NBEO Ocular Disease Part 1 Practice Test (Sample)

Study Guide

Everything you need from our exam experts!

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- **Practice answering questions under realistic conditions,**
- **Improve accuracy and speed,**
- **Review explanations to strengthen weak areas, and**
- **Approach the exam with greater confidence.**

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here’s how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don’t just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There’s no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

1. Pars planitis NOT true statement?

A. It can affect the pars plana and peripheral retina

B. It is a chronic intermediate uveitis

C. It includes snowbanking

D. It is often associated with RA

2. Which drug category is most commonly implicated in inducing Stevens-Johnson syndrome?

A. Antibiotics

B. Sulfa

C. NSAIDs

D. Anticonvulsants

3. Which combination of factors are among the two most important prognostic factors for malignant melanoma?

A. Depth of invasion and Size of lesion

B. Depth of invasion and Color of lesion

C. Size of lesion and Border irregularity

D. Color of lesion and Border irregularity

4. Thygeson's Superficial Punctate Keratopathy is typically characterized by which pattern?

A. Unilateral with chronic course

B. Bilateral with remissions

C. Severe pain and photophobia as primary symptoms

D. Rapid progression to corneal thinning

5. Which set lists the three most common ocular conditions that cause red eye in the morning?

A. Blepharitis; Conjunctivitis; Uveitis

B. Floppy eyelid syndrome; Exposure keratopathy; Recurrent corneal erosions

C. Dry eye syndrome; Allergic conjunctivitis; Cataract

D. Glaucoma; Macular degeneration; Retinal detachment

6. What is the most common cause of Giant Papillary conjunctivitis (GPC)?

A. Silicone hydrogel contact lens wear

B. Soft contact lens wear

C. Rigid gas permeable lens wear

D. Glasses only

7. Which ocular finding is commonly associated with ocular cicatricial pemphigoid?

A. Symblepharon

B. Dacryocystitis

C. Orbital pseudotumor

D. Madarosis

8. Inferior SPK is a common presenting sign of exposure keratopathy.

A. Inferior SPK is a common presenting sign

B. Superior SPK is a common presenting sign

C. Central corneal thinning

D. No fluorescein pooling

9. Which of the following is NOT a common trigger associated with Ocular Rosacea?

A. Alcohol use

B. Spicy foods

C. Caffeine

D. Marijuana use

10. Which disease is most commonly associated with symblepharon?

A. Orbital pseudotumor

B. Trachoma

C. Dacryocystitis

D. Ocular cicatricial pemphigoid

Answers

1. C
2. B
3. A
4. B
5. B
6. A
7. A
8. A
9. D
10. D

Explanations

1. Pars planitis NOT true statement?

A. It can affect the pars plana and peripheral retina

B. It is a chronic intermediate uveitis

C. It includes snowbanking

D. It is often associated with RA

Pars planitis is a chronic intermediate uveitis with inflammation centered in the pars plana that often involves the peripheral retina. Classic signs include snowballs in the vitreous and snowbanking along the pars plana. It tends to have a long, chronic course and can be bilateral, and while it can be idiopathic, it may be associated with systemic conditions such as multiple sclerosis or sarcoidosis. Rheumatoid arthritis, however, is not a typical association for pars planitis, making that statement the one that doesn't fit. The other points—involvement of the pars plana and peripheral retina, the chronicity, and the presence of snowbanking—are consistent features.

2. Which drug category is most commonly implicated in inducing Stevens-Johnson syndrome?

A. Antibiotics

B. Sulfa

C. NSAIDs

D. Anticonvulsants

Stevens-Johnson syndrome is a severe, immune-mediated reaction to a drug that causes extensive damage to the skin and mucous membranes. The drug category most commonly linked to this reaction is sulfonamide antibiotics. These drugs are classic triggers because their metabolites can form haptens that strongly activate cytotoxic T cells, leading to widespread epidermal cell death and the characteristic detachment of skin and mucous membranes. Although other drug groups, like anticonvulsants and NSAIDs, can also cause SJS, sulfonamide antibiotics have the strongest and most consistent association in reported cases, which is why they're considered the most common culprits.

3. Which combination of factors are among the two most important prognostic factors for malignant melanoma?

A. Depth of invasion and Size of lesion

B. Depth of invasion and Color of lesion

C. Size of lesion and Border irregularity

D. Color of lesion and Border irregularity

The key idea is that prognosis in melanoma is driven by how much the tumor has invaded and how much tumor burden there is. The depth of invasion, often measured as Breslow thickness, is the strongest predictor of metastatic risk and survival—the deeper the tumor penetrates into the skin, the higher the likelihood of spread and the worse the outlook. The size of the lesion adds prognostic information because a larger diameter typically indicates a longer time to grow and an increased chance the tumor has extended deeper or shed malignant cells, translating into a higher risk of adverse outcomes. Together, these two factors provide the most powerful clues about prognosis among the options listed. Other features like color or border irregularity are important for diagnosis, not as reliable on their own for predicting outcome, and while ulceration and mitotic rate also matter, depth and size are the primary prognostic indicators highlighted here.

4. Thygeson's Superficial Punctate Keratopathy is typically characterized by which pattern?

A. Unilateral with chronic course

B. Bilateral with remissions

C. Severe pain and photophobia as primary symptoms

D. Rapid progression to corneal thinning

Thygeson's keratopathy is a chronic, relapsing superficial keratitis that most often affects both eyes in a bilateral, symmetrical pattern. During flares you see superficial punctate epithelial erosions in the central to paracentral cornea that stain with fluorescein, but the symptoms are usually mild—pain and photophobia are not dominant. Between episodes the cornea returns to normal and symptoms remit, which is why the condition is described as having remissions. This bilateral, episodic course helps distinguish it from unilateral, rapidly progressive infectious keratitis and from conditions with more severe pain or corneal thinning. It's often responsive to topical steroids and carries a favorable prognosis.

