Стом-21ИН

Federal State Budgetary Educational Institution of Higher Education "North Ossetian State Medical Academy" of the Ministry of Health of the Russian Federation

Department of Otorhinolaryngology with Ophthalmology

APPROVED

Minutes of the meeting of the Central Coordinating Educational and Methodological Council dated March 22, 2022 No. 4

EVALUATION FUNDS FUND

in the discipline of ophthalmology

the main professional educational program of higher education is the specialty program in the specialty 31.05.03 Dentistry,approved on 30.03.2022.

for 4th year students

specialty 31.05.03 Dentistry

Reviewed and approved at the meeting of the department
"25" February 2022, Protocol No. 7.

Head of the Department M.D. E.T. Gappoeva

STRUCTURE EFF

1. Title page
2. The structure of the FOS
3. Review of the FOS
4. Passport of evaluation tools
5. *Set of evaluation tools:*

- questions to the module
- bank of situational tasks
- standards of test tasks (with title page and table of contents),
- tickets for the test.

ФЕДЕРАЛЬНОЕ ГОСУДАРСТВЕННОЕ БЮДЖЕТНОЕ ОБРАЗОВАТЕЛЬНОЕ УЧРЕЖДЕНИЕ ВЫСШЕГО ОБРАЗОВАНИЯ «СЕВЕРО-ОСЕТИНСКАЯ ГОСУДАРСТВЕННАЯ МЕДИЦИНСКАЯ АКАДЕМИЯ» МИНИСТЕРСТВА ЗДРАВООХРАНЕНИЯ РОССИЙСКОЙ ФЕДЕРАЦИИ

РЕЦЕНЗИЯ
на фонд оценочных средств

по офтальмологии **для студентов 4 курса**
по специальности 31.05.03 Стоматология, частично реализуемой на английском языке.

Фонд оценочных средств составлен на кафедре оториноларингологии с офтальмологией на основании рабочей программы дисциплины Офтальмология (2020) и соответствуют требованиям ФГОС 3+ по специальности 31.05.03 Стоматология.

Фонд оценочных средств включает в себя:

- вопросы к модулю,
- банк ситуационных задач,
- эталоны тестовых заданий (с титульным листом и оглавлением),
- билеты к зачету.

Банк тестовых заданий включает в себя следующие элементы: тестовые задания, варианты тестовых заданий, шаблоны ответов. Все задания соответствуют рабочей программе по офтальмологии и охватывают все её разделы. Сложность заданий варьируется. Количество заданий по каждому разделу дисциплины достаточно для проведения контроля знаний и исключает многократное повторение одного и того же вопроса в различных вариантах. Банк содержит ответы ко всем тестовым заданиям и задачам.

Количество билетов на зачет достаточно для проведения зачета и исключает неоднократное использование одного и того же билета во время экзамена в одной академической группе в один день. Билеты на зачет выполнены на бланках единого образца по стандартной форме, на бумаге одного цвета и качества. Билет на зачет включает в себя 3 вопроса. Формулировки вопросов совпадают с формулировками перечня вопросов, выносимых на зачет. Содержание вопросов одного билета относится к различным разделам программы, позволяющее более полно охватить материал дисциплины.

Дополнительно к теоретическим вопросам предлагается банк ситуационных задач. Ситуационные задачи дают возможность объективно оценить уровень усвоения обучающимся теоретического материала. Сложность вопросов в билетах на зачет распределена равномерно.

Замечаний к рецензируемому фонду оценочных средств нет.

В целом, фонд оценочных средств по офтальмологии способствует качественной оценке уровня владения обучающимися общекультурными и профессиональными компетенциями.

Рецензируемый фонд оценочных средств по офтальмологии может быть рекомендован к использованию для промежуточной аттестации на стоматологическом факультете у иностранных студентов 4 курса.

Рецензент:

Председатель ЦУМК по хирургическим дисциплинам №1

Л.В. Цаллагова

М.П.

ОТДЕЛ КАДРОВ И ДОКУМЕНТООБОРОТА

ВЕРНО: специалист по кадрам отдела кадров и документооборота ФГБОУ ВО СОГМА Минздрава России

20 ___ г.

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Passport of the Ophthalmology Evaluation Fund

№	Name of the supervised section (topic) of the discipline/module	The code of the competence being formed (stage)	Name of the evaluation tool
1	2	3	4
Type of control	**Intermediate**		
1.	Clinical anatomy of the organ of vision. Anomalies. Connection of eye pathology with dental disorders.	PC-1.	Test tasks, test tickets
2.	Methods of investigation of the eye and its appendages.	PC-1; PC-2.	Test tasks, situational tasks, tickets for assessing practical skills, test tickets
3.	Visual functions, starting from birth and in adults.	PC-1; PC-2.	Test tasks, situational tasks, tickets for assessing practical skills, test tickets
4.	Diseases of the eyelids, conjunctiva and lacrimal organs.	PC-1; PC-2.	Test tasks, situational tasks, tickets for assessing practical skills, test tickets
5.	Pathology of the cornea.	PC-1; PC-2.	Test tasks, situational tasks, tickets for assessing practical skills, test tickets
6.	Diseases of the vascular membrane of the eye.	PC-1; PC-2.	Test tasks, situational tasks, tickets for assessing practical skills, test tickets
7.	Pathology of the lens. Glaucoma.	PC-1; PC-2.	Test tasks, situational tasks, tickets for assessing practical skills, test tickets
8.	Diseases and neoplasms of the orbit.	PC-1; PC-2.	Test tasks, situational tasks, tickets for assessing practical skills, test tickets

1	2	3	4
9.	Damage to the organ of vision.	PC-1; PC-2.	Test tasks, situational tasks, tickets for assessing practical skills, test tickets
10.	Modular lesson. Testing of practical skills. Testing of theoretical knowledge.	PC-1; PC-2.	Test tasks, situational tasks, tickets for assessing practical skills, test tickets
11. Credit	Ophthalmology	PC-1; PC-2.	Test tasks, situational tasks, tickets for assessing practical skills, test tickets

Questions for the module.

1. The anatomy of the orbit and its connection with the dental system.
2. The contents of the eye socket. The ocular sinuses. Fascia of the eye.
3. Anatomy and functions of the eyelids.
4. The connective membrane of the eye. Its departments and functions.
5. The eyeball and its shells. Anatomy of the sclera and limb.
6. The cornea. Anatomical and histological properties. Ways of feeding the cornea.
7. Anatomy and functions of the iris
8. The ciliary body. Its structure and functions. Supporting lens apparatus.
9. The structure and functions of the actual vascular membrane of the eye.
10. Anatomy and histology of the retina. Its functions.
11. Conducting visual pathways. Their significance in the topical diagnosis of the pathological process.
12. Structure and composition of the lens. His age characteristics.
13. Composition and functions of the vitreous body.
14. Anatomy of the eye chambers. Composition and functions of intraocular fluid.
15. The structure of the drainage system of the eye.
16. The concept of visual acuity. The angle of view. Methods of visual acuity research.
17. Color perception and methods of its research. Congenital and acquired disorders.
18. Methods of studying the field of vision, its normal boundaries.
19. Pathological changes in the organ of vision. Hemianopsia, scotoma.
20. Color perception. Hemeralopia and its types.
21. Methods of investigation of the accessory apparatus and the anterior segment of the eye.
22. Examination of the posterior parts of the eye.
23. Schirmer's test. Tubular and nasal tests.
24. Anomalies of eyelid development. Markus-Gunn syndrome and Martin Amm syndrome.
25. Inflammatory diseases of the eyelids and the principles of their treatment.
26. The concept of visual acuity. The angle of view. Methods of visual acuity research.
27. Color perception and methods of its research. Congenital and acquired disorders.
28. Methods of studying the field of vision, its normal boundaries.
29. Pathological changes in the organ of vision. Hemianopsia, scotoma.
30. Color perception. Hemeralopia and its types.
31. Methods of investigation of the accessory apparatus and the anterior segment of the eye.
32. Examination of the posterior parts of the eye.
33. Schirmer's test. Tubular and nasal tests.

34. Anomalies of eyelid development. Marcus-Gunn syndrome and Martin Ama syndrome.
35. Inflammatory diseases of the eyelids and the principles of their treatment.
36. Acute epidemic conjunctivitis of Koch-Weeks. Clinical picture, course, treatment and prevention.
37. Gonococcal conjunctivitis (gonoblennorrhea). Prevention of the disease in newborns.
38. Diphtheria conjunctivitis. Causes, clinical manifestations and principles of treatment.
39. Angular conjunctivitis of Morax-Axenfeld. Clinic and treatment.
40. Adenovirus eye diseases. Causes, clinical manifestations and treatment.
41. Trachoma. Pathogenesis, clinic and treatment. Complications and consequences of trachoma.
42. Sjogren's syndrome. Ocular and somatic manifestations. Principles of therapy.
43. Allergic conjunctival diseases. Their types and principles of therapy.
44. Benign and malignant neoplasms of the conjunctiva. Diagnosis, clinical features and treatment.
45. Anomalies of the cornea. Diagnosis, clinic and treatment.
46. 46. Corneal infiltration and its fate. Types of corneal vascularization and types of eyeball injection.
47. The concept of corneal syndrome. Corneal erosion, its diagnosis and treatment.
48. Creeping ulcer of the cornea. Causes, clinic, treatment, complications.
49. Herpetic keratitis. Clinical features, types, course and treatment.
50. Deep parenchymal keratitis. Etiology, diagnosis and principles of therapy.
51. Outcomes of diseases of the cornea. Principles of keratoplasty and keratoprosthetics.
52. Abnormalities of the vascular tract.
53. Clinical picture of acute iridocyclitis, first aid and principles of treatment.
54. Reiter and Behcet syndrome.
55. Senile cataract. Stages of cortical cataract development.
56. Types of cataract extraction. Modern lens surgery.
57. Aphakia and methods of its correction.
58. Secondary cataract.
59. Classification of primary glaucoma. Open-angle and closed-angle glaucoma.
60. Acute attack of angle-closure glaucoma and its therapy.
61. Differential diagnosis of acute iridocyclitis and acute attack of angle-closure glaucoma.
62. Types of glaucoma treatment. Hypotensive therapy of the disease.
63. Congenital glaucoma. Diagnosis and principles of treatment.
64. Osteoperiostitis of the eye socket.
65. Phlegmon of the orbit. Causes, clinic, treatment and possible complications.
66. Orbital pathology in endocrine diseases.
67. Contusion injuries of the orbit and appendage of the eye.

68. Non-penetrating wounds of the cornea and sclera.
69. Contusions of the eyeball, their clinical manifestations and methods of treatment.
70. Punctured wounds of the eyeball. Signs, diagnostics and first aid.
71. Purulent complications of penetrating wounds of the eye.
72. Metallosis of the eye.
73. Burns of the eye and its appendages. Types and degrees of burns. First aid.
74. Damage to the eye with gas weapons and toxic substances.

Federal State Budgetary Educational Institution of Higher Education "North Ossetian State Medical Academy" of the Ministry of Health of the Russian Federation

Department of Otorhinolaryngology with Ophthalmology
Faculty Dental Course 4
Discipline ophthalmology

Situational tasks

1. Child U., 8 years old, came to the doctor's appointment with his mother. According to the parents, with the onset of dusk, the child's eyesight deteriorates sharply. Objective research data. Visual acuity of both eyes = 1.0. The eyes are completely calm. The motor apparatus is not changed. Slight hyperemia of the edges of the eyelids. Anterior segment of the eyes without visible changes. Optical media are transparent. The fundus is normal. Refractometrically – emmetropia. What additional research needs to be done? The intended diagnosis? Treatment?

2. Patient Z., 14 years old, went to the doctor in connection with the appearance of edema of the eyelids of the right eye. The swelling appeared suddenly last night. He was not accompanied by any subjective complaints from the organ of vision. The day before, the patient ate chocolate. Noted itching of the inner surfaces of the forearms. Currently objectively. Visual acuity of both eyes = 1.0. The eyelids of the right eye are swollen. The swelling is mild, the skin above it is not hyperemic, to the touch – normal temperature. The eye slit is narrowed. The conjunctiva is not injected. The eye is calm. The front segment has no visible changes. The fundus is normal. The left eye is healthy. The intended diagnosis? Treatment?

3. Patient A. suffers from furunculosis. About a week ago, barley appeared on the lower eyelid of the right eye, about which he took thermal procedures. The barley did not dissolve and did not open. Currently, edema of the lower eyelid is being determined, the skin in this area is tense, hyperemic, hot to the touch. The eye slit is narrowed. Purulent discharge from the conjunctival sac. Shrunken crusts at the medial adhesions of the eyelids. Palpation of the outer third of the lower eyelid is sharply painful, fluctuation is determined. The conjunctiva of the eyeball is moderately injected according to the conjunctival type. Visual acuity of both eyes is not changed. Make a diagnosis. What therapeutic measures are necessary?

4. Patient S., 19 years old, complains of redness and thickening of the eyelids, itching. Objectively. Visual acuity of both eyes = 0.8 with spherical glass + 1.75 D = 1.0 (The patient does not wear glasses). The edges of the eyelids are hyperemic, thickened. Foamy discharge at the corners of the eye. Palpation of

the edges of the eyelids is completely painless. Frequent blinking of the eyelids is noted. The conjunctiva of the eyeball, and especially the eyelids, is somewhat hyperemic. Thickened meibomian glands shine through it. What diagnosis can the patient be given? Therapeutic measures?

5. The child Ts, 6 years old, suffers from helminthiasis, for which he is currently undergoing treatment. I turned to the optometrist with complaints of pronounced itching of the eyelids. Objectively. Visual acuity of both eyes = 0.9. The edges of the eyelids are hyperemic, thickened. The skin of the eyelids at the roots of the eyelashes is covered with small bran-like scales of gray color. The edges of the eyelids are painless during palpation. Frequent blinking of the eyelids. There is a foamy discharge at the corners of the eye slit. Make a diagnosis of the disease. What therapeutic and diagnostic measures should be carried out?

6. The disease began in patient U., 36 years after his stay in Africa. Complaints of redness of the eyelids and eyes, incorrect growth of eyelashes. Objectively: visual acuity of both eyes = 0.3 with spherical glass – 2.5 D = 1.0. The edges of the eyelids are hyperemic, thickened. The eyelashes have shrunk into bunches, in places they are turned to the eyeball, in places madarosis is noted. Purulent crusts on the edges of the eyelids. When they are separated, a bleeding ulcerative surface appears. The conjunctiva of the eyelids and eyeball is smooth, moderately injected. Perform a differential diagnosis of the disease. What therapeutic measures should be recommended?

7. Patient P., 30 years old, complains of redness and thickening of the edge of the upper eyelid of the left eye, itching. He does not associate his disease with anything. Objectively: visual acuity of both eyes = 1.0. The upper eyelid is edematous, the skin is hyperemic, the costal edge is thickened. Palpation determines the soreness at a certain point of the costal edge. There is no discharge from the conjunctival sac. The conjunctiva of the eyelids is hyperemic. A presumptive diagnosis? Therapeutic measures?

8. Patient M., 24 years old, a few weeks ago, a tumor-like formation the size of a pea appeared on the upper eyelid of the left eye. The skin above the tumor is mobile. The formation itself is soldered to the underlying tissues. From the conjunctiva it shines through with a grayish color, around the conjunctiva it is thickened and hyperemic. Palpation of the tumor is painless. Visual acuity of both eyes = 1.0. Diagnosis? Treatment?

9. After suffering a hypertensive crisis, patient I., 68 years old, the left eye slit does not close. There is an asymmetry of the face, smoothness of the nasolabial fold on the left. The lower eyelid does not adhere to the eyeball, the eversion of the tear point. When trying to close the eyelids, the eye slit remains open.

Visual acuity of both eyes = 0.5 (not correct). Eyes are calm. Partial opacities of the lens. On the fundus on both sides of the phenomenon of hypertensive retinopathy. Diagnosis? What kind of research should be done? How to prevent the drying of the cornea?

10. Patient Zh., 26 years old, walks with his head thrown high. The upper eyelids of both eyes are lowered. Visual acuity of both eyes = 1.0. The eyes are healthy. Diagnosis? Therapeutic measures?

11. Patient E., 42 years old, received a chemical eye burn at work about three years ago, was treated in a hospital, but after the burn, the vision of both eyes decreased. Currently complains of lacrimation, redness, feeling of a foreign body under the eyelid of the right eye, decreased vision of both eyes. Objectively. The anterior ciliated edge of the lower eyelid faces the eyeball. Eyelashes rub against the cornea. Visual acuity of the right eye = 0.2 (not correct). Visual acuity of the left eye = 0.6 (not correct). The right eyeball is injected according to the pericorneal type. There are superficial erosions and old stromal opacities on the cornea of the right eye over the entire surface of the cornea. The cornea of the left eye is paracentrically clouded in the stroma. Otherwise, the front segments are not changed. Other optical media are transparent. The fundus is normal. Diagnosis? Treatment?

12. Patient D., 76 years old, complains of lacrimation, redness of both eyes, decreased vision. He suffers from chronic conjunctivitis, for which he receives regular treatment. Objective data. Visual acuity of both eyes = 0.3 (not correct). The lower eyelids droop down. The costal edges do not adhere to the eyeball. The conjunctival surface of the eyelid is exposed. The conjunctiva is hypertrophied in the lower arch. Tear points are turned out. Conjunctival injection of the eyeball. Anterior segment of the eyes without visible changes. When examined in passing light, black spikes are visible against the background of the red reflex. The fundus is normal. Diagnosis? Treatment?

13. Patient B., 46 years old, suffers from renal insufficiency with recurrent edema of the eyelids. Recently, I began to notice an "increase" in the upper eyelids. When contacting an optometrist objectively. Visual acuity of both eyes = 0.6 with a sphere +1.0 D = 1.0. On the upper eyelids at the outer corners of the eye slit there is a hanging fold of thinned skin. The eyes are calm. The front segments are not changed. Optical media are transparent. The fundus is normal. Diagnosis? Treatment?

14. The disease in the child B., 6 years old, began first on one, and then on the other eye. Complaints of blockage, itching and burning in the eye, redness and the presence of discharge from the eye. In the morning, the eyelids are glued together with dried pus. Objectively. Visual acuity of both eyes = 0.9 (not

correct). The eyelids are somewhat edematous. There are single crusts of dried pus on the eyelashes. Pronounced conjunctival injection of the eyeball. The conjunctiva is slightly swollen, thickened. Papillary hypertrophy on the upper eyelid. There are veins of pus in the conjunctival arch. The front segments of the eyes are not changed. Optical media are transparent. The fundus is normal. Diagnosis? Therapeutic and preventive measures?

15. The child K., 8 years old, had redness a few days ago, a feeling of clogging of both eyes. When contacting an optometrist objectively. Visual acuity of both eyes = 0.8 (not correct). There is swelling of the eyelids and spot hemorrhages on the conjunctiva of the sclera. There are whitish-gray films on the mucous membrane of the eyelids and the lower arch, which are easily removed with wet cotton wool. After their removal, the loosened, but not bleeding conjunctival tissue is exposed. In the surface layers of the perilimbal region there are small infiltrates, sometimes eroded. The subject parts of the eyes without visible pathology. Diagnosis? Treatment?

16. In kindergarten, a large number of children got sick with conjunctivitis at once. Most are characterized by lacrimation and photophobia. There is a strong swelling of the conjunctiva in the lower transitional fold. Petechial hemorrhages in the conjunctiva. The conjunctiva of the eyeball is visible in the eye slit in the form of two edematous triangles of gray color. Small superficial infiltrates in the cornea. The subject areas of the eyes and visual acuity without pathology. There is malaise, fever, headache. Diagnosis? The causative agent of the disease? Prevention and treatment measures?

17. Patient Yu., 37 years old, conjunctivitis began acutely, first on one and then on the other eye. The patient notes a general malaise. The eyelids are edematous, hyperemic, with a bluish tinge. There are white-gray films on the conjunctiva of the eyelids and eyeball, tightly fused with the conjunctiva. The cornea is intact. The subject sections of the eye have not been changed. The fundus is normal. What additional data is needed to make a diagnosis? Possible diagnosis? Therapeutic measures?

18. A child three days after birth had severe hyperemia and swelling of the eyelids of both eyes. The eyelids are tight. It is almost impossible to open the eye slit. From the eye slit there is a detachable color of meat slops. The conjunctiva is sharply hyperemic, loosened. The eyeball has no visible changes. Possible diagnosis? Diagnostic and therapeutic measures?

19. The newborn has an abundant purulent discharge from the left eye. The eye slit is narrowed. The eyelids are swollen. The conjunctiva of the eyelids is hyperemic, edematous. The right eye is healthy. What kind of eye disease can

you think of? What studies should be carried out to clarify the diagnosis? What kind of treatment does the child need?

20. Patient Ch., 32 years old, complains of pronounced swelling and hyperemia of the eyelids of the left eye, purulent discharge and inability to open the eye. The patient notes a rise in temperature in the evening, muscle pain. Objectively. The right eye is healthy, visual acuity = 1.0. On the left, visual acuity is reduced to 0.2 and is not corrected by optical glasses. Pronounced edema and hyperemia of the eyelids. The eyelids are soft to the touch, testovatye. There is an abundant purulent discharge of yellow color, creamy consistency from the eye slit. The conjunctiva is edematous, loosened. There are superficial erosions and a small infiltration on the cornea. Subject departments without visible pathology. Diagnosis? Additional research? Treatment?

21. Patient N., 34 years old, complains of severe itching, burning and aching in the eyes, frequent painful blinking. He has been ill for about two months. Objectively. Visual acuity of both eyes = 0.4 with sphere + 1.5 D = 1.0. On external examination, attention is drawn to the pronounced redness at the corners of the eye slit. The skin here is macerated, eczematous altered, with weeping cracks. The conjunctiva of the eyelids in the area of the corner of the ocular fissure is loosened and hyperemic. The discharge is meager, in the form of viscous mucus. The eyeballs are intact. Diagnosis? Treatment?

22. After returning from a tourist trip to Asian countries, a 38-year-old patient C. had a feeling of "clogging" in his eyes, they turned red. When contacting a doctor objectively. Visual acuity of both eyes = 1.0. The eyelids are slightly swollen. Follicles and hypertrophied papillae are visible on the conjunctiva of the eyelids. The conjunctiva is infiltrated. The eyes are calm. The front segments of the eyes are not changed. Optical media are transparent. The fundus is normal. What additional research needs to be done? Possible diagnoses? Treatment?

23. In a black patient X., 24 years old, there is redness of both eyes, slight swelling of the eyelids, mucous discharge from the eyes. Visual acuity of both eyes = 0.7 (not correct). The conjunctiva of the eyelids and eyeball is moderately injected, hypertrophied. An inflammatory infiltrate in the form of a film penetrated by vessels descends into the cornea from the upper half of the limb. The other optical media are transparent. The fundus is normal. What additional research needs to be done? Classify a possible disease? What types of treatment can be applied?

24. Child F., 8 years old, is sick with angina. Against the background of this disease, pronounced swelling and hyperemia appeared in the outer part of the upper eyelid of the right eye. This area is somewhat painful when palpated. The

conjunctiva of the eyeball is injected and somewhat edematous in the upper abdominal region. The eyeball is displaced downward and inward, its mobility is somewhat limited. Visual acuity of the right eye = 1.0. The front segment is not changed. Optical media are transparent. The fundus is normal. The child has a feverish condition. Diagnosis? Treatment?

25. Patient U., 56 years old, is worried about constant lacrimation. The tear state is determined objectively. The eyelids are in the right position, calm. Visual acuity of both eyes = 1.0. Eyes are calm. The front segments of the eyes are not changed. Optical media are transparent. The fundus is normal. What additional studies should be performed to diagnose the disease? Possible diagnoses for different outcomes of the study?

26. Patient T., 61, complains of persistent lacrimation on the right, purulent discharge from the eye. Suffers from right-sided sinusitis. Visual acuity of both eyes = 1.0. When examined, the tear state on the right is determined. Bean-shaped soft bulging of the skin under the inner eyelid cleavage. When pressing on it, pus is released from the tear points. Diagnosis? Diagnostic and therapeutic measures?

27. Almost from the moment of birth, child S., 8 months old, suffers from conjunctivitis of the left eye. Periodically treated with short-term improvement. Purulent discharge from the eye almost does not disappear completely. The ongoing antibacterial and anti-inflammatory treatment is ineffective. Objectively. Slight edema and hyperemia of the edges of the eyelids. The cilia are glued into bundles with dried pus (more at the medial corner of the eye). Purulent discharge from the eye. Tear state. The conjunctiva of the eyelids are moderately injected. The eye is almost calm. Optical media are transparent. The fundus is normal. What additional research needs to be done? Diagnosis? Treatment?

28. Patient U., 45 years old, complains of constant lacrimation from the right eye, especially on the street. Lacrimation has been bothering for 2 years. Objectively. Visual acuity of the right eye = 1.0. The position of the eyelids and tear points is correct, when pressing on the area of the tear sac, there is no detachable. There is a tear condition. The color lacrimal nasal test is negative. When washing the lacrimal tract, the fluid does not pass into the nose, it returns through the upper lacrimal point. The eye is calm. Optical media are transparent. Fundus without pathology. TOD = 21 mm Hg. Visual acuity of the left eye = 1.0. The eye is healthy. The lacrimal test is positive, when rinsed, the liquid passes freely into the nose. TOS = 21 mm Hg. Diagnosis? Treatment?

29. Within a few days, the patient R., 52 years old, the medial adhesions of the eyelids of the left eye showed pronounced swelling and hyperemia of tissues,

accompanied by sharp soreness when touching. There is an increase in temperature, general malaise, headache. Objectively, pronounced edema of hyperemia of tissues in the medial adhesions of the eyelids of the left eye is determined. The swelling spreads to the eyelids, cheek and the back of the nose. Palpation of tissues is painful, the local temperature is elevated. The eye slit is closed. The submandibular lymph nodes are enlarged. When the eye slit is opened, a slight hyperemia and swelling are visible in the area of the lower transitional fold. Visual acuity is not reduced. The eyes are calm. Diagnosis? Additional research? Therapeutic measures?

