2,0 D**
- c) 1,0 D
- d) 0,5 D
- e) 0,1 D

109) The power of refraction of a lens with focal distance 0,25m is:

- a) **4,0 D**
- b) 2,0 D
- c) 1,0 D
- d) 0,5 D
- e) 0,1 D

110) The power of refraction of a lens with focal distance 2m is:

- a) 4,0 D
- b) 2,0 D
- c) 1,0 D
- d) **0,5 D**
- e) 0,1 D

111) Patient with the remotum punctum at 1,0 m has a myopia of:

- a) **1,0 D**
- b) 2,0 D
- c) 4,0 D

- d) 5,0 D
- e) 10,0 D

112) Patient with the remotum punctum at 0,5 m has a myopia of:

- a) 1,0 D
- b) 2,0 D**
- c) 4,0 D
- d) 5,0 D
- e) 10,0 D

113) Patient with the remotum punctum at 25cm has a myopia of:

- a) 1,0 D
- b) 2,0 D
- c) 4,0 D**
- d) 5,0 D
- e) 10,0 D

114) Patient with the remotum punctum at 10 cm has a myopia of:

- a) 1,0 D
- b) 2,0 D
- c) 4,0 D
- d) 5,0 D
- e) 10,0 D**

115) Subjective examination methods for determination of refraction:

- a) Schiascopia
- b) Refractometria
- c) Dioptrometria
- d) Biomyicroscopy**
- e) With lenses**

116) For reading, patient with hypermetropia +1,0D of 50 years old needs:

- a) +1 D
- b) +2 D
- c) +3 D**
- d) +4 D
- e) +5 D

117) For reading, emetropic person of 60 years old needs:

- a) +1 D
- b) +2 D
- c) +3 D**
- d) +4 D
- e) +5 D

118) Accommodation is:

- a) Static refraction of eye
- b) Refraction power of cornea
- c) Anterio-posterior axe of the eye
- d) Capacity to see clearly at the different distance**
- e) Capacity to see the light of different intensity

119) The proxim point of clear vision is:

- a) Point that is on the top of the cornea
- b) Point situated before the lens
- c) Point situated after the lens
- d) The most closer point which is seen clearly by eye in situation of using the maximal accommodation's capacity**
- e) Point that add all the rays after they pass through the optic system of the eye

120) For amblyopia of a high level the visual acuity is:

- a) **0,04 and lower**
- b) 0,05-0,1
- c) 0,2-0,3
- d) 0,4-0,8
- e) 1,0 and higher

121) Which drug produces accommodative paralysis:

- a) Sol. Pilocarpin 1%
- b) **Sol. Atropin 1%**
- c) Sol. Furacilini 1:5000
- d) Sol. Levomicitini 0,25%
- e) Sol. Timolo 0,5%

122) What is not characteristic for adenoviral conjunctivitis:

- a) Epidemic disease
- b) Manifested by follicles of conjunctiva
- c) Presence of conjunctiva hyperemia
- d) Presence of regional limfadenopatya
- e) **Fibrins membranes adherent to conjunctiva**

123) what is not characteristic for spring- conjunctivitis?

- a) Chronic disease, recidivate
- b) Bilateral
- c) **Abundant purulent secretion**
- d) Allergically origin
- e) Usual are affected kids of 15- 17 years old

124) The gonococcal conjunctivitis at the adult is manifested:

- a) **in the first 3-7 days after contamination**
- b) in the first 11-20 days after contamination
- c) in the first 21-26 days after contamination
- d) in the first 27-30 days after contamination
- e) after 1 month after contamination

125) What is not specific for diphtheric conjunctivitis?

- a) The pathogen is bacillus Leffler
- b) It is present a membrane that is adhere to conjunctiva
- c) Periauricular ganglions are painful
- d) Submandibular ganglions are painful
- e) **IOP (Intraocular pressure) is increased**

126) Spherical convergent lenses are used for corection of:

- a) Myopia
- b) Hyperopic simple astigmatism
- c) Myopic compound astigmatism
- d) Myopic simple astigmatism
- e) **Hypermetropia**

127) Spherical divergent lenses are:

- a) **Concave**
- b) Convex
- c) Plan convex
- d) Biconvex
- e) Astigmatic

128) The optic correction of myopia is done with:

- a) The lowerest convergent lens
- b) **The lowerest divergent lens**
- c) The powerest divergent lens



- d) Prism
- e) The powerest convergent lens

129) The hiperature cataract may be complicated with:

- a) Secondary phacolytic glaucoma**
- b) Blistering conjunctivitis
- c) Retina's detachment
- d) Uveitis
- e) Retinitis

130) Total congenital cataract is operated at:

- a) Precocious ( in first month of birth)**
- b) 2 years old
- c) After 7 years
- d) After 14 years
- e) After 60 years

131) The optic nerve is formed from the axons of the cells:

- a) Bipolar cells
- b) Ganglionar cells**
- c) Rods
- d) Cones
- e) Rods and cones

132) The heteronymus hemianopsia is at:

- a) Lesions of optic bandelets
- b) Lesions of the occipital cortex
- c) Lesions of the optic chiasma**
- d) Lesions of the optic nerve
- e) Lesions of the retina

133) The principal focus in hypermetropia is:

- a) Pointed on the retina
- b) Linear vertical after retina
- c) Linear vertical before retina
- d) Pointed before retina
- e) Pointed after retina**

134) The principal focus in myopia is:

- a) Pointed on the retina
- b) Linear vertical after retina
- c) Linear vertical before retina
- d) Pointed before retina**
- e) Pointed after retina

135) What sign is not characteristic fort iridocyclitis?

- a) Perikeratic congestion
- b) Miosis
- c) Midriasis**
- d) Posterior irido-lenticular synechia
- e) Changes in the relief and color of the iris

136) For what disease is specific the appearance of precipitates on the posterior surface of the cornea?

- a) Choroiditis
- b) Retina's detachment
- c) Iridocyclitis**
- d) Myopia forte
- e) Conjunctivitis

137) What is not characteristic for acute dacryocystitis?

- a) Local in the region of the lacrimal sac it is warm
- b) Local and palpebral edema
- c) Local erythema
- d) "Dry eye"**
- e) Local pain

138) What is not characteristic for corneal syndrome?

- a) Tearing
- b) Photophobia
- c) Blepharospasm
- d) Diplopia**
- e) Ocular pain

139) The main sign for herpetic keratitis is:

- a) Presence of corneal sensibility
- b) Tearing
- c) Absence of corneal sensibility**
- d) Photophobia
- e) Blepharospasm

140) What is not characteristic for blistering conjunctivitis

- a) Presence of blisters
- b) Affected the lids
- c) It is like an allergic-microbial disease
- d) It is like a viral disease**
- e) It can occur in case of decrease of immunity

141) What sign is not characteristic for keratoconus?

- a) Keratoconus is a chronic bilateral ectasia of cornea
- b) Keratoconus is a chronic monolateral ectasia of cornea**
- c) Is a non-inflammatory disease
- d) It is produced a thickness of the central zone of the cornea
- e) It is produced at young people

142) What sign is not characteristic for congenital syphilitic keratitis?

- a) Bilateral
- b) In its evolution there are 3 stages (infiltration, vascularization and resorption)
- c) Perikeratic congestion is present
- d) Perikeratic congestion is absent**
- e) Bordet-Wassermann reaction is positive

143) What is not characteristic for Sjogren syndrome?

- a) It is manifested by a dry keratoconjunctivitis
- b) Bilateral
- c) Most frequent at women
- d) Function of lacrimal gland is normal**
- e) It is associated with absence of sweat secretion

144) Pterygium is:

- a) Malignant conjunctive tumor
- b) Conjunctival degeneration**
- c) Non-evaluative affection
- d) Benign conjunctive tumor
- e) Inflammatory disease

145) The prevention of gonococcal conjunctivitis at a new-born is done with:

- a) Instillation with Dexamethasone
- b) Instillation with Pilocarpin
- c) Instillation with sulfacyl sodium 20%**

- d) Instillation with cortisone
- e) Instillation with Atropine 0,1%

146) Congenital dacryocystitis at a new-born is due to:

- a) Intrauterine infection of lacrimal sac
- b) Prenatal expansion of lacrimal sac
- c) Impermeability of lacrimonasal canal at the moment of birth**
- d) Bacterial infection at the moment of birth
- e) Prenatal birth of the baby at 7 month**

147) When the corneal erosion at dye-test has a dendritic aspect we call it:

- a) Keratitis punctate
- b) Keratitis herpetic**
- c) Serpiginous ulcer
- d) Neuroparalitical keratitis
- e) Syphilitic keratitis

148) What is not characteristic for base burns?