5. Which set lists the three most common ocular conditions that cause red eye in the morning?

A. Blepharitis; Conjunctivitis; Uveitis

B. Floppy eyelid syndrome; Exposure keratopathy; Recurrent corneal erosions

C. Dry eye syndrome; Allergic conjunctivitis; Cataract

D. Glaucoma; Macular degeneration; Retinal detachment

Morning red eye almost always arises from lid and ocular surface issues that worsen during sleep. Floppy eyelid syndrome lets the eyelids be lax and easily evert, so overnight rubbing of the ocular surface occurs and conjunctival redness and surface irritation follow in the morning. Exposure keratopathy happens when the eyelids don't close fully during sleep, allowing the cornea to dry out; this dryness and epithelial stress produce redness that is most noticeable on waking. Recurrent corneal erosions are episodes where the corneal epithelium fails to adhere properly; when you blink after a night of poor lubrication, the epithelium can detach and cause a sharp onset of redness, tearing, and discomfort that is often most prominent in the morning. Together, these conditions best explain morning red eye because they involve lid malposition or surface disruption that manifests upon waking. While other conditions may cause red eye, they are not as characteristically linked to morning presentation or to the specific mechanism of overnight surface irritation.

6. What is the most common cause of Giant Papillary conjunctivitis (GPC)?

A. Silicone hydrogel contact lens wear

B. Soft contact lens wear

C. Rigid gas permeable lens wear

D. Glasses only

Giant papillary conjunctivitis is an inflammatory reaction of the upper lid's palpebral conjunctiva to chronic mechanical irritation and deposits on a contact lens. The most common trigger today is wearing silicone hydrogel soft contact lenses, especially for extended periods. These lenses stay in contact with the lid surface longer and tend to accumulate tear-film deposits and surface deposits, which provoke a robust papillary reaction on the tarsal conjunctiva and symptoms like itching and mucous discharge. Glasses alone don't typically cause this, and while rigid gas-permeable lenses can contribute, they are far less commonly implicated than silicone hydrogel soft lenses given current lens-wearing patterns.

7. Which ocular finding is commonly associated with ocular cicatricial pemphigoid?

A. Symblepharon

B. Dacryocystitis

C. Orbital pseudotumor

D. Madarosis

In ocular cicatricial pemphigoid, the eye is affected by chronic scarring of the conjunctiva, and the classic manifestation of this scarring is symblepharon — a adhesion between the inner eyelid surface and the eyeball conjunctiva. This happens because the autoimmune process damages the conjunctival basement membrane, leading to scar formation that fuses the lid to the globe. Dacryocystitis is an infection of the tear sac, orbital pseudotumor is a nonspecific inflammatory mass in the orbit, and madarosis is eyelash loss; none of these are as characteristic of the disease as symblepharon.

8. Inferior SPK is a common presenting sign of exposure keratopathy.

A. Inferior SPK is a common presenting sign

B. Superior SPK is a common presenting sign

C. Central corneal thinning

D. No fluorescein pooling

Exposure keratopathy happens when the corneal surface isn't adequately protected by the eyelids, so the tear film dries and the epithelium becomes damaged. The inferior part of the cornea is the most exposed when eyelid closure is incomplete, and also where tears tend to pool and evaporate first. This leads to superficial punctate keratitis that fluorescein stains in the inferior cornea, making this pattern a characteristic presenting sign. The pattern you see here is less typical for a superior-affected cornea, and central thinning points to other conditions. Fluorescein pooling isn't the defining feature; the key clue is the inferior punctate staining from surface drying.

9. Which of the following is NOT a common trigger associated with Ocular Rosacea?

A. Alcohol use

B. Spicy foods

C. Caffeine

D. Marijuana use

Flare triggers in ocular rosacea are linked to factors that provoke flushing and vasodilation, which can worsen inflammation around the eyes. Alcohol is a known trigger because it widens facial blood vessels, leading to flushing that can aggravate rosacea symptoms. Spicy foods similarly raise body heat and stimulate flushing through vasodilation, often triggering ocular irritation in susceptible individuals. Caffeine can also provoke vasodilatory responses and sympathetic arousal, contributing to flushing episodes in some people with rosacea. Marijuana use, on the other hand, is not commonly identified as a trigger for ocular rosacea flares. While it can cause conjunctival redness in the short term, it isn't typically listed as a frequent cause of rosacea exacerbations, unlike the other options.

10. Which disease is most commonly associated with symblepharon?

A. Orbital pseudotumor

B. Trachoma

C. Dacryocystitis

D. Ocular cicatricial pemphigoid

Symblepharon forms when the conjunctiva scars and the palpebral and bulbar surfaces stick together. This kind of scarring is a hallmark of cicatrizing conjunctival diseases. Ocular cicatricial pemphigoid is a mucous membrane autoimmune condition that relentlessly scars the conjunctiva, often leading to symblepharon, fornix foreshortening, and eyelid changes. Because of its tendency to cause progressive conjunctival fibrosis, it is the classic association with symblepharon. Trachoma can also scar the conjunctiva and produce adhesions in advanced disease, but ocular cicatricial pemphigoid is the prototypical cause clinicians look for when symblepharon is present. Orbital pseudotumor and dacryocystitis do not typically cause this conjunctival adhesion pattern.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://nbeooculardiseasepart1.examzify.com

We wish you the very best on your exam journey. You've got this!