I am Dr.Sameh Sabahy from EGYPT. I appeared in June 2017 for FRCS (final part) in Glasgow venue. I would like to express my deepest appreciations for my family, my kind friends and colleagues in Magrabi Eye Hospital (KSA) for them supportive and helpful advices to pass the exam.

STRUCTURED ORAL EXAMINATION

LIDS, OCULOPLASTICS AND ANTERIOR SEGMENT

First examiner :

First Q

Examiner; give me photo of dendritic ulcer and ask me to describe and what is the cause?
Answer dendritic ulcer
Commonest cause is herpes virus (simplex-zoster)
Contact lens
Trauma
Acanthameba (pseudodentritic)

What do u think the cause is herpes simplex or zoster in this case? I told him herpes zoster because no bulb at periphery of dendritic ulcer (moment of silence) and told me ok,ok consider it herpes simplex how to manage
Started my answer from history, examination (skin –cornea sensation ,stain –iop –AC reaction and fundus examination)
Ttt topical antiviral –cycloplegic –antibiotic
When are you use systemic ttt ?in recurrent and herpetic uveitis and as prophylactic

Second Q

What are the causes of drop of vision 1 month after phaco procedure?
Answer most common cause cystoid macular oedema (Irvin Gas)
Other causes are retinal detachment, steroid induced glaucoma ,lens related problem (dislocation -subluxation)
How to manage cystoid macular edema?
Investigation FFA –OCT
what will you see in FFA? flower petal appearance
Topical NSAID +STEROID
Intravitreal anti VEGF injection like what bevacizumab ,ranibizumab what else u know aflibercept (Eylea)
If there is traction in OCT PPV +membrane peeling and gas injection and face down

Second examiner

FIRST Q

Examiner give me photo for autoref printout with RT eye -6.00 and left eye plano, said that RT eye refraction is post-phacoemulsification what do u think was happened ?
I told him its refractive surprise after phaco
What are the causes
Wrong biometry
Wrong IOL power was implanted
The power printed on the lens is wrong (manufacture mistake)

How to check biometry? difference between k reading and axial lens and power between both eyes

How to manage?

Counseling
Contact lenses
Refractive surgery
IOL exchange (WITHIN 2 WEEKS)
Piggyback IOL implantation, how to do? Sorry sir I do not have experience in such type of IOL.

Second Q

Photo of corneal graft and discussion was about risk factor of graft failure types of graft rejection how to manage every type

POSTERIOR SEGMENT

First examiner;

First Q

Describe this fundus photo it was not clear I told him sir its hazy but I see hemorrhage and disc has ill-defined margin what are the cause of this finding?
I said is it unilateral or bilateral? ok its unilateral
I told him CRVO
Discussion about types how to differentiate between ischemic and non ischemic and management

Second Q

Photo of OCT
TELL me what u see?
OCT shows full thickness macular hole.
how do you know that this hole in macula? because the scanning line in the other image passing throw macula.

Grades?
How to manage?

Third Q

Drugs used in POAG? The bell ring

Second examiner;

FIRST Q

Young female with refractive power -13.00 diopter complain from metamorphopsia ,
What are the causes?
Choroidal neovascularization what else?
Epiretinal membrane, what else?
May be choroidal rupture involving macula, what else?
I do not know
Types of CNV subfoveal-juxtrafoveal-extrafoveal
Treatment discussion about anti VEGF
Complication of intravitreal anti VEGF injection
IS anti VEGF injection effective more in CNV with myopia or with ARMD ,again I donot know.

Second Q

ROP
Risk factor
Stages
Management

NEUROLOGY, MOTILITY AND GENERAL MEDICINE

First examiner

First Q

Fundus photo with disc edema (segmental) and hemorrhage
Cause I asked is it unilateral or bilateral
Examiner unilateral
My first impression anterior ischemic optic neuropathy
May be arteritic or non arteritic
Examiner; If patient is 65 years how to manage
First I will ask about signs of GCA like headache, jaw claudication, loss of weight and palpate temporal area for superficial temporal artery tenderness
What are the investigation? ESR PCR platelets account
TEMPORAL ARTERY BIOPSY
What is normal ESR level
In adult men less than or equal age divided by 2
women age plus 10 divided by 2
what do u think if u find ESR more than 100 I told him ESR reach this level in sever inflammation with cancer or autoimmune disease !!!!!
what u will give this patient
iv methypridnesolone then oral steroid the tapering according to PCR level
for how long do u think ttt will be ? may be months
another examiner told me the mean time 18 months

second Q

patient with limitation of abduction
DD
discussion about six nerve palsy

THIRD Q

Young female with coarse hair ,weight gain and constipation

What she has?
I told him may hormonal problem
Like what?
I confused but he assists me hyper or hypothyroidism
I smiled and answered hypothyroidism, THE BELL RING

Second examiner

First Q

Ocular signs of Sarcoidosis
Eye lid lupus pernio
Anterior segment uveitis (granulomatous)
Posterior segment vitritis optic nerve involvement vasculitis (candle wax)
Pan uveitis
Complication cataract glaucoma
What are the investigation
ACE ,CT chest and urine and serum calcium level

What is CT chest finding?
Early stage; bihilar lymphadenopathy
Late stage; fibrosis

Ttt of uveitis in case of sarcoidosis

Systemic and topical steroid after doing steroid work up chest X ray, weight, blood sugar and hypertension and cycloplegic

Do you know another ways for steroid induction?
Periocular and intravitreal injection
What else?
I said implant he said like what I said OZURDEX
HE SMILED and said what else I said Iluvien (flucinolone)
Really I don not know is those implants are used in this case or not???

