#### The best position after tracheostomy:

- a Supinc.
- b Semi-sitting.
- c Standing.
- d On one side.

#### 2. The tube may slip due to:

- a Small sized tube.
- b Pulled out by violent cough.
- c Loosely tied tape.
- d All of the above.

## 3. Structures in the larynx responsible for sphincteric function:

- a Vocal cords.
- b Ventricular bands.
- c Aryoepiglottic folds.
- d All of the above.

#### 4. Laryngeal stenosis may be due to:

- a Scleroma
- b Congenital.
- c Traumatic.
- d All of the above.

## 5. Apnea immediately after opening the trachea is due to:

- a Rise of the blood carbon dioxide level.
- b Rise of the blood 0, level.
- c Wash of the blood carbon dioxide level
- d None of the above.

## 6. Which is true about laryngeal carcinoma:

- Commoner in males.
- b. the commonest type is squamous cell carcinoma.
- c. Is predisposed by smoking.
- d. All of the above.

## 7. Inhaled smooth small FB is commonly arrested in:

- a The larynx.
- b The trachea.
- c The right bronchus.
- d The left bronchus.

# 8. 30 years old female suffering form bilateral nasal obstruction, crusty nose, hoarseness of voice & stridor. The most probable cause is:

- a Allergic rhinitis.
- b Vasomotor rhinitis.
- c Rhino laryngo scleroma.
- d Acute rhinosinusitis.

#### The left recurrent laryngeal nerve swing in the chest around:

- Aortic arch.
- b Lest main bronchus.
- Thoracic duct.
- d Azygous vein.

#### 10. The commonest cause of breathing difficulty after tracheostomy is:

- a. Pneumonia
- b. Obstruction of the tube by secretion.
- c. Surgical emphysema.
- d. Pneumothorax.

#### 11. Laryngeal lesions are investigated by:

- a Ct
- b MRI.
- c Endoscopy & biopsy.
- d All of the above.

#### 12. Infection reaching the submental & submandibular space is called:

- a Vincent angina.
- b Ludwig's angina.
- c Submandibular sialadenitis.
- d Bezold's abscess.

#### 13. Vincent angina is characterized by:

- a Very sever systemic symptoms & mild local symptoms.
- b Very sever local symptoms & mild systemic symptoms.
- c Very sever local & systemic symptoms.
- d Very mild local & systemic symptoms.

# 14. Contraindication of tonsillectomy includes all of the following EXCEPT:

- a Hemophilia.
- b Acute attack.
- c One attack of quinsy 2 months ago.
- d Active rheumatic arthritis.

# 15. Pain in the ear in cases of acute tonsillitis or following tonsellictomy is referred via:

- a. 5th nerve.
- b. 9th nerve.
- c. 10th nerve.
- d. 12th nerve.

## 16. Haemorrhage within the 24 hours following tonsillectomy:

- a. Primary.
- b. Reactionary.
- c. Secondary.
- d. None of the above.

#### 17. Haemorrhage during the operation of tonsillectomy is:

- a. Primary.
- b. Reactionary.
- c. Secondary.
- d. None of the above.

#### 18. The cause of reactionary haemorrhage after tonsillectomy:

- a. Secondary infection.
- b. Rising blood pr with slipping of ligature.
- Injury of the pharyngeal muscles & mucosa.
- d. None of the above.

# 19. The cause of suffocation & laryngeal spasm after tonsillectomy:

- a. Backward of the tongue.
- b. Inhalation of vomitus or blood clots.
- c. Extubation spasm.
- d. All of the above.

#### 20. The value of post-tonsillectomy position is:

- a. To prevent backward falling of tongue.
- To prevent inhalation of the vomitus or blood.
- c. To detect bleeding.
- d. All of the above.

## 21. 6th nerve paralysis occurs in the following cases EXCEPT:

- a. Nasopharyngeal carcinoma.
- b. Cavernous sinus thrombosis.
- c. Postcricoid carcinoma.
- d. Petrositis.