30. The oculist was approached by patient R., 17 years old, complaining of deterioration of vision in both eyes, more pronounced on the right. Vision began to decline about four years ago, the disease is not associated with anything. Objectively. Visual acuity of the right eye = 0.06 with a sphere – 7.0 D and a cylinder – 2.0 D axis 95 ° = 0.3. The eye is calm. The cornea is slightly clouded in the center and seems "pointed". The front chamber is of medium depth with transparent moisture. The underlying parts of the eye without visible pathology. Visual acuity of the left eye = 0.1 with a sphere – 2.0 D and a cylinder – 2.0 D = 0.7. The eye is calm. There are no visual changes in the eyeball. The refractometry of the right eye fails due to the blurring of the marks. Complex reverse myopic astigmatism is defined on the left. What additional research needs to be done? Diagnosis? Therapeutic measures?

31. Patient P., 16 years old, complains of lacrimation, feeling of a foreign body of the left eye. In the morning, inadvertently "hooked" the eye with a fingernail. Objectively. Mild edema of the eyelids with blepharospasm phenomena. Visual acuity of the left eye = 0.6 (not correct). Lacrimation. The eyeball is weakly injected according to the pericorneal type. The surface of the cornea appears rough. The underlying departments and fundus without visible pathology. The right eye is healthy. What additional diagnostic manipulations need to be performed? Diagnosis? Treatment?

32. Patient S., 60 years old, turned to the oculist with complaints of pain and decreased vision of the right eye. From anamnesis – 3 days ago, a branch accidentally hit the eye, I did not go to the doctor and was not treated. Objectively. Visual acuity of the right eye = 0.1 (not correct). The eye slit on the right is sharply narrowed. Pronounced mixed injection of the eyeball. In the center of the cornea, a grayish-yellow infiltrate with a diameter of 4-5 mm with a loose surface is visible. In the anterior chamber there is a whitish strip of pus 2 mm high. The iris pattern is blurred, the pupil is narrow. The reflex is not visible from the fundus. Intraocular pressure palpation Tp. Visual acuity of the left eye = 0.5 sph + 1.0 D = 1.0. The eye is healthy. Diagnosis? Treatment?

33. A piece of earth got into the right eye of a patient R., 61, while working on a plot of land. When contacting an optometrist a few days ago, a foreign body was removed from the conjunctiva of the upper eyelid. However, the feeling of a foreign body continues to bother. Vision decreased, pain in the eye appeared. Objectively. Visual acuity of the right eye = 0.09 (not correct). Slight edema and hyperemia of the eyelids. Pericorneal injection of the eyeball. The cornea is edematous. A sickle-shaped ulcer with a hidden edge is located paracentrically on the cornea. There is pus in the anterior chamber, filling it by 1/3. The iris is edematous, its pattern is blurred. The pupil is narrow, does not react to light. There is a red reflex in the passing light. The fundus cannot be considered. Diagnosis? Treatment?

34. Patient R., 48 years old, turned to an optometrist with complaints of redness of the right eye, pain in the eye and a feeling of a foreign body. Ill for about a week. I didn't go to the doctor. Objectively. Visual acuity of the right eye = 0.05 (not correct). Moderate edema and hyperemia of the eyelids. The eyeball is sharply injected in a mixed type. The cornea in the center is ulcerated, there is a small black bubble at the bottom of the ulcer. The edges of the ulcer are infiltrated. The cornea is edematous. There is a strip of pus at the bottom of the anterior chamber. The iris pattern is blurred. The pupil is narrow, reacts weakly to light. The underlying parts of the eye are not visible due to a decrease in the transparency of the cornea. Visual acuity of the left eye = 1.0. The eye is healthy. Diagnosis? Treatment?

35. When contacting a doctor, pronounced photophobia is evident in a child of S., 5 years old. He tries to turn away from the light, cover his eyes with his hands, almost constantly squints. It is not possible to check visual acuity in such conditions. Objectively. Pronounced blepharospasm. Moderate swelling of the eyelids of the right eye and weakly expressed – on the left. Pericorneal injection of the right eyeball. On the cornea at 7 o'clock, a grayish translucent nodule with a diameter of about 3 mm is separated from the limb by 4 mm. A bundle of superficial vessels stretches to the nodule. The anterior chamber and the underlying parts of the eye without visible pathology. The left eye is healthy. Diagnosis? Treatment?

36. Patient T., 38 years old, complains of lacrimation, photophobia of the right eye. A history of hypothermia, frequent colds, bronchitis. Objectively. Visual acuity of the right eye = 0.03 (not corresponding). The eyeball is injected according to a mixed type. The cornea is almost diffusely cloudy. Against the background of general turbidity, large yellowish-gray foci stand out in the deep layers. Mixed corneal vascularization. The underlying parts of the eye are practically invisible. The left eye is healthy. A presumptive diagnosis? Additional research? Therapeutic measures?

37. The child U., 11 years old, has mild photophobia, moderate lacrimation. Visual acuity of both eyes = 0.6 (not correct). Weak pericorneal injection of both eyes. In the corneal stroma at the limb, diffuse infiltration of grayish-white color is symmetrical in both eyes, respectively, at 5 and 7 o'clock. The infiltrate consists of individual dots, dashes, strokes. Deep corneal vascularization. The subject parts of the eyes without visible changes. A presumptive diagnosis? Additional research? Treatment? Forecast?

38. Patient H., 56 years old, complains of lacrimation, photophobia and a feeling of a foreign body in his right eye. The disease started about a week ago. The patient does not associate the onset of the disease with anything. Objectively. Visual acuity of the right eye = 0.8 (not correct). Pronounced pericorneal injection of the eyeball. On the cornea, the infiltrate is gray in the form of a tree branch, stained with fluorescein. Biomicroscopy shows that the infiltrate consists of small bubbles located in the epithelium. The underlying parts of the eye without visible pathology. The left eye is healthy. Diagnosis? Treatment?

39. Patient Ch., 47 years old, suffered viral keratitis of the left eye 4 years ago. He was treated for a long time, relapses of the disease were observed. Currently objectively. Visual acuity of the right eye = 0.5 with spherical glass – 1.75 D = 1.0. The eye is healthy. Visual acuity of the left eye = 0.08 (not correct). The eyeball is not injected. From the limb to the center, bright red vessels grow into the cornea, which branch and anastomose with each other. In the center of the cornea there is a limited opacity of gray-white color, irregular shape. The peripheral parts of the cornea are transparent. The subject sections of the eye have not been changed. Diagnosis? Treatment?

40. Patient E., 40 years old, complains of redness of the right eye. About a week without effect is treated for conjunctivitis. Currently objectively. Visual acuity of both eyes = 1.0. Slight swelling of the eyelids of the right eye. With lateral illumination, redness and thickening of the conjunctiva, mixed injection of the eyeball is determined. Redness is local in nature. The focus of inflammation is 1.5x2.0 cm in size, bright red, with a purple tinge, as if raised above the surface of the sclera. His palpation is painful. The other parts of the eye are not changed. Diagnosis? Examination? Treatment?

41. After suffering hypothermia, patient A., 43 years old, had pain in her right eye at night. The eye turned red, the vision deteriorated a little. Objectively. Visual acuity of the right eye = 0.4 (not correct). Slight edema and hyperemia of the upper eyelid. The eyeball is injected according to the pericorneal type. The cornea is transparent. The front chamber is of medium depth with transparent moisture. The iris pattern is blurred. The pupil of the right eye is narrower than the left. There is a red reflex in the passing light. The fundus is normal. Visual

acuity of the left eye = 1.0. The eye is healthy. Diagnosis? Therapeutic measures?

42. Patient D., 52 years old, has been treated for conjunctivitis for a long time. Currently, she is worried about pain in her right eye, its redness and a decrease in the vision of this eye. Objectively. Visual acuity of the right eye = 0.2 (not correct). Moderate edema and hyperemia of the upper eyelid. The eyeball is sharply injected in a mixed type. The cornea is transparent, on its posterior surface there are small gray dots arranged in the form of a triangle with the vertex to the center. The iris is changed in color, its pattern is smoothed. The pupil is moderately dilated, irregular in shape. In the passing light, the red reflex is not quite clear. The fundus is normal. The eyeball is sharply painful during palpation. Left eye. Visual acuity = 0.7 (not correct). The eye is calm. Anterior segment without visible pathology. In the transmitted light, black stripes are visible against a background of red glow from the periphery to the center of the pupil. The fundus is normal. Diagnosis? Additional research? Treatment?

43. Complaints of the patient Zh., 38 years old, for severe pain in the left eye and the left half of the head. Objectively. Visual acuity of the right eye = 1.0. The eye is healthy. Visual acuity of the left eye = 0.07 (not correct). The eyelids are edematous. The eyeball is sharply injected in a mixed type. The branches of the anterior ciliary arteries are sharply twisted and expanded (a symptom of the "cobra"). The cornea is edematous, translucent. The anterior chamber is shallow, uneven, as if drawn into the pupil area. The iris pattern is blurred. The pupil is round, narrow, pulled up to the lens. There is a dim red reflex in the passing light. The fundus cannot be considered. Intraocular pressure on the left = 38 mmHg. Diagnosis? Therapeutic measures?

44. Patient Zh., 56 years old, complains of deterioration of vision in both eyes, more pronounced on the right. I noticed this about a week ago, after suffering from the flu. Previously, I did not pay attention to the decrease in vision. Objectively. The eyes are calm. Visual acuity of the right eye = 0.1 (not correct). Visual acuity of the left eye = 0.7 (not correct). The front segments are without visible changes. In the transmitted light, against the background of the red reflex, black spikes are visible from the fundus, directed with the tip to the center. The fundus is normal. Additional research? A possible diagnosis? Treatment?

45. Patient Ts, 58 years old, complains of "smoke" in front of his right eye. The patient sees with this eye several (instead of one) objects at once, especially glowing ones. Visual acuity of the right eye = 0.4 with spherical glass – 2.0 D = 0.8. The eye is calm. The front segment has no visible changes. When viewed in passing light against the background of a red reflex in the plane of the pupil, triangular-shaped strokes are visible, with the apex directed to the center. The

fundus is normal. Visual acuity of the left eye = 1.0. The eye is healthy. A possible diagnosis? Additional research? Treatment?

46. Patient B., 69 years old, complains of decreased vision in both eyes, more pronounced on the left. Vision decreased gradually and painlessly, the disease is not associated with anything. Objectively. The eyes are calm. Visual acuity of the right eye = 0.8 (not correct). Anterior segment without visible pathology. In the transmitted light, against the background of the red reflex, black spikes are visible from the fundus, directed with the tip to the center. The fundus is within normal limits. Visual acuity of the left eye = 0.09 (not correct). The eye is calm. The cornea is smooth, shiny, transparent. The front camera is smaller than the one on the right eye. The pattern and color of the iris are not changed. The pupil is round, of medium size. When viewed by focal illumination, an unevenly clouded gray-white lens is visible in the pupil plane. There is a semilunar shadow from the iris on the lens. The fundus is not visible in detail. Diagnosis? Additional research? Treatment?

47. Patient Zh., 65 years old, complains of a gradual decrease in the vision of both eyes, more than the right one. I noticed it a year ago. Objectively. Visual acuity of the right eye = 0.02 (not correct). TOD =19 mm Hg. The right eye is calm. The cornea is transparent, spherical. The front chamber is of medium depth, the moisture is transparent. The iris in color and pattern has not been changed. The lens has a grayish tinge. After the pupil dilation, diffuse opacification of the central and lower parts of the lens is visible. On the rest of the periphery, the reflex is clearly visible. The visible part of the fundus without pathology. Visual acuity of the left eye = 0.1 sph + 2.0 D = 0.7. The eye is calm, the anterior segment is normal. Against the background of the red reflex, black spikes are visible from the fundus in the lens, directed with the tip to the center. The fundus is normal. Diagnosis? Therapeutic measures?

48. Patient M., 70 years old, complains of a lack of vision in her right eye and a decrease in vision in her left eye. Vision decreased gradually over 2 years. I didn't go to the doctor. Objectively. Visual acuity of the right eye = correct color perception. TOD = 20 mmHg. The conjunctiva of the right eye is calm, the cornea is transparent, spherical. The front chamber is of medium depth, the moisture is transparent. The iris is subatrophic, the pigment border is preserved. The pupil is round, reacts to light. The lens is unevenly cloudy, gray in color with a pearlescent tinge. There is no reflex from the fundus. Visual acuity of the left eye = 0.04 (not correct). OS = 20 mmHg. Cornea transparent, anterior chamber of medium depth, moisture transparent. The iris is subatrophic, the pigment border is preserved. The pupil reacts to light. The lens is cloudy in the central parts, there is a red reflex on the periphery. In this area, the fundus is without pathology. Diagnosis? Therapeutic tactics?

49. During the occupational examination at the enterprise, the following changes in the right eye were revealed in the patient I., 58 years old. Visual acuity of the right eye = 1.0. The eye is completely calm. The cornea is smooth, transparent. The front chamber is deep, with transparent moisture. The pattern and color of the iris are not changed. In places, areas of atrophy. When the eye moves, the iris fluctuates. At 12 o'clock, there is a hole in the iris. The pupil is irregular – hexagonal in shape. There is a rounded biconvex perfectly transparent foreign body in the pupil plane. Three transparent pins extend from the end of it. There is a red reflex in the passing light. The fundus is normal. Visual acuity of the left eye = 1.0. The eye is healthy. Diagnosis?

50. Patient T., 81, complains of low vision in her left eye. Vision decreased gradually, painlessly. Objectively. The eyes are calm. Visual acuity of the right eye = 0.04 with a sphere +10.0 D = 0.9. The cornea is transparent. The front chamber is deep, with transparent moisture. The pattern and color of the iris are not changed. Iridodonaise. The pupil is round. There is a red reflex in the passing light. On the fundus of the phenomenon of hypertensive angiosclerosis of the retina. Visual acuity of the left eye is light perception with the correct projection. The front segment has no visible changes. There is a cloudy gray-white lens in the pupil plane. The subject parts of the eye are not visible. Diagnosis? Additional research? Therapeutic measures?

51. Patient Yu., 27 years old, injured his right eye two years ago, operated on. Currently, the low vision of the right eye worries, the inability to use two eyes at the same time. Objectively. Visual acuity of the right eye = 0.03 with spherical glass + 8.0 D and cylindrical + 1.5 D axis 165° = 1.0. The eye is calm. On the periphery of the cornea, at 4 o'clock, an irregular scar with a size of up to 8 mm. The anterior chamber is uneven due to anterior synechiae, deep, with transparent moisture. The iris is atrophic in places. The pupil is irregular in shape, pulled up to the scar. There is a red reflex in the passing light. The fundus is within normal limits. Visual acuity of the left eye = 1.0. The eye is healthy. Diagnosis? Correction methods? Possible therapeutic measures?

52. The child is 8 months old, there is lacrimation on the left and photophobia. Objectively. The eyeball is injected according to the pericorneal type. The cornea is enlarged in size, edematous. The limb is expanded. The front chamber is deep. The iris and pupil are barely visible. The latter is slightly expanded. There is a dim red reflex in the passing light. The fundus cannot be considered. The right eye is healthy. Additional diagnostic measures? A possible diagnosis? Treatment?

53. Patient E., 67 years old, had sharp pains in her right eye and head in the morning. The vision of the right eye decreased. When looking at a light source,

rainbow circles appear around it. Objectively. Visual acuity of the right eye = 0.2 (not correct). Slight swelling of the eyelids. Expanded and convoluted arterioles and venules on the sclera. The cornea is somewhat edematous, translucent. The front camera is shallow, with transparent moisture. The pupil is dilated, in the form of a vertical oval. The fundus is visible in the fog. Palpationally T+3. Visual acuity of the left eye = 0.7 (not correct). There are initial opacities in the lens. The fundus is normal. Diagnosis? Additional research? Therapeutic measures?

54. Patient Zh., 60 years old, complained of a sharp deterioration of vision and severe pain in the left eye and the left half of the head, which appeared at night, nausea and vomiting. A few days ago, she had a difficult emotional experience. My eyes have never hurt before. Objectively. Visual acuity of the right eye = 0.5 sph + 2.0D = 1.0. TOD = 19 mmHg. Right eye within the age norm. Visual acuity of the left eye = 0.04 (not correct). TOS = 47 mmHg. On the left – the eye slit is narrowed, pronounced stagnant injection of the eyeball. The cornea is edematous. The front camera is very small. The pupil is dilated to 5 mm, irregular oval shape. The reflex from the fundus is dull pink. The optic nerve disc is visible in the fog. Diagnosis? Therapeutic measures

55. Patient N., 58 years old, suffers from primary open-angle glaucoma. Visual acuity of both eyes = 0.3 with spherical glass – 2.0 D = 1.0. He has a periodic unstable increase in intraocular pressure, which is normalized by medication. The size of the blind spot has been increased. There are paracentral scotomas in the Bjerrum zone. There are no changes on the fundus. What is the stage of glaucoma in the patient? Recommendations for treatment?

56. Patient Ts., 67 years old, turned to an optometrist with complaints of decreased vision of the left eye. Visual acuity of both eyes = 1.0. The eyes are calm. The front segments are without visible changes. Slight destruction of the pigment border of the pupil of the left eye. Optical media are transparent. On the fundus on the left there is a shift of the vascular bundle to the nasal side and an excavation of the optic nerve. With the perimeter on the left, there is a narrowing of the field of view in the upper-nasal quadrant. A possible diagnosis? Additional research? Treatment?

57. Patient B., 55 years old, turned to an optometrist with complaints of periodic pain in both eyes, the appearance of fog and iridescent circles when looking at a light source, especially when tilting her head. I noticed such feelings for the first time 1.5 years ago, but in recent months they have become more frequent. Objectively: visual acuity of the right eye = 0.3 sph + 1.5D = 0.5; TOD = 35 mm Hg; visual acuity of the left eye = 0.7 sph + 1.0 = 1.0; TOS = 34 mm Hg. The eyes are calm, there is an enlargement of the anterior ciliary vessels. The front camera is shallow. The iris is subatrophic. The pupil is 4 mm, round,

reacts sluggishly to light. The reflex from the fundus is pink. On the right there is an edge excavation with a bend of the vessels along the edge of the disk, on the left there is a shift of the vascular bundle to the nasal side. Macular zone and retina periphery without pathology. The field of vision of the right eye is narrowed in the upper nasal quadrant to 25 °, on the left – within the normal range. Diagnosis? Therapeutic measures?

58. Patient G., 57 years old, went to the doctor with complaints of deterioration of vision and orientation in space. The above complaints appeared about six months ago, but did not cause much concern. I noted periodic passing blurring of vision. Currently, pathological phenomena are progressing. Objectively. Visual acuity of both eyes = 0.4 sph – 3.5 D = 1.0. The eyes are calm. The cornea is transparent. Front cameras of medium depth. The irises are subatrophic. The pupils are slightly dilated. The reaction to light is slowed down. There is a red reflex in the passing light. On the fundus, there is an excavation of the optic nerve discs, their paling. At the perimeter, a tubular field of view is determined. TOU = 38 mm Hg. Diagnosis? Additional research? Treatment?

59. After a car accident, patient V., 26 years old, has symmetrical subcutaneous hemorrhages of the eyelids of both eyes. Visual acuity = 0.7. The eyeballs themselves are calm. Small subconjunctival hemorrhages. The front segments of the eyes are not changed. Optical media are transparent. On the fundus, there is a clouding of the retina in the macular region. A possible diagnosis? Additional research? Treatment?

60. In patient K., 31, after the injury, the left eyeball sank into the depth of the orbit. There is a limitation of his mobility. The movements are painful. Visual acuity of both eyes = 1.0. Eyeballs without visible changes. Diagnosis? Additional research? Treatment?

61. Patient U., 19 years old, injured his left eye in a fight. Objectively. Visual acuity of the right eye = 1.0. The eye is healthy. Visual acuity of the left eye = light perception with the correct projection of light. Pronounced subcutaneous and subconjunctival hematoma. The eye slit is closed. The cornea is transparent. The anterior chamber is of medium depth, filled with blood. The iris pattern has not been changed. The pupil is round, somewhat dilated. In the passing light, the reflex is not visible. Palpationally Tp. Diagnosis? Additional research? Therapeutic measures?

62. After a blunt trauma to the left eye received about a month ago, patient Ya., 56 years old, notes a periodic deterioration in the vision of this eye. When the position of the head changes, the vision then worsens, then worsens. Objectively. Visual acuity of the right eye = 1.0. The eye is healthy. Visual

acuity of the left eye, if the patient looks with his head tilted forward, = 0.6; if the head is in a straight position, the patient sees a strip in front of the eye and his visual acuity = 0.02 with a sphere + 9.0 D = 0.8. The eye is calm. The cornea is transparent. The front chamber is deep, with transparent moisture. When the eye moves, the iridodon is determined. The pattern and color of the iris are not changed. The pupil is round, of medium size. In the plane of the pupil, a curved line is visible in the transmitted light. The fundus is normal. A presumptive diagnosis? Additional research? Therapeutic measures?

63. Patient B., 68 years old, was injured during a fall, hitting the left half of her head and the brow arch on the railing of the stairs. I noticed a decrease in the vision of the left eye. After a few hours, eye pain and headaches appeared. Vision decreased even more. When contacting an optometrist objectively. Visual acuity of the right eye = 1.0. The eye is healthy. TOD = 20 mm Hg. Visual acuity of the left eye = 0.03 (not correct). Subcutaneous hematoma of the brow arch and upper eyelid. The left eyeball is injected in a mixed type. The cornea is edematous, thickened, but retains transparency. The front chamber is deep, as if filled with an oil drop. The pattern and color of the iris are not changed. The pupil is round, moderately dilated. Pink reflex from the fundus. It is not possible to examine the fundus in detail due to corneal edema. TOS = 46 mm Hg. Diagnosis? Therapeutic measures?

64. Patient R., 24 years old, turned to an optometrist two days after the fight. According to the patient, during the dump, he fell and received a blow to his left eye with his foot. I did not go to the doctor because of the deterioration of my general condition (headaches, vomiting). Currently objectively. Visual acuity of the right eye = 1.0. Pronounced subcutaneous hematoma of the eyelids, abrasions on the skin. The eye slit is slightly ajar. Subconjunctival hemorrhages. The anterior segment of the eyeball is not changed. The optical media are transparent, the fundus is normal. Visual acuity of the left eye = light perception with an uncertain projection. Pronounced subcutaneous hematoma and swelling of the eyelids. Abrasions on the skin. When palpating the eyelids, crepitation is determined. The eye slit is almost closed. When diluting the eyelids, an extensive subconjunctival hematoma is visible, through which a dark spot with a light round formation in the middle shines through in the upper upper quadrant. The cornea is transparent. The anterior chamber is half filled with blood. The pupil is pulled up to the spot. There is no reflex in the passing light. Hypotension. Diagnosis? Therapeutic measures?

65. The driver Sh., 32 years old, complained of pain in his left eye, photophobia, redness of the eye, turned to the oculist. According to him, the windshield of the car broke 2 hours ago, and a shard hit the eye. Objectively. Visual acuity of the right eye = 1.0. Eye without pathology. Visual acuity of the left eye = 0.7 (not correct). On the left there is a moderate narrowing of the eye slit,

photophobia, lacrimation, moderate injection of the eyeball. In the cornea at 3 o'clock, closer to the limb, a small linear wound is visible, 3-4 mm long, not reaching the deep layers. The anterior chamber is of medium depth, the pupil is round, located in the center. The reflex from the fundus is pink, the fundus is without pathology. Intraocular pressure palpation Tn. Diagnosis? Treatment?

66. Patient L., 32 years old, pricked her right eye with a sewing needle while sewing. Immediately felt a sharp pain, there was lacrimation and decreased vision. When contacting a doctor objectively. Visual acuity = 0.8 (not correct). The right eyeball is weakly injected according to the pericorneal type. The cornea is transparent. At 6 o'clock, 3 mm from the limb, there is a point infiltrate. The front camera is shallow, with transparent moisture. The pattern and color of the iris are not changed. The pupil is round, of medium size. There is a red reflex in the passing light. The fundus is normal. TOD = 13 mm Hg. Left eye visual acuity = 1.0. The eye is healthy. Diagnosis? Treatment?

67. The ambulance doctor was called to the child E., 6 years old. The boy suffered an injury to his right eye when shot with a slingshot. When viewed objectively. Pronounced blepharospasm. Blood protrudes from the right eye slit. I can't check my eyesight. When the eye slit opens, a dark-colored lump is visible at the limb. The cornea is transparent. There is blood on the bottom of the anterior chamber. The front chamber is deep. Diagnosis? First aid?

68. A 6-year-old child E., who was injured in the right eye when shooting with a slingshot, was taken to the hospital. Objectively. Blepharospasm. After instillation of anesthetics, an examination was performed. Visual acuity of the right eye = light perception with the correct projection. Mixed injection of the eyeball. The cornea is smooth, transparent and shiny. There is a scalped conjunctival wound up to 2 cm wide on the sclera at the limb. In the wound of the sclera, a fallen vascular membrane is visible. The anterior chamber is deep, filled with blood. The pupil is oval, pulled up to the wound. In the passing light, the reflex is not visible. Visual acuity of the left eye = 1.0. The eye is healthy. Diagnostic measures? Diagnosis? Treatment?

69. Patient L., 53 years old, received a chemical burn of both eyes with lime while doing painting work at home. I washed my eyes with running water. I came to the optometrist 2 hours after the injury. Objectively. Visual acuity of the right eye = 0.2 (not correct), left eye = 0.1. Blepharospasm, edema and hyperemia of the eyelids. When the upper eyelids are turned out, grains of lime are visible on their tarsal part. The conjunctiva of the lower arches is somewhat ischemic, eroded. Mixed injection of the eyeball. The corneal epithelium is exfoliated almost over the entire surface. The cornea is diffusely stained with fluorescein. Front cameras of medium depth with transparent moisture. Subject departments without visible changes. Diagnosis? First aid? Therapeutic measures?

70. Welder A., 38 years old, turned to an optometrist for help with complaints of a feeling of a foreign body, pain in the eyes, lacrimation, photophobia. The day before, I was welding pipes without protective glasses. Objectively. Visual acuity of the right eye = 0.7 (not correct). Visual acuity of the left eye = 0.6 (not correct). Conjunctiva of the eyes is injected according to a mixed type. On the surface of the cornea there are small bubble-like swellings of the epithelium. The subject eye sections have not been changed. Diagnosis? First aid? Treatment?

