



Comprehensive OPHTHALMOLOGY

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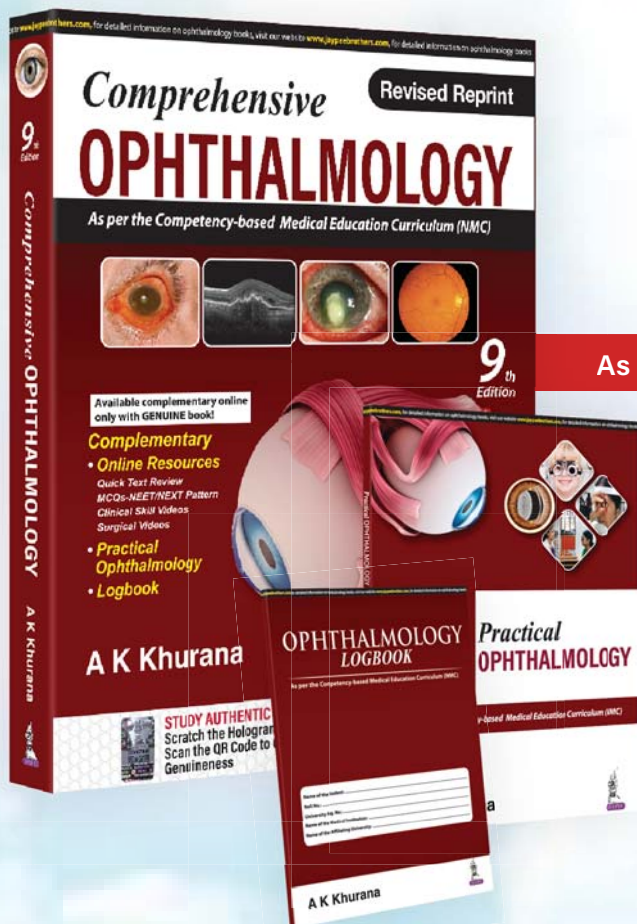
As Per the Competency-based Medical Education Curriculum (NMC)

by A K Khurana

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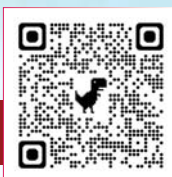
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on Diseases of Cornea



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Why to Buy this Book ?

- First book as per the Competency-Based Medical Education (CBME) Curriculum, as prescribed by the National Medical Commission (NMC).
- This book divided into five sections – Anatomy and Physiology, Optics and Refraction, Disease of Eye and Ocular Adnexa, Ocular Therapeutics, and Systemic and Community Ophthalmology
- Each Chapter begins with a chapter outline and CBME competencies.
- Every chapter covered applied Anatomy and applied Physiology, Clinical high-quality photographs, Etiology, Classification, Clinical Features, Symptoms, Signs, Clinical Evaluation, Laboratory Investigation, Diagnosis, Treatment etc.
- The end of each chapter covers Short answer questions, Long answer questions.
- Exam pattern of theory and practical examination in Ophthalmology given in the end of book
- **Free Online Content Available** with this book which provides Quick text review, MCQs – NEET/NEXT pattern, Clinical skill videos, Surgical videos etc. on www.learn.ejaypee.com
- Free practical book (include Clinical Methods, Clinical Cases with related Question & Answers, Darkroom Procedures, Ophthalmic Instruments, Operative Ophthalmology etc.) and free Ophthalmology Logbook.

SAMPLE PAGES



Key Highlights of Anatomy & Physiology

6
CHAPTER
Diseases of Cornea

ANATOMY AND PHYSIOLOGY

APPLIED ANATOMY
Cornea is a transparent, avascular, watch-glass like structure. It forms anterior one-sixth of the outer fibrous coat of the eyeball.

Dimensions

- Anterior surface of cornea is elliptical with an average horizontal diameter of 11.7 mm and vertical diameter of 11 mm.
- Posterior surface of cornea is circular with an average diameter of 11.5 mm.

- Thickness of cornea in the centre varies from 0.5 to 0.6 mm while at the periphery it varies from 1 to 1.2 mm. Average corneal thickness is 540 micrometer and it is measured with the help of corneal pachymeter.
- Radius of curvature. The central 5 mm area of the cornea forms the powerful refracting surface of the eye. The anterior and posterior radii of curvature of this central part of cornea are 7.8 mm and 6.5 mm, respectively.
- Refractive index of the cornea is 1.376.
- Refractive power of the cornea is about 45 dioptres, which is roughly three-fourth of the total refractive power of the eye (60 dioptres). It is worth noting that refractive power

Clinical features

Symptoms are similar to the central bacterial corneal ulcer, but in general, they are less marked than the equal-sized bacterial ulcer and the overall course is slow and torpid. Symptoms include:

1. Pain and foreign body sensation occurs due to mechanical effects of lids and chemical effects of toxins on the exposed nerve endings.
2. Watering from the eye occurs due to reflex hyperlacrimation.
3. Photophobia, i.e. intolerance to light results from stimulation of nerve endings.
4. Blurred vision results from corneal haze.
5. Redness of eyes occurs due to congestion of circumcorneal conjunctival vessels.

