RIVIC Rehman Medical College

Roll No: 19-

Date: 23/11/2023

## MBBS 4th Prof. EOSE-M ENT (M-1)

MCQs Time: 90 min Marks:68 Write your Roll No. on Scoring sheet & Question Paper. Select the best answer from given choices by filling the circle in Scoring sheet as

Operation of choice for coalescent mastoiditis is:

Cortical mastoidectomy

Modified radical mastoidectomy b.

Radical mastoidectomy Fenestration operation

Which of the following is true regarding facial nerve palsy associated with temporal bone fracture?

Common with longitudinal fracture b. Common with transverse fracture

Always associated with CSF otrrhea d. Facial nerve injury is always complete

3. Fever in lateral sinus thrombosis is:

a. Intermittent.

b. Remittent.

Low grade.

d. High grade.

4. The early symptom of Bell's palsy is:

a. Dropping of angle of the affected side.

b. Obliteration of the angle of the mouth.
 c. Pain of acute onset behind the ear.

d. Inability to close the eye.

5. Nasal furunculosis is due to:

a. Staphylococcal infection of a pilosebaceous gland.
 b. T.B infection of nasal mucosa.

c. Fungal infection of nasal skin. H.influenza infection of the nose.

6. The mechanism of nasal allergy is:

Type 1 hypersensitivity reaction.

Type 2 hypersensitivity reaction.

Type 3 hypersensitivity reaction.
 Type 4 hypersensitivity reaction.

Non symptomatic deviated nasal septum needs:

a. Septoplasty. b. No treatment.

Sub-mucperichondrial resection.

d. Cauterization.

B. Acute tonsillitis may cause all of the following EXCEPT:

Acute retropharyngeal abscess.

 b. Chronic retropharyngeal abscess. Para Pharyngeal abscess.

d. Quinsy.

9. Juvenile nasopharyngeal angiofibroma spread to the surrounding tissue because it is:

b. Non capsulated. c. Pre-malignant.

d. Highly vascular.

10. Ludwig's angina is:

. 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.

11. The swelling in acute retropharyngeal abcess is:

in the middle line.
 tateral to the middle line.

c. Appears from outside the neck. d. Non of the above.

12. 6 nerve paralysis occurs in the following cases EXCEPT:

Nasopharyngeal carcinoma.
 Cavernous sinus thrombosis.

c. Postcricoid carcinoma.

d. Petrositis.

13. Hemorrhage 7 days following tonsiliectory a. Primary. Reactionary. b. c. Secondary. d. Non of the above. 14. The dysphagia in cardiac achalasia starts to: a. Solids then to fluids. b. Fluids then to solids. Fluid & solids at the same time. c. Fluid & solids at l
 d. All of the above. 15. Plummer-Vinson syndrome predispose to: Postcricoid carcinoma. b. Cancer larynx. c. Cancer oesophagus.
 d. Non of the above. 16. Pain on mastication is present in: a. Acute mastoiditis.
 b. Otosclerosis.
 c. Furunculosis of all. Furunculosis of the external ear. Allergic otitis externa. 17. Sagging of the postero-superior wall of the EAC occurs in: a. Acute mastoiditis. b. Furunculosis of the external ear. Otitis media. d. Petrositis. 18. The causative agent in otomycosis is: Aspergillus nigers & / or Candida albicans. b. Streptococci. Staphylococci. d. E.coli e. B. pyocyaneus.

