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Objective Structured Practical Examination (OSPE) Book Review in Ophthalmology



2nd Edition

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JAYPEE

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CHAPTER 2

Scenarios Based

QUESTIONS

OSPE: 01

A patient of 75-year-old came to you with the complaint of vertigo accompanied by double vision, graying of vision, and blurred vision. The patient gave history of suddenly becoming weak at the knee and crumple to fall that lead to significant head injury. There was no disk edema.

A. What may be the probable cause?
B. Mention two differential diagnosis.
C. Mention one clinical examination and one laboratory investigation to rule out the diagnosis, beyond eye.
D. Two hematological investigations.
E. Two radiological investigations.

OSPE: 02

A lady of 50-year-old came to you with the complaints of double vision, which is sometimes horizontal and sometimes vertical. On examination, you got no positive findings of double vision. Pupillary reaction was also normal, both direct and consensual. After taking history you came to a conclusion that there is variability of the double vision which is usually marked after physical exertion and at evening. There is no history of eye pain, headache, neurologic symptoms, dysphagia, and viral infection or recent trauma.

A. What is your probable diagnosis?
B. Mention two differential diagnoses?
C. Mention one clinical test for diagnosis and one investigation to rule out other pathology

OSPE: 03

A lady of 30-year-old (not diabetic or hypertensive), but taking oral contraceptive for last 6–7 years came to you with the complaints of sudden loss of vision in left eye. On examination, you got visual acuity 6/24 (R/E), normal pupillary reaction. On examination of ocular fundus, you got retinal hemorrhage, soft exudates, and macular edema.

A. What is your probable diagnosis?
B. What is the most common site for this scenario?
C. Mention three risk factors?
D. What may be the cause of persistent poor vision?

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OSPE: 04

2 years earlier, a 75-year-old man came to you with gradual loss of vision due to senile mature cataract and was advised for surgery at that time, but he did not come for surgery. After 2 years he came to you with sudden loss of vision, raised intraocular pressure (IOP), with painful red eye with photophobia, and severe conjunctival hyperemia. On slit-lamp examination, there was presence of cells and flare without keratic precipitates, pseudohypopyon, deep anterior chamber, and an open anterior chamber angle was there.

A. What is the most likely diagnosis?
B. The lack of keratic precipitates helps to distinguish what?
C. Treatment: (i) Immediate and (ii) Definitive treatment.
D. Why pseudohypopyon is there?
E. Lens-induced glaucoma may cause open angle or close angle glaucoma. Mention the name of two open angle and one close angle glaucoma.

OSPE: 05

A man of 30-year-old came to you with acute periorbital redness, swelling, and pain in right eye. On examination, you found congestive proptosis and ophthalmoplegia. CT shows ill-defined orbital opacifications and loss of definition of contents.

A. What may be diagnosis?
B. Write three differential diagnoses.
C. When it may be unilateral or bilateral?
D. Which tissue of the orbit is involved in this disease?

OSPE: 06

A man of 25-year-old (normotensive, non-diabetic, non-smoker and non-alcoholic) came to you with the complaint of sudden loss of vision. He has also gave history of repeated attacks of dimness of vision at morning and recovers it after a short time. But this time vision loss is persisting.

A. What is your diagnosis?
B. What is the hallmark of the disease?
C. Write three causes of vision loss.
D. In fundus fluorescein angiography (FFA), how will you differentiate active and chronic phase?
E. Write three differential diagnoses. (On the basis of FFA report) (FFA not supplied).

OSPE: 07

- A 66-year-old patient complains of episodic headaches and transient bilateral visual loss, the attacks always occur on the same side and visual symptoms follow rather than precede the onset of headache.

A. Which two lesions have to rule out?
B. What two investigations you have to do?
C. What may be the other diagnosis? Mention two.

OSPE: 08

A 25-year-lady came to you with the complaint of transient visual obscurations lasting only a few seconds and characterized by a "graying out" or "darkening" of vision in one or both eyes, often precipitated by changes in posture.

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A. What is your diagnosis?
B. Write two D/D.
C. Mention two investigations.

OSPE: 09

A 60-year-old patient is presented with sudden loss of vision, headache, and jaw claudication.

A. What is your clinical diagnosis?
B. Name three investigations for diagnosis.
C. Mention one common treatment.

OSPE: 10

A middle-aged female referred to neuro-ophthalmology clinic by an ophthalmologist who noted mild papilledema both eyes with recent onset of severe headache which was not relieved by any analgesics, a month of treatment with adequate acemox tablets, and repeated lumbar puncture, prior to which CT scan and MRI revealed nothing except ventriculomegaly [gave no impression of intracranial space occupying lesion (ICSOL) or duct stenosis].