- a) Are considered more light than acid burns
- b) Produce coagulation necrosis**
- c) Produce the liquefaction of albumins
- d) Tend to infiltration and ulceration in deep
- e) Tend to aggravation in the days before the accident

149) Hypopyon is present usually at:

- a) Corneal erosion
- b) Corneal serpiginous ulcer**
- c) Posttraumatic cataract
- d) Hemophthalmos
- e) Retina's detachment

150) Sympathetic ophthalmia is manifested as:

- a) fibrinoplastic iridocyclitis of the injured eye
- b) fibrinoplastic iridocyclitis of the non-injured eye**
- c) neuroretinitis of the injured eye
- d) endophthalmitis of the injured eye
- e) panophthalmitis of the injured eye

151) Sympathetic ophthalmia is developed after:

- a) 2 weeks after the trauma**
- b) 4 weeks after the trauma
- c) 5 weeks after the trauma
- d) 6 weeks after the trauma
- e) 1 month after the trauma

152) The presence of the blood in the anterior chamber is called:

- a) Hemophthalmos
- b) Hyphema**
- c) Heterocromia
- d) Rubeosis
- e) Hypopyon

153) In eye contusion can occur the modifications, except:

- a) Lens luxation or subluxation
- b) Hyphema, hemophthalmos
- c) Secondary glaucoma
- d) Posttraumatic cataract
- e) Keratoconus**

**154)** In eye contusion the Berlin edema is at:

- a) Cornea
- b) Iris
- c) Ciliary body
- d) Choroid
- e) Retina**

**155)** The main (absolute) sign of a penetrating trauma is:

- a) Decrease of visual acuity
- b) Tearing
- c) Photophobia
- d) Presence of the foreign body intraocular**
- e) Blepharospasm

**156)** Ocular hypotonia is the symptom of:

- a) Cataract
- b) Anterior uveitis
- c) Glaucoma
- d) Penetrating ocular trauma**
- e) Retrobulbar neuritis

**157)** What is not characteristic for the acute angle-closure glaucoma?

- a) Colored halos around lights
- b) Ocular pain with irradiation in the hemicranias
- c) Mydriasis
- d) Miosis**
- e) Anterior chamber small

**158)** At the total lesion of the optic nerve it won't be mentioned:

- a) Blindness
- b) Absence of the direct photomotor reflex
- c) Mydriasis
- d) Miosis**
- e) The presence of the consensual reflex

**159)** What sign is not specific for the senile cataract?

- a) Occurs frequently after 50-60 years
- b) Is usually bilateral
- c) Grows to total opacification of the lens
- d) It is 2 stages of evolution**
- e) It is 4 stages of evolution

**160)** What is not characteristic for primary open angle glaucoma?

- a) Bilateral disease
- b) Has a progressive and asymmetric evolution
- c) Is manifested by increase of IOP
- d) Is manifested by access of acute glaucoma**
- e) Is developed the glaucomatous excavation

**161)** Homonymous hemianopsia are produced by:

- a) Lesions of the optic chiasma
- b) Lesions of optic pathways and radiations**
- c) Lesions of the retina
- d) Lesions of the optic nerve
- e) Lesions of the choroid

**162)** Methods of examination for the champ filed are:

- a) Schiascopy
- b) Campimetry**
- c) Perimetry**

- d) Refractometry
- e) Biomicroscopy

**163)** Peripheral concentric narrowing of the champ field is characteristic for:

- a) Dacryoadenitis
- b) Iridocyclitis
- c) Atrophy of the optic nerve**
- d) Conjunctivitis
- e) Dendritical herpetical keratitis

**164)** The most serious complication of myopia forte is:

- a) Myopic staphyloma
- b) Myopic chorioretinitis
- c) Myopic cataract
- d) Opacifications of the vitreous
- e) Retina's detachment**

**165)** Anterio-posterior diameter of the eye at an adult is:

- a) 24mm**
- b) 26mm
- c) 28 mm
- d) 30mm
- e) 32 mm

**166)** What sign is not characteristic for the crystalline lens?

- a) Biconvex lens
- b) Transparent and elastic
- c) Fixed to ciliary body by Zinn's ligaments
- d) Can be involved in inflammatory process**
- e) Refraction power is 18-20D

**167)** What sign is not characteristic for papillary stasis?

- a) Represents a non-inflammatory edema
- b) Represents an inflammatory edema**
- c) Disagreement between the evident ophthalmological modifications and minimal functional disturbs at the beginning of the disease
- d) Optic nerve's papilla can protrude in the vitreous
- e) Intracranial tumors can be the causes of the disease

**168)** What sign is not characteristic for choroiditis?

- a) Presence of photopsia
- b) Presence of ocular pain**
- c) Absence of ocular pain
- d) Presence of metamorphopsia
- e) Usually the inflammatory process involves and the retina

**169)** What sign is not specific for occlusion of the central retinal artery?

- a) Disappearance of the vision till blindness
- b) Miosis**
- c) Mydriasis with abolishment of the direct photomotor reflex
- d) Retina's ischemia and milky white edema at the eye fundus
- e) "Macular cherry" symptom

**170)** What is not specific for primary retina's detachment?

- a) Is developed usually in myopia forte
- b) Appearance of a shadow in the champ field
- c) Ocular pain**
- d) Presence of abnormal light sensation as a sparks (phosphenes)
- e) Presence of metamorphopsia

171) What sign is not characteristic for optic retrobulbar neuritis?

- a) Essential decrease of the central vision
- b) Preservation of the central vision**
- c) Presence of the central scotoma
- d) As a consequence can appear optic atrophy
- e) Disturbance of chromatic vision

172) Choroiditis complications can be:

- a) Pupil's seclusion
- b) Keratopathy
- c) Neuroretinitis**
- d) Exudative retina's detachment**
- e) Occlusion of the central retinal artery

173) Symptomatology appeared after instillation of mydriatics- red eye, pain, headache type hemicranias, loss of visual functions, is characteristic for:

- a) Acute glaucoma**
- b) Anterior uveitis
- c) Chorioretinitis
- d) Acute conjunctivitis
- e) Neuritis

174) Hypopyon is:

- a) Homogeneous disorder transparency of the humor
- b) Yellowish white deposit in the anterior chamber**
- c) Blood deposit in the anterior chamber
- d) Corneal precipitates
- e) Purulent secretion in the palpebral fissure

175) Complication of the anterior uveitis with the pupil's seclusion is:

- a) Corneal serpingious ulcer
- b) Secondary glaucoma**
- c) Optic neuropathy
- d) Retina's detachment
- e) Chorioretinitis

176) In panophthalmitis the surgical treatment is:

- a) Evisceration**
- b) Enucleating
- c) Exenterating
- d) Extraction of the lens
- e) Nervectomy

177) Anterior uveitis is the inflammation of:

- a) Iris and ciliary body**
- b) Sclera
- c) Vitreous
- d) Cornea
- e) Optic nerve

178) Trochlear nerve innervates the muscle:

- a) Right intern
- b) Right extern
- c) Superior (big) oblique**
- d) Inferior (small) oblique
- e) Right superior

179) Abducens nerve innervates the muscle:

- a) Right intern
- b) Right extern**

- c) Superior (big) oblique
- d) Inferior (small) oblique
- e) Right superior

**180)** “Amaurotic cat's eye reflex” is characteristic for:

- a) Retinoblastoma**
- b) Occlusion of the central retinal artery
- c) Acute iridocyclitis
- d) Superficial herpetic keratitis
- e) Incipient glaucoma

**181)** First neuron of the retina is situated in the layer:

- a) Photoreceptor cells**
- b) Bipolar cells
- c) Ganglionar cells
- d) Pigment epithelium layer
- e) Inner plexiform layer

