

Q.16 A 40 year old female presented to the OPD with pain in the throat for the past 3 days. On examination her pharynx was found to be congested and raw. What is the most important step in the management?

- a. I/V Antibiotics
- b. Analgesics
- c. Nasal decongestants
- d. Metronidazole
- e. Supportive treatment

Vital

Q.17 An 8 year old child came to the emergency with trauma to the mouth after a fall. What is the first step in the management of this child?

- a) Check for intracranial injury
- b) Admission
- c) Pass cannula
- d) Stop the bleeding
- e) Secure the airway

ABC

Q.18 Patients present to the OPD with salivary gland swelling. Which type of glands are more prone to developing Salivary gland calculi?

- a) Serous glands
- b) Mucous glands
- c) Small Glands
- d) Large glands
- e) Major salivary glands

sub-mandibular

Q.19 A 45 year old female came to the OPD with dysphagia, atrophy of pharyngeal mucosa, clubbing and anemia. What is the most likely diagnosis?

- a. Pernicious anemia
- b. Iron deficiency anemia
- c. Plummer vinson syndrome
- d. Esophageal carcinoma
- e. Trisomy 21

Q.20 A 14 year old male boy came to the OPD with history of pain in both parotid areas with bilateral swelling for the past 2 days. He has taken some antibiotics but there is no relief and the pain is getting more severe. Which of the following is the most likely diagnosis?

- a. Measles
- b. Mumps
- c. Rubella
- d. Infectious mononucleosis
- e. Bilateral lymphadenitis

COMP

Q.21 A patient underwent an abdominal surgery for 5 hours. After one month he presented to you with hoarseness and slight dyspnea. On examination a polypoidal swelling was seen in the glottis. What is the site of origin of this swelling?

- a. Vocal cord
- b. Anterior commissure
- c. Vocal process of arytenoid
- d. Muscular process of arytenoid
- e. Posterior commissure

Hoarseness

Q.22 An adult patient comes to the OPD with history of hoarseness for the past 1 month. After a detailed history we will proceed with the examination. Which of these is vital for diagnosis?

- a. Lymph node examination
- b. Laryngeal crepitus
- c. Cranial nerve examination
- d. Indirect laryngoscopy
- e. Oral cavity examination

Q.23 A 45 year old diabetic male came to the opd with severe pain in the ear and blood stained discharge from the ear canal. He has history of recurrent otitis externa and habit of scratching the ear. which organism is involved in this patient

- a. Streptococcus pyogenes
- b. Pseudomonas aeruginosa
- c. Staphylococcus aureus
- d. E. Coli
- e. Bacteroids

MOE/NOE

Q.24 A 10 year old girl has had ear disease for the past 6 years. She came to the emergency with fever and pain behind the ear for the past 2 days. Her mastoid bone is tender and warm. What is the first step for the management?

- a. I/V antibiotics
- b. Antipyretics
- c. Admission to the hospital
- d. Mastoid exploration
- e. Examination of the ear under anesthesia

Q.25 Parents of a newborn baby came to ENT OPD with concern about the Child's hearing. They have 2 older children who are congenitally deaf. Which of these is the diagnostic test for this child.

- a. Auditory brainstem response
- b. Auditory steady state response
- c. Otoacoustic emissions
- d. Tympanometry
- e. MRI scan

OAE

(8)

**Q.35** A 5 year old child underwent an adenotonsillectomy operation. On discharge from the recovery room, the child was conscious, blood pressure 110/80, pulse rate 100/min and the respiratory rate 16/min. Four hours later, the nurse reported to the resident that the pulse rate became 140/min, blood pressure 100/70 and the child vomited 150 cc of blood. What is the likely diagnosis?

- a)  Reactionary post tonsillectomy hemorrhage
- b)  Primary post tonsillectomy hemorrhage
- c)  Secondary post tonsillectomy hemorrhage
- d)  Aspirated blood from airway
- e)  Ingested blood from stomach

**Q.36** A 20 year old had a submucous resection operation for a deviated nasal septum. The next day he had edema of the eyelids of both eyes. Temperature 38 C and rigors. 2 days later he developed conjunctival chemosis and blurred vision and an inability to see sideways. Name the condition?

- a)  Toxic shock syndrome
- b)  Cavernous sinus thrombosis
- c)  Septicemia
- d)  Orbital cellulites
- e)  Septal abscess formation

**Q.37** A 25 year old male complains of right nasal obstruction and right tenderness of the cheek of 2 years duration. Lately he developed gagging especially on lying on his back together with a purulent post nasal discharge and growth seen hanging in oropharynx. He underwent surgery and his condition improved but recurred again after one year. What is the likely diagnosis?

- a)  Antrochoanal polyp
- b)  Ethmoidal polyp
- c)  Hypertrophic inferior turbinate
- d)  Nasal carcinoma
- e)  Chronic sinusitis

U/L

**Q.38** A 65 year old male patient had a swelling polypoid in nature in the left nasal cavity, diagnosed by many physicians as a unilateral nasal polyp. He also complained of left decreased hearing and tinnitus. One week ago, a very small swelling appeared in the neck on the left side. The swelling was not tender and firm. He was diagnosed as a case of nasopharyngeal carcinoma. What is best treatment option for this patient?

- a)  Radiotherapy
- b)  Chemo radiotherapy
- c)  Chemotherapy
- d)  Surgery
- e)  Surgery followed by radiotherapy

chemo  
↓  
shrink tumor

(9)

**Q.39** A 60 year old heavy smoker has been complaining of hoarseness of voice for 3 years. Lately he noticed worsening of his voice and a mild respiratory distress on exertion. There was also cough and some blood tinged sputum. On laryngeal examination a whitish irregular mass was found on the right vocal fold that was found also paralyzed. He was offered a procedure/test for diagnosis. Name the procedure/test.