71. Patient Sh., 47 years old, went to the doctor with complaints of severe headache, high fever, chills. All of the above complaints appeared two days ago. He was treated at home, taking anti-grippin. Attention is drawn to the sharp swelling and hyperemia of the eyelids of the right eye. The conjunctiva of the eyeball is edematous, pinched in the eye slit. There is no mobility of the eyeball. There is an increase in regional lymph nodes. Diagnosis? The actions of the therapist? Additional research by an ophthalmologist? Therapeutic measures?

72. After observing the electric welding in the evening, patient K., 47 years old, felt a feeling of a foreign body in both eyes in the evening, lacrimation and photophobia appeared. The pain gradually increased, and blepharospasm appeared. When examined by an ophthalmologist, edema and hyperemia of the eyelids of both eyes, conjunctival edema, mixed injection of eyeballs were found. The conjunctiva from the inside creeps onto the cornea in the form of a tongue. The pupil is narrow. The subject departments cannot be considered in detail. A presumptive diagnosis? Treatment?

73. Patient P. 30 years old, complained of sudden redness of the right eye, the appearance of photophobia, a feeling of "sand" in the eye, lacrimation, which appeared 3 days ago, and today similar symptoms, but not so expressive, appeared in the left eye. Objectively: pronounced edema of the eyelids, hyperemia of the conjunctiva in the area of the transitional fold. Small spot hemorrhages in the conjunctiva of the upper eyelid, minor mucopurulent discharge. Diagnosis? Therapeutic measures?

74. Patient A., 50 years old, complained of visual impairment of the right eye. It was found out from the anamnesis that when he worked in the workshop, he injured his eye with a piece of metal. Objectively: visual acuity = 0.6 (not correct). The cornea is not damaged, deep anterior chamber, linear wound and hemorrhage in the conjunctiva of the sclera, hypotension. The left eye is healthy. Diagnosis? Therapeutic measures?

75. Patient T., 23 years old, complains of redness of the eyes, a feeling of a foreign body, lacrimation. The complaints appeared after working in production with a

computer. Objectively. Visual acuity of both eyes = 0.7 (not correct). Moderate swelling of the eyelids. Mixed conjunctival injection. The posterior rib of the lower eyelids has practically no lacrimal meniscus. Lingering thick discharge in the conjunctiva. Papillae are hypertrophied. The surface of the cornea is rough, There are epithelial outgrowths on it in the form of threads. The subject parts of the eyes without visible changes. Diagnosis? Therapeutic measures?

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Department of Otorhinolaryngology with Ophthalmology

Benchmarks of test tasks

on ophthalmology

for 4th year students

specialty 31.05.03 Dentistry

Table of contents

ANATOMY

The bactericidal action of the tear ensures its presence in it:
A-hyaluronidase;
B-chymotrypsin;
+C-lysozyme;
D-phosphotases;
E-fibrinolysin.

The block (trochlea) is located:
+A-in the upper-inner corner of the orbit;
B-in the upper-outer corner of the orbit;
C-in the lower-outer corner of the orbit;
D - in the lower-inner corner of the orbit;
E-at the top of the orbit.

The block nerve innervates:
A-upper and lower rectus muscles;
B-internal rectus muscle;
C-external rectus muscle;
+D-the upper oblique muscle;
E-lower oblique muscle.

A narrower pupil is observed in:
A-newborns;
B-middle-aged persons;
C-old people;
+D-true A and C;
E-is the same at any age.

The Bowman membrane is located between:
+A-corneal epithelium and stroma;
B-stroma and descemet shell;
C-descemet's membrane and endothelium;
D-epithelium and descemet shell;
E-there is no correct answer.

Hernias are called:
A-protrusions on the iris that separate the lacunae from each other;
B-folds that form in the iris when the pupil expands;
+C-protrusions on the iris that separate the pupil belt from the ciliated one;
D-jumpers between the iris root and the trabecula;
E-pigmented border in the area of the pupil.

In which of the three departments of the visual analyzer is light energy converted into nervous excitement?
+A-receptor (eye);
B-conducting paths;
C-subcortical centers;
D-cortical centers;
E-all of the above is correct.

All bones participate in the formation of the orbit, except:
A-frontal;
B-wedge-shaped;
+ C-temporal;
D-maxillary;

E-zygomatic.

In the total mass of the lens, proteins make up:
A-over 50%;
B-over 40%;
+C-more than 30%;
D-over 15%;
E-up to 10%.

Everyone takes part in the nutrition of the cornea, except:
A-edge looped capillary network;
+B-own vessels of the cornea;
C-lacrimal fluid;
D-watery moisture.

There is a muscle in the ciliated body:
A-constricting pupil;
B-dilating pupil;
C-orbital;
+D-ciliary;
E-Riolan.

In syndrome of the upper orbital fissure symptoms include all except:
A-ptosis;
+B-myosis;
C-mydriasis;
D-ophthalmoplegia;
E-exophthalmia.

The composition of the eyelid skin includes everything except:
A-soft fluffy hair;
+B-meibomian glands;
C-sebaceous glands;
D-sweat glands;
E-epidermis.

The composition of the lacrimal fluid includes everything except:
A-water;
B-mineral salts;
C-protein;
+D-lymphocytes;
E-lysozyme.

The vitreous body contains water:
A-up to 40%;
B-up to 50%;
C-up to 60%;
D-up to 85%;
+E-up to 98%.

The eyelids are:
A-the subordinate part of the visual organ;
B-protective apparatus of the visual organ;
+C-both;
D-neither one nor the other.

The eyelid contains all anatomical formations except:

A-skin;
B-muscle layer;
C-cartilage;
+D-tenon's fascia;
E-tarso-orbital fascia.

Venous circulation is carried out:
A-upper eye vein;
B-lower eye vein;
C-external eye vein;
+D-true A and B;
E-all of the above is true.

Venous outflow of blood from the eye and eye socket occurs in the direction of:
A-cavernous sinus;
B-pterygopalatine fossa;
C-veins of the face;
+D-all listed entities.

The upper wall of the orbit is made up of:
A-frontal and nasal bones;
B-the frontal bone and the large wing of the sphenoid bone;
+C-frontal bone and small wing of the sphenoid bone;
D-the frontal bone and the body of the sphenoid bone;
E-the frontal bone and the paper plate of the lattice bone.

The upper orbital vein leaves the eye socket through:
+A-upper orbital fissure;
B-visual opening;
C-lower orbital fissure;
D-oval hole;
E-round hole.

The upper orbital fissure connects the orbit with:
A-anterior cranial fossa;
+B-middle cranial fossa;
C-the posterior cranial fossa;
D-the region of the Turkish saddle;
E-pterygopalatine fossa.

Branches of the ophthalmic artery are:
A-frontal artery;
B-supraorbital artery;
C-the lacrimal artery;
+D-all of the above;
E-none of the above.

The moisture in the front chamber is used for:
A – power of the cornea;
B-lens nutrition;
B - refraction of light;
D-removal of waste exchange products;
+D – all of the above.

The inner wall of the orbit is made up of all the bones except:
A-wedge-shaped;
B-maxillary;

+C-zygomatic;
D-lattice;
E-lacrimal.

Intraocular fluid is produced mainly:
A-iris;
B-the choroid;
+C-ciliary body;
D-lens;
E-the vitreous body.

In the inner corner of the eye slit is located:
A-lacrimal gland;
B-additional lacrimal glands;
C-moll's hardware;
+D-lacrimal meat;
E-the muscle that lifts the upper eyelid.

Watery moisture provides all of the following functions, except:
A-maintaining a certain level of intraocular pressure;
B-leaching of slag substances from the eye;
C-nutrition of vascular structures of the eye;
D-conducting light to the retina;
+E-bactericidal and bacteriostatic action.

Watery moisture is formed in the eye due to:
A-filtration of vitreous body;
B-filtration from whirlpool veins;
C-osmosis through the cornea;
+D-secretion (ultrafiltration) from the vessels of the ciliary body;
E-correct B and C.

Watery moisture contains:
A-water;
B-albumins;
C-glucose;
D-true A and B;
+D-everything is true.

The elevation on the eyelids at the medial edge is called:
+A-lacrimal papilla;
B-lacrimal tubercle;
C-lacrimal SAC;
D-lacrimal meat;
E-semilunar fold.

In total, there are ___ muscles in the eye socket:
A-5;
B-6;
+C-7;
D-8;
E-9.

The excretory ducts of the meibomian glands open:
A-on the skin of the eyelids;
B-in conjunctival SAC in the area of the arches;
C-to the back camera of the eye;

D-in the tear bag;
+E-on the free edge of the eyelid.

Histologically, the retina is distinguished:
A-12 layers;
+B-10 layers;
C-8 layers;
D-5 layers;
E-3 layers.

The main role in the visual analyzer belongs to:
A-oculomotor apparatus;
B-optical media of the eye;
+C-retina and choroid;
D-correct A and B;
E-correct B and C.

The eye socket is formed:
A-5 bones;
B-6 bones;
+C-7 bones;
D-8 bones;
E-9 bones.

The fundus is:
A-the bottom of the eye socket, lined with the periosteum;
B-inner surface of the tenon capsule;
C-internal surface of the sclera;
+D-the inner surface of the eyeball, lined with the retina;
E-the entire inner surface of the eyeball.

The oculomotor nerve innervates:
A-upper rectus muscle;
B-internal rectus muscle;
C-lower rectus muscle;
D-the lower oblique muscle;
+E-all listed muscles.

The depth of an adult's orbit is:
A-2-3 cm;
+B-4-5 cm;
C-6-7 cm;
D-8-9 cm;
E-10-11 cm.

The depth of an adult's anterior chamber is normally equal to:
A-1-2 mm;
B-2-2.5 mm;
+C-2.5-3.5 mm;
D-3.5-4 mm;
E-4-5 mm.

The horizontal size of the adult cornea is equal to:
A-8 mm;
B-9 mm;
C-10 mm;
+D-11 mm;

E-12 mm.

Motor innervation of the pupil-dilating muscle is performed:
+A-the sympathetic nervous system;
B-parasympathetic nervous system;
C-facial nerve;
D-diverting nerve;
E-trigeminal nerve.

Motor innervation of the muscle that constricts the pupil is performed:
A-the sympathetic nervous system;
+B-parasympathetic nervous system;
C-facial nerve;
D-diverting nerve;
E-trigeminal nerve.

Motor innervation of extraocular muscles is performed:
A-oculomotor nerve;
B-excretory nerve;
C-block nerve;
+D-all of the above;
E-only A and B.

The optic disc is located on the fundus of the eye:
A-in the place of the projection of the yellow spot;
+B-4 mm medial to the yellow spot;
C-4 mm laterally to the yellow spot;
D-4 mm above the yellow spot;
E-4 mm below the yellow spot.

The optic nerve disk is:
A-the area where ganglion cell fibers converge;
B-place of absence of sticks and cones;
C-the place corresponding to the blind spot;
D-structure, which is the white matter of the brain;
+E-all of the above is true.

Long and short ciliary nerves contain:
+A-sensitive fibers;
B-trophic fibers;
C-motor fibers;
D-vasomotor fibers;
E-all of these fibers.

All qualities are characteristic of the cornea, except:
A-transparency;
B-high sensitivity;
C-Shine;
+D-abundant vascularization;
E-sphericity of the form.

The retina is characterized by everything except:
+A-the presence of sensitive innervation;
B-tight fixation on the toothed line;
C-the presence of sticks and cones in it;
D-nutrition from the choroid;
E-transparency.

For the lacrimal gland, everything is characteristic, except:
A-the presence of the orbital part;
B-presence of the palpebral part;
+C-production per day about 1 ml of tears;
D-presence of openings of the excretory ducts in the upper arch of the conjunctiva;
E-location in the upper-outer corner of the orbit.

The vitreous body is characterized by:
A-transparency;
B-tight fixation near the optic disc;
C-absence of blood vessels and nerves;
D-diffusion of nutrients from the aqueous humor;
+E-all of the above is true.

For the cartilage of the eyelid, it is characteristic:
A-half-moon shape;
B-the presence of cartilage;
C-presence of meibomian glands;
D-true A and B;
+E-true A and C.

The Central fossa of the macular spot of the retina is characterized by:
A-the presence of 4 layers of nerve cells;
B-the minimum thickness;
C-the presence of the cone elements;
D-the presence of rod-shaped elements;
+E-true all except D.

The posterior long ciliary arteries provide blood supply:
A-optic nerve;
B-the actual vascular membrane;
+Cthe ciliary body and the iris;
D-sclera;
E-all of the above.

The posterior short ciliary arteries provide blood supply:
A-optic nerve;
+B-the actual vascular envelope;
C-the ciliary body and the iris;
D-sclera;
E-all of the above.

Visual opening connects the orbit with:
A-anterior cranial fossa;
+B-area of the Turkish saddle;
C-frontal sinus;
D-posterior cranial fossa;
E-a lattice maze.

The following neuroepithelial cells provide visual functions:
+A-sticks and cones;
B-bipolar cells;
C-ganglion cells;
D-correct A and B;
E-correct A and C.

The optic nerve exits the orbit of the eye through:
A-upper orbital fissure;
+B-visual opening;
B-lower orbital fissure;
D-round hole;
E-doesn't go out of orbit.

The optic nerve has:
A-soft shell;
B-web shell;
C-hard shell;
+D-all of the above;
E-correct A and B.

The toothed line on the sclera corresponds to:
A-limb;
+B-place of attachment of oculomotor muscles;
C-the equator;
D-the horizontal Meridian;
E-vertical Meridian.

How many neurons does the retina consist of?
A-1;
B-2;
+C-3;
D-4;
E-5.

How many parts does the visual analyzer consist of?
A-1;
B-2;
C-3;
D-4;
+E-5.

The corneal layers are the most resistant to infection:
A-epithelium;
B–outer edge of the membrane;
C-stroma;
+D-internal boundary membrane;
E-the endothelium.

The lacrimal gland is innervated:
A-parasympathetic nervous system;
B-the sympathetic nervous system;
+C-mixed type;
D-somatic nervous system.

The anatomical boundaries of the posterior chamber include all but:
+A-the cornea;
B-ciliary body;
C-vitreous body;
D-iris;
E-lens.

The boundaries of the front camera include everything except:
A-cornea;

B-ciliary body;
+C-vitreous body;
D-iris;
E-lens.

The visual conducting system includes everything except:
A-optic nerve;
B-chiasma;
C-the lateral geniculate bodies;
+D-visual bumps;
E-a radiant crown.

Everything is related to the mechanism of lacrimal drainage, except:
A-capillary action of the lacrimal tubules;
B-the suction force of the lacrimal SAC under the action of the Gorner muscle;
+C-pushing tears into the lacrimal SAC using the Riolan muscle;
D-negative pressure in the nasal cavity;
E-specific reduction of the palpebral part of the circular eyelid muscle.

The external muscles of the eye include:
A-upper and outer rectus muscles;
B-internal and external rectus muscles;
C-the superior and inferior oblique muscles;
D-lower and inner rectus muscles;
+E-ll of the above.

Tear-producing organs include:
A-lacrimal gland;
B-additional lacrimal glands;
C-the lacrimal SAC;
+D-true A and B;
E-that's right.

The tear-removing organs include everything except:
+A-additional lacrimal glands;
B-nasal canal;
C-the lacrimal SAC;
D-lacrimal tubules;
E-tear points.

The vessels that feed the lens substance of an adult include:
A-a. hyaloidea;
B-anterior ciliary arteries;
C-short posterior ciliary arteries;
D-long posterior ciliated arteries;
+E-no blood supply.

What is the name of the inner shell of the eyeball?
A-conjunctiva;
B-fibrous capsule;
C- choroid;
+D-retina;
E-sclera.

Which of the three retinal neurons is facing the light:
A-sticks and cones;
B-bipolar cells;

+C-ganglion cells;
D-all of the above is true.

What part of the vascular tract is the choroid?
A-1/3;
B-1/2;
+C-2/3;
D-5/6;
E-9/10.

The optic nerve channel is used for passing:
A-optic nerve;
B-orbital artery;
C-orbital vein;
+D-correct A and B;
E-correct A and C.

The number of eyelashes on the upper and lower eyelids is:
A-100 and 50;
B-120 and 60;
+C-150 and 70;
D-170 and 80;
E-190 and 90.

The conjunctiva is divided into all departments except:
+A - conjunctiva of internal adhesions;
B-conjunctiva of cartilage;
C-conjunctiva of the transitional fold;
D-conjunctiva of the semilunar fold;
E-conjunctiva of the eyeball.

The conjunctival SAC is called:
A-cavity between the lacrimal SAC and half-moon crease;
+B-the cavity between the back of the eyelids and the surface of the eye;
C-the space between the conjunctiva and the lacrimal SAC;
D-the cavity between the outer junction of the eyelids and the eyeball.
E-there is no correct answer.

The cortical visual center is located:
A-in the frontal lobe of the brain;
B-in the parietal lobe of the brain;
C-in the temporal lobes of the brain;
+D-in the occipital lobe of the brain;
E-in the medulla oblongata.

Short posterior ciliary arteries feed:
A-the cornea;
B-iris;
C-the sclera;
+D-outer layers of the retina;
E-all of the above.

Blood supply to the eyeball is carried out:
+A-orbital artery;
B-the Central artery of the retina;
C-posterior ciliary arteries;
D-correct A and B;

E-correct B and C.

Blood supply to the iris and ciliary body is carried out:
A-posterior short ciliary arteries;
B-posterior long ciliary arteries;
C-anterior ciliary arteries;
D-true A and B;
+E-true B and C.

The mass of the eyeball is:
A-5-6 g;
+B-7-8 g;
C-9-10 g;
D-11-12 g;
E-13-15 g.

The meibomian glands produce:
A-tear;
B-the fluid of the eye;
C-slime;
+D-fat secret;
E-pus.

Small glands of Krause and Wolfring located in the arches of the conjunctival cavity secrete:
A-greasy secret;
B-slimy secret;
+C-tear;
D-correct A and B;
E-everything is correct.

The place of transition of the cornea to the sclera is called:
A-the equator;
B-trabecula;
C-the main Meridian;
+D-limb;
D – gerontoxon.

The "muscle funnel" originates from:
A-round hole;
B-block;
+C-visual opening;
D-upper orbital fissure;
E-lower orbital fissure.

The eye's muscular apparatus consists of extraocular muscles:
A-three;
B-four;
C-five;
D-six;
+E-seven.

The muscle layer of the upper eyelid contains all the muscles except:
A-the muscle that lifts the upper eyelid;
B-palpebral part of the circular eyelid muscle;
C-Muller muscles;
+D-muscles that lower the upper eyelid;
E-orbital part of the circular muscle of the eyelid.

The muscle that lifts the upper eyelid is woven into it:
A-one bundle;
B-two beams;
+C-three bundles;
D-four bundles;
E-five bundles.

On the eyeball, all identification points are distinguished, except:
A-limb;
B-poles;
C-meridians;
+D-Parallels;
E-the equator.

At what approximate distance from the limb is the toothed line located?
A-3-4 mm;
B-5-6 mm;
+C-7-8 mm;
D-9-10mm;
E-corresponds to a limb.

It is most active in the implementation of corneal nutrition:
A-epithelium;
B-outer edge of the membrane;
C-stroma;
D-internal boundary membrane;
+E-the endothelium.

The thinnest part of the sclera is:
A-limb;
B-place of attachment of oculomotor muscles;
C-the posterior pole;
D-equator;
+E-lattice plate.

The most resistant to mechanical effects on the cornea:
A-epithelium;
+B-outer edge of the membrane;
C-stroma;
D-internal boundary membrane;
E-the endothelium.

The outer wall of the orbit separates it from:
A-nasal cavities;
B-the cranial cavity;
C-maxillary sinus;
D-temporal fossa;
+E-pterygopalatine fossa.

The outer wall of the orbit is made up of all the bones except:
A-frontal;
B-zygomatic;
C-wedge-shaped;
+D-temporal;
E-all right.

The external muscles of the eye are innervated:
A-oculomotor nerve;
B-block nerve;
B-diverting nerve;
+D-all listed nerves;
E-only A and B.

They begin at the top of the orbit and form a tendon ring here:
A-upper and lower rectus muscles;
B-internal rectus muscle;
C-external rectus muscle;
D-the upper oblique muscle;
+E-all of the above.

Retinal neurons are represented by:
A-receptor neuroepithelium;
B-bipolar cells;
C-ganglion cells;
D-true B and C;
+E-all of the above is true.

The nerve fibers of the retina leave the eyeball through:
A-emissaries;
+B-hole plate;
C-trabecula;
D-schlemm's canal;
E-visual opening.

The lower orbital fissure connects the orbit with:
A-anterior cranial fossa;
B-middle cranial fossa;
C-the posterior cranial fossa;
D-the region of the Turkish saddle;
+E-pterygopalatine fossa.

The normal thickness of the Central part of the adult cornea is equal to:
A-1.5 mm;
B-1.2 mm;
C-0,7-0,8 mm;
+D-0.5-0.6 mm;
E-0.4 mm.

The volume of an adult's front camera is equal to:
A-0.5 ml;
B-0.4 ml;
C-.3 ml;
+D-0.2 ml;
E-0.1 ml.

The optical power of the adult cornea is equal to:
A-20 diopters;
B-30 diopters;
+C-40 diopters;
D-50 diopters;
E-60 diopters.

The average optical power of the lens is:

A-2 D;
B-10 D;
+C-18 D;
D-20 D;
E-40 D.

The orbit of an adult is similar in shape:
A-a three-sided pyramid;
+B-a four-sided pyramid;
C-hexahedral pyramid;
D-cone;
E-truncated cone.

The orbit is bordered:
A-with the frontal sinus;
B-with a lattice maze;
C-with the maxillary sinus;
D-with the skull cavity;
+E-everything is true.

The orbital muscle is innervated:
A-oculomotor nerve;
+B-sympathetic nerve;
C-diverting nerve;
D-optic nerve;
E-block nerve.

The main role of vorticose veins is to:
A-regulation of intraocular pressure;
+B-outflow of venous blood from the posterior part of the eye;
C-thermoregulation of eye tissues;
D-all of the above;
E-only A and B.

The main physiological significance of the iris is:
+A-light aperture;
B-the outflow of aqueous humor;
C-regulation of moisture temperature;
D-nutrition of the lens;
E-all of the above is true.

The main function of the choroid is:
+A-retinal nutrition;
B-eye thermoregulation;
C-outflow of intraocular fluid;
D-light perception;
E-nutrition of the vascular structures of the eye.

From the tendon ring at the apex of the orbit all oculomotor muscles begin except:
A-upper oblique;
B-outer straight;
+C-lower oblique;
D-top straight;
E-lower straight line.

The excretory nerve innervates:
A-upper and lower rectus muscles;

B-internal rectus muscle;
+C-external rectus muscle;
D-the upper oblique muscle;
E-lower oblique muscle.

The ratio of the diameter of the arteries to the veins on the fundus of the eye in an adult is:
A-1:1;
B-2:1;
C-1:2;
D-3:2;
+E-2:3.

The absence of pain symptoms in diseases of the choroid can be explained:
A-the autonomy of this zone of the vascular membrane of the eye;
B-violation of normal nerve conduction in the posterior part of the vascular membrane of the eye;
+C-absence of sensitive nerve endings in the choroid;
D-all of the above.

The outflow of liquid from the front chamber is carried out through:
A-pupil area;
B-the capsule of the lens;
+C-the area of trabeculae;
D-none of the above;
E-correct A and B.

Outflow of blood from the eyelids.:
A-in the direction of the veins of the orbit;
B-in the direction of facial veins;
+C-both directions;
D-none of the above.

The outflow of blood from the tissues of the eye socket is carried out through:
A-upper orbital vein;
B-the inferior orbital vein;
+C-and that and the other;
D-neither one nor the other.

The anterior ciliary arteries provide nutrition:
A-the conjunctiva of the eyeball;
B-iris;
C-the ciliary body;
+D-true B and C;
E-all right.

The anterior part of the vascular tract is supplied with blood:
A-anterior ciliary arteries;
B-posterior long ciliary arteries;
C-posterior short ciliary arteries;
+D-true A and B;
E-all of the above is true.

The peripheral part of the visual organ includes:
A-protective apparatus of the eyeball;
+B-eyeball;
C-the subordinate system of the eye;
D-conductive system of the eye;
E-all except D.

The retinal pigment epithelium has all the qualities except:
A-close connection with the vascular membrane;
B-performs the function of light perception;
C-contains visual substances;
D-eliminates the possibility of light scattering;
+E-contribute to the renewal of sticks and cones.

The power of the lens is carried out by:
A-iris;
+B-watery moisture;
C-fibers of the Zinc bundle;
D-ciliary body;
E-all of the above is true.

The position of the gear line corresponds to:
A-zone of the limb projection;
+B-the place of attachment of the tendons of the rectus muscles;
C-zone projection of the ciliary body;
D-correct A and B;
E-there is no correct answer.

The semitransparent zone of the corneal transition to the sclera is called:
+A-limb;
B-nimbus;
C-trabecula;
D-pupil;
E-Meridian.

In addition to nutritional, the choroid performs the following functions:
A-ultrafiltration of watery moisture;
B-outflow of intraocular fluid;
C-dark camera obscura;
D-true A and B;
+E-all of the above is true.

Precorneal film consists of:
A-mucin layer;
B-tear layer;
C-watery layer;
D-lipid layer;
+E-true A, C, and D.

The refractive power of the lens is:
A-up to 10 diopters;
+B-up to 20 diopters;
C-up to 30 diopters;
D-up to 35-40 diopters;
E-up to 50 diopters.

When you close your eyes, it shrinks:
A-the muscle that lifts the upper eyelid;
B-muscle that lowers the upper eyelid;
C-palpebral part of the circular eyelid muscle;
D-orbital part of the circular muscle of the eyelid;
+E-the entire circular muscle of the eyelids.

When closing the eyelids during sleep and blinking is reduced:

A-the muscle that lifts the upper eyelid;
B-muscle that lowers the upper eyelid;
+C-palpebral part of the circular eyelid muscle;
D-orbital part of the circular muscle of the eyelid;
E-the entire circular muscle of the eyelids.

The ciliated body is:
A-the middle part of the vascular tract;
B-a ring-shaped formation that has a triangular shape on the cut;
C-a functional element that performs the active phase of accommodation;
D – body, secreting the fluid of the eye ciliary;
+E-all of the above is true.

The cornea consists of:
A-two layers;
B-three layers;
C-four layers;
+D-five layers;
E-six layers.

The cornea and conjunctiva of the eye are constantly moisturized due to:
A-secret of the lacrimal glands;
B-secret of the sebaceous glands;
C-secretions of the mucous glands;
+D-all of the above;
E-only A and C.