Second Q

child 5 years old with limited elevation in adduction
What is the diagnosis
Brown syndrome
Causes and management

CLINICAL DAY

FIRST STATION
NEURO-OPHTHALMIC AND OCULAR MOTILITY DISORDERS

First case

young man in wheel chair
Examiner do ocular motility?
Sir, can I start by cover-uncover test?
Ok
Patient has exotropia with V-pattern

Ocular motility limited adduction both eyes with nystagmus at abduction
Convergence not intact
Saccadic movement slow in same gaze of adduction limitation
Examiner what type of nystagmus? Ataxic
What type of ocular movement you know ?
I told him saccadic, pursuit and vestibule-ocular !!!!! was not happy
What is your diagnosis?
Bilateral INO

SECOND CASE

While I am still at door and away from the patient
Examiner what are you see by inspection?
Left eye is bulged
What u mean by bulged
I told proptosis but I need to confirm may be pseudo-proptosis
Examiner forget all these.
Do pupil examination?
Inspection mild ptosis
Anisocoria more in light
Direct affected –consensual affected
light near dissociation
What u think
I want to do ocular motility
Do adduction only
Adduction affected
What u think
May be multiple cranial nerve affection
Or third nerve palsy with optic nerve palsy !!!!!
The bell ring

I feel I lost my concentration during discussion

SECOND STATION
OCULOPLASTIC AND LID DISORDERS

First case

was old woman with bilateral ptosis
Examine
Inspection bilateral ptosis with deep upper lid sulcus
Tell me DD
Aponeuretic
Myasthenia gravis
Myotonic dystrophy
CPEO

Show me how can you reach final diagnosis by examination?

I told patient t shake hand it was ok I told examiner myotonia dystrophy excluded

Measurement done I cannot exclude aponeurotic
Ocular motility slightly affected in all gaze
So my choice between myasthenia and CPEO
SO I WANT TO do fatigue test,ice pack test
Do fatigue test ?
Other lab investigations?
Which one has highest specificity and sensitivity?EOG with single ms fiber
What investigation of CPEO? Genetic test ,ECG in kearn-sayre syndrome

Second case

Examine this patient by slit lamp

Rt eye has Lester jones tube and punctum occlusion
Lt eye has medial ectropion and punctum occlusion
Indication of lester tube? occlusion of canaliculi in proximal 8 mm
Do ectropion examination? Snap back, medial and lateral tendon laxity and eye closure
What you will do for this case ? diamond shape trasoconjunctivoplasty

THIRD STATION
ANTERIOR SEGMENT

First case

Examiner, examine cornea
Rt side map dot finger print
Left side not the same configuration of opacity and I told him slit beam light very weak and I can not detect the level he tried to increase illumination but now way!!!
He said what is ur diagnosis?
Map dot finger print dystrophy
What are the symptoms?
Most cases asymptomatic and recurrent erosions
How to manage RCE
lubricant,antbiotic and BCL
If recurrent PTK can done
Examiner if u in rural area what u will do?
Corneal puncture

Second case

Young patient with polycoia ,corectopia and anterior chamber IOL angle supported but one of them dislocated inferiorly
Diagnosis anterior segment dysgensis
What u will do for this patient
I will check IOP , angel and optic disc
Systemic association
Examiner no systemic associations
What is the type? Reiger anomaly
Why IOL is shifted inferiorly? I told him bad support
Why? may be trauma
He asked what you measure before AC IOL ?
I told WTW and AC depth
How to measure WTW ?
Caliper,IOL master and pentacam
Examiner if you find WTW is 13 mm what the diameter of IOL you will insert
I told him not less than 13 he smiled and said 13+1

Third case

Cornea show kerkenburg spindle and mid periphery trans illumination
What is your impression?
Pigment dispersion syndrome
How u will manage?
Check IOP,goniscopy,disc and periphery of retina (myopic)
If this patient has glaucoma how to treat?
Selective laser trabeculoplasty (SLT)
Medical ttt

Surgical

FOURTH STATION
POSTERIOR SEGMENT

First case

Examine patient fundus by 90 lens

View was hazy
Disc heathy
Macula faint scar???
Periphery hemorrhage

What is your diagnosis?
Want to examine other eye
Same finding
My first impression, diabetic retinopathy
What the cause of macular scar?
May be laser
What type of laser?
I do not know
What are the types of macular edema
Exudative, ischemic and mixed
Diffuse or focal
So this laser for which type
Yes sir its focal laser

Second case

Examine anterior segment and tell me what do you see?
Corneal scar

Band keratopthy
Corectopia and iris atrophy
anterior synechia
examiner said what else
I forget to tell him its aphakic
He said ok examine fundus
Optic nerve atrophy
Macular RPE CHANGES
Silicon filled eye
Peripheral chorioretinal scars
And stopped, he said what else??
Look for temporal side I see fibro vascular membrane!!!!

Examiner; is patient aphakic or pseudophakic?
Yes, sir its aphakic
What is the scenario
Sir may be trauma
Tell me in details what was done for this patient?
I told him trauma leads to retinal detachment then PPV+SOI done (it is not correct) it was RUPTURE GLOBE WITH IOFB