

01	A	B	C	D	E
02	A	B	C	D	E
03	A	B	C	D	E
04	A	B	C	D	E
05	A	B	C	D	E
06	A	B	C	D	E
07	A	B	C	D	E
08	A	B	C	D	E
09	A	B	C	D	E
10	A	B	C	D	E
11	A	B	C	D	E
12	A	B	C	D	E
13	A	B	C	D	E

14	A	B	C	D	E
15	A	B	C	D	E
16	A	B	C	D	E
17	A	B	C	D	E
18	A	B	C	D	E
19	A	B	C	D	E
20	A	B	C	D	E
21	A	B	C	D	E
22	A	B	C	D	E
23	A	B	C	D	E
24	A	B	C	D	E
25	A	B	C	D	E
26	A	B	C	D	E

27	A	B	C	D	E
28	A	B	C	D	E
29	A	B	C	D	E
30	A	B	C	D	E
31	A	B	C	D	E
32	A	B	C	D	E
33	A	B	C	D	E
34	A	B	C	D	E
35	A	B	C	D	E
36	A	B	C	D	E
37	A	B	C	D	E
38	A	B	C	D	E
39	A	B	C	D	E

PRACTICE QUESTIONS

Saudi Commission for Health Specialties (SCFHS)

OPTH

Ophthalmology

EDITION

Demo

QUESTIONS

9

ISSUED

August 12, 2026

Before you begin

What this is

9 practice questions for Saudi Commission for Health Specialties (SCFHS) **OPTH**, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, **OPTH**
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

Licence

This file is licensed to one person. Sharing or republishing it, in whole or in part, ends that licence.

QUESTION 1

SINGLE CHOICE

A 67-year-old patient presents with progressive, painless decrease in vision in both eyes over the past two years. Slit-lamp examination reveals nuclear sclerotic cataracts with significant lens opacity. The patient has no other ocular complaints and his best-corrected visual acuity is 20/60 in both eyes, which limits his ability to drive. Which of the following is the most appropriate next step in management?

- ☐ A Perform immediate cataract extraction with intraocular lens implantation in both eyes
- ☐ B Observe and reassess in 12 months, as the visual acuity does not yet meet surgical criteria
- ☒ C Counsel the patient about cataract surgery with intraocular lens implantation when functional vision is affecting his daily activities
- ☐ D Prescribe new spectacle correction and defer consideration of surgery for at least another year
- ☐ E Order a fasting blood glucose and HbA1c before any further decision

ANSWER C

WHY The decision to perform cataract surgery is based on the degree of functional impairment caused by the cataract, not on a strict visual acuity cutoff. When a patient's daily activities (in this case, driving) are affected by the visual decline, cataract surgery with intraocular lens implantation is the appropriate intervention. Immediate bilateral surgery is not preferred (sequential surgery is the standard), and observation or continued spectacle correction is not appropriate when the cataract is already affecting the patient's daily life.

QUESTION 2

SINGLE CHOICE

A 55-year-old patient is found on routine examination to have an intraocular pressure of 26 mmHg in both eyes, normal optic discs with a cup-to-disc ratio of 0.3, and normal visual fields. The anterior chamber angles are open on gonioscopy. Which of the following is the most appropriate initial classification and management?

- ☐ A Primary open-angle glaucoma; start topical prostaglandin analogue
- ☒ B Ocular hypertension; consider treatment based on risk factors
- ☐ C Normal-tension glaucoma; start topical beta-blocker
- ☐ D Angle-closure glaucoma; perform laser peripheral iridotomy
- ☐ E Secondary glaucoma; investigate cause and treat accordingly

ANSWER B

WHY This patient has elevated intraocular pressure (>21 mmHg) but no optic disc damage or visual field loss, which defines ocular hypertension. Treatment is not mandatory; rather, it is based on risk stratification (central corneal thickness, IOP level, age, family history, etc.). Primary open-angle glaucoma requires characteristic optic nerve damage and/or visual field defects, which are absent here. The angles are open, ruling out angle-closure, and the patient does not have a secondary cause.