The growth of the lens ends:
A-by 2 years;
B-to 5 years;
C-by the age of 18;
D-to 23 years;
+E-continues throughout life.

The thinnest wall of the orbit is:
+A-internal;
B-lower;
C-outdoor;
D-upper;
E-correct C and D.

The thickest layer of the cornea is:
A-epithelium;
B-outer edge of the membrane;
+C-stroma;
D-internal boundary membrane;
E-the endothelium.

The properties of the iris are all but:
+A-color changes depending on lighting;
B-round shape;
C-the physiological function of the diaphragm;
D-presence of the pupil in the center;
E-changes in pupil size.

The properties of the lens are all but:
A-forms of a biconvex lens;

+B-blood supply from the anterior ciliary arteries;
C-elasticity;
D-transparency;
E-there is no correct answer.

The retina performs the function:
A-refractions of light;
B-trophic;
+C-the perception of light;
D-protective;
E-all of the above.

The retina is supplied with blood:
A-the Central artery of the retina;
B-posterior long ciliary arteries;
+C-posterior short ciliary arteries;
D-true A and B;
E-true A and C.

The retina is firmly fixed in the following places:
A-on the toothed line;
B-in the area of the optic disc;
C-at the point of transition of the iris to the ciliated body;
+D-true A and B;
E-all of the above is true.

The sclera is designed for:
A-trophic eyes;
+B-protection of internal eye formations;
C-refraction of light;
D-all of the above;
E-none of the above.

The sclera consists of all layers except:
A-episclera;
B-own substance;
+C- subscleral;
D-brown plate;
E-all of the above is true.

The lacrimal gland in the child begins to function:
A-immediately after the birth of the child;
B-a few days after birth;
+C-in 4 to 6 weeks after birth;
B-6 months after birth;
E-a year after birth.

The tear-nasal canal opens:
A-in the lacrimal lake;
+B-at the bottom of the bow;
C-in conjunctival SAC;
D-in the upper nasal passage;
E-in the maxillary sinus.

Lacrimal tubules connect:
A-lacrimal gland with conjunctival SAC;
+B-tear points with a tear bag;

C-tearfully bag with the nasal cavity;
D-lachrymal stream with lachrymal lake;
E-lacrimal gland with lacrimal points.

Layer of the retina that perceives light, is a:
+A-layer of sticks and cones;
B-internal nuclear layer;
C-the outer nuclear layer;
D-inner plexiform layer;
E-outer plexiform layer.

The layers of the cornea are located:
+A-parallel to the corneal surface;
B-chaotic;
C-concentric;
D-correct A and B;
E-correct B and C.

The contents of the eye socket are all but:
A-eyeball;
B-fat;
+C-lacrimal SAC;
D-tenon fascia;
E-enlargement of extraocular muscles.

The connective membrane of the eye is called:
+A-conjunctiva;
B-fibrous capsule of the eye;
C-the cornea;
D-sklera;
E-tenon shell.

The vascular tract performs:
+A-trophic function;
B-the function of light refraction;
C-function of the perception of light;
D-protective function;
E-all of the above.

The choroid vascular system consists of:
A-anterior long ciliary arteries;
B-latticed arteries;
C-back long ciliary artery;
D-nasociliary arteries;
+E-short posterior ciliary artery.

The vascular tract of the eye consists of all these parts, except:
A-choroids;
B-ciliary body;
C-iris;
+D-vessels of the retina;
E-everything is correct.

The average diameter of the adult cornea is normally equal to:
A-8-9 mm;
+B-10 mm;
C-11-12 mm;

D-13-14 mm;
E-15-16 mm.

The average value of the refractive power of the adult cornea is equal to:
A-23 D;
B-30 D;
+C-43 D;
D-50 D;
E-53 D.

The average value of the radius of curvature of the anterior surface of the adult cornea is:
A-9 mm;
+B-7.7-7.8 mm;
C-6,7-6,8 mm;
D-5.5 mm;
E-5 mm.

The vitreous body performs:
A-trophic function;
B-the "buffer" feature;
C-light-conducting function;
+D-all of the above.

The tarzo-orbital fascia performs all functions except:
A-separates the orbit from the eyelids;
B-closes the entrance to the eye socket;
C-attaches to the edges of the cartilage;
D-prevents the penetration of inflammatory processes from the eyelids and lacrimal SAC into the orbit;
+E-surrounds the eyeball as a bag.

The tenon capsule separates:
A-vascular membrane from the sclera;
B-the retina from the vitreous body;
+C-eyeball from the orbit's fiber;
D-lens from the vitreous body;
E-there is no correct answer.

The tenon fascia performs all functions except:
+A-closes the entrance to the eye socket;
B-surrounds the eyeball as a bag;
C-forms the vagina for eye muscles;
D-divides the eye socket not two departments;
E-forms a capillary gap between it and the eyeball.

The tissues of the eye socket are fed from:
A-latticed arteries;
B-lacrimal artery;
+C-orbital artery;
D-facial artery;
E-the Central artery of the retina.

Topographically, the optic nerve can be divided into all segments except:
A-intraocular;
B-eye;
C-channel;
D-intracranial;
+E-chiasmal.

At the adult person with emmetropic refraction in the sagittal size of the eye is equal to the average:
A-19-20 mm;
B-21-22 mm;
+C-23-24 mm;
D-25-26 mm;
E-27-28 mm.

In a healthy adult, the ratio of the gauge of the retinal arteries and veins is defined as:
A-1:2;
+B-2:3;
C-2:5;
D-1:1;
E-1:1.5.

At the lower-inner edge of the eye socket begins:
A-upper rectus muscle;
B-lower rectus muscle;
C-internal rectus muscle;
D-the upper oblique muscle;
+E-lower oblique muscle.

The newborn has all the paranasal sinuses except:
A-maxillary;
+B-frontal;
C-lattice maze;
D-true A and B;
E-true B and C.

The mouth of the lacrimal-nasal canal is _____ cm from the external opening of the nose.
A-1-1.5 cm;
B-2-2.5 cm;
+C-3-3.5 cm;
D-4-4.5 cm;
E-5-5,5 cm.

The physiological significance of the iris is reduced to all of the following factors, except:
+A-bactericidal;
B-protection of the retina from the ultraviolet part of the spectrum of sunlight and regulation (dosing) of light entering the posterior part of the eye;
C-participation in ultrafiltration and outflow of intraocular fluid;
D-centering the light beam on the macular area of the retina;
E-all of the above.

The functional center of the retina is:
A-optic disc;
+B-the Central fossa;
C-zone of the gear line;
D-correct A and C;
E-correct A and B.

The choroid has:
A-one layer of vessels;
B-two layers of vessels;
+C-three layers of blood vessels;
D-four layers of vessels;
E-five layers of vessels.

The choroid provides:
A-nutrition of the optic nerve;
B-nutrition of the cornea;
C-feed of the sclera;
+D-retinal nutrition;
E-all of the above is true.

The choroid nourishes:
+A-outer layers of the retina;
B-inner layers of the retina;
C-the entire retina;
D-all of the above.

Choriocapillaries differ from conventional capillaries in all properties except:
A-a wide opening;
B-easy passage of red blood cells;
C-slow speed of red blood cells;
D-presence of fenestrated walls;
+E-all of the above.

Through the upper orbital slit pass:
A-orbital nerve;
B-oculomotor nerves;
C-main venous collector of the orbit;
+D-all of the above;
E-none of the above.

Sensitive innervation of the eye and its appendages is performed:
A-the first branch of the trigeminal nerve;
B-the second branch of the trigeminal nerve;
C-the third branch of the trigeminal nerve;
+D-true A and B;
E-all of the above is true.

Corneal sensitivity is higher in:
A-region of the limb;
B-perilimbal zone;
C-paracentral zone;
+D-Central area;
E-is the same across the entire surface.

Corneal sensitivity is affected by the lesion:
A-facial nerve;
B-oculomotor nerve;
+C-trigeminal nerve;
D-correct A and B;
E-correct A and C.

The epithelium covers:
A-back capsule of the lens;
+B-the front capsule of the lens;
C-the entire capsule of the lens;
D-germ nucleus of the lens;
E-the nucleus of the lens.

The pit of the lacrimal gland is located:

A-in the recess of the lacrimal bone;
B-in the upper-inner corner of the orbit;
+C-in the upper-outer corner of the orbit;
D-in the recess of the sphenoid bone;
E-under the medial cleavage of the eyelids.

METHODS OF RESEARCH OF PATIENTS

The value of the eyeball's distance from the orbit can be determined using:
A-ophthalmometry;
B-ultrasonic biometrics;
+C-exophthalmometry;
D-refractometry;
E-dynamometry.

Intraocular pressure can be examined by all methods except:
+A-ophthalmodynamometry;
B-tonometry by Maklakov;
C-palpation method;
D-tonometry by Goldman;
E-tonography.

Gonioscopy is used for examination:
A-of the cornea;
+B-front camera angle;
C-flat part of the ciliary body;
D-vitreous body;
E-fundus.

Details of the retina can be viewed by the method:
A-passing light;
B-side lighting;
C-fentoskopy;
+D-ophthalmoscopy;
D-all the methods listed.

Diaphanoscopy is:
A-examination of the fundus;
B-translucence of the eye through the pupil;
+C-dialerline shining eyes;
D-examination of the anterior segment of the eye in reflected light;
E-there is no correct answer.

To perform ophthalmoscopy in the reverse form, you must have:
A-ophthalmoscope;
B-the lens is 20 D;
C-lens in 13 D;
D-true A and B;
+E-true A and C.

To study the function of the tear-producing organs, it is necessary to make:
A-channel sample;
B-the sample with the fluorescein;
C-nasal test;
+D-Schirmer sample;
E-orthostatic sample.

To examine the upper transitional fold of the eyelids, you must perform:
A-inversion of the lower eyelid;
B-inversion of the upper eyelid;
+C-double inversion of the upper eyelid;
D-pulling back the upper eyelid with the help of a bridle suture;
E-manipulation is not possible.

All methods can be used to examine the anterior segment of the eye, except:
A-side lighting;
B-combined method;
+C-ophthalmoscopy;
D-biomicroscopy;
E-focal lighting.

To examine the retina, you need to perform:
A-gonioscopy;
+B-ophthalmoscopy;
C-biomicroscopy;
D-cycloscope;
E-fentoscopy.

To perform an inversion of the upper eyelid, you can use:
+A-everything but the G;
B-a glass wand;
C-velodyne;
D-eyelid retractor;
E-tool is not needed.

To perform the inversion of the lower eyelid, you must have:
A-glass stick;
B-velodyne;
C-eyelid retractor;
+D-tool not needed;
E-tweezers.

To study the optical power of the cornea, use:
A-biomicroscopy;
+B-ophthalmometry;
C-exophthalmometry;
D-refractometry;
E-US-biometrics.

What types of ophthalmoscopy do you know?
A-straight and sideways;
B-side and reverse;
+C-direct and indirect;
D-direct and indirect;
E-there is no correct answer.

What degree of increase in intraocular pressure when examining it palpation does not happen:
A-T+1;
B-T+2;
C-T+3;
+D-T+4;
E-Tn.

A tubular test is considered positive if the eyeball discolors through:
+A-1-2 minutes;
B-3-4 minutes;
C-5-7 minutes;
D-7-10 minutes;
E-not discolored.

The criterion for transparency of transparent eye media when conducting a study of transmitted light is:
A-yellow glow of the pupil;
B-the lack of luminescence of the pupil;
C-the grey luminescence of the pupil;
D-green glow of the pupil;
+E-red glow of the pupil.

The method of biomicroscopy was first proposed:
A-Hermann Helmholtz;
+B-Alvar Gulstrand;
C-Albrecht Grefe;
D-Franz Cornelius Donders;
E-Jan Purkinje.

The method of echoophthalmography is based on the use of:
A-light emission;
+B-ultrasonic radiation;
C-infrasound radiation;
D-laser radiation;
E-x-ray radiation.

A nasal test is considered positive if the dye appears in the nose through:
A-1-2 minutes;
+B-3-5 minutes;
C-6-7 minutes;
D-8-10 minutes;
E-does not appear.

An optical section of the cornea and lens can be obtained by examining the eye:
A-ophthalmoscope;
B-skiascope;
C-gonioscope;
+D-biomicroscope;
E-diaphanoscope.

Examination of the eye with a slit lamp is called:
A-ophthalmoscopy;
+B-biomicroscopy;
C-diaphanoscopy;
D-skiascopy;
E-there is no correct answer.

Examination of the fundus is possible with the help of all of the above, except:
+A-diaphanoscope;
B-ophthalmoscope;
C-fundus cameras;
D-fundus-lenses;
E-all of the above.

The main advantage of indirect binocular ophthalmoscopy over conventional ophthalmoscopy is the ability to:
A-more detailed examination of the fundus;
B-examination of a larger area of the fundus;
+C-getting a three-dimensional image;
D-conducting research with color filters;
E-no advantages.

Ophthalmoscopy and eye mirror offered:
A-Hippocrates;
B-Cornelius Celsus;
C-Johan Kepler
+D-Hermann Helmholtz;
E-Albrecht Grefe.

When the upper eyelid is turned out, the cartilage glands look like:
+A-yellowish-gray stripes perpendicular to the edge of the eyelids;
B-yellowish-gray stripes parallel to the edge of the eyelids;
C- reddish stripes that are perpendicular to the edge of the eyelids;
D-reddish stripes parallel to the edge of the eyelids;
E-glands are not visible.

When gonioscopy distinguish:
A-wide angle of the front camera;
B-average width angle;
C-narrow angle of the front camera;
B-closed angle of the front camera;
+E-all of the above is true.

When examined by side lighting, the lens becomes visible:
A-for accommodation;
B-for cycloplegia;
+C-only when it is clouded;
D-never visible;
E-in the inflammatory process of the lens.

When conducting an external examination, it is impossible to assess:
A-condition of the front and back edges of the eyelids;
+B-state of the ciliary body;
C-the color of the eyelid skin;
D-position and thickness of the eyelid edges;
E-direction of eyelash growth.

When performing fluorescent angiography of the posterior segment of the eye, it is possible:
A-determine the pathological condition of the fundus vessels;
B-determine the barrier function of the fundus vessels;
C-to study the dynamics of the pathological process in the fundus;
D-determine indications for laser treatment of the eye;
+E-all of the above is true.

With passing light, you can explore the transparency:
A-of the cornea;
B-for the front camera;
+C-all of the above;
D-lens;
E-vitreous body.

There are all types of eyeball injection, except:
+A-surface;
B-conjunctival;
C-pericorneal;
D-mixed;
E-all without exception.

Using the a-method of ultrasound diagnostics, you can determine:
A-retinal detachment;
B- the thickness of the lens;
C-intraocular foreign body;
D-intraocular neoplasm
+E-all of the above.

Using the side lighting, you can view:
A-the cornea;
B-iris;
C-the fundus;
+D-true A and B;
E-that's right.

With the help of an exophthalmometer, you can identify:
A-exophthalmos;
+B-true A and C;
C-enophthalmos;
D-true A and E;
E-buftalm.

Состояние угла передней камеры можно исследовать с помощью:
А – гониоскопа;
Б – линзы Гольдмана;
В – осмотра по Вургафту;
Г – верно А и Б;
+Д – верно все.

Standard weights for elastotonometry are all but:
A-5 g;
B-7.5 g;
C-10 g,
+D-10.5 g;
E-15 g.

Daily fluctuations in ophthalmotonus in healthy people should not exceed:
A-3 mm Hg;
B-4 mm Hg;
+C-5 mm Hg;
D-6 mm Hg;
E-7 mm Hg.

There are tonometry techniques for:
A-Weber;
B-Shiotsu;
C-Goldman;
D-Maklakov;
+E-true all but A.

The thickness of the lens and the length of the anteroposterior axis of the eye can be determined:
A-by means of biomicroscopy;
B-using pachymetry;
+C-using ultrasound echoophthalmography;
D-using the x-ray method;
E-using a Refractometer.

Tonometer for measuring intraocular pressure.:

A-F. Dorofeev;
B-E.A. Junge;
+C-A.N. Maklakov;
D-A.A. Kryukov;
E-S.S. Golovin.

Echoophthalmography is the study of the eye using:
+A-ultrasound;
B-x-ray radiation;
C-light beam;
D-infrasound;
E-thermal radiation.

VISUAL FUNCTION

There are all kinds of scotomas, except:
+A-achromatic;
B-physiological;
C-relative;
D-positive;
E-Central.

For visual acuity research, you can use everything except:
A-tables of Sivtsev;
+B-Rabkin tables;
C-tables of Orlova;
D-Snellen's optotypes;
E-Polyak's optotypes.

All methods can be used to study the field of view, except:
A-control;
B-perimeters;
+C-ophthalmometry;
D-campimetry;
E-you can use all methods.

The retina is characterized by all functions except:
A-visual acuity;
B-fields of view;
+C-binocular vision;
D-color vision;
E-light perception.

If the patient distinguishes only the first line of the table for determining visual acuity from a distance of 2.5 meters, then he has a visual acuity equal to:
A-0.1;
+B-0.05;
C-0.03;
D-0.02;
E-0.01.

If the patient distinguishes only the first line of the table for determining visual acuity from a distance of 1 meter, then he has a visual acuity equal to:
A-0.1;
B-0.05;
C-0.03;
+D-0.02;
E-0.01.

If a patient from a distance of 5 meters can read the letters of the second row from the top in the Sivtsev table, his visual acuity is equal to:
A-0.1;
+B-0.2;
C-0.3;
D-0.4;
E-0.5.

If a patient from a distance of 5 meters can read the letters of the fourth row from the top in the table of Sivtsev, his visual acuity is equal to:
A-0.1;

B-0.2;
C-0.3;
+D-0.4;
E-0.5.

If white and colored objects are not perceived at all in a certain area, then this scotoma is called:
A-blind spot;
B-Central scotoma;
C-relative scotoma;
+D-absolute scotoma;
E-Central scotoma.

If a certain area of white and colored objects become less bright and contrasting, then this scotoma is called:
A-blind spot;
B-Central scotoma;
+C-relative scotoma;
D-absolute scotoma;
E-Central scotoma.

The following neuroepithelial cells provide visual functions:
+A-sticks and cones;
B-bipolar cells;
C-ganglion cells;
D-correct A and B;
E-correct A and C.

Color perception research can be done in any way except:
+A-tables of Sivtsev;
B-Rabkin tables;
C-tables Yustova;
D-tests of Farnsworth;
E-anomaloscope.

What areas of the fundus give physiological scotomas?
A-the head of the optic nerve and the dentate line;
+B-head of the optic nerve and large vessels;
C-optic nerve head and yellow spot;
D-yellow spot and large vessels;
E-yellow spot and scalloped line.

Xanthopsia is the vision of surrounding objects in:
+A-yellow;
B-red;
C-green;
D-blue.

Who was the first to put forward the three-component theory of color perception?
A-Ibn Sina;
B-Kepler;
+C-M.V. Lomonosov;
D-T.Jung;
E-H.Helmholtz.

The highest visual acuity in the Central fossa of the retina is due to the fact that:
A-the Central fossa is located almost along the axis of the optical system of the eye;
B-there is a maximum concentration of cones;

C-each foveolar cone is connected to its own ganglion cell;
D-only B and C;
+E-all of the above.

The highest visual acuity is associated with the function:
A-the sclera;
B-the choroid;
C-the optically inactive part of the retina;
+D-Central fossa of the retina;
E-all of the above.

The most common violation of color perception is:
A-achromasia;
B-monochromate;
C-dichromate;
+D-abnormal trichromate;
E-trichromate.

The most frequent pathological changes in the field of vision are:
+A-focal defects-scotomas;
B-concentric narrowing of the field of view;
C-bilateral loss of half of the field of view-hemianopsia;
D-all of the above is true;
E-true A and B.

Violation of dark adaptation is called:
A-hemianopsia;
B-amblyopia;
C-mesopia;
D-hypermetropia;
+E-day-blindness.

About the defeat of the visual tract can speak:
A-blindness of one eye;
B-binasal hemianopsia;
C-Central absolute scotoma;
+D-homonymous hemianopsia;
E-bitemporal hemianopsia.

The main function of the visual analyzer, without which there can be no other functions, is:
A-peripheral vision;
B-visual acuity;
C-color perception;
+D-light perception;
E-stereoscopic vision.

A feature of twilight vision is all of the above, except:
+A-narrowing of the field of view;
B-colourlessness;
C-reduced visual acuity;
D-changes in the brightness (lightness) of colors;
E-all of the above.

Visual acuity can be examined using:
A-optokinetic nystagmus;
B-the helium-neon laser with a linear diaphragms;
C-primrose test;

D-autoframeskip at Purkinje;
+Eall of the above.

The absence of color perception is called the second type of cones:
A – monochromate;
B-Protanopia;
+C-deuteranopia;
D-tritanopia;
E-protanomaly.

The patient's lack of light perception indicates:
A-intense opacity of the optical media of the eye;
B-common retinal detachment;
C-disease of the neuromuscular apparatus of the eye;
+D-damage to the visual apparatus of the eye;
E-all of the above is true.

The first suggested the existence of 3 elements in the retina for color perception:
+A-M.V. Lomonosov;
B-Johan Kepler;
C-Isaac Newton;
D-Thomas Jung;
E-Hermann Helmholtz.

The field of view can be explored in all ways except:
A-perimetery;
B-campimetry;
C-control method;
+D-ophthalmometry;
E-quantitive perimetry.

When the visual acuity is higher than 1.0 the value of the angle of view:
+A-less than 1 minute;
B-equal to 1 minute;
C-more than 1 minute;
D-equal to 2 minutes;
E-more than 2 minutes.

When the visual acuity is equal to 1.0 the value of the angle of view:
A-less than 1 minute;
+B-equals 1 minute;
C-more than 1 minute;
D-is equal to 2 minutes;
E-more than 2 minutes.

In a perimetric study, the physiological scotoma is normally located in relation to the point of fixation in:
A-15º from the bow;
B-20º from the bow;
+C-15º on the temporal side;
D-20º from the temporal side;
E-30º on the temporal side.

Acquired disorders of color vision is:
A-achromasia;
B-color blindness;
C-Protanopia;

+D-cyanopsia;
E-tritanomaly.

The cause of hemeralopia may be:
A-diseases of the retina and optic nerve;
B-liver diseases;
C-the beriberi A;
D-glaucoma;
+E-all of the above.

A direct and friendly reaction of the pupils to light is formed in the child.:
+A-date of birth;
B-3 months of life;
C-6 months of life;
D-1 year of life;
E-3 years of life.

Arrange them in order, starting with the widest border of the field of view on the colors:
A-blue, green, red;
B-red, blue, green;
+C-blue, red, green;
D-green, blue, red;
E-yellow, green, red.

Disorder of dark adaptation (day-blindness) can occur when:
A-uveitis, panuveitis, high degrees of myopia;
B-inflammatory lesions of the optic nerve;
C-lack or absence of vitamin "A" in food, as well as "B_2" and " C»;
D-inflammatory and degenerative lesions of the retina;
+E-all of the above.

From a distance of 5 m the letter of the tenth row of the Sivtsev table is visible at an angle of:
A-1';
B-3';
+C-5';
D-1°;
E-3°.

From a distance of 5 m details of the letter of the tenth row of the table Sivtseva visible at an angle of:
+A-1';
B-3';
C-5';
D-1°;
E-3°.

The preservation of the Central zone of the visual field in homonymous hemianopsia indicates a lesion:
A-optic nerve;
B-chiasma;
C-the optic tract;
+D-radiation Grazioli;
E-cortical departments.

Dark adaptation should be checked in humans when:
A-suspected retinal pigment abiotrophy, with high-grade myopia;
B-vitamin deficiency, cirrhosis of the liver;

C-choroiditis, retinal detachment, stasis of the disc of the spectator nerve;
D-professional selection of drivers, aviators, train drivers, military expertise;
+E-all of the above.

Patients with deuteranopia have a prolapse:
+A-green-sensed component;
B-red-sensed component;
C-blue-sensed component;
D-yellow-sensed component;
E-correct B and D.

Patients with Protanopia, there is a loss:
A-green-sensed component;
+B-red-sensed component;
C-blue-sensed component;
D-yellow-sensed component;
E-correct B and D.

Patients with tritanopia have a prolapse:
A-green-sensed component;
B-red-sensed component;
+C-blue-sensed component;
D-yellow-sensed component;
E-correct B and D.

In a healthy adult, the upper limit of the field of vision for white is from the point of fixation in:
A-45º;
+B-55º;
C-65-70º;
D-90º;
E-100º.

In a healthy adult, the internal border of the field of vision for white is located from the point of fixation in:
A-45º;
+B-55º;
C-65-70º;
D-90º;
E-100º.

In a healthy adult, the outer border of the field of vision for white is from the point of fixation in:
A-45º;
B-55º;
C-65-70º;
+D-90º;
E-100º.

In a healthy adult, the lower limit of the field of vision for white is from the point of fixation in:
A-45º;
B-55º;
+C-65-70º;
D-90º;
E-100º.

The nodal point of the eye is called:
A-point located in the center of the cornea;
B-a point lying in the middle of the optical axis of the eye;

+B-the point through which the rays pass without being refracted;
D-the point corresponding to the Central fossa of the retina;
E-a point that lies in front of the eye at a finite distance.

he color vision function is related to:
A-cortical analyzer;
B-the optic nerve;
C-optical apparatus of the eye;
D-sticks to the retina;
+E-cones of the retina.

The functions of the retinal cone apparatus are:
A-visual acuity and field of view;
+B-visual acuity and color perception;
C-field of view and light perception;
D-field of view and color perception;
E-color perception and light perception.

The functions of the retinal rod apparatus are:
A-visual acuity and field of view;
B-visual acuity and color perception;
+C-field of view and light perception;
D-field of view and color perception;
E-color perception and light perception.

Chloropeta is the vision of surrounding objects in:
A-yellow;
B-red;
+C-green;
D-blue.

Colors are not perceived at night due to the fact that:
A-insufficient illumination of surrounding objects;
B-only the rod system of the retina functions;
C-the retinal cone system does not function;
+D-all of the above.

Central vision is characterized by:
A-high visual acuity;
B-perception of color;
C-perception of the shape of the object;
D-distinguishing individual parts of the item;
+E-all of the above.

Cyanopsia is the vision of surrounding objects in:
A-yellow;
B-red;
D-green;
+D-blue.

