

Model Answer of Ophthalmology

Banha University
Faculty Of Nursing

أ.م.د / أيسر عبد الحميد فايد

10 June 2013

1) The causes of red eye.

- Inflammation (conjunctivitis).
- Allergy.
- F.B.
- Tobacco smoke.
- Rubbing Lashes.
- Dust
- Dry eye.
- Glaucoma.
- Iridocyclitis.
- corneal ulcer.

- 2) Myopia

def. : It is that refractive error where in the incident parallel rays come to focus in front of retina when eye in rest types

Non surgical treatment:

i-By concave lenses:

ii-Contact lenses: is preferred in high myopic patients where the field is diminished due to the degenerated periphery.

iii-Plenty of vitamins and calcium, good diet; vit. A is essential.

iv-Proper visual hygiene, including:

a-Proper choice of work e.g. avoid working as watch maker or jewelers and excessive near work is avoided.

b-proper illumination: it is better to be from behind and to one side. Direct illumination of the book should be avoided.

Surgical treatment:

Surgery of myopia varies according to the degree of myopia.

1-Radial keratotomy (R.K.)

2-Laser in situ kerato mileusis (LASIK)

Here a microkeratome is used to make a corneal flap that gives access to the corneal stroma combined with ablation of the exposed stromal bed with an excimer laser.

3-Phakic myopic intraocular lenses.

4- Clear lens extraction.

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3)

fundus finding in diabetic retinopathy

(Diabetic retinopathy:)

Classification:

1-non proliferative

-Microaneurysm

-Hemorrhage

2-Maculopathy

a-Exudative.

c-Ischaemic.

d-Mixed

3-Proliferative

-neovascularisation

-retinal detached. -vitreous hemorrhage

4) Complete

1-Blepharitis means it is a chronic inflammation of lid margins the different types included squamous ulcerative blepharitis,... angular blepharoconjunctivitis and allergic Blepharitis

5) Ophthalmia Neonatorum :

It is bilateral conjunctivitis, present between 1-12 days after birth in cases of gonococcal ophthalmia. A membrane formation may occur, with marked chemosis, and marked lid oedema, redness, with purulent discharge.

Organisms :

that may cause neonatal bacterial conjunctivitis include Chlamydia trachomatis, Streptococcus viridians, Staphylococcus aureus, Hemophilus influenzae, Moraxella, Escherichia coli, other Gram-negative rods, and Neisseria gonorrhoeae.

Prophylactic treatment:

1. Treatment of the mother before labour is essential.
2. Washing of the body of the newly born the closed eyelid are cleansed and dried.
3. Broad spectrum antibiotics eye drops are used instead.

Treatment:

- is topical 10% sulfacetamide or erythromycin qid and systemic. for 2 weeks is the preferred therapy in newborns.
- Oral sulfisoxazole is the alternative drug .

If the mother is breast-feeding, erythromycin 250 mg qid or sulfonamides 500 mg. qid should be used for 21 days