**182)** The second neuron of the retina is situated in the layer:

- a) Photoreceptor cells
- b) Bipolar cells**
- c) Ganglionar cells
- d) Amacrine cells
- e) Outer plexiform layer

**183)** The third neuron of the retina is situated in the layer:

- a) Photoreceptor cells
- b) Bipolar cells
- c) Ganglionar cells**
- d) Pigment epithelium layer
- e) Amacrine cells

**184)** The exam of the eye fundus follows the aspect of the:

- a) Optic nerve atrophy, macula, retina's vessels**
- b) Ciliary body
- c) Corneal epithelium
- d) Crystalline
- e) Iris

**185)** Macular cherry appears in:

- a) Occlusion of the trunk of RCA**
- b) Occlusion of the trunk of RCV
- c) Occlusion of a branch of RCV
- d) Occlusion of a branch of RCA
- e) Occlusion of cilio-retinal artery

**186)** Hemeralopia is the impossibility of adaptation to:

- a) Dark**
- b) Red light
- c) Green light
- d) Yellow light
- e) Daylight

**187)** The study of the eye fundus modifications are important for the status of the vessels:

- a) Cerebral**
- b) Coronary
- c) Nasopharyngeal
- d) Peripheral
- e) Pulmonary

188) The optic correction of the simple hypermetropia is made with:

- a) The powerest divergent lens which gives the best visual acuity
- b) The powerest convergent lens which gives the best visual acuity**
- c) The weakest divergent lens which gives the best visual acuity
- d) The weakest convergent lens which gives the best visual acuity
- e) Cylindrical lens

189) The main focus in myopia is situated:

- a) Before retina**
- b) After retina
- c) On retina
- d) On the anterior capsule of the lens
- e) On the posterior capsule of the lens

190) The main focus in hypermetropia is situated:

- a) Before retina
- b) After retina**
- c) On retina
- d) On the anterior capsule of the lens
- e) On the posterior capsule of the lens

191) The factors that intervene in the realization of intraocular pressure are:

- a) Humor and its circulation**
- b) Pupil's diameter
- c) Eye's axe
- d) Dimension of the crystalline lens
- e) Volume of the vitreous

192) The modifications of the champ field in incipient glaucoma are:

- a) Enlargement of the blind spot
- b) Concentric narrowing
- c) Central scotoma
- d) Supero-temporal narrowing
- e) Supero-nasal narrowing**

193) The surgical treatment in the primary open angle glaucoma is:

- a) Realization of a communication between the anterior and posterior chamber
- b) Creation of a new way of drainage of the humor by fistulizing operations**
- c) Reduction of humor's formation by anemic operations
- d) Improvement of the blood supply of the optic disc
- e) Cataract extraction

194) Dischromasia is:

- a) Absence of perception of one color
- b) Absence of perception for 2 colors**
- c) Absence of perception for 3 colors
- d) Absence of perception for 4 colors
- e) Absence of perception for 5 colors

195) Protanopia is:

- a) Absents of perception of red colors**
- b) Absents of perception of green colors
- c) Absents of perception of blue colors
- d) Absents of perception of yellow colors
- e) Absents of perception of ultraviolet colors

196) Dieteranopia is:

- a) Absents of perception of red colors
- b) Absents of perception of green colors**
- c) Absents of perception of blue colors



- d) Absents of perception of yellow colors
- e) Absents of perception of violet colors

197) Tritanopia is:

- a) Absents of perception of red colors
- b) Absents of perception of green colors
- c) **Absents of perception of blue colors**
- d) Absents of perception of yellow colors
- e) Absents of perception of ultraviolet colors

198) The etiology of the serpinginous corneal ulcer is:

- a) **Bacterial**
- b) Viral
- c) Lues
- d) Tuberculous
- e) Toxic- allergically

199) Etiology of the blistering kerato-conjunctivitis is:

- a) Viral
- b) Lues
- c) **Tuberculo-allergically**
- d) Mycotic
- e) Allergical

200) The etiology of dendritical keratitis:

- a) Bacterial
- b) **Viral**
- c) Syphilitic
- d) TB
- e) Mycosis

201) The evolution of vital keratitis is:

- a) Complete , without reoccurring
- b) **Tendency to reoccur**
- c) Without improvement
- d) Short evolution (1 to 3 days)
- e) **Long evolution (3 to 6 weeks)**

202) Which corneal opacity does not cause a remarkable worsen of the sight:

- a) **Nubecula**
- b) **Macula**
- c) **Peripheral leucoma**
- d) Total leucoma
- e) Staphilom

203) Contraindications for corneal purulent ulcer are:

- a) Instillation with antibiotics
- b) Instillation with mydriatics
- c) **Instillation with corticosteroids**
- d) Instillation with antiseptics
- e) Ointment with antibiotics

204) The symptoms including photophobia, blepharospams, tears, feeling of foreign body are available for:

- a) Cataract
- b) **Keratitis**
- c) Ablation of retina
- d) Optic nerve atrophy
- e) Central retina vene thrombosis

205) Consequences of keratitis are all, except:

- a) Corneal leucoma
- b) Keratoconus**
- c) Corneal nubecula
- d) Vascularization of cornea
- e) Corneal macula

206) The width of crystalline and the anterior posterior diameter is measured by:

- a) Biomicroscopy
- b) Perimetry
- c) Ophthalmography USG**
- d) Ophthalmoscopy
- e) Refractometer

207) During the examination with the fading light a weak reflex in the depth of the eye is determined. At the lateral illumination, the crystalline becomes grey. VA: 0,1 without correction. Diagnosis is:

- a) Starting cataract
- b) Immature cataract**
- c) Mature cataract
- d) Hypermature cataract
- e) The absence of crystalline

208) The Visual field in the late status of glaucoma is diminishing till:

- a) 45°
- b) 30°
- c) 20°**
- d) 10°
- e) 0°

209) The cause of secondary post inflammatory glaucoma is:

- a) Anterior uveitis**
- b) Coroiditis
- c) Scleritis
- d) Dacryocystitis
- e) Neuroretinitis

210) Congenital glaucoma is developed due to:

- a) Remaining mesodermal tissue in the anterior chamber angle**
- b) New vascularization of iris
- c) Low secretion of aqueous humor
- d) Reduction of the anterior chamber
- e) Intense secretion of aqueous humor

211) Sphincter of pupil is innervated by:

- a) Sympathetic nervous fibers
- b) Parasympathetic nervous fiber**
- c) Trigeminy nerve fibers
- d) Facialis nerve fibers
- e) Optic nerve fibers

212) Decreasing of visual acuity in posterior uveitis is caused by:

- a) Exudative reaction in vitreaux**
- b) Corneal refraction change
- c) Photophobia
- d) Blepharospasm
- e) Precipitation on the corneal endothelium

213) Which unit is used for accommodation volume measurement?

- a) Radians
- b) Dioptrii**

- c) Meters
- d) Inches
- e) Pascals

214) Patient X, 60 years old, refraction 3,0 D. What kind of spectacles needs this patient?

- a) +3,0 D
- b) +4,0 D
- c) +5,0 D
- d) +6,0 D**
- e) +2,0D

215) Patient X, 50 years old, Refraction=2,0D. What kind of spectacles needs this patient?

