

CME: Ophthalmology (139347): self-assessment questionnaire

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SAQs and answers are ONLINE for RCP fellows and collegiate members

Format

Candidates are asked to choose the best answer from the five possible answers. This best of five format is used in many medical examinations; however, the questions are not intended to be representative of those used in the MRCP(UK) Part 1 or Part 2 Written Examinations.

The answering process

- 1 Go to <https://cme.rcplondon.ac.uk>
- 2 Log on using your usual RCP username and password
- 3 Select the relevant CME question paper
- 4 Answer all 10 questions by selecting the best answer from the options provided
- 5 Once you have answered all the questions, click on Submit

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Carrying out this activity allows you to claim two external CPD credits. These will be automatically transferred to your CPD diary, where you can review the activity and claim your points.

1. A 40-year-old man presented with visual field loss in the left eye, preceded by flashes and floaters. The eyes were comfortable and not red. Both eyes showed visual acuity of 6/6 on a Snellen chart and colour vision of 17/17 on Ishihara plates. There was no relative afferent pupillary defect (RAPD). There was full extraocular movement with no pain. Visual field examination with confrontation method showed loss of part of the peripheral vision in the left eye. Red reflex was noted. 0.5% cyclopentolate had been applied.

While waiting for his pupils to dilate for fundoscopy, which of the following is the most likely diagnosis?

- (a) Age-related macular degeneration.
 - (b) Anterior uveitis.
 - (c) Macula-on retinal detachment.
 - (d) Optic neuritis.
 - (e) Vitreous haemorrhage.
2. A 23-year-old woman with obesity presented with blurry vision in the left eye developing over 2 days, and described colours appearing washed out. She was a contact lens

wearer. On examination, her visual acuity was 6/6 in the right eye and 6/12 in the left. Colour vision was 17/17 in the right eye and 3/17 in the left. Left RAPD was noted. Ocular motility is normal, but there was left eye pain on extraocular movement. Visual field examination was normal in the right eye but was constricted in the left. The eyes were not red. There was no fluorescein staining on the cornea. Fundus examination showed left optic disc swelling.

Which of the following is the most likely cause?

- (a) Corneal ulcer.
 - (b) Diabetic maculopathy.
 - (c) Idiopathic intracranial hypertension (IIH).
 - (d) Multiple sclerosis (MS).
 - (e) Right occipital lobe tumour.
3. A 32-year-old woman was admitted with thyrotoxicosis. She stated that her eyes felt uncomfortable. Her vision occasionally felt blurry but improved with blinking. Examination showed lid retraction and proptosis bilaterally, more marked on the left. Eye movement was limited in upgaze. Visual acuity was 6/12 in the both eyes, improving to 6/9 with pinhole. Colour vision was 15/17 in the right eye but 13/17 in the left eye.

Which of the following features may be indicative of optic nerve compromise?

- (a) Blurry vision improving with blinking.
 - (b) Proptosis.
 - (c) Reduced colour vision.
 - (d) Restricted extraocular movement.
 - (e) Visual acuity improvement with pinhole.
4. A 70-year-old woman presented with a painful, red right eye for the previous 3 days. She reported the pain was worse when moving the eye and had woken her up a few times at night. 10% phenylephrine drop did not blanch the redness.

What first-line treatment should she be offered?

- (a) Intravitreal steroids.
- (b) Oral non-steroidal anti-inflammatory drugs.
- (c) Oral steroids.
- (d) Topical lubricant drops.
- (e) Topical steroid drops.

5. A 63-year-old man with a known systemic fungal infection reported new onset blurring of vision in his left eye. Fundus examination revealed lesions consistent with candida retinitis, however, there was no evidence of vitreous involvement.

What first-line treatment should be started?

- (a) Intravenous amphotericin.
- (b) Intravitreal amphotericin.
- (c) Oral amphotericin.
- (d) Oral fluconazole.
- (e) Referral for consideration of vitrectomy surgery.

6. A 71-year-old man presented with complaints of double vision. This persisted when the contralateral eye was closed.

Which of the following is a possible cause?

- (a) Blow out fracture.
- (b) Cataract.
- (c) Fourth nerve palsy.
- (d) Internuclear ophthalmoplegia.
- (e) Thyroid eye disease.

7. A 70-year-old woman with known giant cell arteritis was commenced on tocilizumab.

What is the most common side effect of tocilizumab?

- (a) Confusion.
- (b) Difficulty sleeping.
- (c) Headache.
- (d) Stevens–Johnson syndrome.
- (e) Thrombocytopenia.

8. Which of the following signs on funduscopy is most suggestive of diabetic retinopathy?

- (a) Increased optic cup to disc ratio.
- (b) Intraretinal microvascular abnormalities.
- (c) Optic disc oedema and hyperaemia.
- (d) Retinal vascular sheathing.
- (e) Tortuosity and dilatation of retinal veins.

9. Which of the following is a modifiable risk factor for preventing the progression of diabetic retinopathy?

- (a) Age.
- (b) Hypertension.
- (c) Raised intraocular pressure.
- (d) Ethnicity
- (e) Use of oral contraceptive pill.

10. A 58-year-old man presented to the eye emergency department with reduced vision in his right eye. His comorbidities included type 2 diabetes mellitus, hypertension and hyperlipidaemia. Examination revealed a visual acuity of 6/36 in the right eye and 6/6 in the left eye. Dot and blot haemorrhages were present in four quadrants of the retina in the right eye and two in the left eye. An inferior vitreous haemorrhage and neovascularisation of the disc and elsewhere were also found in the right eye. He had no signs of maculopathy in either eye.

What would be the most appropriate next step in his management?

- (a) Advise the patient about tight control of sugar levels, cholesterol levels and blood pressure, and arrange an early appointment under the diabetic eye clinic.
- (b) Arrange for an urgent intravitreal injection of anti-vascular endothelial growth factor to the right eye.
- (c) Arrange for an urgent session of focal photocoagulation to the right eye.
- (d) Arrange for an urgent session of panretinal photocoagulation to the right eye.
- (e) Arrange for an urgent vitrectomy to the right eye.

CME tropical medicine SAQ

Answers to the CME SAQ published in *Clinical Medicine* in January 2022

Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10
(b)	(c)	(c)	(d)	(c)	(c)	(d)	(c)	(c)	(a)