

ENT-01

EAR/INTRACRANIAL COMPLICATIONS

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1. Tympanic membrane/Ear drum

1. The most common cause for blue ear drum is

- a. Glaucoma jugular tumor
- b. High jugular bulb
- c. Cholesterol granuloma
- d. Glue ear
- e. Haemotympanum

2. Traumatic perforation of ear drum

- a. Usually affects the pars tensa
- b. Severe pain is the only symptom
- c. Tinnitus and vertigo may persist for long Time
- d. Myringoplasty is usually indicated to restore hearing

3. A 20 years old patient presented with decreased hearing in his left ear for the last 20 days. Ear examination shows dull tympanic membrane. Weber is lateralized towards left ear, Rinne is positive on right side and negative on left side. ABC tests are normal. What is the most likely diagnosis.

- a. Conductive deafness on left ear
- b. Conductive deafness right ear
- c. Sensoryneural deafness left ear
- d. Sensoryneural deafness Right ear

4. Treatment of small dry traumatic rupture of tympanic membrane is:

- a. Antibiotic ear drops
- b. Myringoplasty
- c. Protection of ear against water
- d. Ear pack

5. A 35 year old lady with bilateral asymmetrical conductive deafness, having one brother and one sister with same complaints. The tympanic membrane appears normal. Most likely diagnosis

- a. Tympanosclerosis
- b. Healed chronic SOM
- c. Otosclerosis
- d. Wax in ear
- e. Congenital fixation of foot plate of stapes

6. In 40 years female patient with left hearing loss. Rinne test is negative on the left side and typannogram is type, your diagnosis is

- a. Left secretory otitis media
- b. Left osteosclerosis
- c. Left tympanosclerosis
- d. All are true

7. Osteosclerosis can be diagnosed by

- a. Tuning fork test
- b. Pure tone audiogram
- c. Impedence audiometry
- d. Speech audiometry
- e. PTA and impedence audiometry

8. Posterosuperior Perforation of Ear drum is usually seen on

- a. Traumatic perforation
- b. Tubotympanic disease (Mucosal type)
- c. Acute SOM
- d. Attocentral disease (squamous type)
- e. Following Myringotomy /grommet insertion

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

EAR/INTRACRANIAL COMPLICATIONS

9. A 45 year old male has noticed difficulty hearing on phone. He is concerned because his father has moderately hard of hearing since middle age. BC is normal. An audiogram shows moderate hearing loss in both ears of almost all frequencies. What is the single most likely cause?

- a. Acoustic neuroma
- b. Menier's disease
- c. Noise induced deafness
- d. Otosclerosis
- e. Presbycusis

10. Tympanic membrane functionally is part of.

- a. Middle ear
- b. External ear
- c. Both
- d. Is a separate cavity
- e. All of the above

11. Rupture of tympanic membrane is suspected if during syringing there is

- a. Excessive pain
- b. Vertigo
- c. Blood tinged returning fluid
- d. All of the above
- e. None

12. Very red tympanic membrane is diagnostic of

- a. Secretory otitis media
- b. Acute middle ear catarrh
- c. Acute suppurative otitis media
- d. All of the above
- e. None

13. Voice of otosclerosis is

- a. Low, well modulated voice
- b. High, well modulated voice
- c. Loud harsh speech
- d. Variable
- e. None

14. Preferred treatment for otosclerosis is

- a. Hearing aid
- b. Stapes mobilization
- c. Stapedectomy
- d. Fenestration
- e. Medicine

9.D	10.A	11.D	12.	13.A	14.C
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2. Internal Ear

1. Inner ear malformation in fetus can occur when mother during pregnancy is exposed to

- a. Radiations
- b. German measles
- c. Cytomegalovirus
- d. Thalidomide
- e. All of the above

2. A 44 year old woman presents with rotational vertigo, nausea and vomiting specially on moving head. She also had a similar episode 2 years back. These episodes typically follow an event of runny nose, cold, cough and what is the most probable diagnosis?

- a. Acoustic neuroma
- b. Menier's disease
- c. Labyrinthitis
- d. Benign paroxysmal positional vertigo
- e. Vestibular neuritis

3. A 49 year old man complains of fullness in his left ear, recurrent vomiting and tinnitus. What is the most appreciated medication?

- a. Buccal prochlorperazine
- b. Oral chlorpheniramine
- c. Oral flutemetilol
- d. Oral midazolam
- e. I/V ranitidine

4. Endolymph is formed in

- a. Utricle
- b. Endolymphatic sac
- c. Scala media
- d. Scala tympani

5. All of the following drugs are mainly toxic to the vestibular system except

- a. Streptomycin
- b. Gentamicin
- c. Kanamycin
- d. Minocycline

6. Ototoxic effects are reversible in case of the following drugs if drug administration is stopped except

- a. Quinine
- b. Salicylates
- c. Furosemide
- d. Gentamicin

7. Following are causes of dizziness except

- a. Menier's Disease
- b. Poorly controlled Diabetes
- c. Migraine
- d. Oral ulceritis

8. Regarding BPPV which statement is false

- a. It may present with vertigo with change of head position
- b. Symptoms may be elicited by doing Hallpike test
- c. Treated by Epley's manoeuvre
- d. It is caused by ototoxic drugs

9. Reissners membrane separate
- Scala media and Scala vestibule
 - Scala media and tympanii
 - Scala vestibule and tympanii
 - None of the above
 - All of the above
10. The following has ototoxic effect except
- Gentamicin
 - Furosemide
 - Streptomycin
 - Amoxicilline
 - Quinine
11. A patient with regular episodes of Sensorineural deafness, vertigo nad tinnitus lasts greater than 30 mints. Neurological examination is normal. What is your diagnosis?
- Meniers Disease
 - Accoustic neuroma
 - Otosclerosis
 - Benign positional vertigo
 - Labrynthitis
12. Three semicircular canals open in vestibule by
- 3 openings
 - 4 openings
 - 5 openings
 - 6 openings
 - 10 openings
13. Balance of the body is maintained by
- Vestibular system
 - Eyes
 - Proprioception
 - All of the above
 - None
14. Frenzel glasses are used for
- Squint
 - Diplopia
 - Minor degree of nystagmus
 - Presbyopia
 - All
15. Lermoyez syndrome is varient of
- Otosclerosis
 - Osteogenesis imperfecta
 - Meniere's Disease
 - Vestibular neuritis
 - All

1. During superficial Parodidectomy ,Most reliable mark for facial nerve identification is
- Mastoid tip
 - Styloid process
 - Tympanomastoid sutute
 - Cartilage of external ear canal
 - All
2. After mastoidectomy operation, Facial nerve paralysis was observed after recovery from Anastasia
- Steroids and follow up are only required
 - Immediate surgical exploration is needed
 - Surgical exploration is made after electro diagnosis tests
 - Giving steroids and removing the ear pack is usually successful
3. A preauricular swelling of 2 months duration and progressive course of facial paralysis is
- Mumps
 - Malignant paarotid tumor
 - Bell's palsy
 - Temporomandibular joint
4. Facial paralysis may be seen in all diseases except
- Sarcoidosis
 - Infectious Mononucleosis
 - Mumps
 - Acute otitis media
 - None

1.C	2.B	3.B	4.C
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4. Hearing loss, Tests for hearing and ear

1. What is the frequency range which is audible to a normal person
- 10-1000Hz
 - 100-10000Hz
 - 20-2000Hz
 - 20-20000Hz
 - 20-8000Hz

KEY:D

2. Webers test was performed on a patient, which showed that it is lateralized to his right ear. What is the likely possibility for this?
- There is conductive deafness in left ear
 - There is conductive deafness in right ear
 - There is sensorineural deafness in right ear
 - There is sensorineural deafness in both ears
 - Both ears are normal

KEY: B

1.E	2.E	3.A	4.C	5.D
6.D	7.D	8.D	9.A	10.D
11.A	12.C	13.D	14.C	15.C

al Nerve

1. EAR/INTRACRANIAL COMPLICATIONS

3. The screening test to diagnose hearing problem in neonates is

- a. Brain stem evoked response audiometry
- b. Tympanometry
- c. Puriton audiogram
- d. Behavioral audiometry
- e. Otoacoustic remission

4. A 70 years old patient is suffering from sensoryneural hearing loss. The underlying condition is usually

- a. Meniere's Disease
- b. Accoustic neuroma
- c. VIII cranial nerve shwanoma
- d. Presbycusis
- e. Chronic supporative otitis media

5. A 27 year old male who had a road traffic accident 7 months back now complaints of attacks of sudden rotational vertigo which comes on with sharp movements of head and neck. Which of the following would be most useful?

- a. Caroric testing
- b. Hallpik meneuver
- c. Meniere's test
- d. Otoscopy

6. A 4 years old child was diagnosed with secretory otitis media. His tympanic membrane on both sides are dull looking and retracted. Baseline lab investigations are within normal limit. What is the standard investigation for confirmation of pathology?

- a. Evolved response audiometry
- b. Pure tone audiometer
- c. Speech audiometry
- d. Tunning fork tests
- e. Tympnaimetry

7. A 25 years old patient presented eith sudden hearing loss on his left examination if eaar shows normal looking tympanic membrane, local and systemic examination is unremarkable. Weber is lateralized towards right ear, Rinne test having louder hearing on air conduction and ABC test is reduced on left ear..most likely diagnosis?

- a. Conductive deafness on left ear

- b. Conductive deafness right ear
- c. Sensoryneural hearing loss on Left ear
- d. Mixed hearing loss both ears
- e. Sensoryneural deafness Right ear

8. A 42 years old patient reported sudden hearing loss on left ear for the last one week. Ear , local and systemic examination is baseline lab in investigation are normal .What is the most reliable investigation to confirm The type of hearing loss ?

- a. Pure tone audiometry
- b. Rinne test
- c. Speech audiometry
- d. Tympanometry
- e. Weber test

9. In episodic positionl vertigo which of the following test is used.

- a. Caloric test
- b. Dix. Hallpik manuver
- c. Rotation test
- d. Electronystagmography

10. Causes of conductive deafness include all of the following except

- a. Acoustic neuroma
- b. Otosclerosis
- c. Otitis media with effusion
- d. Acute otitis media

11. Hearing loss is caused by the following drugs except

- a. Streptomycin
- b. Gentamicin
- c. Tobramycin
- d. Cephradin

12. An audiogram showing conductive deafness in a dip of 2000Hz in bone conduction is a suggestive of

- a. Accoustic neuroma
- b. Dysphagia
- c. Atrophic gastritis
- d. Glossitis
- e. Haematemesis

13. Prefferd frequency of tunning fork for hearing loss test is.

- a. 256
- b. 512
- c. 128
- d. 1024
- e. 2048

14. Webers test compares

- a. Air conduction in both ears
- b. Bone conduction of both ears
- c. Air conduction and Bone conduction in one ear
- d. Bone conduction of patient and examiner

* Sub-endothelial → B/c

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15. The objective me

deafness is

- a. Pure tone audiometry
- b. Speech audiometry
- c. Tympanometry
- d. Auditory brain stem
- e. Tunning fork test

16. The test for hea

- a. Rinne test
- c. Pure tone audion
- d. Auditory Brain st

17. The reliable tes

- a. Dix-Hallpik test
- c. Romberg test
- e. Cerebellar funct

18. Posteriosuper

- a. Traumatic perfor
- b. Tubotympanic c
- c. Acute SOM
- d. Atticoantral dis
- e. Following Myri

19. A 27 year old

accident 7 month

loss, Vertigo and

minutes. Neurolo

the probabl diag

- a. Meniere's Dise
- b. Accoustic neu
- c. Otosclerosis
- d. Benign positio
- e. Labrynthitis

20. A 30 year old

deafness with c

pointing. Accous

hearing loss. Wh

investigation to

- a. CT scan brain
- b. CT accoustic
- c. MRI Brain
- d. MRI accoustic

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15. The objective method for diagnosis of conductive deafness is

- a. Pure tone audiometry
- b. Speech audiometry
- c. Tympanometry
- d. Auditory brain stem response
- e. Tuning fork tests

16. The test for hearing in infants is

- a. Rinne test
- b. Weber test
- c. Pure tone audiometry
- d. Auditory Brain stem response

17. The reliable test for true positional vertigo is

- a. Dix-Hallpike test
- b. Fistula test
- c. Romberg test
- d. Gait test
- e. Cerebellar function test

18. Posterosuperior Perforation of the drum is

- a. Traumatic perforation
- b. Tubotympanic disease
- c. Acute SOM
- d. Atticoantral disease (Squamous type)
- e. Following Myringotomy /grommet insertion

19. A 27 year old male who had a road traffic accident 7 months back no complaints of hearing loss, Vertigo and tinnitus lasting longer than 30 minutes. Neurological examination is normal. What is the probable diagnosis?

- a. Meniere's Disease
- b. Acoustic neuroma
- c. Otosclerosis
- d. Benign positional vertigo
- e. Labyrinthitis

20. A 30 year old lady complaining of right ear deafness with corneal reflex decreased and past pointing. Acoustic analysis shows sensorineural hearing loss. What is the next most appropriate investigation to do?

- a. CT scan brain
- b. CT acoustic canal
- c. MRI Brain
- d. MRI acoustic canal
- e. PET brain

3.A.D	4.D	5.B	6.E	7.D
8.	9.B	10.A	11.D	12.D
13.B	14.B	15.C	16.D	17.A
18.A	19.B	20.C		

5. External Ear

1. The Best treatment of hematomas auris is

- a. Antibiotics
- b. Antibiotics and analgesics
- c. Aspiration
- d. Aspiration followed by incision and drainage
- e. Pressure bandage

2. The ideal method of removing a foreign body from external ear canal is

- a. Syringing
- b. Suction
- c. Probing
- d. Crocodile forceps
- e. Instrumental removal with the help of operating microscope

3. The common tumor of external ear is

- a. Adenocarcinoma
- b. Squamous cell carcinoma
- c. Chondroma
- d. Keratosis obturans

4. A young boxer came with hematoma auris of right ear after a boxing fight. What is the likely complicated out of the following

- a. Gradinigo's syndrome
- b. Cavernous sinus thrombosis
- c. Brain abscess
- d. Bat ear
- e. Cauliflower ear

5. In a case of herpes zoster oticus

- a. Multiple cranial nerves are involved
- b. eruption occur usually on the meatal skin, drum and choncal region
- c. Sensoryneural hearing loss is Always a complaint
- d. Severe pain indicates deep invasion of structures
- e. Antiviral drugs cure the disease

1.D	2.	3.B	4.E	5.B
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EAR/INTRACRANIAL COMPLICATIONS

6. A 60 year old known diabetic patient presented with 6 days history of severe pain around the left ear, discharge, facial weakness and high grade fever for 3 days. Ear examination shows swelling and discharge. What is the most likely diagnosis?

- a. Acute fungal infection
- b. Acute mastoiditis
- c. Chronic Otitis media (safe)
- d. Chronic Otitis media with otogenic intracranial complications
- e. Malignant otitis externa

7. A 58 years old known uncontrolled diabetic patient reported with severe pain in and around his right ear. Examination shows swelling, purulent discharge, granulation tissue in the external meatus and Facial palsy. What is the most important investigation to confirm the diagnosis and extend of pathology?

- a. Biopsy
- b. CT scan Temporal bone
- c. Culture and sensitivity
- d. MRI
- e. Peripheral smear

8. A young healthy patient reported decreased hearing in his left ear after swimming. His left ear examination shows brownish material in external auditory meatus. Choose the most likely diagnosis?

- a. Foreign body
- b. Otitis externa
- c. Otitis media
- d. Otomycosis
- e. Wax

9. A 35 years old cold water swimmer presented to ENT OPD with bilateral hearing loss. Examination revealed multiple hard swelling in the deep part of external auditory. What is the most probable diagnosis

- a. Osteomas
- b. Hard wax
- c. Otomycosis
- d. Exostosis
- e. Keratosis obturans

10. A 30 year old male developed swelling of the pinna after a road traffic accident. He was diagnosed as a case of aural haematoma. Select one of the following

- a. It is collection of blood between perichondrium and cartilage
- b. It is collection of blood between perichondrium and skin
- c. Conservative treatment is the treatment of choice to prevent perichondritis
- d. Tight dressing should not be applied as it causes necrosis of pinna
- e. All of the above statements are correct

11. A 16 years old boy developed severe pain in his left ear, left side of head and neck after an attempt to clean his ear with matchstick for two days. His left ear examination shows watery discharge and severe tenderness on touching pinna. What is the most likely diagnosis?

- a. Acute mastoiditis
- b. Acute otitis externa
- c. Acute Otitis media
- d. Malignant otitis externa
- e. Otomycosis

12. With regard to Ramsay Hunt syndrome, the following statements are true except

- a. Caused by viral infection
- b. Is treated by Acyclovir and Prednisolone
- c. Can lead to brain abscess
- d. May present with Facial palsy, Hearing loss and Vertigo

13. A 12 year old boy develops acute tonsillitis. He starts to complain of pain in the left ear. What Nerve is likely to be involved?

- a. Superior laryngeal
- b. Glossopharyngeal
- c. Facial
- d. