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Study Tips

When it comes to studying, you are more of a pro than most people out there. At this point in your career, you have successfully crossed the hurdles of multiple lengthy and important tests for years. Grade school, high school, college, and medical school all brought you to this exam and to the career opportunities it allows for. Despite all this, studying for and taking a test that is so closely tied to your ultimate professional goal can be daunting. Let this chapter serve as a reminder of studying basics, as well as an opportunity to change ineffective study habits.

Life Basics

Nutrition: Healthy food leads to a healthy life. The stress of studying can cause some to lose their appetite, leading to an unhealthy, anorexia-like state, whereas others tend to overeat. Eating well when studying means eating a balanced diet. Snacks can be a way to keep yourself awake when studying, but beware of the excess sugar, fat, and calories! If you need more snacking than usual, consider specifically choosing healthier options such as crunchy vegetables. If you tend to forget to eat, focus on making sure you actually eat something nutritious at mealtime.

Sleep: Very few people claim to sleep enough—how much more so does this apply when studying on top of everything else! But an awake mind is an alert mind, and an alert mind can process information more efficiently. Only you know how much sleep your body needs to feel rested, but try to be consistent. And if you need a nap, 15- to 20-minute mini naps can be easier to wake up from than multi-hour naps.

Exercise: Studying can make you tired and down, but exercise can wake you up and make you happy! Whether it is time at the gym or a walk, try to incorporate routine movement into your studying life. Some find studying while exercising easy and helpful. For example, you could listen to a recording or bring flashcards. Others find it better to keep the two separate. If you feel yourself getting sleepy or inefficient, you might walk to a coffee shop or library for both the exercise and the change in study environment.

Attitude: This is obviously an important test, so it is wise to take studying seriously. On the other hand, this is not everything in life. Be optimistic and keep things in perspective! A little stress helps fuel studying, but too much stress will paralyze you.

Study Basics

Study Pacing: If you cram, you will forget. You don't just need this study material for an exam, you need it for a lifetime. Try to create a paced schedule. Ideally, a curriculum of your choosing can be completed in the time period you have to implement it. If your study goals are impossible to attain from the get-go, your choice is not going to be a functional study method for you. Define beginning and end dates, and acknowledge days that will be impossible to use. When using a question book like this one, outline the number of questions you will do daily. If you can do more questions than planned one day, you can give yourself a break and do fewer on another. Two weeks before the exam, start to review difficult material. Perhaps you have taken notes on it, or underlined it in the Answer section. Mark the most particularly difficult material during this time, and then review it one last time in the last couple of days before the test.

Study Modalities: No-one said that you have to study everything in the same way. Using multiple modalities to study a single subject can be effective. Or, you might find that some subjects are better studied in one way, while others are better studied in another. As you begin to test yourself, try to be cognizant of what types of learning modalities best suit your needs. Is it photographs? Tables? Flash cards? Bullet point outline form? Full sentences? Books? Questions? And remember—what worked for you one year might not be so effective in another, and it may be because of time available or change in study style. And that's OK! You could try to have various methods of testing and integrating information. For example, take notes on your most difficult question answers and keep them in a small notebook or on your phone. When you have a minute between things, review a page to keep the information fresh.

Question Skills: At the end of the day, a smart question reader is a better test taker. When you read a question, pay special attention to words like "true," "false," or "except." When you read answer choices, cross out clearly incorrect ones—but if you are using the book version of these questions, do not waste time crossing out the whole answer. A little symbol suffices. Always select the best, or most correct, answer. Try not to second guess your original answer—your initial answer is more likely to be the correct one. Remember that incorrect answers do not count against

your score, so it is always worth choosing something. If you feel a question is taking too much time, select an answer and mark the question so that you can spend time carefully rereading the question and answers at the end of the exam.

Cross-assimilation: Learn from the correct and incorrect answer explanations. Even though the majority of answer choices are typically incorrect, the answer explanations for incorrect answers are specifically built to help you learn more information. If a topic seems foreign to you, use the question as an opportunity to look up more information.

Timing: For those who need to work on timing, try to do a set number of questions in a timed manner, and then review answers in depth, rather than looking at the answers between each question. It is helpful to take a break every 45 minutes or so of studying. Your initial goal might be 25

questions in a 30-minute period. You might work up to 50 questions in an hour. Remember that the test itself is 250 questions over 5 hours.

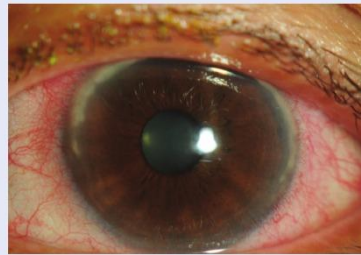
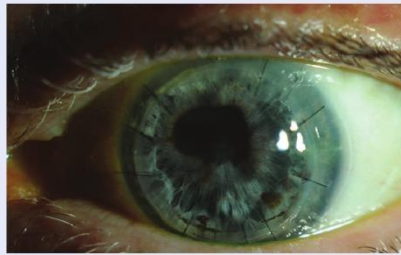
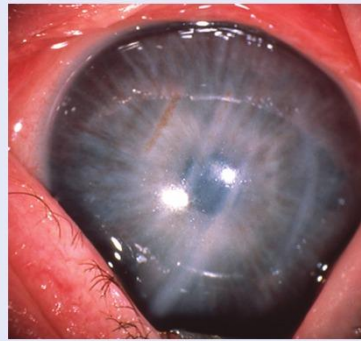
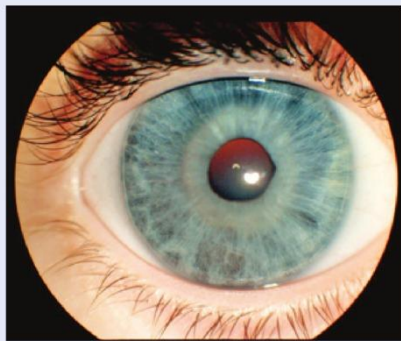
Day of Stress Techniques: Certain stressors can be ameliorated by controlling them. If you are worried about getting to the test on time, ask a friend or family member to call you in case you snooze your alarm. Think about what you want available to eat or drink during your testing breaks and pack them the night before. Also, pack whatever you need for identification at the testing center. Maybe you have a favorite test sweater—that's another form of stress reduction, and it's OK! If you realize you are getting stressed or need a mental break during the exam, try a minute of meditation, deep breathing exercises, or picturing your favorite type of vacation. It may be a calm and empty beach with lapping waves and a lightly fluttering wind... A very short moment of brain and body relaxation might help you focus and finish the test more effectively and efficiently.

Good luck!

Chapter 1

Cornea, External Disease, and Anterior Segment

Carolina Adams, Danielle Trief



1.1 Questions

Easy

Medium

Hard

1. A 67-year-old female presents to the outpatient clinic with a history of recurrent nodules of the right upper eyelid for the past 5 years that were treated with multiple intralid injections of triamcinolone. On exam, you notice two right upper lid nodules associated with madarosis and lid margin thickening. The left eyelids are unremarkable. What condition are you concerned about?

- A. Recurrent chalazion
- B. Sebaceous gland carcinoma
- C. Basal cell carcinoma
- D. Squamous cell carcinoma

2. A 47-year-old female presents with a history of chronic foreign body sensation and tearing associated with inferior punctate epithelial erosions. You decide to evaluate tear production without topical anesthetic. What is the name of this test?

- A. Basic secretion test
- B. Schirmer I test
- C. Schirmer II test
- D. Schirmer IV test

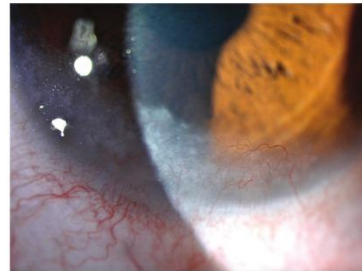
3. Which of the following is a quantitative test of tear production?

- A. Lactoferrin
- B. Immunoglobulin G
- C. Schirmer testing
- D. Meibography

4. A 45-year-old female with a history of seboreic dermatitis complains of foreign body sensation and tearing. On exam, there is a rapid tear breakup time and foam in the tear meniscus. What would be the most likely cause of this patient's dry eye?

- A. Sjogren's syndrome
- B. Age-related dry eye
- C. Trachoma
- D. Meibomian gland dysfunction

5. A 19-year-old Caucasian female presents with a history of meibomian gland dysfunction for the past 2 years. On slit lamp exam, she has lid margin telangiectasias and anterior blepharitis in both eyes and corneal neovascularization of the right eye as shown in figure. What is the most likely underlying etiology of this patient's findings?



- A. Rosacea
- B. Staphylococcal blepharitis
- C. Keratoconjunctivitis sicca
- D. Chalazion

6. A 45-year-old female presents to your office due to persistent left eye foreign body sensation and pain. She visited the emergency room 5 months ago due to sudden left facial weakness including the forehead. On exam, she is noted to have interpalpebral fluorescein uptake. Which of the following findings on clinical exam would you expect to find?

- A. Reduced sensation of the cornea on the affected side
- B. History of ptosis surgery on the affected side
- C. Failure to close the eye completely on the affected side
- D. Uncontrolled high blood pressure

7. Which one of the following is not a cause of neurotrophic keratopathy?

- A. Herpes simplex virus (HSV)
- B. Riley-Day syndrome
- C. Hansen's disease
- D. Human immunodeficiency virus (HIV)

8. A 34-year-old obese male with obstructive sleep apnea presents to the cornea clinic due to progressive decline in visual acuity in the right eye. He visited a community optical shop and was told he had irregular astigmatism in the right eye. Clinical findings revealed laxity of the bilateral upper eyelid with severe tarsal papillary reaction. What is the most likely diagnosis?

- A. Floppy eyelid syndrome
- B. Superior limbic keratoconjunctivitis
- C. Dermatochalasis
- D. Ocular rosacea

9. A 57-year-old woman presents with a history of chronic ocular surface disease since a bilateral upper lid blepharoplasty 3 years ago. Clinical findings include a fine papillary reaction on the superior tarsal conjunctiva associated with hypertrophy of the superior limbus and fine punctate epithelial erosions in the superior one-third of the cornea. What would be the most likely diagnosis?

- A. Floppy eyelid syndrome
- B. Exposure keratopathy
- C. Foreign body under superior eyelid
- D. Superior limbic keratoconjunctivitis

10. A 25-year-old healthy female presents with a history of multiple episodes of sudden left eye pain upon awakening associated with photophobia and tearing. She has a remote history of a left eye corneal abrasion due to a fingernail trauma 3 years ago. Which of the following is not a potential therapy for this patient?

- A. Lubricating ointment at night
- B. Sodium chloride hypertonic ointment
- C. Phototherapeutic keratectomy (PTK)
- D. Laser-assisted in situ keratomileusis (LASIK)

11. A 29-year-old medical resident presents with a worsening corneal infiltrate and edema despite topical antibiotics. The resident had a corneal abrasion and was treated initially in the emergency department. Clinical exam findings include keratic precipitates, a necrotic ring opacity, and ciliary flush. The patient reports compliance and denies the use of contact lenses or history of trauma. Which of the following diagnoses should be considered?

- A. Topical anesthetic abuse
- B. Acanthamoeba keratitis
- C. Fungal keratitis
- D. Herpetic keratitis

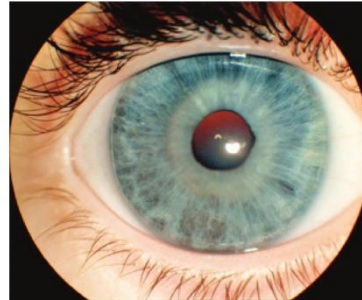
12. A 12-year-old female with a history of a bone marrow transplant 2 months ago presents with dry eye not responding to standard lubrication management. On exam, she is noted to have a loss of the palisades of Vogt in two-thirds of the limbus and early corneal neovascularization. What would be the most likely diagnosis?

- A. Toxic keratoconjunctivitis
- B. Stem cell deficiency
- C. Keratoconjunctivitis sicca
- D. Rosacea

13. A 3-year-old boy is referred by his pediatrician due to progressive right eye corneal clouding since birth. On exam, he is noted to have opacification resembling sclera limited to the corneal periphery and 10 D of hyperopia in each eye. Which of the following corneal anomalies is most likely to be present?

- A. Microcornea
- B. Megalocornea
- C. Cornea plana
- D. Posterior embryotoxon

14. An 8-year-old boy with multiple craniofacial and dental abnormalities presents for follow-up. On anterior slit lamp examination, as shown in the figure, you notice one of the following. What is the most likely diagnosis?



- A. Peters anomaly
- B. Keratoconus
- C. Axenfeld-Rieger syndrome (ARS)
- D. Sclerocornea

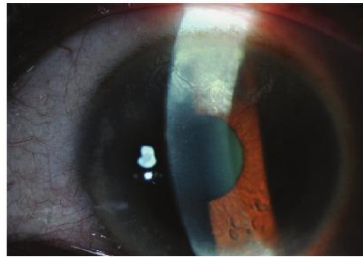
1 Cornea, External Disease, and Anterior Segment

15. A 1-day-old premature male born at 30 weeks of gestation presents with multiple cardiac malformations, cleft lip, and skeletal abnormalities. On exam, bilateral corneal opacities are noted. You suspect a condition characterized by the findings on the provided figure. What is the most likely diagnosis?



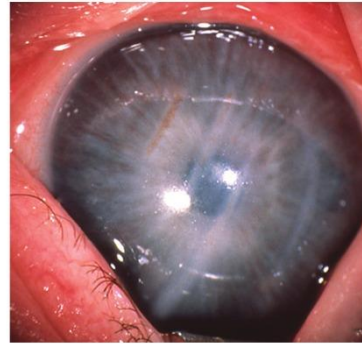
- A. Corneal ulcer
- B. Peters anomaly
- C. Trauma
- D. Dermoid

16. An 8-year-old male presents to clinic due to bilateral eye pain and redness. He has a history of premature delivery overseas. While interviewing the patient you note that the patient has a hearing deficit and dental abnormalities. On examination, as seen in the given figure, he is noted to have microcystic edema, intense stromal vascularization, and ghost vessels. Which of the following treatment would have prevented this corneal pathology?



- A. IV penicillin
- B. IV ceftazidime
- C. IV acyclovir
- D. IV voriconazole

17. A 5-day-old female with no systemic abnormalities presents with left eye corneal opacities as shown in the given figure. What would the most likely cause of the findings?



- A. Forceps trauma
- B. Congenital glaucoma
- C. Cortical cataract
- D. Corneal ulcer

18. A 35-year-old female complains of chronic progressive foreign body sensation in the left eye for the past 5 years. On exam, she is noted to have a nasal conjunctivalization with elastotic changes on pathology review. Which of the following is most likely to be present?

- A. Stocker's line
- B. Hudson-Stahl line
- C. Fleischer's ring
- D. Ferry's line

19. A 78-year-old woman with no past ocular history presents with progressive bilateral corneal opacity for the past 7 years associated with foreign body sensation and decreased visual acuity. She has a history of sun exposure and on examination she was found to have translucent, golden brown deposits in the superficial peripheral cornea. All of the following are potential therapies, except?

- A. Lubricating ointment
- B. Superficial keratectomy
- C. Phototherapeutic keratectomy
- D. Photorefractive keratectomy