The human eye distinguishes between electromagnetic waves of the light part of the spectrum.:
A-from 196 nm to 360 nm;
B-from 296 to 560 nm;
+C-from 396 to 760 nm;
D-from 496 to 760 nm;
E-from 596 to 960 nm.

Erythropsia is the vision of surrounding objects in:
A-yellow;
+B-red;
C-green;
D-blue.

PATHOLOGY OF THE EYELIDS

Atonic eversion of the eyelids is manifested:
A-decreased elasticity of the skin;
B-sagging of the century, down;
C-hypertrophy of the conjunctiva;
D-lacrimation;
+E-all of the above.

Blepharitis is:
A-acute purulent inflammation of the eyelids;
B-chronic proliferative inflammation of the cartilage;
C-purulent inflammation of the hair SAC;
+D-inflammation of the edge of the eyelid;
E-purulent inflammation of the subcutaneous tissue of the eyelid.

The symptom complex of simple blepharitis does not include:
+A-the presence of purulent crusts on the edges of the eyelids;
B-itch;
C-the presence of foamy discharge in the corners of the eye slit;
D-redness of the edges of the eyelids;
E-frequent flashing.

In a quiet position the free edge of the upper eyelid:
A-does not reach the edge of the cornea;
B-located on the edge of the cornea;
C-covers the cornea by 1 mm;
+D-covers the cornea by 2 mm;
E-reaches the upper edge of the pupil.

Dysfunction of the meibomian glands in blepharitis is expressed in:
A-in hypersecretion of glands;
B-hyposecretion of glands
C-in the failure of elimination of the secret;
+D-true A and B;
E-true B and C.

In the etiology of blepharitis it does not matter:
A-uncorrected refractive errors;
B-worm infestations;
C-diabetes mellitus;
D-diseases of the gastrointestinal tract;
+E-diseases of the cardiovascular system.

The causative agent of angular blepharitis is:
A-Staphylococcus;
+B-diplobacillus Morax-Axenfeld;
C-Streptococcus;
D-Bacillus Koch-weeks;
E-herpes simplex virus.

Possible complications of complete or almost complete unilateral ptosis are:
A-amblyopia;
B-squint;
C-atrophy of the optic nerve;
+D-only A and B;
E-all of the above.

Congenital ptosis is caused by:
A-spasm;
+B-inferiority of the development of the muscle that raises the upper eyelid;
C-paresis of the branches of the trigeminal nerve;
D-spasm of the circular eyelid muscle;
E-paralysis of the upper rectus muscle of the eye.

Meet all kinds of blepharitis, in addition to:
A-ulcer;
B-angular;
C-scaly;
D-simple;
+E-inflammatory.

The eversion of the century can be of any character, except:
A-spastic;
B-paralytic;
+C-dermatogenic;
D-atonic;
E-scar.

The eversion of the eyelid is accompanied by all the listed symptoms, except:
+A-all listed without exception;
B-lag of the eyelid from the eyeball;
C-the sagging down of the century;
D-exposure of the conjunctival surface of the eyelid;
E-sharp hypertrophy of the conjunctiva.

Squeezing barley can lead to:
A-to the development of the phlegmon of the orbit;
B-sinus-thrombosis;
C-meningitis;
D-true A and B;
+E-all of the above is true.

Hemangiomas of the eyelids have the following types:
A-capillary;
B-all but E;
C-the cavernous;
+D-all listed;
E-racemous.

Demodex blepharitis is called:
A-lice;
B-fleas;
C-mosquitoes;
+D-ticks;
E-infusoria.

The dermoid of the eyelid contains:
A-sebaceous and sweat glands;
B-fat;
C-the hair;
D- only B and C;
+E-all of the above.

To restore the function of the cartilage glands, the most rational is:
+A-massage of the eyelids;
B-toilet age;
C-douching the edges of the eyelids;
D-applying tampons with antibiotics to the edges of the eyelids;
E-ointment applications.

The clinical picture of lagophthalmos is characterized by everything except:
A-incomplete closing of the eye gap;
B-atony of the lower eyelid;
C-lacrimation;
+B-omission of the upper eyelid;
E-drying of the eyeball.

For the clinical picture of chalazion characterized by all except:
A-the presence of neoplasms in the thickness of the eyelid;
+B-pain on palpation;
C-mobility of the skin over chalazion;
D-adhesions with cartilage;
E-translucency from the conjunctiva.

For the treatment of blepharochalasis, you can use:
+A-surgical treatment;
B-physiotherapy treatment;
C-administration of corticosteroids;
D-true A and B;
E-all of the above is true.

For the treatment of angular blepharitis, it is most appropriate to use:
A-sulfacyl-sodium solution;
B-solution of chloramphenicol;
C-suspension of hydrocortisone;
D-sodium chloride solution;
+E-solution of sulphate of zinc.

To prevent damage to the cornea by wrapped or incorrectly growing lashes, you can apply everything except:
A-pulling the eyelid with a band-aid;
+B-cutting incorrectly growing eyelashes;
C-surgical treatment;
D- defervesce;
E-you can apply everything, without exception.

If pus is squeezed out of the excretory ducts of the tarsal glands during the eyelid massage, this is:
+A-meibomium blepharitis;
B-angular blepharitis;
C-ulcerative blepharitis;
D-scaly blepharitis;
E-simple blepharitis.

Significant swelling of the eyelids and the appearance of itchy blisters on the skin may be accompanied by:
A-urticaria of the eyelid skin;
B-herpes zoster;
C-toxicoderma;
+D-true A and C;
E-all of the above is true.

Changes to the eyelids in inflammatory edema include:
A-hyperemia of the eyelid skin;
B-increased skin temperature;
C-pain on palpation;
+D-all of the above is true.

Eyelid changes in non-inflammatory edema:
A-more often two-way;
B-there is no tenderness to palpation;
C-the skin of normal color;
D-may be combined with leg swelling, ascites;
+E-all of the above is true.

The initial moments for the development of skin cancer of the eyelids can be:
A-wart injuries;
B-barley;
C-the boils;
D-birthmarks;
+E-all of the above**.**

Blepharitis can lead to:
A-vitamin deficiency;
B-uncorrected refractive errors;
C-worm infestations;
D-occupational hazards;
+E-all of the above is true.

Inflammatory diseases of the eyelids include everything except:
+A-ptosis;
B-abscess;
C-blepharitis;
D-barley;
E-hailstones.

The congenital pathology of the eyelid includes everything except:
A-ablepharia;
+B-xanthelasma;
C-colobomas;
D-ankyloblepharon;
E-epicanthus.

Clinical changes of the eyelids in inflammatory edema include:
A-hyperemia of the eyelid skin;
B-increased skin temperature;
C-pain on palpation;
D-a narrowing of the palpebral fissure;
+E-all of the above is true.

As a rule, the cause of blepharitis is not:
+A-hypertension;
B-worm infestation;
C-allergic condition;
D-anemia;
E-endocrine pathology.

Classification of ptosis includes all its types, except:

A-innate;
+B-inflammatory;
C-one-way;
D-complete;
E-purchased.

Clinical signs of emphysema of the eyelids include:
A-crepitation;
B-edema;
C-integrity of the skin;
+D-all of the above is true.

Clinic of the disease. In a limited area along the edge of the eyelid, there is a noticeable swelling, accompanied by sharp pain and swelling of the conjunctiva and the skin of the eyelid. After 2-3 days, a purulent pustule was formed. After 4 days, the abscess was opened. This:
A-toxicoderma of the eyelid skin;
+B-barley;
C-meibomitis blepharitis;
D-phlegmon of the century;
E-chalazion.

The clinical manifestation of scaly blepharitis is:
A-redness of the eyelids;
B-thickening of the edges of the eyelids;
C-painful itching in the eyelids;
D-the presence of gray scales at the roots of the eyelashes;
+E-all of the above is true.

Contagious mollusc of the eyelid is characterized by:
A-the appearance at the edge of the century of a mollusk resembling a bivalve shell;
B-the presence of ulcers on the edges and skin of the eyelids with covered edges;
C-the presence of hard nodules in the skin, resembling pearls in appearance;
D-the appearance of dusty eyelashes and the presence of parasites in the hair follicles;
+E-the appearance of single or multiple nodules on the skin with a funnel-shaped depression in the center.

Leucosarcoma of the eyelid can make an impression:
A-lymphangiomas;
B-hemangiomas;
+C-amyloid;
D-melanosarcoma;
E-skin cancer.

Treatment is not required:
+A-small congenital bilateral ptosis;
B-unilateral ptosis;
C-traumatic incomplete ptosis;
D-bilateral incomplete ptosis;
E-ptosis caused by paralysis of the levator.

Madrasis called:
A-incorrect growth of eyelashes;
B-thickening of the edge of the eyelid;
+C-alopecia of the edge of the century;
D-ulceration of the edge of the eyelid;
E-presence of crusts at the edge of the eyelid.

Methods of treatment of trichiasis are:

A-removal of the lashes;
B-plastic surgery;
+C-both;
D-neither one nor the other.

The most dangerous consequence of eyelid inversion is:
A-constant lacrimation;
B-trichiasis;
C-chronic conjunctivitis;
+D-corneal damage;
E-phlegmon of the century.

The most common form of skin cancer on the eyelids is the following:
A-meibomian;
+B-superficial ulcer;
C-spinocellular;
D-infiltrative;
E-warty.

The presence of flat yellow-lemon spots on the skin of the eyelids is a sign:
A-lymphangiomas;
B-lipomas;
+C-xanthelasma;
D-fibroids;
E-nevus.

The nevus of the eyelid should be excised or subjected to diathermocoagulation due to the fact that it can:
A-increase in size;
+B-malignantly reborn;
C-to capture both the eyelids;
D-ulcerate;
E-being a cosmetic defect.

Eyelid burns may be the cause:
+A-scar eversion of the eyelids;
B-paralytic eversion of the eyelids;
C-atonic eversion of the eyelids;
D-spastic eversion of the eyelid;
E-all of the above.

The main danger of pigment xeroderma of the eyelids is:
A-pronounced dryness of the eyelid skin;
B-atrophic changes in the eyelid skin;
C-ulceration of the eyelids;
D-papillomatous growths on the eyelids;
+E-malignancy.

The difference between emphysema of the eyelids and inflammatory edema is characterized by:
A-the presence of hyperemia of the eyelid skin;
B-pain on palpation of the eyelids;
+C-the presence of crepitation;
D-all of the above;
E-only A and B.

Focal accumulation of cholesterol in the skin of the eyelids is called:
A-dermoid;

B-nevus;
C-lymphangiomas;
+D-xanthelasma;
E-lipomas.

Indications for opening an abscess of the eyelid are:
+A-appearance of fluctuation;
B-pronounced hyperemia of the eyelids;
C-eyelid tissue seal;
D-pain on palpation;
E-spread of edema on the face tissue.

For an abscess of the eyelid, it is necessary:
A-prick the infiltrate with antibiotics;
B-assign UHF, dry heat;
C-in the presence of fluctuations is to open and drain the abscess;
+D-true A and C;
E-all of the above is true.

When allergic dermatitis is observed:
A-edema of the eyelids;
B-narrowing of the eye gap;
C-itch;
D-the appearance of bubbles on the skin, which are opened with the release of serous fluid;
+E-all of the above is true.

When blepharochalasis is observed:
A-xerosis of the cornea;
B-decrease in visual acuity due to the omission of the century;
+C-cosmetic discomfort;
D-all of the above;
E-correct A and B.

With a pronounced eversion of the eyelids, the most effective operation is to:
+A-Kunt-Shimanovsky;
B-Sapezhko;
C-Ivanov;
D-Filatov;
E-Mc Reynolds.

If you are affected by herpes simplex on the skin of the eyelids appear:
A-small pustules;
B-rashes in the form of white spots with a red Corolla around;
C-small sores covered with a greasy coating;
D-gray-white film, hardly separated from the skin;
+E-small transparent bubbles.

When lagophthalmos may occur:
A-erosion of the cornea due to trauma to the eyelashes;
+B-corneal xerosis;
C-exophthalmos;
D-dacryoadenitis;
E-all of the above.

When lagophthalmos is necessary to carry out:
A-instillation of disinfectant drops;
B-use of eye ointments;

C-some cases blefaroplastia;
+D-all of the above;
E-only A and B.

In the treatment of barley is unacceptable:
A-cauterization with a solution of diamond green;
B-UHF therapy;
+C-squeezing barley;
D-instillation in the eye of sulfonamides;
E-conducting autohemotherapy.

When the skin of the eyelids is affected by herpes zoster, it is observed:
A-hyperemia and edema of the eyelids;
B-the appearance of sharply hyperemic areas and bubbles, edema of the eyelid against the background of an increase in body temperature;
C-against the background of an increase in body temperature, the appearance of several nearby lying bubbles with a transparent liquid;
+D-vesicular eruptions that occupy one half of the forehead, arranged in a row;
E-extensive purulent blisters on the eyelids.

For eyelid wounds tissue regeneration:
+A-high;
B-low;
C-does not differ significantly from tissue regeneration in other areas of the face;
D-lower than other areas of the face.

In case of trichiasis, it is necessary to carry out:
A-eyelash epilation;
B-diathermocoagulation of the eyelashes;
C-eyelid surgery;
+D-all of the above is true.

When persistent blepharitis is shown:
A-massage of the eyelids;
B-the sessions UHF;
C-plastic age;
+D-all of the above is true.

When scaly blepharitis does not happen:
A-narrowing of the eye gap;
+B-ulceration of the edges of the eyelids;
C-the presence of scales between the lashes;
D-hyperemia of the edges of the eyelids;
E-thickening of the edges of the eyelids.

In the ulcerative form of skin cancer of the eyelids, metastasis may occur in:
A-eyeball;
B-brain;
C-the lungs;
+D-regional lymph nodes;
E-to all listed entities.

In ulcerative blepharitis, changes in the eyelids are of a nature:
+A-bleeding of ulcers with a purulent coating;
B-redness of the edges of the eyelids with the presence of scales;
Cinversion of eyelids;
D-eversion of the eyelid;

E-all of the above.

When barley from physiotherapy should be recommended:
A-ultraviolet irradiation;
B-ultra-high frequency currents;
C-electrophoresis with deion;
+D-all of the above is true.

Signs of trichiasis are:
A-blepharospasm;
B-lacrimation;
C-growth of eyelashes towards the eye;
+D-all of the above;
E-only B and C.

The manifestation of the defeat of the eyelids with chickenpox is not:
A-pustules at the edges of the eyelids;
B-sores with a greasy coating;
+C-hemorrhages at the corners of the eyelids;
D-cyanotic age;
E-enlargement of the anterior lymph glands.

There are the following types of inversion of the eyelids:
A-spastic;
B-scar;
C-bulbar;
D-congenital;
+E-all of the above.

Erysipelas of the eyelid skin is characterized by:
A-hyperemia and edema of the eyelids;
+B-the appearance of sharply hyperemic areas of the eyelid skin and blisters, swelling of the eyelids against the background of increased body temperature;
C-against the background of an increase in body temperature-the appearance of several rows of lying bubbles with a transparent liquid;
D-vesicular eruptions that occupy one half of the forehead, arranged in a row.

Scar eversion of the eyelids develops as a result of:
A-injuries;
B-burns of the eyelids;
C-anthrax;
D-tuberculosis lupus;
+E-all listed reasons.

Scarring of the eyelids can develop due to all of these reasons, except:
A-diphtheria of the conjunctiva;
B-trachoma;
C-burns of the skin;
D-pemphigus conjunctiva;
+E-all causes without exception.

Symptoms of upper eyelid ptosis are:
A-covering the pupil area with the upper eyelid;
B-almost complete or complete immobility of the upper eyelid;
C-narrowing of the eye gap;
+D-all of the above;
E-only A and B.

Spastic inversion of the eyelids develops when:
+A-blepharospasm;
B-trachoma;
C-exophthalmos;
D-blepharite.

The impetus for the activation of the herpes simplex virus can be everything except:
A-feverish diseases;
+B-angina attack;
C-intestinal intoxication;
D-taking certain medications;
E-menstruation.

Traumatic edema of the eyelids is accompanied by:
+A-extensive subcutaneous hemorrhages with a bluish tinge;
B-blepharospasm and lacrimation;
C-itch;
D-all of the above;
E-only B and C.

Trichiasis is called:
+A-abnormal growth of eyelashes;
B-thickening of the edge of the eyelid;
C-alopecia of the edge of the century;
D-ulceration of the edge of the eyelid;
E-presence of crusts at the edge of the eyelid.

Chronic proliferative inflammation of the cartilage around the meibomian gland is:
A-barley;
+B-chalazion;
C-abscess of the century;
D-domestic barley;
E-blepharitis.

What determines the easy occurrence and rapid spread of edema, bruising and local inflammatory processes of the eyelids?
A-great mobility of the eyelids;
+B-the presence of loose hydrophilic fiber under the skin;
C-the presence of dense cartilage in the thickness of the eyelid;
D-presence of intermuscular slits;
E-cartoonvalley dense fascia prevents the penetration process in depth.

Scaly blepharitis is characterized by:
A-redness of the edges of the eyelids;
B-thickening of the edges of the eyelids;
C-painful itching in the eyelids;
D-the roots of the lashes are covered with dry scales;
+E-all of the above.

PATHOLOGY OF CONJUNCTIVA

Adenovirus conjunctivitis has all the listed forms, except:
A-catarrhal;
B-follicular;
+C-vesicular-ulcer;
D-film;
E-without exception.

Allergic conjunctivitis:
A-gives a picture of "cobblestones";
B-gelatinous limbal infiltrate is detected;
C-there is intense itching;
D-is stopped by instillations of steroids;
+E-all of the above is correct.

The patient complains of a sourness of the right eye in the morning, a feeling of blockage of the right eye, redness, itching. Objectively: OD-small edema of the eyelids, conjunctival injection of the eyeball, a moderate amount of yellow discharge and conjunctival cavity, cornea, anterior chamber, transparent media and fundus without pathology, visual acuity of both eyes is 1.0. Your preliminary diagnosis:
A-barley;
B-blepharitis;
C-keratitis;
D-sclerite;
+E-conjunctivitis.

The following symptom is not observed in the clinical picture of trachoma:
+A-films on the conjunctiva of the upper eyelid;
B-the conjunctiva of the transitional folds in the form of a cocks comb;
C-follicles in the form of deep-seated gelatinous-turbid grains;
D-hypertrophy of the papillae;
E-thickening of the adenoid layer of the conjunctiva.

In the treatment of medicinal conjunctivitis, it is not advisable to use:
A-topically in a 0.1% solution of dexamethasone;
B-inside 10% calcium chloride solution;
C-topically-0.5% hydrocortisone ointment;
+D-locally – 0.25% solution of tetracaine;
E-inside tavegil.

Currently, for the prevention of gonorrheal conjunctivitis used instillation:
A-2% silver nitrate solution;
B-penicillin solution;
+C-20% sulfacyl-sodium solution;
D-1% gentamicin solution;
E-solution of potassium permanganate 1: 5000.

In the first days of the disease gonoblennorrhea the discharge has the character of:
A-scanty viscous mucus;
+B-serous with blood admixture;
C-turbid liquid with the cereal;
D-a viscous cream-looking pus;
E-serous-purulent fluid.

During trachoma distinguish:
A-one stage;

B-two stages;
C-three stages;
+D-four stages;
E-five stages.

The causative agent diplobacillus (which restores) conjunctivitis is:
A-the tubercle Bacillus;
B-Bacillus Koch-Weeks;
+C-diplobacillus Morax-Axenfeld;
D-Neisser's gonococcus;
E-pneumococcus Frenkel-Wexelbaum.

The causative agent of acute epidemic conjunctivitis is:
A-the tubercle Bacillus;
+B-Bacillus Koch-Weeks;
C-diplobacillus Morax-Axenfeld;
D-Neisser's gonococcus;
E-pneumococcus Frenkel-Wexelbaum.

The causative agent of trachoma is:
A-adenoviruses;
B-streptococcus;
B-enteroviruses;
+G-chlamydia;
D-pneumococcus.

Herpetic conjunctivitis is characterized by:
A-one-sidedness of the process;
B-long sluggish flow;
C-the precipitation of bubbles on the skin of the eyelids;
D-involvement in the corneal process;
+E-all of the above.

Diphtheria conjunctivitis is characterized by all symptoms except:
A-edema, hyperemia, soreness and compaction of the eyelids;
B-detachable in the form of a turbid liquid with the cereal;
B-the presence of gray, hard-to-separate films on the conjunctiva;
+G-presence of chlamydia in the conjunctival SAC;
D-formation of stellate scars.

For adenoviralmediated fever unusual:
+A-occurrence of the disease in the summer;
B-the presence of catarrhal phenomena of the upper respiratory tract;
C-the presence of a very poor Muco-purulent discharge;
D-reduced corneal sensitivity;
E-contagiousness of the disease.

The following clinical forms are typical for herpetic conjunctivitis:
A-catarrhal;
B-follicular;
C-vesicular-ulcerative;
+D-all listed;
E-only B and C.

For the treatment of gonoblennorrhea impractical to apply:
A-washing the conjunctival SAC with a solution of potassium permanganate;
B-instillation of a solution of sodium salt of benzylpenicillin;

C-instillation of 30% sulfacyl-sodium solution;
D-laying tetracycline ointment for the eyelids;
+E-instillation of 1% pilocarpine solution.

For the treatment of diphtheria conjunctivitis, all but:
A-anti-diphtheria serum;
B-broad-spectrum antibiotics;
C-vitamins;
D-washings of the conjunctival SAC;
+E-all of the above without exception.

For the treatment of trachoma is not used:
+A-penicillin;
B-tetracycline;
C-erythromycin;
D-oletetrin;
E-dilimizin.

Acute infectious conjunctivitis is characterized by all symptoms except:
A-feelings of eye blockage;
+B-pericorneal eye injection;
C-conjunctival injection of eyes;
D-detached from the eye;
E-proliferation of papillae and follicles.

For pneumococcal conjunctivitis, all symptoms are characteristic, except:
A-presence of catarrhal phenomena;
B-abundant muco-purulent discharge;
+C-occurrences in the summer-autumn period;
D-presence of easily removable films on the conjunctiva;
E-sharp hyperemia of the conjunctiva.

Trachoma can be characterized by all complaints except:
A-the absence of subjective complaints;
B-heaviness in the eyelids;
C-feelings of clogged eyes;
D-Muco-purulent discharge;
+E-all of the above is possible.

Tuberculous-allergic conjunctivitis phlyctenules characterized by all except:
A-photophobia;
B-lacrimation;
+C-all symptoms, without exception;
D-blepharospasm;
E-mixed injection.

The incubation period for adenovirus conjunctivitis is equal to:
A-1-2 days;
B-2-3 days;
C-4-5 days;
+D-1 week;
E-up to 2 weeks.

The incubation period for gonoblennorrhea is:
A-1-2 days;
+B-2-3 days;
C-4-5 days;

D-1 week;
E-up to 2 weeks.

To autoimmune (allergic) conjunctivitis includes the:
A-medicinal conjunctivitis;
B-pollinozy conjunctivitis;
C-spring Qatar, pemphigus;
D-tuberculous-allergic conjunctivitis phlyctenules;
+E-all the above.

Complications of trachoma include:
A-trichiasis maduros;
B-entropion;
C-symblepharon;
B-xeroz;
+E-all of the above is true.

What drops should be instilled into the eye to detect pericorneal injection of the eyeball?
A-sulfacyl-narium solution;
+B-solution of adrenaline;
C-pilocarpine solution;
D-solution of atropine;
E-any of the following.

Which of these drugs is inappropriate to prescribe for the treatment of pneumococcal conjunctivitis?
A-30% sulfacyl-sodium solution;
B-0.3% tobrex solution;
+C-4% taufon solution;
D-1% tetracycline ointment;
E-1% syntomycin emulsion.

Clinically distinguish all kinds of gonoblennorrhea except:
A-gonoblennorrhea newborns;
B-gonoblennorrhea children;
+C-gonoblennorrhea teens;
D-gonoblennorrhea adults.

Medicines for conjunctivitis pollinose can be all except:
+A-solution of atropine;
B-dexamethasone solvent;
C-surge of adrenaline;
D-solution lecrolyn;
E-solution of prednisolone.

Treatment for spring catarrh includes:
A-climate change;
B-treatment with corticosteroids;
C-treatment with gamma globulin;
+D-all of the above is true.

A young man undergoing antibiotic therapy for gonorrheal urethritis sought advice from an eye doctor. After examining the patient, the doctor diagnosed gonorrhea conjunctivitis. What is the most characteristic symptom of this disease?
+A-copious purulent discharge;
B-scanty mucous discharge;
C-redness of the mucous membrane at the corners of the eye slit.

D-pericorneal injection;
E-the presence in the cornea of the conflict.

Which of these drugs is inappropriate for the treatment of adenovirus epidemic keratoconjunctivitis?
A-0,25% oxolinic ointment;
B-interferon in drops;
+C-1% tetracycline ointment;
D-4% solution of poludan;
E-0,1% solution of oxoline.

The presence of large flattened papillary growths on the conjunctiva of the upper eyelid, resembling a cobblestone pavement, is typical for:
A-drug conjunctivitis;
+B-spring Qatar;
C-acute epidemic conjunctivitis;
D-trachoma;
E-diphtheria of the conjunctiva.

A non-specific complaint for conjunctivitis is:
A-detachable from the eye;
B-feeling of a foreign body under the eyelid;
C-gluing lashes in the morning;
D-redness of the eye;
+E-pericorneal injection.

Uncharacteristic for acute epidemic conjunctivitis:
A-the presence of a discharge from the eye;
B-severe conjunctival edema in the area of the lower transition fold;
+C-the presence of easily removable films on the conjunctiva;
D-malaise, fever;
E-petechial hemorrhages in the conjunctiva.

The General symptoms of epidemic conjunctivitis are not accompanied by:
A-general malaise;
B-by increasing the temperature;
C-runny nose;
D-headaches;
+E-is accompanied by all symptoms without exception.

A complication and consequence of trachoma is not:
+A-ectropion;
B-entropion;
C-pannus;
D-trichiasis;
E-symblepharon.

The main danger of gonoblennorrhea is:
A-the patient's gonorrhea;
B-formation of rough scars in the conjunctiva;
C-contamination of the patient;
D-disseminirovannogo the occurrence of chorioretinitis;
+E-lesion of the cornea.

The main factor complicating the course of epidemic adenovirus keratoconjunctivitis is:
+A-multiple point infiltrates and corneal opacities;
B-high contagiousness of the disease;

C-hyperemia and gelatinous edema of the conjunctiva;
D-enlargement and soreness of the anterior and submandibular lymph nodes;
E-malaise.

The characteristics of the current gonoblennorrhea adults is all but:
A-feverish state;
B-joint damage;
+C-increased blood pressure;
D-muscle lesions;
E-violations of cardiac activity.

The discharge from diphtheria conjunctivitis is of the following nature:
A-scanty viscous mucus;
B-serous with an admixture of blood;
C-serous-purulent fluid;
D-a viscous cream-looking pus;
+E-turbid liquid with flakes.

Pannus is a specific manifestation:
+A-trachoma;
B-gonoblennorrhea;
C-pneumococcal conjunctivitis;
D-angular conjunctivitis;
E-epidemic keratoconjunctivitis.

The penguin is:
A-alopecia of the edge of the century;
B-growth of the conjunctiva on the cornea;
C-abnormal growth of eyelashes;
+D-an island of thickened conjunctival tissue near the cornea;
E-nodule on the cornea near the limb.

Pneumococcal conjunctivitis is not accompanied by:
A-the presence of easily removable films on the conjunctiva;
+B-bleeding from the conjunctiva when removing films;
C-spot hemorrhages on the conjunctiva of the sclera;
D-small infiltrates in the perilimbal zone of the cornea;
E-edema of the eyelids.

Pollinozy conjunctivitis is called:
A-medicines;
B-cocci flora;
+C-pollen of plants;
D-viruses;
E-chlamydia.

The lesion of the eyelids in diphtheria conjunctivitis is characterized by all changes except:
A-severe edema;
B-hyperemia;
C-soreness;
+D-purulent infiltration;
E-seals.

When diplobacillus conjunctivitis discharge has the character of:
+A-scanty viscous mucus;
B-serous with an admixture of blood;
C-turbid liquid with the cereal;

D-viscous cream-looking pus;
E-serous-purulent fluid.

In diphtheria of the conjunctiva, the discharge has the character of:
A-slime;
B-serous with an admixture of blood;
+C-turbid liquid with flakes;
Dviscous cream-looking pus;
E-serous-purulent fluid.

When the oculist examined a child who is being treated in an infectious Department, it was found that the eyelids of both eyes are swollen, hyperemic, on the mucous and skin of the eyelids are dirty-gray, dense, hardly removable films with a bleeding and necrotic surface under them. Your preliminary diagnosis:
+A-diphtheria conjunctivitis;
B-trachoma;
C-viral conjunctivitis;
D-spring Qatar;
E- gonoblennorrhea newborns.

When epidemic conjunctivitis is not found:
A-mucous discharge;
B-copious purulent discharge;
+C-presence of an easily removable films;
D-presence of petechial hemorrhages;
E-edema of the lower transitional fold.

The causes of chronic conjunctivitis can be:
A-metabolic disorders;
B-gastro-intestinal diseases;
C-long-acting external stimuli (dust, smoke, chemical impurities in the air);
D-ametropia;
+E-all of the above is true.

Pterygium is:
A-alopecia of the edge of the century;
+B-growth of the conjunctiva on the cornea;
C-abnormal growth of eyelashes;
D-an island of thickened conjunctival tissue near the cornea;
E-nodule on the cornea near the limb.

With which conjunctivitis should pharyngoconjunctival fever be differentiated?
A-epidemic conjunctivitis;
B-diphtheria of the conjunctiva;
C-trachoma;
D-true A and B;
+E-true B and C.

Symptoms of gonoblennorrhea can be all but:
A-abundant detachable;
B-edema of the conjunctiva;
+C-hemorrhages under the conjunctiva;
D-pronounced edema of the eyelids;
E-presence of gonococci in the discharge.

Somatic symptom is typical for polonskogo conjunctivitis is:
A-feverish state;

+B-sneezing, coughing;
C-severe malaise;
D-joint pain;
E-tachycardia.

Taurus Halberstadter-Provazek formed by:
+A-trachoma;
B-acute epidemic conjunctivitis;
C-diplobacillus conjunctivitis;
D-diphtheria conjunctivitis;
E-gonococcal conjunctivitis.

Trachoma occurs in:
A-pigs;
B-apes;
C-people;
+D-true B and C;
E-all of the above is true.

Trachoma is characterized by the following manifestations:
A-immature follicles on the upper plate of the eyelid cartilage;
B-epithelial keratitis;
C-formation of pannus (membrane-like vascularization);
D-formation of scar tissue with complications on the eyelid;
+E-all of the above.

The trachomatous process usually begins with:
+A-conjunctiva of the upper transition fold;
B-conjunctiva of the lower transition fold;
C-conjunctiva of the semilunar fold;
D-conjunctiva of the pericorneal zone;
E-in any unit of the conjunctiva.

The patient's disease began acutely. Edema and hyperemia of the eyelids. Enlargement and soreness of the parotid gland, purulent discharge. Hyperemia and edema of the conjunctiva of the lower fold. Large follicles in the conjunctiva. Symptoms are typical for:
A-follicular conjunctivitis;
B-trachoma;
C-diphtheria conjunctivitis;
D-angular conjunctivitis;
+Eparatrahome.

In a newborn on the 3rd day of life, it was noted: pronounced swelling and hyperemia of the eyelids of both eyes; a bloody discharge of the color of clear slops pours out from the eye slit under pressure. The conjunctiva is sharply hyperemic, infiltrated, and bleeds easily. Your preliminary diagnosis:
A-spring Qatar;
B-adenovirus conjunctivitis;
+C- gonoblennorrhea newborns;
D-tuberculosis of the conjunctiva;
E-trachoma.

Pharyngoconjunctival fever is accompanied by all symptoms except:
A-fever;
B-enlargement of submandibular lymph nodes;
C-edema and hyperemia of the eyelids and conjunctiva;
D-non-abundant mucous or Muco-purulent discharge;

+E-all of the symptoms without exception.

Conjunctival follicles are characteristic of:
A-adenovirus conjunctivitis;
B-simple follicle;
C-trachoma;
+D-all of the above.

A week after the disease gonoblennorrhea discharge has the character of:
A-scanty viscous mucus;
B-serous with an admixture of blood;
C-turbid liquid with the cereal;
+D-viscous creamy pus;
E-serous-purulent fluid.

PATHOLOGY OF LACRIMAL ORGANS

For contrast radiography of the lacrimal pathways are used:
A-fluorescein;
B-collargol;
+C- iodolipolum;
D-all listed drugs;
E-only A and B.

For the treatment of dacryoadenitis, it is advisable to prescribe everything except:
A-antibiotics;
B-sulfanilamide preparations;
C-tissue therapy;
+D-analgesics;
E-physiotherapy.

For Sjogren's syndrome is uncharacteristic:
+A-high frequency of occurrence in men;
B-occurrence in the climacteric period;
C-insufficient function of the salivary glands;
D-dry conjunctivitis;
E-filamentous keratitis.

Studies that indicate the localization of an obstacle to the outflow of lacrimal fluid in the lacrimal tract include all of the following, except:
A-channel sample with dyes;
B-tear-nose test with dyes;
C-radiography of the tear pathways with a contrast agent;
+D-overview radiography of the orbit.

Everything is related to the mechanism of lacrimal drainage, except:
A-capillary action of the lacrimal tubules;
B-the suction force of the lacrimal SAC under the action of the Gorner muscle;
+C-pushing tears into the lacrimal SAC using the Riolan muscle;
D-negative pressure in the nasal cavity;
E-specific reduction of the palpebral part of the circular eyelid muscle.

What studies help to identify the pathology of the lacrimal pathways?
A-test Vest-1;
B-test Vest-2
C-Schirmer test;
D-all of the above is true;
+E-true A and b.

A tubular test is considered positive if the eyeball discolors through:
+A-1-2 minutes;
B-3-4 minutes;
C-5-7 minutes;
D-7-10 minutes;
E-does not discolor.

The best surgical treatment for chronic dacryocystitis is:
+A-endonasal dacryocystorhinostomy;
B-external dacryocystorhinostomy;
C-extirpation of the lacrimal SAC;
D-lacorhinostomy;
E-canaliculorhinostomy.

A nasal test is considered positive if the dye appears in the nose through:
A-1-2 minutes;
+B-3-5 minutes;
C-6-7 minutes;
D-8-10 minutes;
E-does not appear.

A common manifestation of dry eye syndrome may be:
A-chronic polyarthritis;
B-anacid gastritis;
C-hypochromic anemia;
D-laringotraheobronhit;
+E-all of the above.

The main cause of dacryocystitis in adults is:
A-stricture of the lacrimal tubules;
B-atony of the circular muscles of the eyelids;
C-scarring of the eyelid skin in the area of the lacrimal SAC;
+D-obstruction of the lacrimal-nasal canal;
E- presence of a membrane at the mouth of the nasolacrimal duct.

The main symptom of dacryocystitis is:
A-lacrimation in the room;
+B-allocation of Muco-purulent discharge from the lacrimal points when pressing on the area of the lacrimal SAC;
C-hyperemia of the skin, soreness, swelling of tissues in the area of the lacrimal SAC;
D-headaches, fever, malaise;
E-inversion of the lower tear points.

Acute bilateral dacryoadenitis may be a consequence of all of the above, except:
A-mumps;
B-pneumonia;
+C-salmonelozis;
D-Mikulich syndrome;
E- typhus.

An indication for emergency surgical treatment of dacryocystitis is:
A-the presence of a fistula in the area of the lacrimal SAC;
B-hydrops;
C-fluctuation;
+D-purulent corneal ulcer;
E-all of the above.

With hypersecretion of the lacrimal gland, it is possible to conduct:
A-electrocoagulation of the gland;
B-injections of alcohol into the gland;
C-removal of parts of the gland;
D-sub-conjunctival cut of the excretory ducts;
+E-all of the above is possible.

In dacryoadenitis, all symptoms are observed, except:
A-swelling, hyperemia and soreness of the outer part of the upper eyelid;
+B-reduce the production of tears;
C-the characteristic shape of the eye slit;
D-displacement and restriction of mobility of the eyeball;
E-enlargement of regional lymph nodes.

In dacryocystitis, functional tests look like this:
+A-positive tubular test, negative nasal test:
B-positive nasal test, negative tubular test;
C-both samples are negative;
D-both samples are positive;
E-samples cannot be delivered.

When setting up a nasal sample, a cotton swab is injected:
A-in upper nasal passage;
B- in middle nasal passage;
+C- in lower nasal passage;
D-in the lacrimal canal;
E-in the conjunctival SAC.

In Sjogren's syndrome, the discharge is of a character:
A-mucous discharge;
+B-thick, viscous separable;
C-detachable color of meat slops;
D-detachable with lots of flakes;
E-viscous purulent discharge.

Causes of lacrimation can be:
A-non-immersion of lacrimal points in the lacrimal lake with a slight inversion of the edge of the eyelid;
B-inflammation of the tubules, lacrimal SAC, and nasolacrimal canal;
C-cicatricial stenosis or complete atresia at any point along the lacrimal drainage system;
D-true B and C;
+E-all of the above is true.

Conducting a probe into the nasolacrimal duct is contraindicated due to:
+A-possible damage to the wall of the lacrimal SAC and infection in the surrounding tissues;
B-the possibility of creating a fistula on the skin;
C-possible rupture of the lacrimal canaliculus;
D-inefficiency of manipulation;
E-the possibility of damage to the membranes of the eyeball and introduction of infection in them.

Radical treatment of dacryocystitis is achieved:
A-oral administration of antibiotics;
B-by probing;
+C-operation dacryocystorhinostomy;
D-taking analgesics;
E- taking diuretics.

The tear is actively carried into the nose from the conjunctival SAC.:
A-capillarity of the lacrimal points and lacrimal canaliculi;
B-reduction of the lacrimal SAC;
C-gravity tears;
D-negative pressure in the lacrimal SAC;
+E-all of the above

Narrowing or overgrowth of the lacrimal tubules is most common:
A-on any site;
B-in the outer third of the tubule;
+C-at the mouth of the tubule;
D-in the middle third of the tubule;
E-does not occur at all.

Phlegmon of the lacrimal SAC is opened through the skin if present:
+A-abscess in the area of the lacrimal SAC;
B-dense tumor of the lacrimal SAC;
C-hyperemia and swelling in this area;
D-swelling under the eye;
E-fistula in the specified area.

PATHOLOGY OF THE EYE SOCKET

In syndrome of the upper orbital fissure symptoms include all except:
A-ptosis;
+B-myosis;
C-mydriasis;
D-ophthalmoplegia;
E-exophthalmia.

In Horner's syndrome includes all the symptoms except:
A-enophthalmia;
B-narrowing of the eye gap;
C-myosis;
+D-mydriasis;
E-hypotension of the eyeball.

The occurrence of acute inflammatory disease of the orbit may be associated with:
A-frontitis;
B-sinusitis;
C-ethmoidiis.;
D-osteomyelitis of the upper jaw;
+Eall of the above.

Diffuse acute inflammation of the orbital fiber is:
A-osteoperiostitis;
+B-phlegmon;
C-abscess;
D-boil;
E-barley.

Tenonitis is characterized by all symptoms except:
A-feelings of pressure in the eye socket;
+B-presence of purulent discharge;
C-pain when moving eyes;
D-exophthalmos;
E-restriction of mobility of the eye.

A benign tumor of the eye socket is:
A-chloroma;
B-sarcoma
+C-cholesteatoma;
D-neuroblastoma;
E-sympathoblastoma.

Inflammatory diseases of the orbit include:
A-osteoperiostitis;
B-phlegmon;
C-tenant;
+D-all right;
E-true A and B.

Benign secondary tumors of the orbit include:
A-fibroids;
B-osteomas;
C-lipomas;
D-chondromes;
+E-all of the above.

Primary benign tumors of the orbit include:
A-angiomas;
B-meningiomas;
C-gliomas;
D-mixed tumors of the lacrimal gland;
+E-all of the above.

The reasons causing periostitis of the orbit, are:
A-diseases of the paranasal sinuses;
B-dacryocystitis;
C-boils of the skin of the face;
D-dental caries;
+E-all of the above is true.

Clinical signs of orbit osteoperiostitis:
A-exophthalmos;
B-restriction of mobility of the eyeball;
C-pain when pressing;
D-edema of the eyelid;
+E-all of the above is true.

False exophthalmos is observed in:
A-eye socket injury;
+B-unilateral high myopia;
C-paralysis of the rectus muscles;
D-unilateral hydrophthalmos;
E-all of the above.

Наиболее характерные признаки злокачественной опухоли орбиты:
А – ограничение подвижности глазного яблока;
Б – относительно быстрое снижение зрительной функции;
В – отек век и окружающих глаз тканей;
Г – экзофтальм;
+Д – все перечисленное.

The most common cause of orbital phlegmon in adults is:
A-acute respiratory diseases;
B-traumatic injuries of the orbital bone walls;
+C-inflammatory process in the paranasal sinuses;
D-unsuccessful operations on the paranasal sinuses;
E-chronic infections.

Emergency treatment of phlegmon of the orbit:
+A-opening and draining the orbit;
B-cold;
C-UHF;
B-all of the above.

The main methods of treatment of phlegmon of the orbit are:
A-wide opening of the eye socket is already in the stage of serous edema;
B-appointment of vitamin drops;
C-administration of large doses of antibiotics;
D-only B and C;
+E-only A and B.

When phlegmon of the orbit is observed:

A-edema and hyperemia of the eyelids;
B-conjunctival chemosis;
C-ophthalmoplegia;
+D-all of the above;
E-only A and B.

The causes of unilateral exophthalmos are:
A-retrobulbar hematoma;
B-tumors of the orbit;
C-phlegmon of the orbit;
D-pseudotumor;
+E-all of the above.

Pulsating exophthalmos is characteristic of:
A-secondary tumors of the orbit;
B-metastatic tumors of the orbit;
C-piocelle;
+D-vascular disorders in the orbit;
E-mucocele.

Upper orbital fissure syndrome includes all symptoms except:
A-exophthalmos;
B-ptosis;
+C-myosis;
D-midriasis;
E-ophthalmoplegia.

Phlegmon of the orbit can be caused by:
A-spread of infection from adjacent anatomical structures;
B-spreading the infection metastatically from a separate focus;
C-penetrating wound of the orbit with the presence of a foreign body;
+D-all of the above;
E-none of the above.

PATHOLOGY OF THE CORNEA

The patient complains of decreased visual acuity of the right eye, redness, pain in the eye, and inability to look at bright light. Objectively: OD-photophobia, lacrimation, blepharospasm. Pericorneal injection of the eyeball, 2x3 mm yellow infiltrate in the cornea, the surface above it is eroded, the anterior chamber is of medium depth, the iris is structural, the photoreaction is alive, the media is transparent, the fundus is unchanged. Your preliminary diagnosis:
A-corneal thorn;
B-an acute attack of glaucoma;
C-conjunctivitis;
D-iridocyclitis;
+E-keratitis.

In the treatment of superficial forms of herpetic keratitis, the most effective use of:
+A-interferon and interferonogene;
B-corticosteroids;
C-antibiotics;
D-correct A and C;
E-all of the medications listed above.

The concept of corneal syndrome does not include:
A- lacrimation;
+B-infiltration of the cornea;
C-pericorneal injection;
D-feeling of a foreign body under the eyelid;
E-blepharospasm.

To detect a defect in the epithelium of the cornea, it is necessary:
A-conduct a study with focal lighting;
B-perform a thorough biomicroscopy;
C-perform a corneal diaphanoscopy;
+D-paint the cornea with fluorescein;
E- carefully perform an ophthalmoscopy.

For keratitis is not typical:
+A-increased intraocular pressure;
B-reduced tactile sensitivity of the cornea;
C-presence of corneal infiltrates;
D-vascularization of the cornea;
E-pericorneal or mixed injection.

Keratoconus is characterized by:
A-hypermetropia;
B-correct astigmatism;
+C-incorrect astigmatism;
D-all of the above;
E-none of the above.

For the treatment of intraocular herpes, all of these tools are used, with the exception of:
A-chemotherapeutic agents;
B-non-specific antiviral agents;
+C-antibiotics;
D-immunocorrecting agents;
E-all of the above is true.

For syphilitic parenchymatous keratitis is not typical:
A-young age of patients;

B-restoring corneal transparency;
C-positive specific serological reactions;
+D-infiltration in any part of the cornea;
E-cyclicality of the process.

For a creeping corneal ulcer, all symptoms are characteristic, except:
A-the presence of a progressive ulcer edge;
B-the presence of hypopyon;
+C-presence of a hyphema;
D-presence of a regressive ulcer edge;
E-presence of iridocyclitis.

Various forms of herpetic keratitis are characterized by:
A-the neurotrophic nature of the lesion, one of the manifestations of which is a decrease in the sensitivity of the cornea of the eye;
B-slow regeneration;
C-failure of antibacterial therapy;
D-true A and B;
+E-all of the above.

Corneal syndrome is characterized by:
A-photophobia and lacrimation;
B-blepharospasm;
C-feeling of a foreign body under the eyelids;
+D-all of the above;
E-only A and B.

For Sjogren's syndrome is uncharacteristic:
A-dry blepharoconjunctivitis;
B-epithelial dystrophy of the cornea;
+C-presence of corneal ulcers;
D-bullous-filamentous keratitis;
E-xerosis of the cornea.

For Sjogren's syndrome, it is characteristic:
A-defeat of the salivary and lacrimal glands;
B-development of dry keratoconjunctivitis;
C-photophobia;
D-pain syndrome;
+E-all of the above.

For tuberculous deep diffuse keratitis is uncharacteristic:
A-infiltration in any part of the cornea;
+B-the presence of an infiltrate consisting of separate small strokes, points;
C-damage to one eye;
D-presence of remissions and relapses of the disease;
E-combined vascularization of the cornea.

The outcome of diseases of the cornea can be:
A-restoring transparency;
B-cloud;
C- spot;
D- walleye;
+E-all of the above.

The outcome of keratitis can be all of the above, with the exception of:
A-leukoma of the cornea;

+B-macular degeneration of the retina;
C-vascularization of the cornea;
D-spot of the cornea;
E-corneal ulcers.

Superficial herpetic keratitis includes:
+A-tree-like keratitis;
B-materpiece keratitis;
C-ladder theory keratitis;
D-leaf-shaped keratitis;
E-true A and B.

The cardinal type of treatment for keratoconus is:
+A-keratoplasty;
B- createprocessasusera;
C-keratotomy;
D-crosslinking;
E-kerraring.

The presence of tree-like keratitis is a symptom of:
A-staphylococcal infection;
B-chlamydia infection;
+C-herpesvirus infection;
D-tuberculosis infection;
E-cytomegalovirus infection.

The presence of pericorneal injection of the eyeball, rough corneal surface, corneal tactile sensitivity disorders, corneal infiltrates and corneal vascularization is typical for:
A-thrombosis of the Central retinal;
B-macular degeneration;
C-cataracts;
D-diabetic retinopathy;
+E-keratitis.

The presence of a black bubble above the surface of the cornea is called:
+A-descemetocele;
B-infiltrate;
C-anterior synechiae;
D-facets;
E-carbuncle.

Acute keratoconus:
A-accompanied by sudden blurring of vision;
B-when it appears, it gives a picture of acute keratitis;
C-after the acute process is stopped, it gives an improvement in: vision;
D-occurs from the hydration of the cornea due to the rupture of the descemet membrane;
+E-all of the above.

Edema of the corneal epithelium is one of the symptoms:
A-iritis and iridocyclitis;
B-increased intraocular pressure;
C-endothelial-epithelial dystrophy;
D-all of the above;
+E-only B and C.

The sensation of a foreign body in the eye may be related to:
A-erosion of the cornea;

B-precursor xerosis: cornea;
C-keratitis;
D-conjunctivitis;
+E-any of the above.

Paresis of the facial nerve can lead to:
A-increased intraocular pressure;
+B-keratopathy and keratitis;
C-nystagmus;
D-retinal detachment;
E-all of the above.

Anterior synechia is called:
A-adhesion between the cornea and the conjunctiva of the eyelid;
B-adhesion between the conjunctiva of the eyelid and the eyeball.
+C-adhesion between the iris and cornea;
D-adhesion between the iris and the lens;
E-adhesion between the ciliary body and the lens.

Superficial vascularization of the cornea occurs in:
+A-phlyctenular keratitis;
B-adenovirus conjunctivitis;
C-scleritis;
D-episcleritis;
E-all of the above.

Superficial marginal keratitis is most often a consequence of:
A-acute conjunctivitis;
B-chronic conjunctivitis;
C-blepharitis;
D-dacriocystitis;
+E-all of the above.

Subconjunctival injections are indicated when:
A-diseases of eyelids;
B-diseases of the lacrimal pathways;
+C-diseases of the cornea;
D-acute diseases of the optic nerve;
E-chronic diseases of the optic nerve.

In the presence of a creeping corneal ulcer, first of all, you need to:
A-introduce antibiotics;
B-take the anesthesia;
+C-hospitalize the patient;
D-drip mydriatic;
E-cauterize the ulcer.

In the initial manifestations of dry keratoconjunctivitis, it is preferable to prescribe instillations:
A-corticosteroids;
B-antibiotics;
C-sulfonamides;
D-myotics;
+E-artificial tear preparations.

With limited persistent Central corneal opacity while maintaining light perception, it is advisable:
A-resorption therapy;
+B-keratoplasty;

C-perform keratoprosthetics;
D-wearing a colored contact lens;
E-tattooing of the cornea.

When transplanting the cornea as a graft is usually used:
A-artificial cornea;
B-cadaveric cornea;
C-Dura mater;
D-cornea of animals;
E-none of the above.

In Sjogren's syndrome, the following manifestations may occur from the anterior segment of the eyeball:
A-dry chronic conjunctivitis and blepharoconjunctivitis;
B-epithelial dystrophy of the cornea;
C-bullous-filamentous keratitis;
D-xerosis of the cornea;
+E-all of the above.

With an enlarged cornea (megalocornea):
A-the cornea can be transparent;
B-there is a congenital opacity of the cornea edge at the limb;
C-anterior camera is increased;
D-often there is a subluxation of the lens;
+E-all of the above.

With a Central corneal ulcer with the threat of its perforation, it is shown:
A-instillation and injection of antibacterial drugs;
B-instillation and injection of miotiks;
C-instillations and injections of Mydriatics;
D-instillation and injection of corticosteroids;
+E-urgent surgical treatment.

Manifestations of neuroparalytic keratitis can be all but:
A-reduction or absence of corneal sensitivity;
+B-severe corneal syndrome;
C-severe pain syndrome;
D-opacity and edema of the surface layers of the cornea;
E-infiltration and ulceration of the cornea.

There are the following types of corneal vascularization, except:
A-surface;
+B-subepithelial;
C-deep;
D-mixed;
E-all of the above is true.

Reduced visual acuity in corneal diseases may be associated with:
A-corneal opacity;
B-vascularization of the cornea;
C-violation of the normal sphericity of the cornea;
+D-any of the above;
E-only A and C.

The combination of signs – photophobia, lacrimation, blepharospasm, eye pain-is typical for:
A-cataracts;
+B-keratitis;

C-retinal detachment;
D-atrophy of the optic nerve;
E-thrombosis of the Central retinal vein.

The average value of the refractive power of the adult cornea is equal to:
A-23 D;
B-30 D;
+C-43 D;
D-50 D;
E-53 D.

The patient has a background of acute respiratory infections, bubble rashes on the skin of the eyelids of the right eye and infiltrates on the cornea in the form of a twig, accompanied by redness of the eyeball, lack of sensitivity of the cornea over the infiltrate. What etiology of keratitis can be thought of in this case:
A-tuberculosis;
+B-herpetic;
C-adenovirus;
D-fungal;
E-pneumococcal.

Corneal erosion may be accompanied by:
A-lacrimation;
B-photophobia;
C-blepharospasm;
D-feeling pain in the eye;
+E-all of the above.

Etiologic factor defiant phlyctenular keratitis is:
A-staphylococcal infection;
+B-tuberculosis infection;
C-syphilis;
D-gonorrhea infection;
E-viral infection.

PATHOLOGY OF THE VASCULAR MEMBRANE

Bombed iris leads to the development of:
A-keratitis;
B-cataracts;
+C-secondary glaucoma;
D-retinal detachment;
E-endophthalmitis.