QUESTION 3

SINGLE CHOICE

A 60-year-old patient with a 15-year history of diabetes mellitus reports sudden, painless loss of vision in the right eye. Fundus examination reveals a pale, swollen optic disc with multiple flame-shaped hemorrhages and a cherry-red spot at the macula. What is the most likely diagnosis?

- ☐ A Central retinal vein occlusion
- ☒ B Central retinal artery occlusion
- ☐ C Diabetic macular edema
- ☐ D Proliferative diabetic retinopathy
- ☐ E Ischemic optic neuropathy

ANSWER B

WHY Sudden, painless monocular vision loss with a cherry-red spot at the macula is the classic presentation of central retinal artery occlusion (CRAO). The pale, swollen optic disc and flame-shaped hemorrhages are consistent with retinal ischemia. Central retinal vein occlusion typically presents with widespread 'blood and thunder' hemorrhages in all four quadrants rather than a cherry-red spot. Diabetic macular edema and proliferative diabetic retinopathy cause more gradual visual loss, and ischemic optic neuropathy usually presents with disc swelling but without the cherry-red spot.

QUESTION 4

SINGLE CHOICE

A 35-year-old contact lens wearer presents with a red, painful right eye with photophobia and decreased vision. Slit-lamp examination reveals a corneal ulcer with a feathery edge and satellite lesions. Corneal scraping is performed. Which of the following is the most likely causative organism?

- ☐ A Staphylococcus aureus
- ☐ B Pseudomonas aeruginosa
- ☒ C Fusarium species
- ☐ D Acanthamoeba
- ☐ E Herpes simplex virus

ANSWER C

WHY A feathery-edged corneal ulcer with satellite lesions is the classic clinical presentation of fungal keratitis, most commonly caused by *Fusarium* species (particularly in tropical climates and associated with vegetative trauma). *Acanthamoeba* typically causes a ring infiltrate and is associated with poor contact lens hygiene. *Pseudomonas* typically produces a suppurative ulcer with greenish discharge. Herpes simplex produces a dendritic ulcer, and *Staphylococcus* produces a round, well-defined ulcer.

QUESTION 5

SINGLE CHOICE

A 4-year-old child is brought by his parents because they noticed his right eye turns inward occasionally, especially when he is tired. Cover-uncover test demonstrates a manifest esotropia of the right eye when the child looks at near objects. The remainder of the examination is normal. What is the most appropriate next step in management?

- ☐ A Reassure the parents and observe, as the deviation is only intermittent
- ☐ B Patch the right eye for two hours daily to prevent amblyopia
- ☐ C Patch the left eye for two hours daily and refer to a pediatric ophthalmologist for full assessment
- ☒ D Prescribe full cycloplegic refraction and spectacles if hypermetropic, followed by surgical alignment if needed
- ☐ E Perform immediate bilateral medial rectus recession

ANSWER D

WHY In a child with esotropia, the first step is always a full cycloplegic refraction. A significant proportion of childhood esotropia is accommodative in nature, related to uncorrected hypermetropia, and can be corrected with spectacles. Part-time occlusion (usually of the deviated eye, not the fixing eye, to prevent amblyopia) is used for amblyopia, but the priority is correction of the refractive error. Surgery is considered only after refractive correction has been optimized and a stable angle of residual deviation remains. Observation alone is inappropriate because esotropia in a child can lead to amblyopia and loss of binocular vision.

QUESTION 6

SINGLE CHOICE

A 28-year-old man presents with a red, painful eye with photophobia and decreased vision. Slit-lamp examination reveals ciliary injection, keratic precipitates, cells 3+ and flare 2+ in the anterior chamber, and a small hypopyon. Intraocular pressure is 14 mmHg. The right eye only is affected. What is the most appropriate initial workup?

- ☐ A Anterior chamber paracentesis for viral PCR
- ☒ B Full blood count, ESR, CRP, syphilis serology, HLA-B27, chest X-ray, and tuberculin skin test
- ☐ C Topical steroid and cycloplegic only, with no further investigation
- ☐ D Immediate fluorescein angiography and OCT
- ☐ E Magnetic resonance imaging of the brain and orbits

ANSWER B

WHY Acute anterior uveitis with hypopyon in a young adult male warrants a systemic workup to identify an underlying cause. Common associations include HLA-B27-related seronegative spondyloarthropathies (ankylosing spondylitis, reactive arthritis, psoriatic arthritis, inflammatory bowel disease), syphilis, tuberculosis, sarcoidosis, and Behçet disease. Appropriate baseline investigations include full blood count, ESR, CRP, syphilis serology (VDRL/FTA-ABS), HLA-B27 typing, chest X-ray, and tuberculin skin test (or IGRA). Local treatment alone (topical steroids and cycloplegics) is given in parallel but does not replace the search for a systemic cause.

QUESTION 7

SINGLE CHOICE

A 50-year-old woman reports a gradual, progressive drooping of her left upper eyelid over six months, with intermittent double vision that worsens at the end of the day. On examination, the left palpebral fissure is smaller than the right, and there is fatigability of the left levator on sustained upgaze. The pupil is normal. Which of the following is the most appropriate next step?

- ☐ A Order MRI of the brain and orbits with contrast to rule out a compressive lesion
- ☒ B Perform edrophonium (Tensilon) test or ice pack test, and check acetylcholine receptor antibodies
- ☐ C Order CT scan of the chest to look for thymoma
- ☐ D Schedule urgent posterior communicating artery aneurysm workup
- ☐ E Reassure the patient and arrange follow-up in six months

ANSWER B

WHY The history of variable ptosis and fatigability, with diurnal worsening and a positive fatigue test, is classic for myasthenia gravis. The next step is to confirm the diagnosis with bedside testing (edrophonium test or ice pack test) and serology (acetylcholine receptor antibodies, anti-MuSK antibodies). MRI of the brain is not the priority because the presentation is not consistent with a compressive lesion or aneurysm. CT chest would be appropriate later to look for thymoma after the diagnosis is confirmed. Reassurance is inappropriate given the systemic nature of the disease.

QUESTION 8

SINGLE CHOICE

A 22-year-old man presents to the emergency department within an hour of sustaining a high-velocity metallic intraocular foreign body injury to the left eye while hammering metal. Visual acuity is hand motions, the globe is intact, and a small entry wound is visible at the cornea. What is the most appropriate next step in management?

- ☐ A Perform immediate removal of the foreign body at the slit lamp
- ☒ B Order CT scan of the orbits (axial and coronal, thin slices) without contrast, then refer to vitreoretinal surgery
- ☐ C Order MRI of the orbits to localize the foreign body
- ☐ D Apply a pressure patch and discharge with oral antibiotics
- ☐ E Perform an enucleation to prevent sympathetic ophthalmia

ANSWER B

WHY The standard of care for a suspected metallic intraocular foreign body is a CT scan of the orbits (thin axial and coronal slices, without contrast) to localize the foreign body and assess for globe integrity. MRI is contraindicated because the foreign body may be ferromagnetic, and movement could cause further intraocular damage. Removal at the slit lamp is contraindicated; surgical removal is performed in the operating room by a vitreoretinal surgeon. Pressure patching is not appropriate, and enucleation is reserved for severely traumatized eyes with no light perception or when there is a risk of sympathetic ophthalmia that cannot be managed otherwise.

QUESTION 9

SINGLE CHOICE

A 45-year-old man presents with a red eye, photophobia, and a dendritic ulcer on the cornea. Stained with fluorescein. What is the most likely causative organism?

- ☐ A Streptococcus pneumoniae
- ☒ B Herpes simplex virus
- ☐ C Acanthamoeba
- ☐ D Pseudomonas aeruginosa

ANSWER B

WHY A dendritic ulcer on fluorescein staining is the classic finding of herpes simplex keratitis. Bacterial ulcers typically produce a round or oval stromal infiltrate with a hypopyon, while Acanthamoeba produces a ring infiltrate, and Pseudomonas typically produces a rapidly progressive stromal melt often associated with contact lens wear.