- a)  CT Scan Larynx
- b)  upper esophagoscopy and biopsy
- c)  indirect laryngoscopy
- d)  direct laryngoscopy and biopsy
- e)  bronchoscopy and biopsy

stag-III

**Q.40** A 40 year old trumpet player came with complaints of mild stridor and soft reducible swelling on right side of neck which increased in size on coughing. There were no palpable neck nodes. Direct laryngoscopy was normal. He is chronic smoker for last 20 years. What is most likely diagnosis?

- a)  Laryngeal cancer
- b)  Laryngeal cyst
- c)  Laryngocele
- d)  Gutter
- e)  Pharyngeal pouch

**Q.41** A 40 year old female is complaining of attacks of lacrimation and watery nasal discharge accompanied by sneezing. Family history of atopy was there. On examination she had bilateral nasal congestion and mucosa was covered by a clear discharge. She was diagnosed as a case of allergic rhinitis. What is the most appropriate treatment?

- a)  Antihistaminic
- b)  NSAID
- c)  Steroid
- d)  Immunotherapy
- e)  Mast cell stabilizers

**Q.42** A 5 year old patient came with complaints of low grade fever and sore throat. On examination a dirty grey membrane was seen over right tonsil extending onto soft palate. He was diagnosed as a case of Oropharyngeal diphtheria. What is the most appropriate treatment?

- a)  Antibiotic and diphtheria vaccine
- b)  Antibiotic and scrapping the membrane
- c)  Antibiotic and anti-diphtheria serum
- d)  Antibiotic alone
- e)  Diphtheria vaccine and anti-diphtheria serum

**Q.43** A third year resident is performing tracheostomy in a ten year patient for his airway obstruction the most appropriate incision in the trachea would be-

- a)  U-SHAPED
- b)  INVERTED U-SHAPED
- c)  VERTICAL SLIT LIKE
- d)  HORIZONTAL
- e)  Z TYPE

On the service of the lesion for last 01 year. On examination swelling of left lower eye lid with crests adherent to underline tissue. There are no palpable preauricular and post auricular lymph nodes.

- Basal cell carcinoma
- Chalazion
- Squamous cell carcinoma
- Sebaceous gland carcinoma
- Keratoacanthoma

Q#50: 60 years old male patient presented with nodular swelling of left lower eye lid for last 01 year. On examination swelling is 1.5 Cm in size, not adherent to underline tissue. There are no palpable preauricular and post auricular lymph nodes. Treatment plan should include:

- Chemotherapy
- Radio therapy
- Systemic Steroids
- Resection with primary closure
- Resection with graft

Q#51: 45 years female presented with watery eyes for last 04 months. She is having foreign sensation which gets worse in windy season. On examination visual acuity is 6/6 in both eyes. Oil droplets can be seen in posterior lid margin. What is the most probable diagnosis?

- Allergic conjunctivitis
- Bacterial conjunctivitis
- Blepharitis
- Nasolacrimal duct blockage
- Viral conjunctivitis

Q#52: 25 years old female patient presented with pain redness and defective vision in left eye. Visual acuity right eye 6/6 and left eye 6/36. On torch examination ciliary congestion and irregular pupil can be seen, likely diagnosis is:

- Microbial keratitis
- Acute congestive glaucoma
- Scleritis
- Conjunctivitis
- Anterior uveitis

Q#53: 65 years old patient presented with painless nodular mass on lower eye lid for last three years. It slowly enlarged in size with no lymphadenopathy. He developed small ulcer on the surface of nodule 1 week back. Most probable diagnosis is:

- Basal cell carcinoma
- Chalazion
- Squamous cell carcinoma
- Stye
- Meibomian gland carcinoma

Q#54: 42 years old patient presented with nodular lower lid mass which almost doubled in size with in a month. Surface is irregular with no lymphadenopathy. The most probable diagnosis:

- Basal cell carcinoma
- chalazion
- Keratoacanthoma
- Meibomian gland tumor
- squamous cell carcinoma

25 years old female patient presented with unilateral epiphora with mild dry eyes. The most appropriate investigation to help in establishing the diagnosis:

- Acetylcholine esterase inhibitors
- CT Scan orbit
- Full Blood Count
- Thyroid function test
- MRI

Q#56: 8 years young boy presented with unilateral swelling of right eye for last three days. He had high grade fever with vomiting. Visual Acuity was normal but color vision was slightly reduced. The most probable diagnosis:

- Capillary Haemangioma
- Orbital Cellulitis
- Optic nerve Glioma
- Stye
- Preseptal cellulitis

Q# 57: A 40- years- old man came to the ophthalmology clinic for an eye exam. He tells you that he has been diagnosed with trachoma for a long time. On examination, you see some characteristic features on his conjunctiva and cornea. The pathognomonic feature of trachoma is?

- Tranta's spots
- Papillae
- Herbert pits
- Ectropion
- Dermatochalasis

Q#58: A 60 Years-Old man with known POAG presented with Bradycardia. He was put on some topical medicine recently. The most likely drug to cause Bradycardia can be:

- Alpha agonist
- Beta agonist
- Beta antagonist
- Carbonic anhydrase inhibitor
- Topical prostaglandin analogue

Q# 59: A 07-Years-old boy presents with blurred vision. On retinoscopy at a working distance of 1/3 meter, examiner notices against reflex. The next step in the retinoscopy will be neutralization of reflex with:

- Convex spherical lens
- Concave spherical lens
- Prismatic lens
- Convex cylindrical lens
- Concave cylindrical lens

Q# 60: A 12-years-old boy presents with decrease vision in both eyes. On retinoscopy he has refractive error of minus 5.00D in right eye and minus 3.00D in left eye. The condition in which two eyes have unequal refractive power is called:

- Leukocoria
- Ametropia
- Anisocoria
- Anisometropia
- Amblyopia

4<sup>TH</sup> YEAR MBBS BLOCK M ENT TEST  
CIRCLE ONE CORRECT ANSWER

Q.1

A 25 years old male presented with left ear discharge for the last 10 years. The discharge is mucopurulent and nonoffensive. On otoscopy there is central perforation. The most probable diagnosis is

- a) Atticoantral type of chronic suppurative Otitis media.
- b) Acute Otitis media.
- c) Secretory Otitis media.
- d) Tubotympanic type of chronic suppurative Otitis media -
- e) Tuberculous Otitis media.