The bombed iris is:
A-iris with holes;
B-iris, devoid of the pigment border of the pupil;
C-iris with a deformed pupil;
D-iris torn off at the root:
+E-protrusion of the iris anteriorly with intraocular fluid.

In changing the color of the iris in iridocyclitis, it does not matter:
+A-redistribution of pigment;
B-edema;
C-sudden blood filling of blood vessels;
D-the presence of exudate with the presence of blood elements;
E-deposition of hemosiderin.

As a first aid for iridocyclitis, it is necessary to use:
A-analgesics;
+B-mydriatics;
C-antibiotics;
D-sulfonamides;
E-corticosteroids.

Viral uveitis causes severe damage to all of the above, with the exception of:
A-cornea;
B-retina;
C-optic nerve;
+D-eye muscles;
E-without exception.

The occurrence of complicated cataracts due to anterior uveitis is associated with:
+A-malnutrition of the lens;
B-increased outflow of intraocular fluid;
C-damaging effect of posterior synechiae on the lens epithelium;
D-constant tension of the ciliary muscle;
E-enhanced innervation of the pupil sphincter.

Inflammation of the posterior part of the vascular membrane is called:
A-panuveitis;
B-peripheral uveitis;
C-anterior uveitis;
D-parsplanitis;
+E-choroiditis.

Inflammation of the extreme periphery of the actual vascular membrane is called:
A-panuveitis;
+B-peripheral uveitis;
C-anterior uveitis;
D- parsplanitis;
E-chorioiditis.

Heterochromia of the iris is observed when:
A-Behcet syndrome;
+B-Fuchs syndrome;
C-Behterev syndrome;
D-Sjogren's syndrome;
E-syndrome of Crouzon.

The pus at the bottom of the anterior chamber is called:
+A-hypopion;
B-hyphema;
C-hemophthalmos;
D-transudate;
E-mooring.

This diagnosis does not indicate inflammation of the vascular membrane of the eye:
A-uveit;
B-choroiditis;
+C-heriteria;
D-iridocyclitis;
E-all of these are inflammation of the vascular tract.

For the clinical picture of still's disease is uncharacteristic:
A-presence of rheumatoid arthritis;
B-band-like corneal dystrophy;
C-uveitis;
D-presence of cataracts;
+E-early increase in intraocular pressure.

For the clinical picture of iridocyclitis, it is uncharacteristic:
A-perikornealnaya or mixed injection of the eyeball;
B-presence of precipitates on the posterior surface of the cornea;
C-blurring of the drawing and changing the color of the iris;
+D-pupil dilation;
E-constriction of the pupil.

Chorioretinitis is characterized by all symptoms except:
+A-pain-aching character, worse at night;
B-presence of foci of inflammation on the fundus;
C-whether there are absolute and relative cattle;
D-the presence of photopsias;
E-all these symptoms are characteristic.

For Central serous chorioretinitis is uncharacteristic:
A-presence of a dark spot in front of the eye;
B-photopsias and metamorphopsia;
C-transient hypermetropia;
+D-narrowing of the field of vision in the upper nasal quadrant;
E-all of the above is true.

Another name for iridocyclitis:
A-panuveitis;
B-peripheral uveitis;
+C-anterior uveitis;
D-parsplanitis;
E-chorioiditis.

Changing the shape of the pupil in iridocyclitis is associated with the presence of:
A-precipitates;
+B-posterior synechiae;
C- anterior synechiae;
D-gonesinechiae;
E- mooring.

Distortions of the objects under consideration in chorioretinitis are called:
A-cyanopsia;
B-photopsias;
C-erythropsia;
+D-metamorphopsies;
E-xanthopsia.

The cardinal symptoms of iris inflammation are all but:
+A-hyperemia of the eyelids;
B-blurring of the iris pattern;
C-pupil constriction;
D-changes in iris color;
E-all without exception.

The clinical picture of iritis is characterized by all symptoms except:
A-blurring of the iris pattern;
B-pericorneal injection;
C-pupil constriction;
D-changes in the color of the iris;
+E-all of the above is true.

The blood at the bottom of the anterior chamber is called:
A-hypopion;
+B-hyphema;
C-hemophthalmos;
D-transudate;
E-mooring.

Mydriatics are prescribed when:
A-closed-angle glaucoma;
B-allergic conjunctivitis;
C-traumatic mydriasis;
+D-iritis;
E-neuralgia.

On the posterior surface of the cornea, the precipitates are shaped:
A-circle;
B-rings;
C-elongated oval;
D-irregular in shape;
+E-triangle.

The most informative in the diagnosis of tuberculosis uveitis is:
+A-tuberculin test;
B-ophthalmoscopy;
C-gonioscopy;
D-biomicroscopy;
E-radiography.

The presence of "flashes" in front of the eye in the dark is called:

A-cyanopsia;
+B-photopsy;
C-erythropsia;
D-metamorphopsia;
E-xanthopsia.

The presence of a Central focus of inflammation in the choroid is most typical for:
A-rheumatoid uveitis;
B-rheumatic uveitis;
+C-toxoplasmosis uveitis;
D-tuberculous uveitis;
E-viral uveitis.

The settling and fixation of various bacterial and toxic agents in the vascular tract is primarily explained by:
A-large number of capillaries;
B-large number of anastomoses;
C-presence of finstergruen of the capillary walls;
+D-reduced blood flow rate;
E-active exchange processes.

Deposits of cellular elements glued together by fibrin on the posterior surface of the cornea are called:
A-posterior synechiae;
B-anterior synechiae;
+C-precipitates;
D-giveme;
E-mooring.

Pericorneal injection indicates:
A-conjunctivitis;
B-increased intraocular pressure;
+C-inflammation of the vascular tract;
D-any of the following;
E-none of the above.

By the nature of inflammation there are no uveitis:
A-serous;
B-hemorrhagic;
C-purulent;
D-fibrinous-plastic;
+E-there are all without exception.

Precipitates can be deposited on all listed structures, except:
+A – on all listed structures without exception;
B-the posterior surface of the cornea;
C-anterior surface of the lens;
D-back surface of the lens;
E-anterior membrane of the vitreous body.

Precipitates on the posterior surface of the cornea are formed from:
A-endothelial cells of the cornea;
B- fabric of surface of leaf of iris;
C-sloughed lens epithelium;
+D-cell elements bonded with fibrin;
E-pigment cells.

If you have a disease of the uveal tract, you may have a lesion of all the listed eye formations, except:
A-retinas;
B-optic nerve;
+C-bones of the orbit;
D-lens;
E-vitreous body.

When iridocyclitis is not observed:
A-bursting pain in the eye;
+B-feeling of a foreign body under the eyelid;
C-photophobia;
D-lacrimation;
E-blepharospasm.

In the presence of a bombed iris and secondary glaucoma, it is advisable to perform:
A-corneal transplants;
B-extracapsular cataract extraction;
+C-basal iridectomy;
D-filter antiglaucomatous operations;
E-vitrectomy.

In Behcet syndrome, everything is observed except:
+A-lesions of the oculomotor muscles;
B-lesions of the mucous membranes;
C-recurrent iridocyclitis with hypopion;
D-aphthous stomatitis;
E-lesions of the genitals.

The adhesions between the iris and the anterior capsule of the lens are called:
+A-posterior synechiae;
B-anterior synechiae;
C-precipitates;
D-giveme;
E-mooring.

Blurring of the iris pattern in iridocyclitis is observed due to:
A-increased blood vessel filling;
B-hypertrophy of the superficial leaf of the iris;
C-atrophy of the stroma;
+D-edema;
E-increasing the tone of the iris sphincter.

Pupil constriction in iridocyclitis is caused by all factors except:
A-swelling of the iris;
B-increased blood filling of blood vessels;
+C-reduction of the tonus of the ciliary muscle;
D-increasing the tone of the sphincter of the pupil;
E-all without exception.

A typical choroid coloboma is localized:
A-in the upper part of the fundus;
+B-in the lower part of the fundus;
C-in the external part of the fundus;
D-in the inner part of the fundus;
E-in any of the departments equally often.

Increased pain, especially at night, in iridocyclitis is associated with involvement in the inflammatory process:
+A-ciliary body;
B-corneas;
C-trigeminal nerve;
D-sclera;
E-iris.

Essential mesodermal progressive iris dystrophy is characterized by all but:
A-ectopia of the pupil;
B-inversion of the pigment leaf in the pupil zone;
C-iris atrophy;
D-forming splices in the corner of the front chamber;
+E-the development of cataracts.

DISEASES OF THE LENS

The absolute medical indication for surgical treatment of cataracts is:
+A-mature cataract;
B-immature cataract;
C-initial cataract;
D-the inability of the patient to perform their normal work;
E-anterior cataract without hypertension.

Due to its elasticity, the lens can:
A-change your optical power;
B-participate in the act of accommodation;
C-change your position inside the eye;
+D-true A and B;
E-all of the above is true.

In the diagnosis of cataracts is not used:
A-side lighting;
+B-ophthalmoscopy;
C-biomicroscopy;
D-study in transmitted light;
E-combined method.

In the clinical course of cortical cataracts, all stages are distinguished, except:
A-incipient cataract;
B-immature cataracts;
+C-almost mature cataracts;
D-mature cataracts;
E-overripe cataracts.

During the study by the method of passing light, the opacities in the lens against the background of the red reflex appear as spokes of _ _ _ _ _ _ _ _ colors.
+A-black;
B-gray;
C-white;
D-blue;
E-blue.

Congenital cataracts are most often removed by the method of:
A-intracapsular;
+B-aspiration-irrigation;
C-phacoemulsification;
D-lensectomy;
E-laser extraction.

Secondary cataracts are called:
A-clouding of the lens that occurs with age;
B-layered opacity of the lens;
C-clouding of the lens due to eye disease;
D-clouding of the lens due to a common disease;
+E-clouding of the posterior lens capsule after cataract extraction.

To study the state of the lens in the eye, it is desirable to pre-instill:
+A-short-acting mydriatics;
B-myotics;
C-anesthetics;
D-corticosteroid medications;

E-disinfectant drops.

For incipient cataracts is uncharacteristic:
A-no complaints;
B-appearance of flying and fixed flies:
+C-cyanopsia;
D-the appearance of "smoke" before the eyes;
E-monocular polyopia.

If the shadow of the iris is visible on the clouded lens during side lighting, this is:
A-initial cataract;
+B-immature cataract;
C-mature cataract;
D-overripe cataract;
E-turbidity in the vitreous body.

Instillation of vitamin-containing products is indicated when:
+A-corneal and lens diseases;
B-vitreous disease;
C-disease of the optic nerve;
D-destruction of the vitreous body;
E-dacryoadenitis.

Of the acquired diseases of the lens, the most common are:
A-dislocations;
B-change the shape;
+C-cloud;
D-changes in optical power;
E-all of the above are equally common.

The group of complicated cataracts includes:
A-uveal cataract;
B-cataract in glaucoma;
C-cataract in myopia;
D-radiation cataract;
+E-all listed forms.

Acquired diseases of the lens include:
+A-clouding of the lens (cataract);
B-inflammation;
C-tumor;
D-only A and C;
E-all of the above.

To progressive cataract can be attributed:
A-congenital layered cataract;
B-congenital complete cataract;
+C-acquisition of immature cataract;
D-congenital fusiform cataract;
E-congenital posterior polar cataract.

As a rule, treatment is not required:
A-a nuclear cataract;
B-cortical cataracts;
+C-polar cataracts;
D-total cataracts;
E-zonal cataracts.

The number of proteins in the lens is:
A-up to 12%;
B-up to 20%;
C-up to 25%;
D-up to 30%;
+E-up to 35%.

Conservative therapy is used when:
+A-incipient cataract;
B-immature cataract;
C-mature cataract;
D-overripe cataract;
E-secondary cataract.

Any clouding of the lens is called:
A-pterygium;
B-belmo;
+C-cataract;
D-glaucoma;
E-halkos.

Morganieva cataract is a substage of development:
A-incipient cataract;
B-immature cataracts;
C-mature cataracts;
+D-overripe cataracts;
E-secondary cataract.

The most perfect method of fixing an intraocular lens at present is:
A-anterior chamber;
B-suture;
C-iris-clip-lens;
D-iridocapsular;
+E-intracapsular.

The most common cause of lens ectopia is:
A-destructive changes in the lens substance;
B-presence of high degree of myopia;
C-dystrophic changes of the vascular membrane;
+D-weakness of the zonular ligament;
E-pathology of the vitreous body.

The most effective method of administration of drugs for the prevention of cataract progression is:
+A-instillations;
B-oral administration;
C-intravenous infusions;
D-physiotherapy methods;
E-intramuscular injections.

The presence of the patient iridophores can talk about:
A-incipient cataract;
B-immature cataracts;
C-secondary cataracts;
D-Mature cataracts;
+E-overripe cataracts.

The presence of an immature swollen cataract in the patient is fraught with danger:
A-perforations of the eyeball;
+B-occurrence of an attack of glaucoma;
C-dislocation of the lens;
D-occurrence of retinal detachment;
E-appearance of keratitis.

The presence of black spiked spines on the background of a red reflex from the fundus indicates:
+A-incipient cataract;
B-immature cataract;
C-mature cataract;
D-overripe cataract;
E-afakia.

Immature swollen cataract is fraught with the possibility of occurrence:
A-epithelial-endothelial corneal dystrophy;
B-uveitis;
C-retinal detachment;
D-perforation of the sclera;
+E-secondary glaucoma.

There are no cataracts:
A-front polar;
B-total;
+C-anterior supracapsular;
D-zonal;
E-cup-shaped.

A common feature of all acquired cataracts is:
A-localization of the opacities under the rear capsule of the crystalline lens;
B-clouding of the entire lens;
+C-progressive nature of the disease;
D-no progression;
E-threat of secondary glaucoma.

The operation of intracapsular cataract cryoextraction was first used:
A-C. Kelman;
B-V.P. Filatov;
C-A. Elsnig;
+C-T. Krvavich;
E-H. Helmholtz.

Phacoemulsification operation proposed:
A-Duke-Elder;
B-Fedorov;
C-Filatov;
D-Bowman;
+E-Kelman.

Complicated ectopia of the lens differs from simple ectopia in that it:
A-the lens becomes cloudy;
B-there is a rupture of the zonular ligament fibrils;
+C-true B and D;
D-vitreous body mines into the front chamber;
E-all of the above is true.

The main method of eye examination in determining the clinical form of cataract is:

A-visual acuity testing;
+B-biomicroscopy;
C-ophthalmoscopy;
D- ultrasound examination;
E-electrophysiological studies.

The main method of cataract treatment is:
A-conservative method;
+B-surgical treatment;
C-treatment is not required;
D-laser treatment.

The main radical method of cataract treatment is:
A-conservative therapy;
+B-surgical treatment;
C-laser therapy;
D-use of biogenic stimulants;
E-appointment of vitamin drops.

The main symptom that characterizes immature cataracts is:
+A-the presence of a semilunar shadow on the lens in side lighting;
B-small front camera;
C-loss of vision in the distance;
D-increased intraocular pressure;
E-the appearance of "flashing midges" in front of the eye when looking at the light source.

The absence of a lens in the eye is called:
A-amblyopia;
+B-afakia;
C-anophthalmos;
D-phacodenesis;
E-asthenopia.

The first intraocular lens was implanted:
A-S.N. Fedorov;
B-M.M. Krasnov;
+C-H. Reedley;
D-S. Binkhorst;
E-E. Epstein.

The first signs of lens opacity in cortical cataracts occur:
A-under the anterior capsule of the lens;
B-under the posterior lens capsule;
C-core;
D-in the cleavage zone;
+E-in the Equatorial zone.

The first cataract extraction was performed:
A-Hippocrates;
B-Galen;
C-Ibn-Sina;
+D-Daviel;
E-Grefe.

The nutrition of the lens is carried out by:
+A-diffusion and osmosis of aqueous humor and vitreous body;
B-anterior ciliary arteries;

C-proper vessels of the lens;
D-vessels of the zinc ligament;
E-all of the above.

By origin, the following types of congenital cataracts are possible:
A-hereditary;
B-intrauterine;
C-secondary;
+D-correct A and B;
E-all of the above.

Preferred type of correction for unilateral aphakia:
A-glasses;
B-contact;
+C-intra-ocular;
Dkeratophakia;
E-that's right.

In diseases of the lens, there are no inflammatory phenomena and pain due to:
A-absence of lymphatic vessels;
B-lack of blood vessels;
C-absence of innervation;
+D-all of the above is true;
E-all true, except: A.

In mature cataracts, the patient's visual acuity is usually:
A-0;
+B-light perception;
C-0,01;
D-0.1;
E-1.0.

When adult cataracts are used:
A-intracapsular cataract extraction;
B-extracapsular cataract extraction;
C-phacoemulsification;
+D-all listed operations;
E-only A and B.

At the maximum voltage of the accommodation device, the optical power of the lens can increase by:
A-1-2 D;
B-5-6 D;
C-8-9 D;
D-10-12 D;
+E-14 and more.

With initial cataracts, patients can complain about everything except:
A-don't complain about anything;
+B-feelings of a foreign body in the eye;
C-the appearance of flying and fixed flies in front of your eyes;
D-monocular polyopia;
E-visual impairment in the distance.

With unilateral aphakia, it is not possible to correct vision:
+A- correction with glasses;
B-contact correction;
C-refractive keratoplasty;

D-intraocular correction;
E-correct A and B.

When the lens is clouded, it is not observed:
A-reducing the amount of total and especially soluble proteins;
B-attenuation of lactate dehydrogenase activity;
C-slowing down the rate of glycolysis;
+D-reducing the concentration of calcium and sodium;
E-development of metabolic acidosis.

A sign of aphakia is not:
A-iridodenesis;
B-recess of the front camera;
+C-increased intraocular pressure;
D-absence of one or two Purkinje-Sanson figures;
E-hypermetropia in 10-12 D.

The properties of the lens are:
A-transparency;
B-sphericity;
C-elasticity;
D-true A and C;
+E-all of the above is true.

The word "cataract" in Greek means:
A-the clouding;
B-the vortex;
C-the rain;
+D-waterfall;
E-green water.

Shifting the lens to the anterior chamber requires:
A-conservative treatment;
+B-surgical treatment;
C-dynamic observation;
D-the issue is resolved individually;
E-correct A and C.

The patient's reflex from the fundus is faintly pink in the transmitted light. In side lighting, the lens takes on a distinctly gray hue. Visual acuity 0.03-0.04, does not correct. The patient should be diagnosed:
A-initial cataracts;
+B-immature cataracts;
C-mature cataracts;
D-overripe cataracts;
E-turbidity in the vitreous body.

The patient has no reflex from the fundus, the lens is gray, and visual acuity is the correct projection of light. In patients:
A-initial cataract;
B-immature cataract;
+C-mature cataract;
D-overripe cataract;
E-turbidity in the vitreous body.

An increase in the number of water slits in the lens, most of which are filled with detritus, as well as lamellar dissociation of the surface layers of the lens cortex are typical for:

A-initial cataracts;
+B-immature cataracts;
C-mature cataracts;
D-overripe cataracts;
E-turbidity in the vitreous body.

Cataract removal using ultrasound is called:
A-cryoextraction;
B-lensectomy;
+C-phacoemulsification;
D-cataract reclination;
E-vitrectomy.

Reducing the elasticity of the lens with age leads to the development of:
+A-presbyopia;
B-amblyopia;
C-cataracts;
D-microphakia;
E-secondary glaucoma.

Phakodenesis is determined when:
A-dystrophic changes in the iris;
B-glaucoma;
+C-subluxation of the lens;
D-detachment of the ciliary body;
E-violation of the circulation of watery moisture.

Purkinje-Sanson figures do not allow you to determine the reflection from:
A-of the cornea;
B-anterior lens capsule;
C-posterior lens capsule;
+D-vitreous.

The lens in its composition contains all the listed substances, except:
A-water;
B-proteins;
C-mineral salts;
D-fat:
+E-carbohydrates.

The lens is shaped:
+A-biconvex lens;
B-biconcave lens;
C- flat -convex lens;
D-flat-curved lens;
E-convex-concave lens.

The lens does not have:
A-blood vessels;
B-lymphatic vessels;
C-nerves;
+D-all of the above;
Eonly A and C.

The human lens has:
A-mesodermal origin;
+B-ectodermal origin;

C-endodermal origin;
D-possible development of the lens from various substrates.

The color of the lens acquires with age:
A-remains colorless;
B-grayish tint;
C-bluish tint;
D-reddish tint;
+E-yellowish tint.

Balls AdamuK-Elsnig observed in:
A-incipient cataract;
B-complicated cataract;
+C-secondary cataract;
D-"fire" cataract;
E-congenital cataract.

Ectopia of the lens is most often observed in the syndrome:
+A-Marfan;
B-Behcet;
C-Reuters;
D-Eels;
E-Vogt-Koyanagi.

The elasticity of the lens determines its ability to:
A-nutrition;
B-growth;
+C-accommodation;
D-moving along the optical axis;
E-regeneration.

INTRAOCULAR PRESSURE

The front camera angle block can be called:
A-undissolved mesodermal tissue;
B- root of the iris;
C-newly formed vessels;
D-blood;
+E-all of the above.

Patients with primary open-angle glaucoma usually do not complain about:
+A-recurrent pain in the eye;
B-periodic blurring of vision;
C-periodic feeling of fullness in the eye;
D-periodic appearance of rainbow circles when looking at a light source.

Patients with glaucoma who are registered at the dispensary should be checked at least once a week:
A-2 months;
+B-3 months;
C-6 months;
D-10 months;
E-1 year.

In the treatment of open-angle glaucoma, preference is currently given:
A-miotics;
+B-latanoprost;
C-beta blockers;
D - inhibitors of Carbo anhydrase;
E-ganglioblockers.

During primary glaucoma, there are:
A-one stage;
B-two stages;
C-three stages;
+D-four stages;
E-five stages.

The upper limit of normal, the true intraocular pressure:
A-16 mm Hg.;
+B-22 mm Hg.;
C-26 mm Hg.;
D-28 mm Hg.;
E-32 mmHg. V.

Intraocular fluid flows out of the eye and passes through all the anatomical structures of the eye, except:
A-poserior chamber of the eye;
B-anterior chamber of the eye;
+C-cornea;
D-sclera sinus channel;
E-trabeculae.

Intraocular pressure in an acute attack of glaucoma:
A-increased;
+B-sharply increased;
C-does not change;
D-slightly increased;

E-sharply lowered.

Intraocular pressure (IOP) is:
+A-the pressure exerted by the liquid contents of the eyeball on its elastic outer shell;
B-the pressure exerted by the liquid contents of the eyeball on its retina;
C-the pressure exerted by the elastic outer shell on the contents of the eyeball;
D-the pressure exerted by the lens on the contents of the eyeball;
E-the pressure exerted by the contents of the eyeball on the vascular membrane.

All types of hydrodynamic blocks are found, except:
A-pupil block;
B-block the angle of the anterior chamber by the iris root;
C-blockade of the anterior chamber angle goniosynechiaes;
D-trabecular block;
+E-all listed without exception.

Secondary glaucoma can be:
A- uveal;
B-phacogenic;
C-vascular;
D-neoplastic;
+Eany of the above.

The dynamics of the glaucomatous process is characterized by:
A-value of intraocular pressure;
B-the value of the outflow ease coefficient;
+C-state of the field of view;
D-changing the shape of the pupil;
E-all of the above.

Diuretic and dehydration agents are indicated when:
A-dystrophic processes;
+B-increased intraocular pressure;
C-recurrent barley;
D-iritis;
E-cataract.

Differential diagnosis of primary open-angle and closed-angle glaucoma is based on the following features:
A-depth of the front camera;
+B-opening the front camera angle;
C-iris states;
D-state of the optic disc;
E-all of the above is true.

For the treatment of congenital glaucoma, it is advisable to use:
A-regular instillations of pilocarpine solution;
B-massage of the eyeball;
C-instillation of mydriatics;
+D-surgical treatment;
E-laser trabeculoplasty.

For the treatment of primary glaucoma, all medications can be used, except:
A-pilocarpine;
B-timolol;
C-betoptic;
+D-atropine;

E-xalatan.

For General treatment of glaucoma is not prescribed:
A-vasodilator drugs;
B-angioprotectors;
+C-corticosteroids;
D-antioxidants;
E-means that improve the metabolism of the retina.

For an acute attack of angle-closure glaucoma, it is uncharacteristic:
A-corneal edema;
B-small front camera;
C-wide oval-shaped pupil;
D-congestive injection of the eyeball;
+E-narrow pupil with preservation of its reaction to light.

For primary angle-closure glaucoma, it is uncharacteristic:
A-small anterior chamber;
B-pupil dilation;
C-myopic refraction;
D-open angle of the front camera;
+E-true C and D.

For primary open-angle glaucoma are uncharacteristic:
+A-pain in the eye;
B-fog in front of the eye;
C-absence of complaints;
D-rainbow circles when looking at a light source;
E-all of the above.

From the scleral sinus, watery moisture enters the collector tubules (water veins), the number of which is equal to:
A-2-3;
B-about 10;
+C-20-30;
D-60-80;
E-200-300.

Hydrodynamic indicators include all but:
A-outflow pressure;
B-minute volume of watery moisture;
C-the rate of formation of watery moisture;
D-ease of outflow of watery moisture from the eye;
+E-all without exception.

The features of glaucoma do not apply:
A-constant or periodic excess of the tolerant (individually tolerated) level of intraocular pressure;
B-development of a characteristic lesion of the optic nerve head and retinal ganglion cells;
C-violation of the field of vision;
+D-change of color perception;
E-all without exception.

The glaucoma symptom complex includes:
A-the decline of visual functions;
B-optic nerve atrophy;
C-increased level of ophthalmotonus and instability of intraocular pressure;
D-only A and B;

+E-everything is correct.

Risk factors that affect the incidence of primary open-angle glaucoma do not include:
A-old age;
B-hypotension;
+C-arterial hypertension;
D-disorders of glucocorticoid metabolism;
E-pseudoexfoliative syndrome.

What degree of increase in intraocular pressure when examining it palpation does not happen:
A-T+1;
B-T+2;
C-T+3;
+D-T+4;
E-Tn.

Treatment of an acute attack of glaucoma includes:
A-instillation of miotics;
B-appointment of beta blockers;
C-instillation of sympathomimetic agents;
D-receiving diacarb;
+E-all of the above is true.