Signs are more prominent than symptoms. A typical fungal corneal ulcer caused by filamentous fungi has following salient features (Fig. 6.8):

- Corneal ulcer is greyish white, dry-looking with elevated rolled out margins. Fungal keratitis begins as elevated greyish white infiltrates following the organism adherence.

Etiology

Marginal catarrhal ulcer is thought to be caused by a hypersensitivity reaction to Staphylococcal toxins. It occurs in association with chronic Staphylococcal blepharoconjunctivitis. Moraxella and Haemophilus are also known to cause such ulcers.

Diagnosis

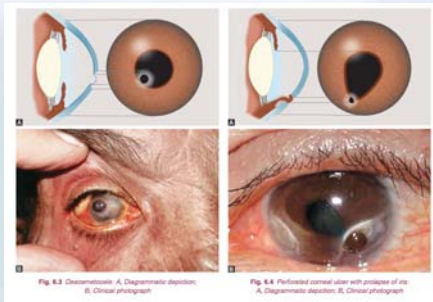
- I. Clinical diagnosis is made from:
 - Typical clinical manifestations associated with history of injury by vegetative material are highly suspicious of a mycotic corneal ulcer.
 - Chronic ulcer worsening in spite of most efficient treatment should arouse suspicion of mycotic involvement.
- II. Confocal microscopic examination of cornea is reported to identify actual fungi.
- III. Laboratory investigations are required to identify the causative fungi.

Corneal scrapings should be performed under topical anaesthesia from the base and leading edge of the ulcer,

Treatment

- A. Definitive treatment includes antifungal drugs:
 1. Topical antifungal eye drops should be used for a long period (6 to 8 weeks). These include:
 - i. For filamentous fungi (*Aspergillus* and *Fusarium*) Natamycin (5%) eye drops (drug of choice) or Amphotericin B (0.1 to 0.3%), or Fluconazole (0.2%), or miconazole (10 mg/mL) or voriconazole (10%) eye drops to be instilled initially one hourly around the clock, then taper slowly over 6 to 8 weeks.
 - ii. For yeasts (Candida) amphotericin B (drug of choice) or Nystatin (3.5%) eye ointment, five times a day is effective. (For details See page 428).
 2. Intracameral and intracorneal/intrastromal administration of voriconazole may be considered in cases with intraocular extension or anterior chamber involvement.
 3. Systemic antifungal drugs may be required for severe cases of deeper fungal keratitis. Tablet fluconazole or ketoconazole or voriconazole may be given for 2-3 weeks.
- B. Adjunctive/concurrent therapy. Non-specific treatment and general measures are similar to that of bacterial corneal ulcer (See page 99).
- C. Therapeutic penetrating keratoplasty may be required for nonresponsive cases.

Note. Topical steroids enhance fungal replication and corneal invasion and are thus contraindicated during early therapy of fungal corneal ulcer.



Diagnosis, Treatment, and Clinical Features are Outlined to Simplify Broad Concepts

Illustrative Diagrams are Given for Better Understanding

Review questions are mentioned at the end of each chapter

Review Questions

- Short Answer Questions**
1. Describe briefly pathogenesis of bacterial corneal ulcer.
 2. Write short note on hypopyon corneal ulcer.
 3. Write shortly about management of bacterial corneal ulcer.
 4. Write briefly about herpes simplex epithelial keratitis.
 5. Write short note on herpes zoster ophthalmicus (HZO).
 6. Write short note on neuroparalytic keratitis.
 7. Write short note on keratoconus.
- Long Answer Questions**
1. A 50-year-old male presents with history of trauma with a plant twig followed by moderate pain, watering, defective vision, and whitish discoloration of cornea. Describe the differential diagnosis of the condition.
 2. A 60-year-old debilitated sick looking male patient presents with pain and skin vesicles limited to right side of forehead and upper eyelid followed by redness, watering, and defective vision in right eye. Describe etiology, clinical features, and management of the condition.



REVIEWS

Comprehensive Ophthalmology by Dr. Khurana is one of the best and most widely used books for the ophthalmology subject. It was recommended to me by my seniors and professors. The book covers all necessary topics in sufficient depth for university theory exams while also providing additional information for further preparation for PG exams and even MLE.

The latest edition has a very convenient flow to the content, which helps students understand the pattern in which they should write the exam. Tough topics have been explained brilliantly.

The practical book that comes in the set is great on its own. For practicals, that's all one needs - from differentials to instruments and tests, everything is covered in detail. It also covers all viva questions from the theory topics as well.

Dr. Shivani Suryawanshi

AK Khurana's "Ophthalmology" is a go-to textbook for medical students, offering clear coverage of basic to advanced topics. Organized logically with helpful illustrations, it helps in studying and quick referencing. While some sections may feel dense and don't delve deeply into the latest advancements, it remains a comprehensive overview of the field. Overall, AK Khurana's "Ophthalmology" remains a timeless classic in the field, offering a comprehensive and accessible overview of ophthalmic science and practice.

Supriya Vinisha Crasta

It is a great textbook for undergraduates to understand both core and non-core topics in simplified language. The clinical images and descriptions help understand all the diseases on a broader range and well serve the purpose of the new CBME curriculum. Be it the theory textbook or the practical handbook, Khurana Ophthalmology is the go-to textbook for a comprehensive overview of the subject.

Nikshith

Final year
Sridevi institute of medical sciences Tumkur

I read A. K. Khurana in my pre-final year, as suggested by my seniors and most of my batchmates. The book not only helped with my exams but also with my competitive exam preparation, providing comprehensive knowledge on each topic. It's truly commendable the way sir has integrated clinical knowledge.

Great thanks to your team who reached us in our college and really appreciate their efforts for making me go through this manual. It really helped me a lot during my shallow preparatory hours for exams and by which I am here at a stage to review this book.

Key points:

1. Topics are well presented and follow a sequential manner in each unit.
2. Some units could benefit from additional charts to summarize and classify information, such as the sections on types of glaucoma and cataracts.
3. Small topics like Vogt-Koyanagi-Harada syndrome are well covered, surpassing other sources.
4. Diagrams and differences are appropriately presented and very helpful.

Regards,

Dr. Vanshika Sahu

MGM Medical College, Indore

AK Khurana's 'Comprehensive Ophthalmology' is a standout resource known for its clear explanations and ample illustrations. The latest 9th edition is updated and user-friendly, perfect for both undergraduate and postgraduate exam preparation. Having thoroughly studied each topic, I can confidently say it's the go-to book for ophthalmology. I highly recommend it for anyone seeking a comprehensive understanding of the subject.

Final year student

Prasad Aade

GMC Chandrapur

Without a doubt, this is the best book to study Ophthalmology. It makes the subject so easy to understand and fun. The diagrams, tables, and flowcharts are beautifully designed. All the relevant clinical information is covered in great detail.

Highly recommended.

Chintan Jani

3rd Minor student

Seth GS Medical College, Mumbai

The book AK Khurana is excellent for when you have less time than the standard books for understanding eye diseases. Khurana's book covers fundamental concepts and clinical aspects of ophthalmology comprehensively. The diagrams and surgical images depicted are well appreciated. Khurana's book is the beginning and end of ophthalmology for undergraduates—concise, precise, and best for exams and Vivas.

Jahanvi Chouhan

Currently 4th prof student
Amaltas Institute of Medical Sciences, Dewas

"Khurana's ophthalmology text is a comprehensive and well-structured resource for medical students, residents, and practitioners in the field of ophthalmology. The book covers a wide range of topics, including anatomy, physiology, pathology, clinical examination techniques, and common ophthalmic conditions. It is known for its clear and concise explanations, accompanied by high-quality illustrations and diagrams that aid in understanding complex concepts. The text also includes clinical correlations and practical tips, making it a valuable companion for both learning and clinical practice in ophthalmology."

Vishnu Sankar Chaubhey

3rd year student



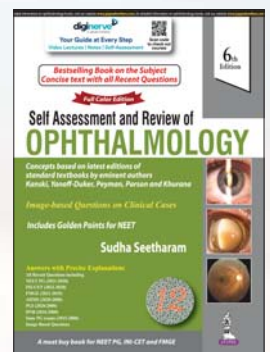
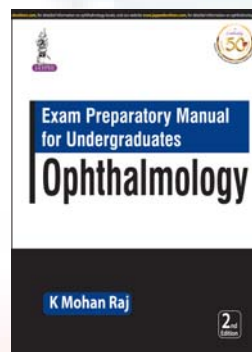
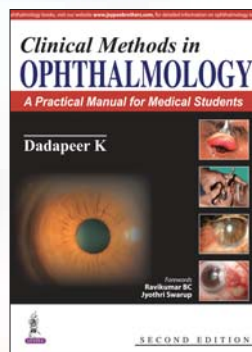
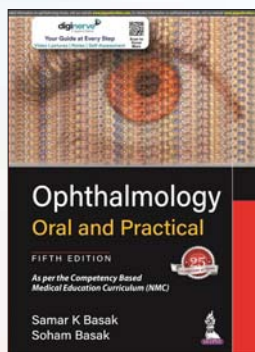
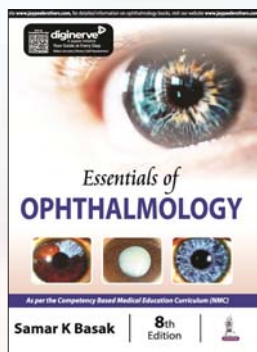
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