- a) +1,0 D
- b) +2,0 D
- c) No spectacles required**
- d) -2,0 D
- e) -1,0 D

216) The main function of the iris is:

- a) Physiological diaphragm**
- b) Absorption of aqueous humor
- c) Protection
- d) Esthetical
- e) Production of aqueous humor

217) The accommodation is produced more intensely at:

- a) Emetyropy
- b) Shortsightedness
- c) Hipermetropy**
- d) Patient with aphachia
- e) Patient with artificial crystalline

218) Function of choroid is:

- a) Alimentation for retina**
- b) Maintenance of a constant intraocular pressure**
- c) Maintenance of a constant intraocular temperature**
- d) Production of intraocular liquid
- e) Accommodation

219) Complications of the central vein of retina occlusion are:

- a) Hemophtalm**
- b) Secondary neovascular glaucoma**
- c) Corneal leucoma
- d) Iridocyclitis
- e) Cataract

220) Major complication of the central artery of retina occlusion is:

- a) Iridocyclitis
- b) Endophtalmis
- c) Papillitis
- d) Cataract
- e) Atrophy of the optic nerve papilla**

221) The sudden decrease/loss of visual acuity is common for:

- a) Cataract
- b) Primary glaucoma with an open angle
- c) Central artery of retina occlusion**
- d) Central vein of the retina occlusion**
- e) Papillitis

222) Causes of the gradual decrease of the visual acuity are:

- a) **Cataract**
- b) **Primary glaucoma with an open angle**
- c) Central artery of retina occlusion
- d) **Diabetic retinopathy**
- e) Central vein of retina occlusion

223) Orbicular muscle:

- a) Function to elevate the upper eyelid
- b) **Function to blink**
- c) Innervated by oculomotor nerve
- d) **Innervated by facial nerve**
- e) **It's a circular muscle formed by two parts: orbicular and eyelid part**

224) Causes of the reflex blepharospasm are:

- a) **Corneal foreign body**
- b) **Sinusitis**
- c) Fracture of basis of the skull
- d) Cerebral tumors
- e) **Trichiasis**

225) Causes of the consequent blepharospasm are:

- a) Corneal erosion
- b) Dental pathologies
- c) **Cerebral hemorrhage**
- d) **Fracture of the basis of the skull**
- e) **Cerebral tumors**

226) Treatment of the bacterial acute conjunctivitis does not imply:

- a) Instillation of antibiotics
- b) Instillation of disinfectants
- c) Instillation of sulfanilamide
- d) **Instillation of corticosteroids**
- e) **Bandage**

227) Signs for acute glaucoma are:

- a) **Corneal edema**
- b) **Diminishing of anterior chamber**
- c) **Dilatation of pupil**
- d) Constriction of pupil
- e) **Increased intraocular pressure**

228) Corneal nutrition is realized by:

- a) **Perilimbal capillary network by diffusion**
- b) **Aqueous humor by osmosis**
- c) **Tears**
- d) Long posterior ciliary arteries
- e) Short posterior ciliary arteries

229) Complications of anterior uveitis are:

- a) **Cataract**
- b) Detachment of retina
- c) **Secondary glaucoma**
- d) **Occlusion and seclusion of pupil**
- e) **Hypotonic and atrophic**

230) Characteristic signs of the starting senile cataract are:

- a) **Weaken eye sight**
- b) Poliopy

- c) Ocular pain
- d) Rainbow across the source of light**
- e) Hemeralopy

231) Changes in retina during arterial hypertension:

- a) Detachment of retina
- b) Vein dilatation**
- c) Salus-Gunn sign
- d) Retinal hemorrhages as a flame**
- e) Exuding white star-shaped macular

232) Emergency aid in eye burns with bases:

- a) Remove the fragments of chalk from the conjunctival sac**
- b) Conjunctival sac lavage with water or disinfectant**
- c) Antibiotic eye drops in the conjunctival sac**
- d) Eyelid massage
- e) Corticosteroid ointment in the conjunctival sac

233) Call methods of determining the lacrimal obstruction:

- a) Irrigation of the lacrimal pathways
- b) Sounding/ Sondage of lacrimal pathways**
- c) Radiography of the lacrimal sac**
- d) West test
- e) Schirmer test

234) Herpetic keratitis is characterized by:

- a) Immune deficiency**
- b) Normal Immunity
- c) Decreased corneal sensitivity contact**
- d) Evolution prolonged (3-6 weeks)**
- e) Short evolution (1-3 days)

235) What methods will you use to diagnose cataract?

- a) Gonioscopy
- b) Biomicroscopy**
- c) Refractometry
- d) Sokolov test
- e) Focus light side**

236) What pathology can complicate with cataract:

- a) Keratitis
- b) Uveitis**
- c) Central retinal artery occlusion
- d) Glaucoma**
- e) Myopia**

237) Correct methods for removing foreign body partially inlaved in corneal layers:

- a) The disposable needle**
- b) Using a gauze pad
- c) With magnet (if magnetic)**
- d) Irrigation with antiseptic solutions cornea
- e) With the forceps

238) Which medication can be used to treat acute glaucoma access:

- a) Atropine
- b) Timolol**
- c) Albucid
- d) Diacarb**
- e) Pilocarpine**

239) Retinal vascularization:

- a) Aa. long posterior ciliary
- b) Aa. short posterior ciliary
- c) The central artery of the retina**
- d) Aa. anterior ciliare
- e) Aa. ocular muscle

240) How do you remove the foreign body from the conjunctival sac?

- a) Conjunctival sac's lavage**
- b) Is not removed
- c) With a damp washcloth**
- d) With magnet
- e) With single-use needle

241) List the preparations used in allergic conjunctivitis:

- a) Antibiotic instillation
- b) Antihistamines generally**
- c) Instillation of miotic
- d) Instillation B-blockers
- e) Anti-inflammatory corticosteroid instillation**

242) First aid in acute iridocyclitis:

- a) Pilocarpine
- b) Atropine**
- c) Corticosteroids
- d) Antibiotics
- e) Antiallergic

243) Complications of chronic suppurative dacryocystitis:

- a) The lacrimal sac phlegmon**
- b) Corneal ulcer**
- c) Chronic conjunctivitis**
- d) Meningitis
- e) Sepsis

244) Complicated cataract causes are:

- a) Anterior uveitis**
- b) Glaucoma**
- c) Myopia**
- d) Post extracapsular extraction
- e) Bacterial conjunctivitis

245) Pupil occlusion is manifested by:

- a) Ocular hypertension**
- b) Bulging iris**
- c) Disturbance of intraocular fluid flow**
- d) Eye pain
- e) Disorders of refraction

246) Papillary stasis (PNO) is manifested by:

- a) The projection papilla into the vitreous**
- b) Enlargement of blind spots**
- c) Abroad value of the PNO**
- d) Massive retinal hemorrhages
- e) Normal optic nerve head appearance

247) The causes of papilloedema are:

- a) Intracranial tumors**
- b) Multiple sclerosis
- c) Intracranial bleeding**

**d) Cranial trauma**

e) Primary glaucoma

248) Patients with optic nerve stasis is directed to:

a) Ophthalmologist

b) Rheumatology

**c) Neurosurgeon**

d) Therapist

e) ORL

249) The optic neuritis manifests through:

**a) Decreased visual acuity**

**b) Optic nerve hyperemia**

**c) Optic nerve edema (swelling)**

d) Optic nerve detachment

e) Preserved visual acuity

250) Symptoms of glaucoma:

a) Diplopia

**b) Instability of intraocular pression**

**c) Narrowing of visual field**

**d) Decrease visual acuity**

**e) Excavation of the optic nerve**

251) Methods of examination of glaucoma:

**a) Tonometry**

b) Test Sokolov

**c) Gonioscopy**

**d) Perimetry**

**e) Ophthalmoscopy**

252) The differential diagnosis of acute glaucoma and acute hypertension iridocyclitis is based on:

a) IOP values

**b) The depth of the anterior chamber**

**c) Pupil diameter**

d) The status of the crystalline

**e) The presence or absence of corneal precipitates**

253) Primary open angle glaucoma:

**a) Leads to narrowing of visual field**

b) Has an acute start

**c) Does not cause eye pain**

**d) Leads to loss of visual acuity**

**e) It is bilateral**

254) Manifestations of congenital glaucoma:

**a) Increase the size of the cornea**

**b) Increase the size of the eyeball**

**c) Increases in intraocular pressure**

**d) Deep anterior chamber**

e) Small anterior chamber

255) Clinical form of primary glaucoma:

**a) Closed-angle**

**b) Open angle**

c) Neovascular

d) Uveal

e) Phacomorphic

256) Hypotensive drugs groups are:

- a) **Cholinomimetics**
- b) **Anticholinesterases**
- c) **Beta-blockers**
- d) **Carbonic anhydrase inhibitors**
- e) Sulphanilamides

257) Symptoms of acute iridocyclitis:

- a) **Photophobia and tearing**
- b) **Perikeratic congestion**
- c) **Eye pain**
- d) **Changes of intraocular pressure values**
- e) Metamorphopsia

258) Eyelid entropion may be complicated with:

- a) **Keratitis**
- b) **Corneal ulcer**
- c) Dacryocystitis
- d) **Chronic Conjunctivitis**
- e) Iridocyclitis

259) Dacryoadenitis in children occurs as a complication following:

- a) Measles
- b) Scarlet
- c) **Mumps**
- d) Angina
- e) Poisoning/ Intoxication

260) Cardinal signs of dacryocystitis at newborns are:

- a) Photophobia
- b) **Tear stasis**
- c) Eye pain
- d) **Elimination of mucous and purulent secretions from lacrimal points to a pression on the lacrimal sac region**
- e) Blepharospasm

261) Complications of untreated dacryocystitis in newborns include:

- a) **The lacrimal sac phlegmon**
- b) Congenital cataract
- c) Orbital phlegmon
- d) **Corneal ulcer**
- e) Congenital glaucoma

262) Congenital cataract complications are:

- a) **Presbyopia**
- b) **Amblyopia**
- c) **Strabismus**
- d) Myopia
- e) Hyperopia

263) Complications of malignant myopia are:

- a) **Retinal detachment**
- b) **Glaucoma**
- c) **Complicated cataract**
- d) Endogenous uveitis
- e) **Destruction of the vitreous**

264) What preparation has no prophylactic effect of cataract:

- a) **Dexamethasone**
- b) Sen catalin
- c) Quinax



- d) Catahrom
- e) Vitaiodurol

265) Adapting the eye to light:

- a) **Occurs in 1-6 minutes**
- b) Is produced in one hour
- c) Occurs in 45 minutes
- d) Photochemical reactions are based on the recomposition of the visual pigments
- e) **Perform photochemical decomposition of the substance**

266) For determining visual acuity are required:

- a) **Examination spacious room that enables distance required between the patient and eye chart**
- b) **Obscure room**
- c) **Optotype projector lighting or optotype**
- d) Biomicroscope
- e) Ophthalmoscope

267) Emmetropic eye is characterized by:

- a) **Static refractive power 60D-64D**
- b) **The principal point of the focus is on the retina**
- c) Static refractive power of 43D
- d) The main focus is before retina
- e) The main focus is after retina

268) Hyperopic eye the presbyopia occurs:

- a) **Faster than the myopic**
- b) Later than the emmetropic
- c) **Faster than the emmetropic**
- d) Later than the myopic
- e) After 60 years

269) External wall of the orbit communicates with:

- a) Frontal sinus
- b) **Temporal fossa**
- c) **Pterygopalatine fossa**
- d) The sphenoid sinus
- e) Maxillary sinus

270) The internal wall of the orbit communicates with:

- a) **Sphenoid sinus**
- b) Maxillary sinus
- c) Frontal sinus
- d) **Ethmoid sinus**
- e) **The nasal cavity**

271) Through superior orbital fissure pass:

- a) **Ophthalmic branch of the trigeminal nerve**
- b) The II<sup>nd</sup> branch of the trigeminal nerve
- c) **The common oculomotor nerve**
- d) **Trochlear nerve**
- e) **Abducens nerve**

272) Perikeratic congestion indicates the presence of:

- a) Conjunctivitis
- b) Primary glaucoma
- c) **Vascular tract's inflammation (iridocyclitis)**
- d) **Inflammation of the cornea (keratitis)**
- e) Detachment of the retina

273) Hemeralopia is characterized by:

- a) Cone dysfunction
- b) Dysfunction rods**
- c) Difficulty adapting to darkness**
- d) Bipolar cell dysfunction
- e) Difficulty adapting to light

274) Iris functions are:

- a) Dosage of light penetration in the posterior pole of the eye**
- b) Participate partially in aqueous humor's formation**
- c) Cosmetic function**
- d) Participate in refraction
- e) Color vision

275) Central retinal artery occlusion is characterized by:

- a) The sudden decrease of visual acuity**
- b) Narrowing of retinal vessels**
- c) Eye pain
- d) Symptom " macular cherry " (cherry kernel)**
- e) Symptom " crushed tomatoes "

276) Central retinal vein thrombosis is characterized by:

- a) Decreased visual acuity**
- b) Retinal veins dilated , tortuous**
- c) Symptom " macular cherry " (cherry kernel)
- d) Symptom " crushed tomatoes "**
- e) Eye pain

277) Characteristic signs of retrobulbar optic neuritis:

- a) Markedly diminished central vision**
- b) Central vision is normal
- c) The presence of central scotoma**
- d) As a consequence may occur the optic atrophy**
- e) Dyschromatopsia (disturbance of color vision)**

278) Optic nerve damage (integrity injury) will be characterized by:

- a) Blindness of the eye**
- b) Direct photo-motor reflex is absente**
- c) Mydriasis**
- d) Myosis
- e) Keeping reflex photomotor consesual**

279) The cristallyne lens:

- a) Is a biconvex lens**
- b) It is perfectly transparent and elastic**
- c) Is fixed to the ciliary body by ligaments Zinn**
- d) Can be trained in an inflammatory process
- e) Refractive power at rest is 18.0 to 20.0 D and a 33.0 D accommodative effort**

280) Decreased visual acuity in the cornea may be affected by:

- a) Disorders corneal shape and refraction**
- b) Corneal infiltrates**
- c) Corneal opacities**
- d) Vascularization of the cornea**
- e) Decrease of corneal sensitivity

281) Serpiginous ulcer complications:

- a) Corneal hypoesthesia
- b) Appearance of blisters on the cornea
- c) Perforation of the cornea**

- d) Endophthalmitis**
- e) Corneal leucoma**

282) Contraindications for instillation of corticosteroids are:

- a) Corneal serpiginous ulcer**
- b) Conjunctivitis, keratoconjunctivitis
- c) Corneal erosion**
- d) Uveitis
- e) Penetrating eye wound

283) Which of the listed conditions tend to relapse:

- a) Herpetic keratitis**
- b) Cataracts
- c) Corneal serpiginous ulcer
- d) keratoses flictenuloase conjunctivitis (tbc)**
- e) Syphilitic keratitis

284) Senile arch:

- a) Occurs in patients after 50 years**
- b) Occurs in patients after 30 years
- c) Has bacterial etiology
- d) Has viral etiology
- e) Is a degenerative process**

285) Syphilitic keratitis occurs:

- a) At the age 6-20 years**
- b) On the background of tuberculosis
- c) On the background of congenital syphilis**
- d) On the background of diabetes
- e) On the background of rheumatism

286) Syphilitic keratitis phases are:

- a) Infiltration**
- b) Evolutionary
- c) Vascularization**
- d) Resorption**
- e) Advanced

287) The forms of exogenous keratitis:

- a) Tuberculosis
- b) Lueta/ syphilis
- c) Traumatological**
- d) Keratomycotic**
- e) Autoimmune

288) Endogenous keratitis forms are:

- a) Lueta**
- b) Tuberculosis**
- c) Traumatological
- d) Keratomycotic
- e) Herpes virus**

289) Presbyopia is characterized by:

- a) Loss of elasticity of the lens**
- b) Decreased accommodative ability**
- c) Lens opacity
- d) Increasing the accommodative capacity
- e) Reduction of intraocular pressure

290) Diabetic cataract is characterized by:

- a) **Bilateral process**
- b) **Combination of lens opacification with changes to the eye fundus**
- c) Increased intraocular pressure
- d) **Visual acuity is decreased**
- e) Visual acuity is preserved

291) Uncertain light projection in patients with cataract suggests:

- a) The pathology of iris
- b) **Optic nerve pathology**
- c) **The pathology of the retina**
- d) Corneal pathology
- e) The pathology of the ciliary body

292) Glaucoma stage is set based on:

- a) **Visual function (visual field, AV)**
- b) Ophthalmometry
- c) Ophthalmoscopic picture (optic nerve cupping/excavation)
- d) The gonioscopic picture
- e) Corneal refraction values

293) Causes of secondary traumatic glaucoma are:

- a) **Massive intraocular hemorrhages**
- b) **Dislocation of the lens**
- c) Retinal detachment
- d) **Severe combustion of the eye**
- e) Choroidal rupture

294) Comberg-Baltin prosthesis is used:

- a) In case of penetrating wound of the eyeball for location of the wound
- b) **For the location of intraocular foreign body radiographic**
- c) In case of eye contusion
- d) To determine the magnetic properties of the foreign body
- e) To determine the volume of intravitreal hemorrhage

295) There are the following types of cataract:

- a) **Congenital**
- b) **Senile**
- c) **Posttraumatic**
- d) **Complicated**
- e) Infection

296) Indications for laser therapy in ophthalmology:

- a) **Secondary cataract**
- b) Acute conjunctivitis
- c) Acute iridocyclitis
- d) Destruction of the vitreous
- e) **Diabetic retinopathy**

297) Mydriasis is produced by:

- a) **Atropine**
- b) **Homatropine**
- c) Pilocarpine
- d) **Adrenaline**
- e) **Mesatone**

298) Optic nerve head (papilla) is:

- a) Transparent
- b) **Pale pink**
- c) **Well defined**

- d) Soft delimited (blurred)
- e) Discolored (pale)

299) In acute conjunctivitis is detected:

- a) Changes in the color of the conjunctiva**
- b) Changes in the relief of the conjunctiva**
- c) Conjunctival edema**
- d) Stasis of the tears**
- e) Posterior synechiae (iridocristallyne)

300) Oculomotor nerve innervate the muscles:

- a) Right intern**
- b) Right extern
- c) Oblique superior
- d) Right inferior and oblique inferior**
- e) Right superior**

301) Eye injuries requiring emergency surgery are:

- a) Penetrating eye wounds bigger than 2 mm in size**
- b) Foreign intraocular body
- c) Dislocation of the lens in the anterior chamber
- d) Severe ocular contusion with subconjunctival rupture of the sclera
- e) Hyphaema up to 1/3 of the anterior chamber

302) The complications of the lens dislocation into the vitreous are:

- a) Obtain an aphatic eye properties**
- b) Secondary Glaucoma**
- c) Episcleritis
- d) Conjunctivitis
- e) Keratitis

303) The differential diagnosis of senile cataract is made with:

- a) Simple chronic glaucoma**
- b) Corneal ulcer
- c) Corneal leucoma**
- d) Episcleritis
- e) Iridocyclitis

304) Complaints of patients with chronic purulent dacryocystitis are:

- a) Tearing**
- b) Mucopurulent secretion**
- c) Photophobia
- d) Blepharospasm
- e) Visual acuity decreased

305) Cones provide:

- a) Photopic vision**
- b) Colour vision**
- c) Central vision**
- d) Peripheral vision
- e) Scotopic vision

306) Posterior chamber:

- a) Is another name of the vitreous body
- b) It is situated between the iris, lens and ciliary body**
- c) Contains UA
- d) Communicate with anterior chamber**
- e) Is located between the cornea and iris

307 ) Pupil:

- a) Mydriasis is caused by pilocarpine
- b ) Mydriasis is caused by atropine**
- c ) Myosis is caused by atropine
- d ) Myosis is caused by pilocarpină**
- e) Myosis is caused by phenylephrine

308 ) Optic nerve atrophy may develop:

- a) In some diseases of the retina**
- b ) Optic nerve compression**
- c ) Toxic ocular disorders**
- d ) Conjunctivitis
- e) Dacryoadenitis

309 ) Optic neuritis:

- a) Is associated with a rapid decrease in visual acuity**
- b ) It is painless**
- c ) It may be part of a systemic neurological disease**
- d ) Visual acuity is unchanged
- e) Is associated with a reduction of chromatic sense**

310) 1 year child presents strabismus. Family doctor noticed the absence of pupillary red reflex and presence of the yellowish-white reflex:

- a) The presence of yellowish-white pupillary reflex is normal for a child of 1 year
- b ) The presence of yellowish white pupillary reflex pathological**
- c ) Consultation ophthalmologist urgently required**
- d ) The child may have glaucoma
- e ) The child may have retinoblastoma**

311 ) Which of the following statements are true:

- a) In functional strabismus the eye movements are reduced
- b) In functional strabismus the deviation is constant**
- c ) In paralytic strabismus the eye movements are reduced**
- d) In functional strabismus the movements of the eyeball are full volume**
- e) In paralytic strabismus is present diplopia**

312 ) Amblyopia:

- a) Refers to a reduction of the VA**
- b ) Can be caused by strabismus**
- c ) Can be caused by previously undetected anisometry**
- d ) Can be caused by conjunctivitis
- e) Can be treated with optical correction and occlusion**

313) Binocular vision is the ability of the visual analyzer:

- a) To see the objects located at different distances
- b) To perceive colors
- c) To distinguish different intensities of light
- d) To merge the images of both eyes in a single final image**
- e) To distinguish object details

314) The prevention of cataract the used drugs are:

- a) Inflammatory
- b) Corticosteroids
- c) Antioxidant drugs**
- d) Vasodilators
- e) Antivirals

315) Paralytic strabismus is characterized:

- a) The strabismic deviation is constant in all directions
- b) The presence of diplopia**

- c) **Vicious position of the head (torticollis)**
- d) **The strabismic deviation is variable according to the direction of the vision**
- e) **The eye movements are reduced**

316) Complications trihiasis are:

- a) **Chronic conjunctivitis**
- b) **Keratitis**
- c) Cataracts
- d) **Corneal ulcer**
- e) Dacryoadenitis

317) Zinn's ligaments:

- a) **Fix lens to ciliary body**
- b) It is a part of the iridocorneal angle
- c) **Participate in the accommodative process**
- d) Participate in the production of aqueous humor
- e) It is composed of muscle tissue

318) In conjunctivitis it is noted:

- a) **Superficial conjunctival hyperemia**
- b) Profound conjunctival hyperemia
- c) Posterior synechiae
- d) **Conjunctival nodular formations**
- e) **Muco-purulent secretion**

319) Which of the following clinical manifestations and functional symptoms do not fit into the overall of the conjunctivitis:

- a) **Decreased visual acuity**
- b) **Blepharospasm**
- c) Muco-purulent secretion
- d) **Profound perikeratic congestion**
- e) The presence of follicles

320) Complications that may occur in blepharitis include:

- a) Lagophthalmos keratitis
- b) **Conjunctivitis**
- c) Iridocyclitis
- d) Ptosis
- e) **External hordeolum**

321) Hordeolum is the inflammation:

- a) **Zeiss and Moll glands**
- b) **Meibomius glands**
- c) Wolfring glands
- d) Lacrimalis gland
- e) Krause glands

322) Chalazion occurs more frequently after:

- a) **Internal hordeolum**
- b) Keratitis
- c) Abscess of eyelid
- d) **Chronic blepharoconjunctivitis**
- e) **Acute meibomitis**

323) Causes of chronic dacryocystitis are:

- a) **Obstruction of the lacrimal channel**
- b) Insufficient secretion of the lacrimal gland
- c) **Superinfection of the tears because their stasis in the lacrimal sac**
- d) Hypersecretion of the lacrimal gland
- e) Dacryoadenitis

324 ) In the treatment of the corneal ulcer with hypopyon are used:

- a) **Mydriatic**
- b ) Miotic
- c ) **Antibiotics in subconjunctival injection**
- d ) Binocular dressing
- e) **Corneal epithelisants**

325 ) A corneal desepithelisation will be bandaged until:

- a) The perikeratic congestion disappears
- b ) Not colored with fluorescein**
- c ) Disappears miosis
- d ) The pain disappears
- e) **Disappear the photophobia and tearing**

326 ) **Complications of corneal herpes are:**

- a) Bleeding iritis
- b ) Serpiginous ulcer
- c ) Detachment of the retina
- d ) Kerato - uveitis**
- e) **Corneal opacification**

327 ) **The complications of the lens dislocation into the vitreous are:**

- a) Neuritis
- b ) Secondary Glaucoma**
- c ) Episcleritis
- d ) Retinal degeneration
- e) Keratitis

328 ) Signs of anterior lens luxation are:

- a) The anterior chamber depth**
- b ) Absence of the anterior chamber and the iris stuck to the cornea
- c ) **Mydriasis**
- d ) Corneal edema**
- e) **Ocular hypertension**

329 ) The lens can be examined with:

- a) Biomicroscopy**
- b ) Direct lighting and side**
- c ) Skiascopy
- d ) Gonioscopy
- e) Tonometry

330 ) Pathological cataracts occur:

- a) Dacryoadenitis
- b ) Toxic disorders**
- c ) Acute iridocyclitis
- d ) Diabetes mellitus**
- e) **Sclerodermia**

331 ) Aphakia correction is made :

- a) Air lenses**
- b ) Contact lenses**
- c ) Intraocular lenses**
- d ) Iridoplasty
- e) Lasercoagulation of the retina

332) Secondary cataract occurs :

- a) Secondary to ocular disorders
- b ) Secondary to general diseases
- c ) Secondary posterior capsule opacification remained in place after extracapsular extraction of lens**



**d ) After incomplete resorption of a direct traumatic cataract**

e) After intracapsular extraction of the lens

333 ) Lens :

**a) Increase in life**

**b ) Is covered by a capsule**

c ) It is the most powerful medium of refractive globe

d ) It is powered by the central artery of the retina

**e) changes its curvature during accommodation**

334) Cornea :

a) Including 3 layers

**b ) It is an important refractive medium of the eye**

c ) Endothelial layer regenerates quickly

**d ) Stroma is composed of parallel collagen fibers**

**e) Comprises 5 layers**

335 ) In case of suspicion of an intraocular foreign body, the main examination will be:

**a) Radiography in two projections of the orbit**

b ) Tonometry

**c ) Biomicroscopy**

**d ) Ophthalmoscopy**

e) Refractometry

336 ) Corneal perforation is certain if there is:

a) Eye pain when it was the trauma

b ) Hypertonic globe

**c ) Ocular hypotony**

**d ) Small or no anterior chamber**

e) Deep anterior chamber

337 ) Iridodonesis appears in:

**a) Dislocation of the lens into the vitreous**

b ) Traumatic cataract with the absence of the lens dislocation or subluxation

c) Retinal detachment

d) Primary angle closure glaucoma

e) In early senile cataract

338 ) Serious burns are caused by:

a) Acid

**b ) Basis**

c ) Neutral solutions

d ) Diluted alcohol

e) Physiological ser

339 ) View the optic nerve is accomplished by :

**a) Ophthalmoscopy**

**b ) Fundus biomicroscopy**

c ) Tonometry

d ) Refractometry

e) Perimetry

340 ) Complications of chronic iridocyclitis:

**a) Complicated cataract**

b ) Retinal detachment

c ) Secondary glaucoma

**d ) Seclusion and occlusion of pupil**

e) Corneal serpinginous ulcer

341 ) Anterior ischemic optic neuropathy treatment is based on the administration of :

- a) Anti-inflammatory
- b ) Vasodilators**
- c ) Anticoagulants**
- d ) Miotics
- e) Group B Vitamins

342 ) The optic nerve :

- a) Is composed of axons of retinal bipolar cells
- b ) Is composed of axons of retinal ganglion cells**
- c ) Is composed of 4 party**
- d ) Has two tunics : the dura and arachnoid
- e) Medial fibers crossing at the chiasm

343 ) Ocular causes of mydriasis occurs in:

- a) Acute glaucoma**
- b ) Inflammation of the anterior pole
- c ) Traumatic iridoplegia**
- d ) Instillation of parasympathomimetic
- e) Instillation of sympathomimetic**

344 ) Anterior toxic uveitis appears in:

- a) Corneal ulcer
- b ) Superficial herpetic keratitis
- c ) Perforating corneal wound
- d ) Severe conjunctive-corneal burns**
- e) Episcleritis

345 ) Anterior uveitis symptoms :

- a) Normal pupil
- b ) Myosis**
- c ) Mydriasis
- d ) Posterior synechiae**
- e) Retrocorneal precipitates**

346 ) In the presence of posterior synechiae in one eye with acute uveitis administration of mydriatics is done for :

- a) Prevention of pupillary seclusion**
- b ) Breaking the formed posterior synechiae**
- c ) Prevention of retinal detachment
- d ) To improve visual acuity
- e) To increase intraocular pressure

347 ) Cardinal sign of cyclitis is:

- a) Conjunctival congestion
- b ) Retrocorneal precipitates**
- c ) The decrease in deep of the anterior chamber
- d ) Mydriasis
- e) Myosis

348) Disorders of binocular vision :

- a) Nyctalopia
- b ) Amblyopia**
- c ) Pathological neutralization**
- d ) Hemeralopia
- e) Deuteranopia

349 ) Binocular vision :

- a) It is an innate reflex, developing parallel visual acuity**
- b ) Has three evolutionary stages (degrees)**
- c ) Examine with the test colors Worth**

d ) Examine with the campimetry

**e) Is disturbed in strabismus**

**350)** Hirschberg test - location of corneal reflex on the edge of the pupil middle of the iris. It is denoted a deviation of the eye:

a) 0 °

**b) 15 °**

c ) 25-30 °

d ) 45 °

e) 60 °

**351)** Hirschberg test - location of corneal reflex on the middle of the iris. It is denoted a deviation of the eye:

a) 0 °

b) 15 °

**c) 25-30 °**

d) 45 °

e) 60 °

**352)** Hirschberg test - location of corneal reflex on the limbus. It is denoted a deviation of the eye:

a) 0 °

b) 15 °

c) 25-30 °

**d) 45 °**

e) 60 °

**353)** Hirschberg test - location of corneal reflex on the sclera. It is denoted a deviation of the eye:

a) 0 °

b) 15 °

c) 25-30 °

d) 45 °

**e) 60 °**

**354)** In the treatment of retinal vein obstruction are used:

**a) Anti-aggregation drugs**

**b) Fibrinolytic drugs**

c) Haemostatic drugs

d) Hypotension drugs

e) Antibacterial drugs

**355)** Nonproliferative diabetic retinopathy characteristic signs are:

a) Retinal detachment with traction

**b) Microaneurysms**

**c) Intraretinal haemorrhages**

d) Retinal soft exudates - Cotton wool spots

**e) Retinal hard exudates**

**356)** The treatment of central retinal artery obstruction include:

**a) Vasodilators**

**b) Thrombolytics**

c) Haemostatics

**d) Anticoagulants**

e) Mydriatics

**357)** Nonproliferative diabetic retinopathy is characterized by the appearance of:

**a) Spherical microaneurysms**

b) Papilledema

**c) Small retinal haemorrhages**

d) Large retinal haemorrhages

e) Traction retinal detachment

358) Optical retina adheres to the adjacent layers:

- a) **Optic nerve papilla**
- b) **Orra serrata**
- c) The macula
- d) Ciliary Body
- e) Iris

359) Hypertonic neuroretinopathy is characterized by:

- a) Dilatation of arterioles
- b) **Swelling of the optic nerve**
- c) Retinal microaneurysms
- d) **Cotton wool spots – retinal soft exudates**
- e) **Retinal microhaemorrhages**

360) Hypertensive retinal angiopathy IInd stage is characterized by:

- a) **Arterial Reflex "Copper"**
- b) **Arterial Reflex "Silver"**
- c) Swelling of the optic nerve
- d) Massive retinal hemorrhages
- e) **Crossing sign Salus-Gunn**

361) Retina:

- a) **Is composed of 10 layers**
- b) **Has ganglion cell axons that form the optic nerve**
- c) Has 3 types of rods responsible for the color vision
- d) Is an important refractive medium of the eye
- e) Participates in aqueous humor production

362) Converging spherical lenses are used to correct:

- a) **Hyperopia**
- b) Myopia
- c) **Presbyopia**
- d) Simple myopic astigmatism
- e) **Aphakia**

363) Accommodation is the eye ability to change the power of convergence when looking at an object:

- a) **Less than 5 m**
- b) More than 5 m
- c) Is due to Changes in corneal curvature
- d) **Is due to Changes in the refractive power of the lens**
- e) Is due to Changes in the refractive power of the eye

364) The role of accommodation is to:

- a) **Increase the lens refraction**
- b) **Keep the main focus on the retina**
- c) Decrease the lens refraction
- d) Move the main focus behind the retina
- e) **Clearly to see objects located at different distances from the eye**

365) Presbyopia is a disorder of accommodation:

- a) **Physiological**
- b) Pathological
- c) **Reduction physiological accommodative amplitude**
- d) Increasing convergence power of the lens
- e) **Loss of lens elasticity**

366) Presbyopia is corrected with:

- a) Divergent spherical lens correction added to the previous held value
- b) **Convergent spherical lens correction added to the previous held value**
- c) Cylindrical lens