Q.2

A 35 years old male presented with high grade fever and sore throat. On examination there are multiple necrotic ulcers in the oral cavity and on both tonsils TLC is reduced to 2000/cumm. The most probable diagnosis is:

- a. Agranulocytosis
- b. Aphthous ulcer.
- c. Acute Leukemia
- d. Infectious mononucleosis
- e. Vincents angina

Q.3

A middle age man presented with hoarseness of voice and aspiration of liquids after thyroidectomy. On indirect laryngoscopy, the left vocal cord lie in the cadaveric position. The most probable cause is,

- a. Bilateral recurrent nerve paralysis
- b. Bilateral superior laryngeal paralysis.
- c. Combined paralysis of left recurrent and superior laryngeal nerve.
- d. Unilateral recurrent nerve paralysis
- e. Unilateral left superior laryngeal paralysis.

Q.4

A 40 year old female with chronic suppurative Otitis media for the last 05 years presented with vertigo, tinnitus and hearing loss. The patient was using aminoglycoside for the last 10 days. Which of the following drug is vestibulotoxic?

- a. Amikacin
- b. Gentamycin.
- c. Kanamycin
- d. Neomycin
- e. Sisomycin

KAN → Cochlea

5

A 10 years old boy presented with midline neck swelling since birth. On examination the swelling is soft, fluctuant, mobile and moves with swallowing and protrusion of tongue. The diagnosis is,

- a. Dermoid cyst
- b. Lipoma
- c. Infected lymph node
- d. Goiter
- e. Thyroglossal cyst

Q. 44. A Child Of Twelve Year Presents With Difficulty In Breathing On His Examination ,Signs Which Would Suggest Airway Obstruction Would Be

- a) CYANOSIS  
 b) CYANOSIS-TACHYCARDIA  
 c) CYANOSIS-TACHYCARDIA-TACHYPNEA  
 d) CYANOSIS-TACHYCARDIA-TACHYPNEA-FLARING OF ALA  
 e) TACHYPNEA

Respiratory distress

Q. 45 In nasopharyngeal carcinoma, there is involvement of multiple cranial nerves. Which is the commonest cranial nerve involved?

- a) VII nerve  
 b) Abducent nerve  
 c) Vagus nerve  
 d) Trigeminal nerve  
 e) Hypoglossal nerve

7x

Q. 46 30 years old mentally retarded patient was brought to ENT OPD with unilateral nasal obstruction and discharge. On examination, there is a dark brown, gritty and irregular foreign body in left nostril. What is your diagnosis?

- a) Stone in nose  
 b) Amaloth -  
 c) DNS  
 d) Fungal infection nose  
 e) Pyogenic granuloma

Q. 47 90 years old diabetic is diagnosed as having nasal myiasis. What is the best treatment option?

- a) Liquid paraffin  
 b) Systemic antibiotics  
 c) Chloroform & turpentine oil  
 d) Lignocaine surgery  
 e) Nasal steroids

Maggots

Q. 48 In uncontrolled epistaxis, internal maxillary artery ligation is needed. The site of internal maxillary artery ligation is?

- a) Sphenopalatine fossa  
 b) Maxillary sinus  
 c) Medial wall of the orbit  
 d) Neck  
 e) Nasal cavity

Q. 49 A patient with left CSOM has conductive deafness. On audiogram, there is air-bone gap of 40dB. What is the most likely reason of this problem?

- a) Tympanic membrane perforation  
 b) Incus erosion  
 c) Stapes fixation  
 d) Otitis externa  
 e) Cholesteatoma in middle ear

Q. 50

A young female has conductive deafness and tinnitus in her right ear. Clinical suspicion is otosclerosis. What audiological investigation is most reliable in her diagnosis?

- a) Tympanogram  
 b) BERA  
 c) Otoacoustic emissions  
 d) Audiogram showing Carhart's notch  
 e) Tuning fork tests

Q. 51 30 years old male presented with vertigo, hearing loss and tinnitus. He is diagnosed as Meniere's disease right ear. What type of hearing loss is expected in his right ear?

- a) Conductive hearing loss  
 b) Sensory hearing loss  
 c) Neural hearing loss  
 d) Fluctuating sensorineural hearing loss  
 e) All of the above

VAST

Q. 52 A young boy presented with respiratory distress and stridor was diagnosed as foreign body inhalation. What is the definitive treatment option?

- a) IV steroids  
 b) Oxygen inhalation  
 c) Heimlich Maneuver  
 d) Rigid bronchoscopy and foreign body removal  
 e) Tracheostomy

Q. 53 An immunocompromised patient presented with blood-stained nasal discharge and

(12)

Q825: A brown diabetic patient presented with gradual deterioration of vision in the right eye. His vision in the right eye is 6/12 meter and in the left eye it is 6/18. On funduscopy he has got scattered hemorrhages and hard exudates in both eyes. A few cotton wool spots are also seen. The foveal reflex is dull in the right eye and normal in the left eye. The following would be helpful in reducing the progression of the disease:

- a) Control diabetes
- b) Topical steroids
- c) Antiglaucoma medication
- d) Topical atropine
- e) Topical Antibiotics

NPDR

Q826: A hypertensive patient comes to eye OPD with gradual loss of vision in the right eye. On examination there were hard exudates on the posterior pole around the fovea. Which of the following treatment should be given to him?

