WRITTEN TESTS

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1) Patient with ocular pain, miosis, perilimbal 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) Addactor
   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 cilliar 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) **Conjunctivotorhinostomy**
c) Canaliculorhinostomy
d) Dacriocystorhinostomy
e) Conjunctivo-sinusostomy

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) Tetracycllin

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) Exophthalmometry
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 ciliary arteries  
   b) The short posterior ciliary arteries  
   c) Central retinal artery  
   d) The anterior ciliary 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) Endophthalmitis

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) Follicles

37) The chalazion is:
   a) Congenital lid defect
   b) Lid parasite
   c) Chronic meibomeitis with secret deposed and capsule formation
   d) Acute meibomeitis
   e) Malignant lid tumour

38) Cons density is higher:
   a) At retinal perifery
   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. abduces
   b) n. trochearis
   c) n. facialis
   d) n. oculomotor
   e) n. trigeminal

41) The lid margin is turned outside, it is:
   a) Lagophthalm
   b) Blepharospasm
   c) Ectropion
   d) Entropion
   e) Ptosis

42) The lid margin is turned inside, it is:
   a) Lagophthalm
   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) Lagophthalmy 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) 60-64 D

46) Vascularization of the crystalline lens is:
   a) Hyaloidea artery
   b) Anterior ciliary arteries
   c) Schort posterior ciliary arteries
   d) Long posterior ciliary arteries
   e) **Don’t have vessels**

47) At the exam of the patient is absente 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) Iridociclitis
   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) Iridociclitis
   b) Glaucoma
   c) Conjunctivitis
   d) Papilits
   e) Keratouveitis

62) Local anesthetics are administrated 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 administrate:
   a) Pilocarpine
   b) Atropine
   c) Tetracaine
   d) Cloramphenicol
   e) Diacarb

64) Throw superior orbital fissure passing:
   a) Ophthalmic artery
   b) Optic nerve
   c) The first branch of trigeminal nerve
   d) Oculomotorius nerve
   e) V. ophtalmica superior or comuna

65) Through the optic canal lies:
   a) Artera ophthalmica
   b) Nassociliar nerve
   c) Optic Nerve
   d) Short cilliar posterior arteries
   e) Long cilliar posterior arteries

66) The ramification of a.ophtalmica are:
   a) a. supraorbitalis, a. lacrimalis
   b) a. centralis retinae
   c) a. ciliares antiores
   d) aa. ciliares posteriores longes and shortes
   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) Mounth 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) **Parallel**
b) Haotic
c) Concentric
d) Perpendicular to the surface of cornea
e) Oblique

72) Nutrition of cornea:
a) **Diffusion from perilimbal meshwork**
b) a. retinal centralis
c) aa. ethmoidales
d) a. palpebral superior
e) a. palpebral 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) **Trophic (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) epitelium and corneal stroma
   b) stroma and Descement membrane
   c) Descement Membrane and endotetium
   d) Endotetium 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 visial 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) 1 min
   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) Emotropic

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  

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  

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  

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) 1 cm

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 25 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

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) Schiacoa  
b) Refractometria  
c) Dioptrometria  
d) Biomicroscopy  
e) With lenses

116) For reading, patient with hypermetropia +1.0 D 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) Anterior-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 limfadenopaty  
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 diphteric 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
129) The hipermature 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 for iridocyclitis?
   a) Perikeratic congestion
   b) Miosis
   c) Midriasis
   d) Posterior irido-lenticular synechiae
   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 warmth
   b) Local and palpebral edema
   c) Local eritema
   d) “Dry eye”
   e) Local pain

138) What is not characteristic for corneal syndrom?
   a) Tearing
   b) Photophobia
   c) Blepharospasm
   d) Diplopia
   e) Ocular pain

139) The main sign for herpetical 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 kids
   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 absente
   e) Bordet-Wassermann reaction is positive

143) What is not characteristic for Sjoegren 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) Anterior-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 herpetical 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) Toxico- 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 reoccuring  
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 posterios diameter is measured by:
   a) Biomicroscopy  
   b) Perimetry  
   c) **Ophtalmography USG**  
   d) Ophtalmoscopy  
   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) Dacryocistitis  
   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**
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) +2.0 D

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) Emetropy  
   b) Shortsightness  
   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) Iridociclitis  
   e) Cataract

220) Major complication of the central artery of retina occlusion is:
   a) Iridociclitis  
   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) Perilimbic capillary network by diffusion
   b) Aqueous humor by osmosis
   c) Tears
   d) Long posterior ciliar arteries
   e) Short posterior cilliar 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) Biomycroscopy
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 inclavated 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 pressure
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 IInd 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 absent
   c) Mydriasis
   d) Myosis
   e) Keeping reflex photomotor consensual

279) The crystalline 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) Keratoconjunctivitis (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) Luetal/syphilis
c) Traumalitical
d) Keratomicalitical
e) Autoimmune

288) Endogenous keratitis forms are:

a) Luetal
b) Tuberculosis
c) Traumalitical
d) Keratomicalitical
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) Ophalmotonometry
   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) Distuction 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 (iridocristaline)

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 pilocarpine
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 anisometropy
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 strabic 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 iridocornean 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 canal
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
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

A corneal desepithelisation will be bandaged until:
a) The perkeratic congestion disappears
b) Not colored with fluorescein
c) Disappears miosis
d) The pain disappears
e) Disappear the photophobia and tearing

Complications of corneal herpes are:
a) Bleeding iritis
b) Serpiginous ulcer
c) Detachment of the retina
d) Kerato - uveitis
e) Corneal opacification

The complications of the lens dislocation into the vitreous are:
a) Neuritis
b) Secondary Glaucoma
c) Episcleritis
d) Retinal degeneration
e) Keratitis

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

The lens can be examined with:
a) Biomicroscopy
b) Direct lighting and side
c) Skiascopy
d) Gonioscopy
e) Tonometry

Pathological cataracts occur:
a) Dacryoadenitis
b) Toxic disorders
c) Acute iridocyclitis
d) Diabetes mellitus
e) Scleroderma

Aphakia correction is made:
a) Air lenses
b) Contact lenses
c) Intraocular lenses
d) Iridoplasty
e) Lasercoagulation of the retina

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) Iroddonosis 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
Anterior ischemic optic neuropathy treatment is based on the administration of :
  a) Anti-inflammatory
  b) Vasodilators
  c) Anticoagulants
  d) Miotics
  e) Group B Vitamins

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

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

Anterior toxic uveitis appears in:
  a) Corneal ulcer
  b) Superficial herpetic keratitis
  c) Perforating corneal wound
  d) Severe conjunctive-corneal burns
  e) Episcleritis

Anterior uveitis symptoms :
  a) Normal pupil
  b) Myosis
  c) Mydriasis
  d) Posterior synechiae
  e) Retrocorneal precipitates

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

Cardinal sign of cyclitis is:
  a) Conjunctival congestion
  b) Retrocorneal precipitates
  c) The decrease in deep of the anterior chamber
  d) Mydriasis
  e) Myosis

Disorders of binocular vision :
  a) Nyctalopia
  b) Amblyopia
  c) Pathological neutralization
  d) Hemeralopia
  e) Deuteranopia

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) Thrombolitics
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) Ciliar 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 IIInd 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) Parasimpaticomimetics
   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
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

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

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

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

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

Perception of the hereditary chromatic disorders are:

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

Binocular vision examination methods:

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

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

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 ophthalmoscopically viewed:
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