## 22. Tonsillectomy is indicated in all of the following EXCEPT:

- a Blood diseases.
- b Diphtheria carrier.
- c Chronic tonsillitis.
- d Impacted FB.

## 23. Tonsillectomy is contraindicated in all of the following EXCEPT:

- a During epidemic of polio.
- b b.During acute attack
- c Malignant hypertension.
- d Diphtheria carrier.

### 24. Tonsillectomy is contraindicated in all of the following EXCEPT:

- a. During menses.
- b. Uncontrolled diabetes.
- c. After peritonsillar abscess.
- d. Full stomach.

## 25. Pain in the ear in cases of acute tonsillitis or following tonsellictomy is referred via:

- a. 5th cranial nerve.
- b. 9<sup>th</sup> cranial nerve.
- c. 10th cranial nerve.
- d. 12"cranial nerve.

#### 26. Ludwig's angina is:

- a Cellulitis of the pyriform fossa.
- b Cellulitis in the parapharyngeal space.
- c Cellulitis in the retropharyngeal space.
- d Cellulitis of the floor of the mouth.

#### 27. The most dangerous complication of ludwig's angina is:

- a Acute laryngeal edema.
- b CHL.
- c Bleeding.
- d Nasal obstruction.

#### 28. The most common site of quinsy is:

- a. Superior to tonsils.
- b. Lateral to tonsils.
- c. Posterior to tonsils.
- d. Inferior to the tonsils.

# 29. the possible cause of death in case of juvenile nasopharyngeal angiofibroma is:

- a Recurrent infection.
- b ever epistaxis.
- c Upper respiratory tract obstruction.
- d None of the above.

## 30. The most dangerous complication of ludwig's angina is:

- Acute laryngeal edema.
- b. CHL.
- c. Bleeding.
- d. Nasal obstruction.

# 31. The following antibiotic is contraindicated in infectious mononucleosis:

- a. Ampicillin.
- b. Erythromycin.
- c. Cephalosporin.
- d. None of the above.

#### 32. Adenoid hypertrophy may lead to all of the following EXCEPT:

- a. Adenoid face.
- b. Otitis media with effusion.
- c. Sensory neural deafness.
- d. Night mares.

#### 33. Acute tonsillitis may cause all of the following EXCEPT:

a. Acute retropharyngeal abscess.b. Chronic retropharyngeal abscess.

c. Para Pharyngeal abscess.

d. Quinsy.

#### 34. Chronic retropharyngeal abscess is treated by:

 External drainage posterior to sternomastoid.

 External drainage anterior to sternomastoid

c. Internal drainage via longitudinal incision.

d. None of the above.

#### 35. The causative agent of infectious mononucleosis:

a. Boreli vencenti.

b. Candida albicans.

c. Barr-epestin virus.

d. Streptococci.

## 36. Membranous tonsillitis may be due to:

a. Diphtheria.

b. Acute follicular tonsillitis.

c. Infectious mononucleosis.

d. All of the above.

#### 37. Paul-Bunnell test is diagnostic for:

a. Diphtheria.

b. Acute follicular tonsillitis.

c. C. Infectious mononucleosis.

d. Thrush stomatitis.

## 38. The cause of secondary hemorrhage is:

a. Wound sepsis.

b. Unprepared patient.

c. Injury of the pharyngeal muscle.

d. Rising of blood pressure with slipping ligature.

#### 39. Fever in diphtheria is:

a. High grade fever.

b. Low grade fever.

c. Remittent fever.d. Intermittent fever.

#### 40. the pulse in diphtheria is:

a. Weak rapid pulse.

b. Full bounding pulse.

c. Synchronous with the temperature.

d. Non synchronous with the temperature.

41. In a case of 5 years old boy with a membranous faucial lesion, temp 38° pulse 180min, the most probable diagnosis is:

Infectious mononucleosis.

b. Acute follicular tonsillitis.

c. Diphtheria.

d. Agranulocytosis.

#### 42. Chronic sinusitis has:

a. Low grade fever.

b. Intermittent fever.

c. Remittent fever.

d. No fever.

#### 43. The point of tenderness in acute frontal sinusitis is:

a. The inner canthus

b. The supra-orbital margin.

c. The infra-orbital margin.

d. None of them.

## 44. The point of tenderness in acute ethmoidal sinusitis is: a.

a. The inner canthus.

b. The supra-orbital margin.

c. The infra-orbital margin.

d. None of them.

# 45. Unilateral nasal discharge and unilateral nasal obstruction in 13 years boy is most probably diagnostic of:

a. Choanal atresia.

b. Adenoids.

c. Nasopharyngeal carcinoma.

d. None of them.

## 46. In frontal sinusitis, the discharge is

The anterior part of the middle meatus.

b. The posterior part of the middle meatus.

c. All over the middle meatus.

d. The inferior meatus.

## 47. In ethmoidal sinusitis, the discharge is in:

a. The anterior part of the middle meatus.

b. The posterior part of the middle meatus.

c. All over the middle meatus.

d. The inferior meatus.

## 48. which of the following is used to confirm nasal allergy:

a. Eosinophilia in nasal secretion.

b. eosinophilia in blood.

c. elevated serum IgE level.

d. All of the above.

- 49. Alternating nasal obstruction is mainly:
- a. Allergic.
- b. Infective.
- c. Neoplastic.
- d. None of them.
  - 50. The main manifestation of antrochoanal polyp is:
- a. Proptosis.
- b. Unilateral nasal obstruction.
- c. Headache.
- d. Sneezing.
  - 51. The commonest cause of epistaxis in 50 years old man is:
- a. Hypertension.
- b. Angiofibroma.
- c. Allergic nasal polypi.
- d. Antrochoanal polyp.
  - 52. Non symptomatic deviated nasal septum needs:
- a. Septoplasty.
- b. No treatment.
- c. Sub-mucperichondrial resection.
- d. Cauterization.
  - 53. The following is complication of SMR of deviated nasal septum:
- a. Septal haematoma.
- b. Septal abscess.
- c. Septal perforation.
- d. All of the above.
  - 54. Headache in sinusitis is due to:
- a. Tension headache.
- b. Vacuum headache.
- c. Toxic headache.
- d. All of the above.
  - 55. The time of occurrence of headache in frontal sinusitis:
- a. All the day.
- b. At night.
- c. Periodic.
- d. None of them.
  - 56. Nasopharyngeal carcinoma cause Horner's syndrome as a result of infiltration of:
- a. cranial nerve.
- b. 5" cranial nerve.
- c. 7' cranial nerve.
- d. Cervical sympathetic chain.

- 57. The following drugs can cause epistaxis EXCEPT:
- a. Salicylates.
- b. Anticoagulants.
- c. Quininc.
- d. Ampiellin.
  - 58. Periodic headache is a characteristic symptoms in:
- a. .Frontal sinusitis.
- b. Ethmoidal sinusitis.
- c. Maxillary sinusitis.
- d. Non of the above.
  - 59. The following lesions may leads to proptosis EXCEPT:
- a. Nasopharyngeal angiofibroma.
- b. Nasopharyngeal carcinoma.
- c. Adenoid hypertrophy,
- d. Nasopharyngeal sarcoma.
  - 60. The commonest cause of nasal polypi is:
- a. Infective.
- b. Malignant.
- c. Secondary to malignancy.
- d. Allergic.
  - 61. The commonest cause of CSF rhinorrhea is:
- a. Congenital.
- b. Traumatic.
- c. Infective.
- d. Neoplastic.
  - 62. The commonest complication of sinusitis is:
- a. Meningitis.
- b. Orbital.
- c. Extradural abscess.
- d. Brain abscess.
  - 63. Post nasal discharge may occurs in:
- a. Adenoid abscess.
- b. Acute & chronic sinusitis is.
- c. None of them.
- d. All of them.
  - 64. Unilateral nasal obstruction in newly born infant may be due to:
- a. Antro choanal polyp.
- b. Allergic nasal polyp.
- c. Choanal atresia.
- d. None of the above.

