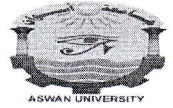




دكتور
هزيمه
جراح عيون



Case 1 : (60 marks)

A 17-Year-old girl presented to the neuro-ophthalmology clinic complaining of episodic diplopia for one week. The episodes were occurring about every hour and lasts around one minute each time. The patient has had a history of trans-sphenoidal resection of a craniopharyngioma 3 years ago followed by radiation therapy. Postoperative ophthalmologic examination has been unremarkable. An MRI was done one month ago and demonstrated no evidence of recurrent disease. The patient was examined during one of these episodes and was found to have an esotropia of the right eye (look at the figure) that resolves spontaneously. Treatment was prescribed, and her symptoms improved.

Comment on the following:

- Red flags in neuro-ophthalmology. (10 marks)
- Importance of history taking in a patient presented with diplopia. (10 marks)
- Constant versus intermittent esotropia. (10 marks)
- Risk factors for esotropia. (10 marks)
- Difference between diplopia due to an ocular problem and that due to a neurological cause. (5 marks)
- The most likely diagnosis and the treatment. (15 marks)

CASE 2 : (25 marks)

A 70-year-old male with a history of hypertension and rheumatoid arthritis presents to clinic for evaluation of long-standing difficulty walking, urinary incontinence, and memory problems. His prior workup included a high-volume lumbar puncture, which documented an opening pressure of 15 cm H₂O and a normal laboratory profile. The patient and his wife reported transiently improved gait after the lumbar puncture. On neurological examination, he is alert, oriented to self and place but not date. CNS II-XII intact, 5/5 strength in all major muscle groups, and sensation intact. Mild dyskinesia on finger to nose, Shuffling, unsteady gate, and requires a walker.

Comment mentioning the differential diagnosis, further workup, treatment options and complications avoidance.