- a) Oral antihypertensive drugs
- b) Topical steroids
- c) Systemic steroids
- d) Topical NSAIDS
- e) Systemic NSAIDS

Q827: A patient presents with sudden visual loss in the right eye for last one day. On examination he is found to have ischemic CNVD with hemorrhages and cotton wool spots in all quadrants. Which one of the following investigation is recommended?

- a) Fundus Fluorescein Angiography
- b) OCT
- c) Rule out diabetes and hypertension
- d) Visual fields
- e) B Scan

Q828: A patient comes to the eye OPD with sudden painless loss of vision in the left eye for the last one hour. On examination his left fundus shows a cherry red spot at the macula. The following investigations are relevant in this case.

- a) Liver Function Tests
- b) Carotid Doppler
- c) Renal Function Tests
- d) Thyroid function tests
- e) CT Scan Brain and Orbit

Q829: A 35 years old patient presents to the Ophthalmologist with history of blunt trauma with a stone on the right eye one month back. Now he complains of a dark curtain in front of the right eye. It is involving the inferotemporal part of the visual field. The diagnosis is:

- a) Tractional Retinal Detachment
- b) Exudative retinal detachment
- c) Rhegmatogenous retinal detachment
- d) Optic atrophy
- e) Stroke involving the visual pathway

Q830: During routine examination of the fundus of a 72 years old male who had come for decreased near vision, an elevated dome shaped lesion was found in the mid peripheral area of the temporal region of the right eye with irregular margins. It was brown in color and covered with an orange pigment about 16mm in diameter and about 4mm thick. The most probable diagnosis is

- a) Choroidal Naevus
- b) Choroiditis
- c) Retinal detachment
- d) Malignant Melanoma
- e) Retinitis pigmentosa

CS CamScanner

Q831: A young patient presents to the Eye OPD with dry, lusterless conjunctiva with frothy deposits over the interpalpebral conjunctiva in both eyes. The condition is due to:

- a) Protein deficiency
- b) Vitamin A deficiency
- c) Tear film Deficiency
- d) Conjunctivitis
- e) Squamous cell carcinoma of the conjunctiva

KCS

Q832: A 6 months old child presented to the eye OPD with large and hazy corneas in both eyes since birth. He was having photophobia and lacrimation. His IOP in both eyes was 26mm Hg. After examination he was diagnosed as having congenital glaucoma. How would you treat him?

- a) Long term Antiglaucoma drugs
- b) Trabeculectomy after 5 years of age
- c) Selective Laser Trabeculoplasty
- d) Immediate Trabeculectomy after controlling IOP medically
- e) Observation

Goniotomy

Q833: A 47 years old male teacher presents with decrease vision in right eye. On examination there is posterior subcapsular cataract. Which one of the following surgeries will be most beneficial for him?

- a) Lensectomy
- b) Extracapsular cataract extraction with intraocular lens
- c) Intracapsular cataract extraction
- d) Phacoemulsification
- e) Small incision cataract extraction

Q834: An 80-years-old female presents to OPD with gradual loss of vision over a period of few years. On slit lamp examination there is pseudophakia and white opacity in the area of pupil. The most likely diagnosis is:

- a) Corneal opacification
- b) Lens opacity
- c) Thick posterior capsule
- d) Vitreous Haemorrhage
- e) Retinal tumor

Q835: 09-years-old boy presents with decrease vision in left eye. On examination he is aphakic. What is the most appropriate treatment option?

- a) Glasses
- b) Hard contact lens
- c) Intra ocular lens
- d) Low vision aids
- e) Soft Contact lens

Q836: 6 months old baby presented with bilateral cataract. After cataract surgery how should we proceed to correct the refractive error?

- a) Advice contact lens
- b) Patch both eyes
- c) Advise aphakic glasses
- d) Implant IOL
- e) No Need to correct error

Q.21 A 1 month old baby was brought with complaint of breathing difficulty especially during feeding. Chlamydia is the suspected diagnosis of the referring pediatrician, what is the diagnosis investigation for this patient.

- a. Rigid nasendoscopy
- b. Flexible nasendoscopy
- c. CT scan
- d. MRI scan
- e. X-ray nasopharynx

I can't see

Q.22 A 55 year old male came to the OPD with swelling on the tip of the nose and severe pain on touching. What is the causative organism?

- a. hemophilus influenza
- b. streptococcus b hemolyticus
- c. Staphylococcus aureus
- d. Moraxella catarrhalis
- e. Pseudomonas aeruginosa

Boil

Q.23 A 45 year old male came to the emergency with road traffic accident 30 minutes ago. He has difficulty in breathing. On examination he had loss of thyroid prominence. What is the treatment

- a. tracheostomy
- b. reconstitute and stent thyroid cartilage
- c. reconstitute thyroid cartilage
- d. stent thyroid cartilage
- e. admit and observe.

Q.29 A 28 year old male came to the opd with swelling over the forehead for the past 3 days. He had headache and postnasal drip for the past 4 weeks. What is the most likely disease that this

- a. mucocele of the frontal sinus
- b. mucopyocele
- c. mucus retention cyst
- d. pott's puffy tumor
- e. preseptal cellulitis

Q.30 A patient underwent total laryngectomy for squamous cell carcinoma of the larynx, The most frequent complication specific after laryngectomy is

- a) Pharyngocutaneous fistula.
- b) Thyroid insufficiency.
- c) Parathyroid insufficiency.
- d) Dysphagia.
- e) Tracheal crusting.