- 65. Unilateral mucopurulent & purulent nasal discharge may be due to:
- a. Unilateral sinusitis.
- b. FB in the nose.
- c. None of them.
- d. All of them.
  - 66. The most common site of nasal bleeding is:
- a. Little's area.
- b. Mac ewing triangle.
- c. Pyriform fossa.
- d. Sphenoethmoidal recess.
  - 67. Little's area is the site of anastomosis of the following arteries EXCEPT
- a. Anterior ethmoidal artery.
- b. Sphenopalatine artery.
- c. Greater palatine artery.
- d. Ascending pharyngeal artery.
  - 68. Anterior ethmoid presents bulge in the middle meatus called:
- a. Bulla ethmoidalis.
- b. Concha bullosa.
- c. Lamina papyracea.
- d. Hiatus semilunaris.
  - 69. The most common site of origin of allergic nasal polpi is:
- a. Maxillary sinus.
- b. Ethmoidal sinus.
- c. Frontal sinus.
- d. Sphenoid sinus.
  - 70. The commonest organism in malignant otitis externa:
- a. Streptococci.
- b. Pneumococci.
- c. Pseudomonas aeroginosa.
- d. d.Moraxella catarrhalis.
  - 71. Radiological findings of sinusitis include all of the following except:
- a. bone destruction.
- b. opacity of affected sinus.
- c. fluid level.
- d. mucosal thickening.
  - 72. Mixed hearing loss may be caused by one of the following:
- a. Otosclerosis.
- b. Meniere's disease.
- c. Ear wax.
- d. Acoustic neuroma.

- 73. Pulsating ear discharge may be found in:
- a. Extradural abscess.
- b. Acute exacerbation of CSOM.
- c. Acute otitis media with small perforation.
- d. All of the above.
  - 74. The following are tests of hearing sensitivity EXCEPT:
- a. Tuning fork tests.
- b. Tympanometry.
- c. Auditory Brain stem Response.
- d. Pure tone audiometry.
  - 75. Extra cranial complications of chronic suppurative otitis media includes
- a. Mastoiditis.
- b. Bezold abscess.
- c. Lateral sinus thrombosis.
- d. Otitis externa.
  - 76. All are correct about Meniere's disease EXCEPT:
- a. It is an endolymphatic hydrops.
- b. Males are more affected than females.
- c. The type of deafness is conductive.
- d. Decompression of the labyrinth is indicated if the vertiginous attack is crippling.
  - 77. BULL NECK is known to occur in
  - a. Tonsillar diphtheria.
  - b. Ouinsv.
  - c. Acute tonsillitis.
  - d. Chronic tonsillit is.
    - 78. Low grad fever is known to occur in:
  - a. Tonsillar diphtheria.
  - b. Ouinsy.
  - c. Acute tonsillitis.
  - d. Chronic tonsillitis.
    - 79. Feeble very rapid pulse is known to occur in:
  - a. Tonsillar diphtheria.
  - b. Quinsy.
  - c. Acute tonsillitis.
  - d. Chronic tonsillitis.
    - 80. Plummer-Vinson syndrome predispose to:
  - a. Postericoid carcinoma.
  - b. Cancer larynx.
  - c. Cancer oesophagus.
  - d. None of the above.

#### 81. The fluids presents in secretory otitis media is:

- a. Mucopurulent.
- b. Scrosanguinous.
- c. Exudates.
- d. Transudates.

#### 82. The discharge in case of cholesteatoma is:

- a Copious purulent.
- b Copious offensive.
- c Scanty offensive.
- d Thick scanty creamy.