19. Stapedectomy is one line for treatment of: Otosclerosis. b. Otomycosis. Otitic barotrauma. Secretory otitis media. 20. Gradinigo syndrome occurs in: a. Acute mastoid abscess. b. Acute petrositis. c. Chronic otitis media.
 d. Secretory otitis media. 21. Intra cranial complications of chronic suppurative otitis media includes: a. Mastoiditis.b. Meningitis. c. Labyrinthitis. d. Bezold abscess. 22. The cause of primary hemorrhage is: a. Wound sepsis.
b. Unprepared patient.
c. Injury of the pharyngeal muscle.
d. Rising of blood pressure with slipping ligature. 23. Ludwig's angina is: 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. ZA. The most dangerous complication of ludwig's angina is: a. Acute laryngeal edema. b. CHL c. Bleeding. d. Nasal obstruction. 25. Tonsillectomy is indicated in all of the following EXCEPT:

a. During epidemic of polio.
b. Tumors of tonsils. After peritonsillar abscess. Symptoms of septic focus. 26. What is the most common bacterial pathogen for acute offits media. Pseudomonas auriginosa b. E-Coli c. Streptococcus pneumonia d. D. Peptostreptococcus 27. Audiometric testing during acute otitis media typically shows
a. Severe hearing loss
b. Moderate degree hearing loss
c. Mild degree conductive hearing loss
d. Profound hearing loss

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## What is the potential intratemporal complications of acute otitis media? Meningitis b. Brain abscess Subdural abscess Facial nerve palsy 29. What is the possible bacterial pathogen in acute rhinosinusitis? Rhinovirus Adenovirus Streptococcus pneumonia Influenza virus 30. Orbital complications of acute sinusitis includes Pre-septal cellulitis Orbital abscess Cavernous sinus thrombosis All of the above 31. The term Quinsy is used for which one of the following throat infection Paratonsillitis Parapharyngeal abscess D. Peritonsillar abscess Retropharyngeal abscess 32. What is the etiology of glandular fever? a. Coxsackie virus b. Enterovirus Epstein-Barr virus Herpes simplex virus 33. What is leukoplakia? A white lesion that can be scraped off easily A white lesion that is not premalignant A white lesion that can not be scraped off A red lesion 34. What is Potts Puffy tumour? a. It is osteomyelitis of maxillary sinus. b. It is abscess of ethmoid sinuses It is osteomyelitis of the outer table of the frontal sinus with subperiosteal Abscess. It is abscess of the sphenoid sinuses 35. What is the most common bacterial pathogen of acute epiglottitis? a. Streptoccus pneumonia b. Haemophilus influenza Type A c. Haemophilus influenza Type B d. Rhinovirus 36. What is the most common benign neoplasm of the larynx among children? a. Vocal card nodules b. Papilloma c. Cyst d. Chondroma 37. What is the best treatment for childhood respiratory papillomatosis? Tracheostomy b. Laser excision c. Total laryngectomy d. None of the above 38. What is the definition of Barrett's oesophagus? It's a dysplasia of the distal oesophageal mucosa b. It's a metaplasia of distal oesophageal mucosa from squamous to gastric columnar epithelium d. Its anaplasia of lower oesophageal mucosa It's a motility disorder of lower oesophagus 39. What is the most common malignant tumour of the larynx? Melanoma Squamous cell carcinoma Spindle cell carcinoma d. Chondrosarcoma 40. Regarding thyroid malignancy, the most common thyroid cancer is a. Follicular carcinoma b. Medullary carcinoma c. Papillary carcinoma d. Anapiastic carcinoma 41. What is the cell of origin of medullary thyroid cancer? a. Follicular thyroid cells b. Papillary thyroid cells c. Parafollicular cells Hurthele cell 42. Thyroid releasing hormone (TRH) is produced in a. Anterior pituitary gland Posterior pitultary gland b. Hypothalamus d. Thyroid gland