CS CamScanner

Q.31 A 5-year-old boy presents with hearing difficulty, he also has a history of snoring during sleep, tympanometry shows flat curve. The best treatment option for this condition is

- a) Anti Histamines with nasal decongestants.
- b) Steroids and antihistamines.
- c) Myringotomies.
- d) Myringotomies with grommets insertion.
- e) Adenoidectomy, myringotomies, and grommets insertion.

(7)  
Adenoid

Q.32 A 30-year-old patient presented with Headaches and facial pain. On examination there is mucopurulent nasal discharge and chronic pharyngitis with postnasal drip. The most appropriate X-Ray for the condition is

- a) X-ray paranasal sinuses occipitomeatal view.
- b) X-ray paranasal sinuses occipitofrontal view.
- c) X-ray paranasal sinuses lateral oblique view.
- d) X-ray lateral view.
- e) X-ray occlusal view.

Water view

Q.33 A 50-year-old hypertensive patient was brought to the emergency department with profuse epistaxis, on examination, the bleeding point could not be localised anteriorly, The best method to stop the bleeding is

- a) Anti-hypertensive medication.
- b) Anterior nasal packing.
- c) Posterior nasal packing.
- d) Tranexamic acid.
- e) Electric cautery.

Q.34 A male child 2 years old presented to the emergency room of the hospital at 3 am because of severe respiratory distress of one hour duration. His mother stated that her child was awakened from sleep by cough, hoarse voice and respiratory distress. On examination, temperature 39 C, pulse rate 110/min and the respiratory rate was 30/min. However, he was not cyanosed. What is likely diagnosis?

- a) Acute laryngitis
- b) Acute laryngotracheobronchitis
- c) Acute epiglottitis
- d) Foreign body inhalation
- e) Acute bronchitis

Croup  
Barking cough

Q#37: 22 years patient presented with trauma with needle. On examination he had corneal perforation with traumatic cataract, anterior capsule was ruptured. Management should be:

- a) Bandage contact lens
- b) Lens aspiration & IOL ✓
- c) Topical steroids
- d) observation
- e) vitrectomy & IOL

Q#38: 13 years old boy presented with injury to left eye with tennis ball five days ago. He presented with blurring of vision, pain, and redness. On examination there was total hyphaema with corneal edema. IOP was 10 mm Hg. Management should be:

- a) Anti glaucoma topical medication
- b) Drain hyphaema under mannitol ✓
- c) Strict bed rest
- d) Oral NSAID's
- e) Topical NSAID's

Q#39: 30 years-old male presented with sudden loss of vision in both eyes for last one day after intake of wood spirit. Visual acuity right eye is 6/60 and left eye is count finger, pupils are sluggish to react and reduced color vision. What is the most probable diagnosis?

- a) CRAO
- b) CRVO
- c) Retinal detachment
- d) Toxic optic neuropathy ✓
- e) Papilledema

Q#40: 20 years old factory worker presented lime injury to left eye. On examination V/A was 6/6 and 6/36. There was corneal haze and limbal ischemia less the 1/3<sup>rd</sup> of cornea. Management should be?

- a) Contact lens
- b) Conjunctival flap
- c) Give topical steroid ✓
- d) Topical antibiotic
- e) Topical steroid + antibiotic

Grade II (Erythro)

Q#41: 32 years old business man presented with painless distortion of images on left side for last one week. V/A was 6/6 and 6/18. Pupillary reflexes were normal. Fundus examination showed dull macula with macular edema. Investigation of choice

- a) FFA (Fluorescein fundus angiogram)
- b) OCT ✓
- c) B-SCAN
- d) Corneal Topography
- e) Indocyanin green (ICG) angiography

Q#42: 4 months old baby presented with white pupillary reflex since birth. There was no fundal view. What will be the first line investigation?

- a) B-SCAN ✓
- b) CT Scan orbit
- c) OCT
- d) MRI orbit
- e) X-RAY orbit

→ 75% calcifications

Q#43: A 60-year-old female with bilateral early lens opacities and known diabetes for last 17 years, presented with decreased vision. Doctor plans for Fluorescein Fundus angiography. The patient indication for FFA is:

- a) Age related macular degeneration
- b) Retinopathy ✓
- c) Central retinal vein occlusion
- d) Diabetic retinopathy
- e) Glaucoma

Q#44: 22 years old boy had trauma to left eye with sharp knife. He presented to casualty on 01 day. On examination he had left corneal perforation with iris prolapse. Best treatment option for the patient will be:

- a) Corneal repair
- b) Corneal repair with iris reposition ✓
- c) Intravenous antibiotics
- d) Intravenous steroids
- e) Topical antibiotics

Q#45: 43 years old male patient presented in eye OPD with visual acuity of hand motion in both eyes. For reading purposes a legally blind person requires:

- a) Braile system ✓
- b) Hand field magnifier
- c) Snellen chart
- d) Telescopic lenses
- e) CCTV System

Q#46: 6 years old boy presented with swelling of right upper eye lid for last 01 day. On examination visual acuity 6/6 in both eyes, small swelling can be seen at lash line. Most probable diagnosis:

- a) Basal cell carcinoma
- b) Chalazion ✓
- c) Cellulitis
- d) External Hordeolum
- e) Internal Hordeolum

Q#47: 40 years male patient presented in eye OPD with hard swelling on the right upper lid for last 03 months. On examination visual acuity is 6/6 in both eyes; swelling is non tender 01 centimeter in size located away from lid margin causing slight ptosis. What is the most probable diagnosis?

- a) Basal cell carcinoma
- b) Chalazion ✓
- c) Cellulitis
- d) External Hordeolum
- e) Internal Hordeolum

Q#48: 20 years old patient presented in OPD with acute painful swelling of right upper lid for last 02 days. On examination small pustule can be seen at lash margin. Swelling is tender and causing mild ptosis. Treatment plan should include?