A. What might be the possibilities? Mention two.
B. What else investigations do you want to do? Mention three.
C. What may be the treatment? Mention two.

Explanation: The clinical features mimic this is a case of idiopathic intracranial hypertension (HTN) but it denies when not responding to any of its treatments. Again, it denies ICSOL or aqueduct stenosis since CT scan and MRI revealed nothing except ventriculomegaly, in case of idiopathic intracranial hypertension (IIH), the ventricles become slit-like but never dilate. The dilemma in diagnosis of such cases of middle-aged women with nonresponding headache commonly present with cerebral venous sinus thrombosis which is confirmed by MRV (magnetic resonance venogram) that shows segmentation of blood column in cerebral sinuses. The treatment is by low-molecular weight heparin or warfarin. Another possibility in the context of our country is obstructive hydrocephalus following TB meningitis.

(Courtesy: Dr Hasanuzzaman. Long-term fellow: Oculoplastic).

OSPE: 11

It is an idiopathic multisystem disorder. One of the most common systemic associations of uveitis. It can affect essentially any organ system. It more frequently (10:1) affects patients of black than white ethnicity but is more common in colder climates. Females are more commonly affected than males; peak age is 20–50 years.

A. What is the name of the disease?
B. Name the three major organs it affects.
C. Write two anterior segment findings.
D. Write three posterior segment findings.

OSPE: 12

Go through the scenario carefully and answer the following questions: A patient complains of bilateral floaters, distortion of central vision, which is wax and wane over many months. The external eye is often white and uninflamed.

A. What is your diagnosis?
B. What are the systemic diseases associated? Mention two.

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C. What findings will you get? Mention three.
D. What ocular investigation will you do? Mention two.
E. What are the causes of vision loss? Mention two.

OSPE: 13

It is the most common painful orbital mass in the adult population, and is associated with proptosis. It is a non-neoplastic, non-infective, space occupying orbital infiltration with inflammatory features. It has a varied clinical presentation depending on the involved tissue. Sometimes, clinically we are confused with dysthyroid ophthalmopathy.

A. What is the diagnosis?
B. How can you differentiate it from dysthyroid ophthalmopathy by MRI?
C. It is usually unilateral, but may be bilateral. When?
D. What feature will you get in CT scan?
E. What is the natural course? Mention three.

OSPE: 14

It is a recurrent bilateral disorder of conjunctiva, and sometimes cornea also, in which both IgE- and cell-mediated immune mechanisms play important roles. It primarily affects boys and onset is generally from about the age of 5 years onward (mean age 7 years). 95% of cases remit by the late teens although many of the remainder develops a topic.

A. What is the diagnosis?
B. How many types of this disease? Name them.
C. Which one effects cornea more?
D. When is the incidence high?
E. Do you need any investigation?
F. It has rarely one corneal association. Mention it.

OSPE: 15

A 10-year-old boy came to you along with his father with the complaints of swelling at upper nasal quadrant of the right orbit which is as it is for the last couple of years. But he gave the history, when he was playing with his friends, one of them was trying to strangulate him, and suddenly the eye became bulged and everybody was frightened to see that.

A. What may be the cause?
B. Why there was proptosis?
C. And why it was reversible?
D. What may be the complication?
E. What is the indication of surgery?

OSPE: 16

Histologically, it is crack-like dehiscence in brittle thickened and calcified Bruch membrane, associated with atrophy of the overlying retinal pigment epithelium (RPE), with optic disc drusen.

A. What is the name of the disease?
B. What are the causes of loss of vision? Mention three.
C. Mention one systemic association with this ocular finding.
D. What is the usual prognosis of this condition?

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OSPE: 17

A patient came to you with the complaints of diplopia (vertical). But the diplopia goes on when he tilts his head and worsens on looking down. When you asked him about the onset, he told probably it is sudden but he cannot recognize when it started. On examination you found that pupillary reaction is normal, and there is no ptosis.

A. What is the probable diagnosis?
B. What are the causes for this sort of abnormality?
C. Which history you would have to know from the patient? Mention one.
D. What clinical tests you should do for diagnosis? Mention two.

OSPE: 18

Transmission of this disease may also occur by contaminated blood or needle. It targets CD4+ T cells, a steady decline in the absolute number of CD4+ T cells therefore occurs, and cell-mediated immunity declines.

A. What is the name of the disease?
B. How you measure the disease progression? In spite of systemic organ, it involves ocular structure, from eyelid to posterior segment. Mention:
   - Two eyelid findings
   - Three anterior segment findings
   - Three posterior segment findings.

OSPE: 19

A 63-year-old man presented to you with complaints of sudden dimness of vision in his left eye. He also gave the history that he has severe nausea and yellow coloration of his sclera for last 1 month.

A. What should be the diagnosis?
B. What might be the cause of his reduced vision? Mention three.
C. Why jaundice is there?
D. What investigations do you suggest to reach the diagnosis and management? Mention three.

OSPE: 20

A medicine specialist referred a 70-year-old patient to an ophthalmologist with severe headache and sudden onset of profound visual loss in one eye. On examination, it was found that mild ptosis and adduction deficit in the same eye. He had high ESR and high platelet count.

A. What is the most likely diagnosis?
B. Why ptosis and adduction deficit are there?
C. What specific investigations do you suggest to reach the diagnosis? Mention two.

OSPE: 21

You received a call from obstetrics emergency ward to see a hypertensive 40-year-old lady pregnant for last 7 months who gave history of repeated convulsions followed by loss of vision. You found visual acuity—only perception of light (both eyes), fundus and pupil reactions are normal in B/E.

A. What is the possibility?

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B. What might be the underlying causes? Mention two.
C. What investigations you suggest? Mention four.

OSPE: 22

The disease probably has an autoimmune basis, and may be precipitated by exposure to an infectious agent with subsequent cross-reaction. The disease typically affects patients from the ancient "Silk Road" route. There are no specific tests to confirm a diagnosis. The diagnosis is based on clinical criteria. Tumor necrosis factor (TNF) thought to be an important

A. Mention the name of the disease.
B. Which systemic structures it involves? Mention three.
C. Which ocular structures it involves? Mention three.

OSPE: 23

A 70-year-old lady came to you with the complaints flushing of lightning-like arc induced by eye or head movement, in the temporal periphery and is more noticeable in dim illumination. She denied any "shades" or "curtains" in her temporal vision. On examination, you found a ring-like appearance in front of the disk.

A. What is name of the ring?
B. What is your probable diagnosis?
C. What is the importance of the history of "She denied any 'shades' or 'curtains' in her peripheral vision"?
D. Mention three risk factors?

OSPE: 24

It is an uncommon idiopathic multisystem autoimmune disease featuring inflammation of melanocyte-containing tissues; predominantly affects pigmented individuals. The disease is divided into two components; one is skin changes and anterior uveitis and other in which neurological features and exudative retinal detachments predominate.

A. What is the name of the disease?
B. Which ethnic group sufferers more?
C. In chronic stage it has a similar immunopathogenesis, with another disease, what is the name of that disease?
D. What is the name of the disease when there are skin changes and anterior uveitis?
E. What is the name of the disease when neurological features and exudative retinal detachments predominate?
F. How many people are suffering from auditory problem?

OSPE: 25

A man came to you with some photographs of his baby (2-year-old). You carefully observed these and found in some pictures the face turned laterally. In some, the eyeball looked normal and in some it looked smaller.

A. What may be the diagnosis?
B. Can you predict in which direction the eyeball looks normal?
C. Why the eyeball looks normal?
D. Why the eyeball looks smaller?
E. Mention two other nonocular congenital defects?

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OSPE: 26

A 25-year-old male came to you with complaint of red, painful, photophobic eye, with some decrease in visual acuity. He also complains unilateral "headlight in the fog". On funduscopy, you got lesion with multiple surrounding healed chorioretinal scars.

A. What may be the diagnosis?
B. It appears that polymerase chain reaction (PCR) is typically positive early in the acute infection, when does it becomes negative?
C. If there is associated pars planitis, it broadens the consideration of other disease. Mention two diseases.
D. Congenital infection is associated with a classic triad. What is the triad?

OSPE: 27

Patient with transient visual loss:

A. What is the maximum time limit of transient visual loss?
B. Onset of visual loss within seconds and duration of symptoms between one and 10 minutes were associated with-----What?
C. Transient visual loss (monocular or binocular) lasting seconds and often precipitated by a change in posture (called "transient obscurations of vision") is common in patient with-----What?
D. Visual loss may last from seconds to an hour and may be accompanied by positive visual phenomena such as flashes, sparkles, or heat waves, and is due to-----What?
E. The typical binocular scintillating scotoma lasts for 20–30 minutes and is due to-----What?

OSPE: 28

A 50-year-old male patient came to you with the complaints of pulsatile proptosis, conjunctival chemosis, and a humming sound within the skull 10 days after head injury. On examination, visual acuity of right eye was 6/18 and left eye 6/6. IOP of right eye was 35 mm Hg and left eye 15 mm Hg. On gonioscopy, there was blood in the right trabecular meshwork. Fundus was within normal limit. The proptosis was pulsatile but non-tender and it goes on if pressing over the carotid artery.

A. What is your most likely diagnosis?
B. What may be the other cause?
C. What is the reason for humming sound within the skull?
D. Why IOP is raised?
E. Here it is ipsilateral, can it be bilateral or contralateral in the same injury?

OSPE: 29

A 45-year-old man, otherwise healthy, non-diabetic, and normotensive, suffers from sudden attack of ipsilateral headache and complete third nerve palsy with pupil involvement.

A. What may be the diagnosis?
B. Where is the lesion?
C. When there is no pain but progressive visual loss?
D. When there is associated ocular and forehead pain?

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OSPE: 30

A patient with bilateral anterior and intermediate uveitis is suspected of having sarcoidosis. There is no conjunctival or eyelid granuloma. Chest X-ray shows no abnormalities. Serum angiotensin-converting enzyme (ACE) level is normal.

A. Which investigation will confirm the diagnosis?
B. Which is the best single screening test for sarcoidosis?
C. What is the characteristic of Heerfordt syndrome (uveoparotid fever)?

OSPE: 31

A newborn baby came to you with central corneal opacity present at birth, iridocorneal adhesions, cataract, elevated IOP, and cardiac abnormalities.

A. What may be the possible diagnosis?
B. What are the differential diagnoses? Mention two.
C. Is the condition usually bilateral or unilateral?

OSPE: 32

Neither the patient nor the physician could see anything.

A. What may be the cause? Mention three.
B. Which is the systemic disease you think? Mention one.
C. Which radiological investigation you will go for? Mention one.

OSPE: 33

A 16-year-old boy has referred to you with the complaints of severe itching of both eyes since childhood and it was diagnosed a case of vernal keratoconjunctivitis (VKC). At present, the boy is complaining gradual dimness of vision of both eyes which is not corrected by spectacles, and sometimes "ghost" image. You thought it may be a case of steroid-induced glaucoma (history of injudicious use of steroid is present), so you measured the IOP which was 8 mm Hg and 10 mm Hg in right and left eye, respectively. So you done the ophthalmoscopy, retinoscopy, and slit-lamp examination.

A. What findings will you get with ophthalmoscope? Mention one.
B. What findings will you get with retinoscopy? Mention one.
C. What findings will you get with slit-lamp biomicroscope? Mention two.
D. What investigations will your advice for diagnosis? Mention one.

OSPE: 34

A 35-year-old patient came to you with the complaints of reduced visual acuity for distance and near. He is also suffering from impairment of color vision, which mainly affects red and green. On examination, you find relative afferent pupillary defect (RAPD). You have done visual field analysis, and got central scotoma.

A. What may be the probable diagnosis?
B. In this scenario, what are the differential diagnoses of central scotoma? Mention three.
C. Mention one radiological investigation?
D. In this scenario, what will happen to light brightness sensitivity and contrast sensitivity?

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OSPE: 35

A 15-year-old SSC examinee came to you along with his father. On examination, you find orthophoria for distance but a large exophoria for near.

A. What it indicates?
B. What are the symptoms? Mention three.
C. What are the treatments? Mention two.

OSPE: 36

A 60-year-old lady suffering from dry eye and using artificial tear drop for last 4 years now develops recurrent allergic conjunctivitis.

A. What may be the possible cause?
B. How will you overcome it?
C. Who is the more sufferer of dry eye male/female?
D. Which test measures the stability of the tear film?

OSPE: 37

It is an immune-mediated inflammation of the stroma sparing the epithelium and endothelium of the cornea. It may be congenital or acquired. In congenital, presentation is usually between 5 years and 25 years. The initial symptom is acute anterior uveitis with marked dimness of vision.

A. What may be the possible cause?
B. When is it usually unilateral and bilateral?
C. What type of uveitis you may get?
D. What other ocular features you may get? Mention four.
E. Mention three points on healed stage.

OSPE: 38

It is a chronic, autoimmune, multisystem disease, ocular involvement in one-third of cases. Sometimes potentially blinding disease

A. What is the systemic disease?
B. What is the other name of the disease?
C. Which part of the eye it affects more?
D. What is the most common ocular symptom?
E. Sometimes patient may present with severe ache' or 'boring' pain with sight threatening and requires urgent assessment by an ophthalmologist. What may be the ocular diagnosis?

OSPE: 39

It is a rare disease. Male to female ratio is 1:9. It occurs most commonly in childbearing age. Immune complex formation is thought to be an important mechanism of tissue damage in active disease, leading to vasculitis and organ damage. The most common ocular symptom is dry eye (mainly aqueous layer deficiency). In addition to that, treatment of this disease with systemic medication may cause ocular toxicity.

A. Name the disease.
B. Name the medicine which causes ocular toxicity?
C. What type of medicine is this?
D. What are the toxicities? Mention two.

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OSPE: 40

It is an anticonvulsant, also used in the treatment of migraine. It can cause acute angle-closure glaucoma with associated myopia due to ciliochoroidal effusion.

A. Name the medicine.
B. After how long the complication may arise?
C. What are the presenting symptoms? Mention three.
D. What are the signs? Mention two.
E. What is the treatment? Mention two points.
F. What is the prognosis?

OSPE: 41

A 45-year-old man came to you with the complaints of headaches and nose bleeds. His blood pressure is 180/120 mm Hg. On dilated fundus examination, you found numerous exudates, flame-shaped hemorrhages, cotton-wool spots, and severe attenuation of the arterioles. You do not find arteriovenous (A/V) crossing changes and the arteriolar light reflex is normal.

A. What type of hypertension the patient is suffering from?
B. Is it acute or chronic hypertension?
C. Mention two points from above findings in favor of your comment.
D. You have to refer the patient to internist, if internist is not available, to whom will you refer the patient?
E. In spite of blood sugar and lipid profile, what will be the next blood test?
F. Is it a medical emergency?

OSPE: 42

A patient referred to you by an internist. He reports feeling especially tired lately, becoming fatigued after only moderate activity. He is also concerned about his vision; everything seems "dingy" or "yellow" to him. He is not sure when his visual symptoms started. The patient has a history of heart disease for which he takes cardiac medications. Systemic examination reveals no health problems, other than his heart condition, which appears stable. Ocular examination reveals only hypertensive retinopathy grade 1.

A. What may be cause of his vision problem?
B. Is the visual symptom reversible or irreversible?
C. If you have the option to ask a question to patient, what should you ask first?
D. In this condition, is it always "yellow"; is it possible to becomes green, blue, red or brown vision?

OSPE: 43

A 70-year-old man is suffering from age-related cataract and he likes to go for cataract surgery. He is taking medication (but cannot remember the name of medicine) for his urine flow?

A. What medicine that you think can cause surgery difficult?
B. Which syndrome is associated with this medicine?
C. What difficulties you may face during surgery? Mention three.
D. How can you overcome them? Mention four.

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OSPE: 44

A 32-year-old HIV-positive man visits your clinic with complaints of decreased vision and floaters in his left eye for the past 2 weeks. On examination, you note retinal hemorrhages but no vasculitis and areas of white retinal opacifications.

A. What is your diagnosis?
B. Mention two D/Ds.
C. How you measure the progression of AIDS?
D. Nowadays, this sort of ocular involvement is reduced in AIDS patients. Why?

OSPE: 45

It is a systemic disease in 30% cases, it comes with ocular presentation. Usual range of presentation is 20–50 years of age, mean age is 30 years. Patient may complain phosphene and ocular pain during eye movements mainly in upper gaze. On examination, visual acuity is 6/18 – 6/60 not improve with pin hole. On visual field examination, there is diffused depression of sensitivity in central 30° field.

A. What may be the probable diagnosis?
B. Why the ocular pain mainly in upper gaze?
C. In visual field analysis, in spite of sensitivity what is the other change you may get?
D. You examine the other eye and observed temporal disc pallor. What may be the cause of this feature?
E. What is the early and late natural course of the disease?

OSPE: 46

A 30-year-old man came to you with complains of visual loss for last 3 days accompanied by tiny white or colored flashes or sparkles. Discomfort or pain in or around the eye, which is exacerbated by ocular movements. There is also frontal headache and tenderness of the globe.

On examination:

- VAR: 6/60; VAL: 6/6.
- Ocular motility: Full in all gazes.
- Optic disc: Nothing abnormality detected temporal disc pallor in the fellow eye.
- Visual field shows diffused depression of sensitivity in the entire central 30°.

A. What is your diagnosis?
B. What may be the systemic cause?
C. Mention two non-ocular investigations.
D. What other field defect you may observe in this disease? Mention two.

OSPE: 47

A 55-year-old patient came to you and apart from gradual reducing visual acuity, also complains of impaired contrast sensitivity, difficulties with glare, and monocular diplopia. On history, you found that you have done phacoemulsification with posterior chamber intraocular lens (PC IOL) 2 years back; the lens was +20.D and made of poly (methyl methacrylate) (PMMA). The surgery was uneventful.

A. What may be the cause?
B. Who is more prone to develop this complication?
C. Write three precautions you should take during surgery to avoid this complication?
D. How will you manage it?

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OSPE: 48

A healthy 48-year-old man complains of seeing "floating black dots" in the field of vision of his right eye for 2 days, associated with the sensation of brief flashing lights in the periphery of his visual field. He states that he has a disturbance in the temporal field of vision of his right eye, "like a curtain coming down." His visual acuity is 6/60. Pupils are normal. Confrontation visual field examination shows mild temporal visual field loss in the right eye only.

A. What may be the probable cause?
B. What it indicates if the VA is less than 6/60?
C. What it indicates when there is cessation of flashing of lights? Mention two indications.

OSPE: 49

Bilateral proptosis is the most common ocular presentation of this disease usually by contiguous spread from the paranasal sinuses or nasopharynx. Primary orbital involvement is less common.

A. What is the probable diagnosis?
B. Mention two D/Ds.
C. Mention two coexistent ocular involvements.
D. Mention one important serological test for diagnosis.

OSPE: 50

A 70-year-old man has noted visual distortion over the past week. His concern increased when he discovered that the distortion was in the right eye only. Straight lines viewed through his left eye remained straight, but they appeared too deep down in the center when viewed with his right eye only. Visual acuity testing revealed OD 6/18, OS 6/6.

A. What further tests will help determine the source of the patient's visual loss?
B. What is your diagnosis?
C. What are the risk factors of this disease? Mention three.

OSPE: 51

A 70-year-old woman came to you with recent onset of headache; it was not associated with nausea or vomiting. There was pain in the jaw when taking food but her teeth had no caries or pain. There was scalp tenderness when she was combing his hair. She also gave some nonspecific symptoms such as fever, night sweats, malaise, and weight loss.

A. What is your diagnosis?
B. What type disease is this?
C. At elderly, new onset of headache indicates ICSOL. How will you differentiate it from history and from one investigation?
D. What are the independent risk factors? Mention two.
E. What ocular complication is common? Mention one.

OSPE: 52

A 90-year-old woman has recently noticed visual loss OD, along with a persistent right-sided headache, generalized fatigue, and a 10-pound weight loss. Examination reveals visual acuity of OD 6/24 and OS 6/9. There is a right relative afferent pupillary defect. Confrontation visual field assessment shows inferior visual field loss in the right eye; the left eye is normal. On dilated retinal examination, the right optic disc was swollen and there were flame-shaped hemorrhages around the disc.

A. What is your diagnosis?

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Objective Structured Practical Examination (OSPE) Book Review in Ophthalmology

In postgraduate examination, objective structured practical/clinical examination (OSPE/OSCE) is not a new concept globally. It was first developed in University of Dundee (Dundee, Scotland) in the early 1975 by Dr Harden and his colleagues. After some modification, it was described in detail in 1979. This method was the subject of an international conference in Ottawa, Canada in 1985 and experiences were exchanged about OSPE and OSCE.

The scarcity on this topic, encouraged me to write a book about OSPE in my subject because I am involved in examination system since 2010 step-by-step as Supervisor, Assessor, Observer, and Moderator of the OSPE station. This is the 2nd edition of this book, and it contains 390 OSPE questions/answers. The book is not only helpful for their OSPE/OSCE examination, but also the problem-based questions will help them in written as well as in viva examination (includes 80 problem-based questions/answers in 2nd chapter, in addition to that most chapters contain some problem-based questions).

There are some images in each chapter such as Biometry, A-scan, visual field analysis, optical coherence tomography (OCT), Electro-oculography (EOG), color fundus photographs, B-scan, fundus fluorescein angiography (FFA), X-ray, CT scan, MRI, etc. and these are very important tools in viva board.

Lastly, I can say this book is not only helpful for OSPE/OSCE examination, but also in written and viva-voce examinations.

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