Myotics are prescribed when:
A-irite;
+B-glaucoma;
C-conjunctivitis;
D-neuralgia;
E-viral keratitis.

On the basis of what signs is the differential diagnosis of primary open angle and closed angle glaucoma performed:
A-depth of the front camera;
+B-opening the front camera angle;
C-iris state;
D-state of the optic disc.

The level of intraocular pressure is mainly affected by changes in volume:
+A-intraocular fluid;
B-the lens;
C-vitreous body;
D-retina;
E-vascular membrane.

The earliest sign of glaucoma is:
A-increased intraocular pressure;
B-blockade of the anterior chamber angle;
+C-expanding the boundaries of the blind spot;
D-excavation of the optic nerve disc;
E-the appearance of pain in the eye.

The earliest symptom of changes in the field of vision in glaucoma is:
+A-increasing the size of the blind spot;
B-the appearance of relative and absolute paracentral cattle;
C-narrowing of the field of view from the nasal side;
D-concentric narrowing of the field of vision-tube vision;
E-complete absence of visual functions.

There is no glaucoma:
A-primary;
+B-postprimary;
C-innate;
D-secondary;
E-youth.

The necessary level of IOP provides:
A-spherical shape of the eyeball;
B-correct topographical relationships of internal structures;
C-facilitating exchange processes in these structures;
+D-all of the above is true;
E-true A and B.

The normal level of true intraocular pressure is:
A-6 to 16 mm Hg.;
+B-9-21 mm Hg.;
C-14-23 mm Hg.;
D-16-26 mm Hg.;
E-27 to 32 mm Hg.

he normal level of tonometric intraocular pressure is:
A-11-14 mm Hg.;
+B-16-26 mm Hg.;
C-27-32 mm Hg.;
D-33-38 mm Hg.;
E-39-41 mm Hg.

The instability of the glaucomatous process is evidenced by:
A-reduced visual acuity;
B-the appearance of pain in the eye;
+C-narrowing the field of view;
D-redness of the eye;
E-lack of normalization of intraocular pressure.

The main complaint of a patient with an acute attack of glaucoma is:
A-pain in the eye, radiating to the corresponding half of the head, jaws, teeth, and fog before the eyes;
B-reduced vision;
C-impaired mobility of the eyeball;
D-only A and C;
+Eonly A and B.

The main feature that allows a child to suspect the presence of congenital glaucoma during external examination is:
+A-increase in the size of the cornea;
B-redness of the eye;
C-presence of exophthalmos;
D-clouding of the cornea;
E-the presence of strabismus.

Primary open-angle glaucoma is most dangerous due to:
A-its frequencies;
B-sudden start;
+B-asymptomatic course;
D-loss of visual acuity;
E-pain in the eye.

First aid for an acute attack of glaucoma should begin with:
+A-the purpose of frequent instillation of pilocarpine;
B-giving salt laxative;
C-appointment of diuretics;
D-use of osmotic agents;
E-hot foot baths.

Perforations of the lattice plate of the sclera form:
+A-200-400 tubules;
B-10-15 tubules;
C-about a million tubules;
D-50-100 tubules;
E-700-800 tubules.

According to the classification of primary glaucoma there is no stage:
A-initial;
B-developed;
C-far-gone;
+D-absolute;
E-terminal.

The term "tolerant intraocular pressure" is understood as:
A-range of intraocular pressure at the level of 16-26 mm Hg.;
B-range of intraocular pressure that is safe for humans;
C-the range of intraocular pressure at the level of 16 to 21 mm Hg..;
+D-range of intraocular pressure that is safe for a particular person;
E-all of the above is true.

After stopping an acute attack of glaucoma, it is necessary:
A-continue the application of miotikov and monitoring;
+B-perform the operation in 24 hours;
C-recommend the use of diuretics;
D-prescribe vasodilators;
E-recommend courses of taufon injections twice a year.

When glaucoma occurs:
A-appearance is typical for glaucoma disorders of visual function;
B-constant or periodic excess of the tolerant level of intraocular pressure;
C-development of a characteristic lesion of the optic nerve head and retinal ganglion cells (glaucoma optic neuropathy);
D-true A and B;
+E-all of the above is true.

In an acute attack of glaucoma:
+A-pilocarpine is buried every hour;
B-pilocarpine is buried 3-4 times a day;
C-pilocarpine is not buried;
D-applied electrophoresis with pilocarpine;
E-instilled pilocarpine in combination with sulfacetamide.

In an acute attack of glaucoma is not observed:
A-pain in the eye and brow arch;
B-blurring of vision and the appearance of rainbow circles when looking at a light source;
C-nausea and vomiting;
D-pain radiating to distant organs;
+E-all of the above symptoms may occur.

The cause of secondary glaucoma can not be:
A-anterior uveitis;
B-ectopia of the lens;
+C-chronic conjunctivitis;
D-thrombosis of the Central retinal vein;
E-the intraocular tumor.

Production of watery moisture is carried out:
A-in the flat part of the ciliary body;
+B-in the processes of the ciliary body;
C-epithelium of the iris;
D-all of the above structures.

A child suffering from congenital glaucoma should be operated on:
+A-within the first month after diagnosis;
B-if conservative therapy is unsuccessful;
C-at least 14 years of age;
D-at the age of majority;
E-when the child needs to go to school.

The lattice plate of the sclera consists of:
A-several perforated sheets of connective tissue separated by vascular tissue;
B-several perforated sheets of connective tissue separated by fat layers;
+C-several perforated sheets of connective tissue separated by astroglial layers;
D-several perforated sheets of connective tissue separated by bone layers;
E-several perforated sheets of connective tissue separated by liquid layers.

The lattice plate of the sclera is thinner in:
A-upper and outer segments;
+B-upper and lower segments;
C-outer and lower segments;
D-inner and upper segments;
E-lower and inner segments.

Symptoms not characteristic of an acute attack of primary angle closure glaucoma:
A-corneal edema;
B-small front camera;
C-wide elliptical pupil;
D-congestive injection of the eyeball;
+E-the pupil is narrow, the pupil's reaction to light is preserved.

Symptoms common to all types of glaucoma:
A-increased resistance to outflow of watery moisture;
B-instability of intraocular pressure;
C-increase the level of intraocular pressure;
D-changing the field of view;
+E-all listed correctly.

There are tonometry techniques for:
A-Weber;
B-Shiotsu;
C-Goldman;
D-Maklakov;
+E-true all but A.

The tonometric level of normal intraocular pressure is:

A-11-14 mmHg.;
+B-16-26 mm Hg.;
C-27-32 mm Hg.;
D-33-38 mm Hg.;
E-39-41 mm Hg.

The angle of the anterior chamber in closed- angle glaucoma is blocked:
A-pigmented lumps;
+B-root of the iris;
C-lens;
D- newly formed vessels;
E-vitreous body.

Visual impairment of a glaucoma patient is associated with:
A-increased intraocular pressure;
B-changing the refraction of the eye;
C-offset anteriorly iris-lens diaphragm;
D-the appearance of hemorrhages on the fundus;
+E-infringement of the optic nerve fibers in the deformed tubules of the sclera's lattice plate.

Surgical or laser treatment of open-angle glaucoma is recommended when:
+A-initial stage;
B-increasing intraocular pressure to 35-40 mm Hg.st.;
C-narrowing the field of view by 35-45°;
D-pronounced excavation of the optic nerve disk;
E-lowering of intraocular pressure.

The etiology of primary glaucoma is not related to:
A-individual anatomical features;
+B-features of living conditions;
C-age-related changes in various structures of the eye;
D-individual features of exchange processes;
E-state of the nervous and endocrine systems

EYE INJURY

The absolute indication for enucleation is:
A-acute attack of newly diagnosed glaucoma;
B-hemophthalmos in the eye with diabetic retinopathy;
+C-risk of developing sympathetic ophthalmia;
D-penetrating shrapnel wound of the eyeball;
E-all of the above.

The absolute sign of finding a foreign body in the eye is:
A-absence of the anterior chamber, laceration of the cornea or sclera with non-adapted edges;
B-traumatic hemophthalmos;
+C-clinically determined signs of metallosis;
D-traumatic cataract;
E-an increase in intraocular pressure.

The absolute signs of a penetrating wound are:
A-wound that passes through all layers of the cornea, sclera, or corneal-scleral zone;
B-infringement of the internal membranes of the eye in the wound;
C-intraocular foreign body;
D-traumatic coloboma of the iris, an air bubble in the vitreous body;
+E-all of the above.

Berlinovskoe blurred is characterized by:
A-endothelial-epithelial dystrophy;
B-local opacity of the lens;
C-development of floating and fixed opacities in the vitreous body;
+D-limited opacification of the retina;
E-all of the above.

Patient K. was admitted to the office of emergency ophthalmological care with the following symptoms: edema and hematoma of the eyelids, narrowing of the eye gap, exophthalmos, restriction of mobility of the eyeball down and to the nose, ptosis, subcutaneous emphysema with crepitation in the left eye area. The most likely diagnosis:
A-atrophy of retrobulbar tissue;
B-inflammation of the retrobulbar space;
C-haematoma of the orbit;
+D-fracture of the eye socket walls;
E-myositis of the rectus muscles of the eye.

The patient received a burn of the right eye with a burning cigarette. Complaints of severe pain in the right eye, decreased vision. Objectively: visual acuity-0.02. Photophobia, lacrimation, blepharospasm. Mixed injection of the eyeball. The cornea is cloudy and its entire surface is erosed. The anterior chamber and iris are hard to see. Corneal burn should be regarded as:
A-grade I burn;
B-grade II burn;
+C-grade III burn;
D-grade IV burn.

An intraocular foreign body can be detected in the eye using:
A-biomicroscopy and ophthalmoscopy;
B-gonioscopy;
C-x-ray method;
E- ultrasound examination;
+D – all the above methods.

Inflammation of all the membranes of the eye is called:

A-endophthalmitis;
+B-panophthalmitis;
C-phlegmon;
D-abscess;
E - tenonitis.

Inflammation of the contents of the eye is called:
+A-endophthalmitis;
B-panophthalmitis;
C-phlegmon;
D-abscess;
E - tenonitis.

The diagnosis of a through wound of the eyeball is established undoubtedly when:
A-presence of an intraorbital foreign body;
B-hemophthalmia;
+C-presence of input and output holes;
D-sharp pain when moving the eyeball;
E-exophthalmos.

For patients with eye contusion, it is typical:
A-hemorrhages under the skin of the eyelids and conjunctiva of the eyeball;
B-exophthalmos;
C-enophthalmos;
+D-only A and B;
E-that's all right.

For the treatment of hemophthalmia, it is advisable to use all but:
A-hemostatic drugs;
B-hypertonic solutions;
+C-antibacterial drugs;
D-enzymes;
E-ultrasound therapy.

For eye damage by ultraviolet radiation, the typical symptoms are:
A-photophobia;
B-lacrimation;
C-hyperemia of the eyelids;
D-injection of the eyeball;
+E-all of the above is true.

For a penetrating wound of the cornea, it is characteristic:
A-the presence of a corneal wound that passes through all its layers;
B-small front camera;
C-loss of the iris;
D-damage to the lens;
+E-all of the above.

For accurate localization of the intraocular foreign body, it is necessary to make:
A-ultrasound examination;
B-ophthalmoscopy;
C-overview radiography of the orbit;
+D-radiography for Baltin;
E-all of the above is true.

Blunt traumatic injuries of the anterior segment of the eye include all but:
+A-concussion of the retina;

B-hyphema;
C-traumatic mydriasis;
D-iridodialysis;
E-traumatic cataract.

The cardinal clinical sign of endophthalmitis that distinguishes it from traumatic iridocyclitis is:
A-complete loss of vision of the injured eye;
B-severe pain in the eye in half of the head on the side of the wound;
C-moderate swelling of the eyelids and conjunctiva;
D-lack of reflex from the fundus or yellowish reflex in the pupil area;
+E-all of the above.

The clinical picture of eye metallosis may be caused by:
A-a foreign body embedded in the eyeball;
B-food poisoning by heavy metal salts;
C-peculiarities of working in harmful production;
D-effects of hemolysis in hemophthalmos;
+E-true A and D.

Clinical signs of emphysema of the eyelids include:
A-crepitation;
B-edema;
C-integrity of the skin;
+D-all of the above is true.

Hemorrhage in the anterior chamber of the eye is called:
A-iridodenesis;
+B-hyphema;
C-iridodialysis;
D-hemophthalmos;
E-hematoma.

Hemorrhage in the vitreous body is called:
A-iridodenesis;
B-hyphema;
C-iridodialysis;
+D-hemophthalmos;
E-hematoma.

Treatment of puncture wounds of the eyeball should be carried out:
A-on an outpatient basis;
+B-in a specialized trauma center;
C-in a general hospital;
D-does not require any treatment.

The best detoxification agent in the pathogenetic therapy of eye burns is:
+A-plasma burn reconvalescents;
B-intravenous glucose administration;
C-intramuscular administration of b vitamins;
D-desensitizing agents;
E-vasodilators.

A metallic intraocular foreign body is removed from the anterior chamber:
A-direct way;
+B-front way;
C-disklerini way;
D-any of the following;

E-not deleted.

The most difficult for surgical treatment is the gap:
A-skin of the eyelid;
+B-of the medial cleavage of the eyelid;
C-at the lateral eyelid junction;
D-in the middle third of the eyelid;
E-the conjunctiva.

Emergency care for penetrating injury of the eyeball.:
A-in intramuscular administration of broad-spectrum antibiotics;
B-in applying an aseptic binocular bandage;
C-in the introduction of tetanus serum;
D-immediately refer the patient to an eye hospital;
+E-all of the above is true.

Survey images of the eye socket in case of penetrating injury of the eyeball are carried out:
+A-in all cases;
B-only if there is a history of data on the introduction of a foreign body;
C-only in cases where there are symptoms of a fracture of the walls of the orbit;
D-when the splinter is located behind the eye;
E-only in cases where it is not possible to use the Komberg-Baltin prosthesis.

Eyelid burns may be the cause:
+A-scar eversion of the eyelids;
B-paralytic eversion of the eyelids;
C-atonic eversion of the eyelids;
D-spastic eversion of the eyelid;
E-all of the above.

The optimal type of first aid in case of eye contact with toxic substances is:
+A-eye washing with 2% soda solution;
B-eye washing with boric acid solution;
C-washing the eyes with distilled water;
D-instilling an anesthetic solution into the eyes;
E-placing hydrocortisone ointment in the conjunctival SAC.

The features of soft tissue lacerations in the periorbital region are:
A-loss of fat;
B-damage to the external muscles of the eye;
C-the injury of the lacrimal gland;
D-drooping upper eyelid and ophthalmoplegia, exophthalmos;
+E-all of the above.

The difference between emphysema of the eyelids and inflammatory edema is characterized by:
A-the presence of hyperemia of the eyelid skin;
B-pain on palpation of the eyelids;
+C-the presence of crepitation;
D-all of the above;
E-only A and B.

Relative signs of a penetrating wound should be considered:
A-injection of the eyeball, pain;
B-change the function of the eye;
C-hemorrhagic syndrome;
D-cataract;
+E-all of the above.

First aid in the clinic and at the medical center for penetrating injury of the eyeball with loss of membranes is as follows:
A-reduction of fallen shells;
B-excision of fallen shells and sealing of the wound;
+C-applying a bandage and urgent transportation to the ophthalmic trauma center;
D-organization of consultation of an ophthalmic traumatologist in a polyclinic;
E-in each case, the decision is made individually.

First aid for a chemical eye burn is as follows:
A-instilling antibacterial drops;
B-laying antibiotic ointment;
+C-washing the conjunctival SAC;
D-subconjunctival blood injection;
E-applying a bandage.

Fracture of the medial wall of the eye socket is characterized by:
A-splinter fracture with displacement of bone fragments posteriorly and outwards;
B-rupture of the medial ligament of the angle of the eye gap;
C-displacement of the lacrimal SAC;
D-protrusion into the sinus of the latticed bone;
+E-all of the above.

According to the severity of the burn, the eyes are distinguished:
A-one degree;
B-two degrees;
C-three degrees;
+D-four degrees;
E-five degrees.

Indications for enucleation are:
A-absolutely blind aching eye;
B-intraocular malignant tumor;
C-sympathetic ophthalmia;
D-blind eye smashed by injury;
+E-all of the above.

In case of contusion of the eyeball, it is possible:
A-sub-conjunctival sclera rupture;
B-corneal erosion, retinal edema;
C-intraocular hemorrhage;
D-subluxation or luxation of the lens;
+E-all of the above.

When processing a penetrating injury to the eyeball with the presence of an intraocular foreign body, the first step is made:
A-prescribing massive doses of antibiotics;
+B-suturing of the wound the capsule of the eye;
C-removal of an intraocular foreign body;
D-introduction of tetanus toxoid;
E-vitrectomy.

If the eye is burned, it is advisable to apply:
A-aseptic dressing;
B-monocular bandage;
C-binocular bandage;
+D-the bandage is not applied;

E-any of the following.

In case of penetrating injury of the eyeball, antibiotics are prescribed:
A-in cases of a clinically determined infectious lesion;
+B-in all cases;
C-only with the introduction of intraocular fragments;
D-when the lens is affected;
E-true A and C.

When penetrating corneal wounds with extensive epithelial defects, the use of corticosteroids is limited due to:
A-individual intolerance of drugs;
B-possible increase in intraocular pressure;
+C-slow down reparations;
D-all of the above.

When penetrating wounds of the sclera can be observed:
A-extensive sub-conjunctival hemorrhage;
B-deep front camera;
C-fall of the membranes of the eye and vitreous body;
D-reduction of intraocular pressure;
+E-all of the above is true.

For eyelid wounds tissue regeneration:
+A-high;
B-low;
C-does not differ significantly from tissue regeneration in other areas of the face;
D-lower than other areas of the face.

In case of a torn wound of the eye socket tissues with ptosis and exophthalmos, the General surgeon of the emergency room is obliged to:
A-apply a bandage and send the patient to a specialist;
B-make an injection of antibiotics and pain relief;
C-introduce anti-tetanus serum;
D-only A;
+E-everything is correct.

In case of lacerations of the soft tissues of the periorbital region, the first step should be performed:
A-massive antibacterial therapy;
+B-primary surgical treatment;
C-treatment aimed at the removal of inflammation;
D-vitamin therapy;
E-all of the above.

The Komberg-Baltin prosthesis is used for:
A-exclusion of intraocular foreign bodies on x-ray images;
+B-x-ray localization of a foreign body;
C-suturing to the conjunctiva to prevent loss of the vitreous body during surgery;
D-conducting magnetic tests;
E-all of the above.

Siderosis of the eyeball is characterized by:
A-brown pigmentation around the fragment;
B-front chamber moisture opalescence;
C-changing the color of the iris;
D-deposition of pigment in the area of the Schlemm canal and brown deposits in the lens;
+E-all of the above.

Siderosis is:
A-inflammation of the cornea;
+B-impregnation of the eye tissues with iron compounds;
C-destruction of the vitreous body;
D-inflammation of the iris;
E-damage to the optic nerve.

Sympathetic ophthalmia develops in the presence of an injured eye:
A-secondary glaucoma;
+B-plastic uveitis;
C-traumatic cataract;
D-traumatic keratitis;
E-metallosis.

Symptoms of traumatic iridocyclitis are:
A-photophobia and lacrimation;
B-pericorneal injection;
C-cyclical pain during palpation and eye movements;
D-violation of ophthalmotonus;
+Eall of the above.

Shifting the lens to the anterior chamber requires:
A-conservative treatment;
+B-surgical treatment;
C-dynamic observation;
D-the issue is resolved individually;
E-correct A and C.

Degree of damage to eye structures in chemical burns:
+A-higher for alkaline burns than for acid burns;
B-for acid burns above;
C-approximately the same for long-term consequences;
D-chemical burns are less dangerous than thermal burns.

Traumatic edema of the eyelids is accompanied by:
A-extensive subcutaneous hemorrhages with a bluish tinge;
B-blepharospasm and lacrimation;
C-itch;
+D-all of the above;
E-only B and C.

The severity of the eye burn and its appendages is determined:
A-the concentration of the burning substance;
B-its chemical property;
C-the depth of the lesion;
D-burn area;
+E-all of the above.

The figure of a "sunflower" in the lens is typical for:
A-chorioretinitis;
B-siderosis of the eyeball;
+C-halcosis;
D-dystrophic diseases of the cornea;
E-diabetic cataract.

Surgical treatment is indicated for the following complications of eye burns:

A-corneal albugo;
B-corneal ulcer;
C-fistula of the cornea;
D-secondary glaucoma;
+E-for all the complications.

The following complications of eye contusion are subject to surgical treatment:
A-hemophthalmos;
B-traumatic cataract;
C-secondary glaucoma;
D-retinal detachment;
+E-all complications.

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Ticket to offset No. 1

1. The anatomy of the orbit and its connection with the dental system.
2. Inflammatory diseases of the eyelids and the principles of their treatment.
3. Outcomes of diseases of the cornea. Principles of keratoplasty and keratoprosthetics.

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Ticket to offset No. 2

1. The contents of the eye socket. The ocular sinuses. Fascia of the eye.
2. Blepharitis. Its types, causes, clinic and treatment.
3. Abnormalities of the vascular tract.

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Ticket to offset No. 3

1. Anatomy and functions of the eyelids.
2. Barley and chalazion. Clinical manifestations and principles of treatment.
3. Clinical picture of acute iridocyclitis, first aid and principles of treatment.

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Ticket to offset No. 4

1. The connective membrane of the eye. Its departments and functions.
2. Benign and malignant tumors of the eyelids, their types and principles of treatment.
3. Reiter and Behcet syndrome.

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Ticket to offset No. 5

1. The eyeball and its shells. Anatomy of the sclera and limb.
2. Acute dacryoadenitis, its possible connection with diseases of the dental system. Mikulich syndrome.
3. Senile cataract. Stages of cortical cataract development.

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Ticket to offset No. 6

1. The cornea. Anatomical and histological properties. Ways of feeding the cornea.
2. Tumors of the lacrimal gland. Clinic and principles of treatment.
3. Types of cataract extraction. Modern lens surgery.

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Ticket to offset No. 7

1. Anatomy and functions of the iris.
2. Chronic and acute dacryocystitis. Diagnosis, clinic and principles of treatment.
3. Aphakia and methods of its correction.

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Ticket to offset No. 8

1. The ciliary body. Its structure and functions. Supporting lens apparatus.
2. Dacryocystitis of newborns. His clinic and methods of treatment.
3. Secondary cataract.

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Ticket to offset No. 9

1. The structure and functions of the actual vascular membrane of the eye.
2. Acute conjunctivitis. Symptoms and treatment.
3. Classification of primary glaucoma. Open-angle and closed-angle glaucoma.

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Ticket to offset No. 10

1. Anatomy and histology of the retina. Its functions.
2. Acute epidemic conjunctivitis of Koch-Weeks. Clinical picture, course, treatment and prevention.
3. Acute attack of angle-closure glaucoma and

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Ticket to offset No. 11

1. Conducting visual pathways. Their significance in the topical diagnosis of the pathological process.
2. Gonococcal conjunctivitis (gonoblennorrhea). Prevention of the disease in newborns.
3. Differential diagnosis of acute iridocyclitis and acute attack of angle-closure glaucoma.

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Ticket to offset No. 12

1. Structure and composition of the lens. His age characteristics.
2. Diphtheria conjunctivitis. Causes, clinical manifestations and principles of treatment.
3. Types of glaucoma treatment. Hypotensive therapy of the disease.

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Ticket to offset No. 13

1. 1. Composition and functions of the vitreous body.
2. 2. Angular conjunctivitis of Morax-Axenfeld. Clinic and treatment.
3. 3. Congenital glaucoma. Diagnosis and principles of treatment.

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Ticket to offset No. 14

1. Anatomy of the eye chambers. Composition and functions of intraocular fluid.
2. Adenovirus eye diseases. Causes, clinical manifestations and treatment.
3. Osteoperiostitis of the eye socket.

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Ticket to offset No. 15

1. The structure of the drainage system of the eye.
2. Trachoma. Pathogenesis, clinic and treatment. Complications and consequences of trachoma.
3. Phlegmon of the orbit. Causes, clinic, treatment and possible complications.

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Ticket to offset No. 16

1. The concept of visual acuity. The angle of view. Methods of visual acuity research.
2. The syndrome of Sjogren. Ocular and somatic manifestations. Principles of therapy.
3. Orbital pathology in endocrine diseases.

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Ticket to offset No. 17

1. 1. Color perception and methods of its research. Congenital and acquired disorders.
2. 2. Allergic conjunctival diseases. Their types and principles of therapy.
3. 3. Contusion injuries of the orbit and appendage of the eye.

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Ticket to offset No. 18

1. Methods of studying the field of vision, its normal boundaries.
2. Benign and malignant neoplasms of the conjunctiva. Diagnosis, clinical features and treatment.
3. Non-penetrating wounds of the cornea and sclera.

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Ticket to offset No. 19

1. Pathological changes in the organ of vision. Hemianopsia, scotoma.
2. Anomalies of the cornea. Diagnosis, clinic and treatment.
3. Contusions of the eyeball, their clinical manifestations and methods of treatment.

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Ticket to offset No. 20

1. Light perception. Hemeralopia and its types.
2. Corneal infiltration and its fate. Types of corneal vascularization and types of eyeball injection.
3. Puncture wounds of the eyeball. Signs, diagnostics and first aid.

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Ticket to offset No. 21

1. Methods of investigation of the accessory apparatus and the anterior segment of the eye.
2. The concept of corneal syndrome. Corneal erosion, its diagnosis and treatment.
3. Purulent complications of penetrating eye wounds.

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Ticket to offset No. 22

1. Examination of the posterior parts of the eye.
2. A creeping ulcer of the cornea. Causes, clinic, treatment, complications.
3. Metalloses of the eye.

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Ticket to offset No. 23

1. 1. Schirmer's test. Tubular and nasal tests.
2. 2. Herpetic keratitis. Clinical features, types, course and treatment.
3. 3. Burns of the eye and its appendages. Types and degrees of burns. First aid.

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Ticket to offset No. 24

1. Anomalies of eyelid development. Markus-Gunn syndrome and Martin Amm syndrome.
2. Deep parenchymal keratitis. Etiology, diagnosis and principles of therapy.
3. Damage to the eye with gas weapons and toxic substances.

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