- a. Systemic steroids
- b. Hot fomentation ✓
- c. Incision and curettage
- d. Intra lesional steroid
- e. Topical Steroid

→ Chalazion



Q# 1: An 18-years-old man presents to OPD with watering for last 7 days. He has follicular conjunctival reaction with tender preauricular lymphadenopathy. The histopathology of conjunctival follicle will suggest presence of:

- a) Eosinophils
- b) Eosinophils
- c) Neutrophils
- d) Lymphocytes
- e) Monocytes

Q# 2: 07- years- old boy presents with bilateral itching and mucous discharge for last 06 months. On examination there is chemosis and severe papillary reaction. What is diagnosis?

- a) Allergic Conjunctivitis
- b) Bacterial Conjunctivitis
- c) Fungal conjunctivitis
- d) Viral Conjunctivitis
- e) Factitious Conjunctivitis

Q# 03: 17- years- old boy presents with bilateral asymmetrical decrease in vision. On examination there is oil droplet reflex, scissor reflex and Munson sign. Which one of the following investigation is helpful in diagnosis?

- a) Corneal topography
- b) Electroretinography
- c) Fluorescein angiography
- d) Optical coherence tomography
- e) Ultrasonography

**Keratoconus**

Q# 04: 41- years- old lady presents with trauma to her left eye with Eye liner about 04 months back. On examination there is corneal epithelial defect with overlying conjunctival tissue on 03 o'clock. What is diagnosis?

- a) Bowen disease
- b) Episcleritis
- c) Pinguecula
- d) Pterygium
- e) Pseudopterygium

Q# 05: 46- years- old lady presents with dry eyes, dry mouth and dry skin and joint pains. On examination she has thin tear film and mild conjunctival congestion. What is diagnosis?

- a) Brown syndrome
- b) Keratomalacia
- c) Marfan syndrome
- d) Sjogren syndrome
- e) Vitamin A deficiency

Q# 06: 08- months- old boy presents with history of watering from right eye since birth. On examination regurgitation test is positive and there is purulent discharge in the conjunctival sac along with conjunctival papillary reaction. What is the first step in the management?

- a) Massage
- b) Probing
- c) Probing and topical antibiotics
- d) Massage and topical antibiotics
- e) Topical antibiotics

Q# 07: 38- years- old man presents with history of decrease vision, foreign body sensation and watering from left eye for last 4 days. Fluorescein staining of the cornea is branching pattern. Which one of the following features is helpful in stabilizing the diagnosis?

- a) Corneal sensation is reduced
- b) Satellite lesions
- c) Hypopyon
- d) Double ring sign
- e) Vesicular eyelid lesions

**HSV-Keratitis**

Q# 08: 38- years- old man who is a known case of chronic Dacryocystitis for last 02 years presents with history of pain and redness in left eye for last 02 weeks. On gross examination he has lid swelling with matting of eye lashes with purulent discharge. Slit lamp examination shows central corneal stromal haze with hypopyon. What is most probable diagnosis?

- a) Acanthamoeba keratitis
- b) Bacterial keratitis
- c) Fungal keratitis
- d) Herpes simplex keratitis
- e) Marginal keratitis

**Stromal?**

Q# 09: 38- years- old man who is a known case of blepharitis for last 02 years presents with history of pain and redness in left eye for last 02 days. On gross examination he has sub epithelial marginal infiltrates separated from the limbus by a clear zone. What is your diagnosis?

- a) Dellen
- b) Marginal keratitis
- c) Mooren ulcer
- d) Peripheral ulcerative keratitis with systemic disease
- e) Terrien marginal degeneration

Q# 10: A 48-years-old man presents to OPD with trauma to left eye with wood about 7 days ago. He has hypopyon corneal ulcer with satellite lesions. The choice of culture medium in this patient will be:

- a) Blood agar
- b) Chocolate agar
- c) MacConkey agar
- d) Non nutrient agar
- e) Sabouraud dextrose agar.

**Fungal**

Q# 11: Five patients presented for disability certification to the medical board. Which one of the following is entitled for disability certificate?

- a) VA, right eye 6/6 & left eye 6/18.
- b) VA, right eye 3/60 & left eye 6/12.
- c) VA, right eye 5/60 & left eye 2/60.
- d) VA, right eye 6/24 & left eye no light perception.
- e) VA, right eye 6/24 & left eye 6/36

Q# 12: Five patients with advance glaucoma, presented for disability certification to the medical board. Which one of the following fall in to the category of legal blindness according to WHO criteria to the best corrected visual standards:-

- a) VA, 6/6 OD & 6/24 OS with; binocular field of vision of 50 degrees.
- b) VA, 6/6 OD & 6/6 with; binocular field of vision of 07 degrees.
- c) VA, 6/18 OD & 6/12 OS; with binocular field of vision of 60 degrees.
- d) VA, NPL OD & 6/6 OS; with binocular field of vision of 45 degrees.
- e) VA, 6/12OD & 6/18; with binocular field of vision 35 degrees

Q13: A 40-year-old male, sustained head injury after motor cycle accident, which fracture is highly suggestive of fracture floor of orbit.

- a) Conjunctival chemosis
- b) Infra-orbital hypoaesthesia
- c) Proptosis
- d) Periorbital edema
- e) Limited horizontal movements

Q14: A 15-year-old girl sustained orbital trauma while playing tennis ball which fracture is highly suggestive of fracture medial wall of orbit

- a) Subcutaneous crepitation
- b) Enophthalmos
- c) Proptosis
- d) Conjunctival chemosis
- e) Periorbital edema

Q15: A 10-year-old boy presented to ophthalmologist with defective vision in both eyes. His best corrected vision with glasses was 6/6 in right eye and 4/36 in left eye, rest of ocular examination was unremarkable, which of the following refractive error is most likely associated with this condition

- a) Right eye + 2.00 spherical & left eye + 1.05 spherical
- b) Right eye - 2.50 spherical & left eye - 3.50 spherical
- c) Right eye + 2.00 spherical & left eye - 0.75 spherical
- d) Right eye - 2.25 spherical & left eye + 3.50 spherical
- e) Right eye + 1.50 spherical & left eye + 1.50 spherical

Q16: A 22-year-old male presented with sudden loss of vision in right eye followed by loss of vision in left eye spanning over a period of one month. On examination vision was reduced to 6/60 in both eyes. Pupillary reactions were brisk in both eyes. Fundoscopy showed swollen disc with telangiectatic vessels in both eyes. Rest of examination was unremarkable, the most likely diagnosis is

- a) Benign intracranial hypertension
- b) Bilateral optic neuritis
- c) Compressive optic neuropathy
- d) Leber's hereditary optic neuropathy
- e) Methanol poisoning

Q17: A 3-year-old baby boy brought to ophthalmologist with complaint of inward deviation of eyes. On examination corneal light reflections were central in both eyes. Ocular movements were full and comitant in both eyes, there was no significant refractive error and normal cover-uncover test. A skin tag was noticed extending from upper to lower lids. The most likely diagnosis is

- a) Acquired esotropia
- b) Congenital esotropia
- c) Refractive esophoria
- d) Bilateral six nerve palsy
- e) Pseudoesotropia

*Epicanthal fold*

Q18: A 16-year-old male presented with defective vision in right eye visual acuity become 6/6 with +2 diopter spherical -3 diopter cylindrical axis 165 degrees. Most likely diagnosis is

- a) Hypermetropia
- b) Mixed astigmatism
- c) Presbyopia
- d) Simple Hypermetropia astigmatism
- e) Simple myopic astigmatism

Q19: A 45-year-old female was using -2 diopter spherical glasses, she feels comfortable for distance with glasses, but used to remove glasses for near work for couple of years. The phenomenon might be due to:

- a) Astigmatism
- b) Emmetropia
- c) Far sightedness
- d) Presbyopia
- e) Short sightedness

Q20: A patient comes to the emergency department with sudden blurring of vision in the right eye for the last 2 hours. He has got severe pain and headache. On preliminary examination, his right eye is hard, he has a shallow anterior chamber and the pupil is not reactive to light. How would you proceed?

- a) Dilated fundal examination
- b) Check ocular movements
- c) Check intraocular pressure
- d) Refer to neurologist
- e) Stain the cornea with fluorescein

*PACG*

Q21: A patient presents to the eye OPD with the complaints that while driving he cannot see someone approaching from the left or right side but can clearly see the straight approaching traffic. Which test is most relevant in this case?

- a) Color vision
- b) Intraocular pressure
- c) Contrast sensitivity
- d) Ocular movements
- e) Fundus fluorescein angiography

Q22: 52 years of male presented with decreased vision for last 01 year and glare while driving at night. On examination visual acuity is 6/60 right eye and 6/18 left eye. Patient has bilateral lens opacities and shallow anterior chamber. Which of the following is risk factor for acute angle closure glaucoma?

- a) Diabetes mellitus
- b) Increasing age
- c) Myopia
- d) Trauma
- e) Exercise

Q23: A 55 years old diabetic patient came to the eye OPD with pain in the right eye for the last one week. On examination, he was found to have new vessels on the iris surface of the right eye and the IOP was 45mm Hg. His blood sugar was 258mg/dl. What investigations would you like to do in this patient?

- a) Optical coherence tomography
- b) CT Scan
- c) MRI
- d) Fundus fluorescein Angiography
- e) Electroretinography

Q24: A patient presents to the eye OPD and complains of gradual decrease in vision in both eyes. On examination his vision is 6/9 in both eyes and he is found to have Pseudoexfoliation syndrome in the right eye. IOP was 26mmHg in the right eye and 19mm Hg in the left eye. He had early lens opacities in both the eyes. His disc to cup ratio is 0.6 in right eye and 0.3 in left eye. What treatment would you give him?

- a) Cataract Surgery
- b) Topical Dexamethasone
- c) Topical Pilocarpine
- d) I/V Mannitol
- e) Topical Prostaglandin Analogues

Q.6 A patient presented with headaches specifically in the temporal and occipital regions. On examination there is a purulent nasal discharge. He also complained of post nasal drip and hawkline. The best investigation for him is

- a) High resolution CT scan.
- b) MRI nose and paranasal sinuses.
- c) Culture and sensitivity test.
- d) Nasal endoscopy
- e) X-ray PNS.

Mucormycosis

Q.7 A 55 years weak, emaciated female presented with progressive dysphasia for solids for the last 03 months. Barium swallow shows narrow and irregular esophageal lumen with rat tail appearance. Investigations confirm the diagnosis of adenocarcinoma of lower third esophagus. The treatment of choice in this patient is.

- a. Chemotherapy
- b. Radiotherapy
- c. Surgery
- d. Surgery Radiotherapy -
- e. Laser Surgery.

H/Hler Myotomy

Q.8 A 7 years old child presented with sore throat, fever and difficulty in swallowing for the last two days. On examination the patient has got acute tonsillitis. The most common organism involved is.

- a. Hemolytic Streptococcus -
- b. Pneumococcus
- c. Staphylococci
- d. Fusiform bacilli
- e. Pseudomonas

Q.9 A 55 years old female presented with progressive enlarging painless swelling in the left parotid region for the last 01 year. On throat examination the left tonsil was pushed medially FNA-C confirmed pleomorphic adenoma of deep lobe of parotid gland The operation of choice in this patient is.

- a. Midline transmandibular approach.
- b. Radical parotidectomy
- c. Superficial parotidectomy
- d. Superficial parotidectomy and post operative radiotherapy +
- e. Total conservative parotidectomy

Q.10 A 15 year old male presented with progressive nasal obstruction for the last 6 months. On examination there is reddish mass in the nose which bleeds on touch. We are suspecting Angiofibroma. The investigation of choice to confirm the diagnosis

- a. Biopsy.
- b. CT Scan with contrast.
- c. MRI with contrast.
- d. Ultrasound
- e. X-RAY Nasopharynx.

CS CamScanner

Q.11 A FORTY YEAR OLD MALE PATIENT IS SUSPECTED OF HAVING PLEOMORPHIC ADENOMA OF SUBLINGUAL GLAND. THE MOST IMPORTANT PRESENTING SYMPTOM OF THE PATIENT WOULD BE

- a) PAIN IN SUBLINGUAL REGION
- b) FEVER
- c) SWELLING IN SUBLINGUAL REGION -
- d) LYMPH NODE ENLARGEMENT
- e) 12 TH NERVE PALSY

BMP

Q.12 A 25 YEAR MALE PATIENT IS DIAGNOSED AS HAVING PHARYNGITIS. THE MOST LIKELY ORGANISM RESPONSIBLE FOR HIS PROBLEM WOULD BE=

- a) STAPHYLOCOCCUS
- b) STREPTOCOCCUS -
- c) H-INFLUENZA
- d) PSEUDOMONAS
- e) E-COL

GABHS

Q.13 A MAN PRESENTED TO ENT OPD WITH A HISTOPATHOLOGY REPORT SHOWING SQUAMOUS CELL CARCINOMA. DIRECT LARYNGOSCOPY AND BIOPSY WAS DONE AT ANOTHER HOSPITAL BUT RECORD NOT SHOWED NO INFORMATION BOUT THE SITE OF LESION. THE MOST LIKELY SITE OF PATHOLOGY IN THAT PATIENT WOULD BE=

- a) EPIGLOTTIS -
- b) FALSE VOCAL CORDS
- c) TRUE VOCAL CORDS
- d) SUBGLOTTIS
- e) ARYEPGLOTTIC FOLDS

Glottis

Q.14 A YOUNG BOY HAS BEEN DIAGNOSED AS HAVING ALLRGIC RHINITIS. THE MOST LIKELY CLINICAL FINDING ON ANTERIOR RHINOSCPY WOULD BE=

- a) DNS
- b) CONGESTED NASAL MUCOSA
- c) PALE NASAL MUCOSA -
- d) SEPTAL SWELLING
- e) SEPTAL PERFORATION

Q.15 A FEMALE PATIENT OF FIFTY FIVE YEARS PRESENTS WITH LEFT SIDED NECK SWELLING FOR THE LAST FIVE MONTHS. FNA-C OF SWELLING IS SUGESTIVE OF METASTATIC CARCINOMA. THE MOST LIKELY SITE OF HER PRIMARY COULD BE=

- a) GLOTTIS
- b) SUBGLOTTIS
- c) EXTERNAL AUDITORY CANAL
- d) MIDDLE EAR
- e) TONGUE BASE

CS CamScanner

Q.53 An immunocompromised patient presented with blood-stained nasal discharge and on examination there is a mucopurulent discharge and crusting. On histopathology and fungal studies, it is confirmed as fungal sinusitis. The most common fungal infection is?

- 112
- a) Aspergillus. → **INVASIVE**
  - b) Mucormycosis.
  - c) Candidiasis.
  - d) Paecilomyces.
  - e) Penicillium Species.

Q.54 A patient presented with retropharyngeal space abscess, after few days he developed abscess in the parapharyngeal space. The retropharyngeal space communicates with the parapharyngeal space in the area

- a) Lateral to the carotid sheath.
- b) Medial to the carotid sheath.
- c) Posterolateral to the carotid sheath.
- d) Postmedial to the carotid sheath.
- e) Posterior to the carotid sheath.

Q.55 A 50-year-old patient presented with biphasic stridor, on direct laryngoscopy, there is an exophytic mass in the subglottic region extending into the glottis. Biopsy was taken from the mass and sent for histopathology, which turned to be squamous cell carcinoma. The best treatment option for the patient is

- a) Conservative Surgery.
- b) Conservative Surgery and Radiotherapy.
- c) Only Radiotherapy.
- d) Only Chemotherapy.
- e) Radical surgery and post operative radiotherapy.

Q.56 A 70-year-old patient presented with bilateral Sensorineural hearing loss on high frequencies, the best treatment option for this patient is

- a) Vasodilator drugs.
- b) Multi vitamins.
- c) Surgery.
- d) Antihistamines.
- e) Hearing aid.

**Presbycusis**

Q.57 A patient after a road traffic accident develops Right sided facial nerve paralysis, he has a history of bleeding from the nose and right ear as well, the most likely cause for the facial nerve paralysis in this patient is

- a) Transverse fracture of the temporal bone.
- b) Longitudinal fracture of the temporal bone.
- c) Extra Dural haematoma.
- d) External ear laceration.
- e) Fracture of the frontal bone.

**FNP } FT  
S+HL }**

Q.58 A woman of thirty years has been diagnosed as having bppv. The most likely site of pathology will be

- 113
- A) cochlea
  - B) Utricle
  - C) sacule
  - D) lateral semicircular canal
  - E) posterior semicircular canal

Q.59 A female patient is diagnosed as having acute suppurative otitis media. The best choice of antibiotic for her will be

- a) 1st generation cephalosporin
- b) 2nd generation cephalosporin
- c) 3rd generation cephalosporin
- d) Quinolones
- e) Co-amoxiclav

**Ceftioxon**

Q.60 A man was operated for DNS about one year back, presented to ENT OPD again with nasal obstruction. The most likely cause for his nasal obstruction could be:

- a) DNS
- b) Nasal Adhesion
- c) Septal perforation
- d) Septal haematoma
- e) Septal abscess

**B/L**