#### 83. The most common cause of deafness in children:

- a Acute otitis media.
- b Secretory otitis media.
- c Chronic otitis media.
- d Cholesteatoma.

## 84. Crescentic hair line is an otoscopic finding in:

- a Otomycosis.
- b Otosclerosis.
- c Secretory otitis media.
- d Acute otitis media.

## 85. The Following is true about the tympanic membrane EXCEPT:

- a It is rounded in shape.
- b It is placed obliquely forming acute angle with meatus anteriorly and obtuse one posteriorly.
- c The normal tympanic membrane is pearly white in colour.
- d The light reflex is due to the concave position of the membrane.

#### 86. Pain on mastication is present in:

- a Acute mastoiditis
- b Otosclerosis.
- c Furunculosis of the external ear.
- d Allergic otitis externa..

## 87. The causative agent in otomycosis is:

- Aspergillus nigers or Candida albicans.
- b Streptococci.
- c Staphylococci.
- d E.coli

#### 88. Ramsy-Hunt syndrome is:

- a Herpes-zoster affection of the geniculate ganglion of the facial nerve.
- b Dysphagia in middle aged female.
- c Dysphagia in old male.
- d Sensory-neural deafness in newly born.

#### 89. Stapedectomy is one line for treatment of:

- a. Otosclerosis.
- a Otomycosis.
- b Otitic barotrauma.
- Secretory otitis media.

#### 90. The cause of Bell's palsy may be one of the following EXCEPT:

- a Vascular ischemia.
- b Virus infection.
- c Bacterial infection.
- d Auto immune.

#### 91. .The middle ear magnifies the sound:

- a a.20 times.
- b 22 times.
- c 200 times.
- d 21 times.

#### 92. The test of hearing in infants is:

- a a.Rinne test.
- b Weber test.
- c Pure tone audiometry.
- d ABR "Auditory Brain stem Response".

## 93. In traumatic rupture of the drum, all are true EXCEPT:

- The main treatment is conservative.
- b Local ear drops are highly indicated.
- c It heals spontaneously within 3 months.
- d It may be caused by longitudinal fracture of the temporal bone.

# 94. Inability to raise the eye brow & close the same eye with deviation of the angle of the mouth to the opposite side is:

- a UMNL 7th cranial nerve palsy.
- b UMNL 5th cranial nerve palsy.
- c LMNL 5th cranial nerve palsy.
- d LMNL 7th cranial nerve palsy.

## 95. Conductive deafness is the main presentation of

- a. Furunculosis of the external auditory
- b. Ear wax.
- c. Haematoma auris.
- d. None of the above.

#### 96. The most common vertigo is:

- a. Acoustic neuroma.
- b. Ototoxicity.
- c. c. Meniere's disease.
- d. d. Benign paroxysmal positional vertigo.

- 97. A case of ear infection followed by headache, blurring of vision & vomiting is suggestive of:
- a. Mastoiditis.
- b. Petrositis.
- c. C.Labyrinthitis.
- d. d.Brain abscess.
  - 98. The commonest organism in malignant otitis externa:
- a. Streptococci.
- b. Pneumococci.
- c. Pseudomonas aeroginosa.
- d. Moraxella catarrhalis.
  - 99. The medial wall of the middle ear shows the following EXCEPT:
- a. The oval window.
- b. The promontory
- c. The pyramid.
- d. The lateral semicircular canal.
  - 100. Mixed hearing loss may be caused by one of the following:
- a. Otosclerosis.
- b. Meniere's disease.
- c. c.Ear wax.
- d. Acoustic neuroma.

# Block M-1 Key

#### Women Medical College Abbottabad MCQs Response Sheet

Subject:	Class:	
Instructions: Shade circles with Blue/Black ink. Do not use color for shade, number & signature handover back the response		
sheet along with MCQs question paper after completing section 1		
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