**d) Increases with age**

e) It is treated with medication

367) Absolute glaucoma is characterized by:

**a) Total absence of vision**

**b) Increased intraocular pressure, drug irreducible**

c) Ocular hypotony

**d) Total excavation of papilla and optic nerve atrophy**

e) Cataract

368) Causes of secondary glaucoma:

**a) Eye's burns**

**b) Anterior uveitis**

**c) Hypermature senile cataract**

d) Conjunctivitis

**e) Uveal melanoma**

369) Papillary changes in chronic simple evolutionary glaucoma are:

**a) Papillary excavation**

b) optic nerve coloboma

c) Decoloration of the optic nerve (atrophy)

**d) The nasal displacement of retinal vessels that are side by the edge of excavation**

e) Papillary prominence (edema)

370) Objective symptoms of congenital glaucoma are:

**a) Enlargement of the eyeball**

**b) Ocular hypertension**

**c) Deep anterior chamber**

**d) Pale papilla with large excavators**

e) Reduced/small anterior chamber

371) Local antiglaucoma medications used to treat primary open-angle glaucoma:

a) M - cholinoblockers

b) Sedatives

**c) Parasympathomimetics**

**d) Beta-blockers**

e) Antihistamines

372) Subjective signs of acute glaucoma attack include:

**a) Eye pain increased with hemicrania**

**b) Significant decrease of vision**

c) Diplopia

**d) Nausea**

**e) Epigastric pain**

373) Clinical forms of chronic primary glaucoma are:

**a) Open-angle glaucoma**

**b) Angle-closure glaucoma**

**c) Normal tension glaucoma**

d) Secondary glaucoma

e) Phacogenic glaucoma

374) Drainage of aqueous humor from the eye via:

**a) Corneoscleral trabecula /trabecular meshwork**

b) Episcleral veins

**c) Uveoscleral and perineural spaces**

**d) Schlemm's canal**

e) Ciliary body

375) Examination of the optic nerve papilla is done with:

- a) **Direct and indirect ophthalmoscopy**
- b) Schiascopy
- c) **Biomicroscopy of the fundus with a specific device**
- d) Radiographic examination
- e) Diaphanoscopy

376) Indications for surgical treatment in chronic simple glaucoma:

- a) **Failure of the intraocular pressure's normalization by local and general glaucoma medications**
- b) Increase the sclerosis of retinal vessels
- c) **Progression of the perimetric deficits**
- d) Appearance of opacity in the crystalline lens
- e) **Progression of glaucomatous excavation**

377) Cone visual cells:

- a) **Populate the macular region**
- b) Ensure the scotopic vision
- c) Populate the periphery of the retina
- d) **Ensure the color vision**
- e) **Ensure the photopic vision**

378) Rod cells:

- a) Populate the macular region
- b) **Populate the periphery of the retina**
- c) **Ensure the scotopic vision**
- d) Ensure the photopic vision
- e) Ensure the color vision

379) Eye adaptation to the darkness:

- a) Perform the 1-6 minute
- b) **Is complete after one hour**
- c) **Is achieved by photochemical substance decomposition**
- d) **Increased sensitivity of rods**
- e) Decrease sensitivity of rods

380) Perception of the hereditary chromatic disorders are:

- a) **Genetically determined**
- b) Unilateral
- c) **Bilateral**
- d) **Without evolution**
- e) Progressive

381) Binocular vision examination methods:

- a) Adaptometria
- b) Test Hirdberg
- c) **Colors test (Worth)**
- d) Campimetry
- e) **Test Socolov**

382) Lagophthalmos:

- a) The disease is caused by oculomotor nerve paralysis
- b) **The disease is caused by paralysis of the facial nerve**
- c) **Lower eyelid will turn inside**
- d) Lower eyelid will turn outward
- e) **As a result it is developing corneal xerosis**

383) Intumescent senile cataract is characterized by:

- a) **Hydratation of the lens**
- b) **Decrease of the anterior chamber**
- c) **Increase of the intraocular pressure**

**d) Visual acuity is reduced**

e) Maintained visual acuity

**384)** Blepharospasm may occur under the following conditions:

a) Facial nerve paralysis

**b) Corneal erosion**

**c) Corneal foreign body**

d) Retrobulbar optic neuritis

e) Dacryocystitis

**385)** Visual function are:

a) Accommodation

**b) Central vision**

**c) Peripheral vision**

**d) The color vision**

**e) Binocular vision**

**386)** Adenocarcinoma of eyelid:

**a) It mostly occurs older people**

**b) The tumor is painless on palpation**

**c) Tends local invasion**

d) No metastasis

**e) Frequently metastasize**

**387)** The color vision can be determined by the following methods:

**a) Procedures for designation**

**b) Equalization methods**

c) Biomicroscopic exam

**d) Procedures for discrimination**

**e) Methods of comparison**

**388)** Accommodation is the eye ability to change the power of convergence when looking at an object:

**a) Less than 5 m**

b) Less than 10 m

c) And is due to: corneal curvature variation

**d) Changes in the refractive power of the lens**

e) Changes in the index of refraction of the eye

**389)** Hypertensive retinal angiosclerosis is characterized by:

**a) Arterial Reflex "copper"**

**b) Arterial Reflex "Silver"**

c) Massive subretinal bleeding

d) Optic nerve changes

**e) Sign Sallus Gunn**

**390)** Orbito-palpebral emphysema occurs after:

**a) Eyelid penetrating injury**

**b) Facial Injuries with sinus wall fracture**

**c) Injuries with ethmoid cell damage**

d) Hypertension syndrome in jugular venous system

e) Hypertension syndrome in episcleral venous system

**391)** Sympathetic ophthalmia occurs after:

**a) Eye perforation with iris and ciliary body involvement**

b) Syphilitic keratitis

**c) Eye injury with intraocular foreign body retention**

d) Keratitis lagophthalmica

e) Dacryocystitis

392) Ciliary body:

- a) **Consists of pars plana and pars plicata**
- b) **Produces aqueous humor**
- c) Is vascularized by the posterior short ciliary arteries
- d) **Is responsible for accommodation**
- e) Is part of the external tunic of the eyeball

393) It is true that:

- a) Superior oblique muscle is inserted into the sclera anterior to the equator
- b) **External rectus muscle is innervated by the abducens nerve**
- c) External rectus muscle originates from the region of the small wing sphenoid bone
- d) **Superior rectus muscle is inserted at the sclera anterior to the equator**
- e) Inferior oblique muscle is innervated by the trochlear nerve

394) Which statement is true about crystalline lens:

- a) **90% by weight is due to water**
- b) Has sensory innervation
- c) Posterior capsule is more elastic than the anterior
- d) Has a refractive power in the rest of 44D
- e) Is a spherical lens

395) Optic nerve:

- a) **The shortest segment is the intraocular portion of the optic nerve**
- b) **The intracanalicular segment is the longest portion of the optic nerve**
- c) Intracranial segment has the variable length
- d) Intraorbital segment is most vulnerable to indirect trauma
- e) **Papilla optic nerve is examined by ophthalmoscopy**

396) Optic nerve:

- a) **Intraorbital segment is the longest portion of the optic nerve**
- b) **Intracanalicular segment is most vulnerable to trauma**
- c) **All segments except intraocular are shrouded in cerebrospinal fluid**
- d) **At the chiasm region are crossing nasal fibers**
- e) In the chiasma region are crossing temporal fibers

397) Which segment of the optic nerve can be ophthalmoscopic view:

- a) **Intraocular**
- b) Intracanalicular
- c) Intraorbital
- d) Intracranial
- e) All segments

398) IOP:

- a) **Has diurnal variation**
- b) Has seasonal variation
- c) Decreases with age
- d) Increases with age
- e) **Is affected by general anesthesia**

399) Which of these drugs cause increased IOP:

- a) **Steroids**
- b) Acetazolamide
- c) Vit.A
- d) Tetracycline
- e) B-blockers

400) Springtime/allergical conjunctivitis:

- a) **Does seasonal**
- b) It is characterized by the appearance of follicle on the lower eyelid conjunctiva
- c) **It is characterized by the appearance of papillae on the upper eyelid conjunctiva**



d) It is associated with mucopurulent discharge

e) **It is associated with itching, photophobia, tearing and eye congestion**