43. What is the common cause of facial palsy? Herpes Zoster oticus Chronic supporative otitis media Bell's palsy Longitudinal fracture of temporal bone 44. What is the common site of acute tonsillitis complication? Parapharyngeal space infection b. Retropharyngeal space infection Peritonsillar space Retrovertebral space 45. Complication of post tonsillectomy includes Primary bleeding b. Reactionary bleeding c. Secondary bleeding All of the above 46. Ludwig's angina is caused by infection in Submandibular space b. Submaxillary space Sublingual space **Buccal space** 47. What is the best management option for recurrent Thyroglossal duct cyst infection? a. Excision of the cyst only b. Sistrunk operation Giving only medical treatment Incision and drainage of the cyst 48. What is the most common malignancy in a thyroglossal duct cyst? Follicular carcinoma b. Squamous cell carcinoma Papillary carcinoma Medullary carcinoma 49. What is the blood supply of sternocleidomastoid muscle? a. Superior thyroid artery b. Inferior thyroid artery Facial artery Lingual Artery 50. Which gland is most frequently involved with sialolithiasis (stone formation)? a. Parotid gland b. Sublingual gland
 c. Submandibular gland d. Minor salivary gland 51. What is the most common benign salivary gland tumour? a. Warthin's tumour b. Pleomorphic Adenoma Monomorphic adenoma d. Oncocytoma 52. What is the most common cause of hyperparathyroidism? Parathyroid hyperplasia
 Parathyroid apperplasia c. Parathyroid adenoma Renal failure 53. Primary hyperparathyroidism due to parathyroid adenoma
a. The definitive treatment is wait and watch
b. Surgery is the cure for the disease
c. It does not damage the kidney d. Sestamibi scan cannot detect the adenoma 54. Regarding Facial nerve a. It's a purely motor nerve b. It's a mixed nerve c. It's a purely sensory Nerve . It does not have special sensory fibres 55. Regarding Bells Palsy a. It's paralysis of hypoglossal nerve
 b. It's paralysis of recurrent laryngeal nerve It's paralysis of facial nerve It's paralysis of vagus nerve 56. Meniere's disease In majority of cases it is a bilateral disease Initially it causes high sensory neural hearing loss Vertigo is not a feature of Meniere's disease d. It has genetic predisposition 57. Regarding Otosclerosis It's an autosomal dominant disease b. It's an autosomal recessive disease Initially causes sensory neural hearing loss

The success rate of surgery is 100%

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à. Rhinitis medicamentosa Is caused by using steroid nasal spray involves only Beta receptors Nasal congestion is present Nasal decongestant is the treatment of choice 59. Cholesteatoma Always due to chronic supporative otitis media b. It's is similar to keratosis obturans Can cause sensory neural hearing loss Does not cause meningitis 60. Obstructive sleep apnoea in adults It does not cause pulmonary Hypertension Its purely clinical diagnosis b. Sleep Nasoendoscopy is helpful. d. Epworth sleepiness score should be less than 5 61. Antrochoanal polyp a. It causes bony destruction b. Is seen in elderly patients
c. It is best treated with polypectomy
d. It exits the maxillary antrum through the natural ostium 62. Juvenile anglofibroma is more common in young girls Incisional biopsy is needed to confirm diagnosis Involutes with time b. Patients have repeated episode of epistaxis 63. The following structures passes through the foramen ovale in skull base

a. Maxillary division of the trigeminal nerve Greater superficial petrosal nerve Mandibular division of the trigeminal nerve d. Infraorbital nerve of the trigeminal nerve 64. Inverted Papilloma of the nose a. Is a malignant tumour b. The commonest site of origin is nasal septum c. Wait and Watch is option or choice d. Proliferates inwards to the stroma Wait and Watch is option of choice 65. ENT manifestations of HIV infection includes Adenoid hypertrophy D. Oral candidiasis Facial nerve palsy
 All of the above 66. Acute Mastolditis a. The causative micro-organism is staphylococcus aureus b. Is a common complication of acute otitis externa Does not cause proptosis of the pinna.
 Occurs mainly in childrens under 2 years of age 67. Damage to the external laryngeal nerve during thyroid surgery causes which of the following a. Lengthening of the vocal card
b. Shortening of the vocal card
c. No obvious change in the vocal card
d. Abduction of the vocal card
in the focal card 68. Mucociliary pathway is affected in the following except Kartagener's syndrome
 Cystic fibrosis
 Pendreds syndrome

d. Young's syndrome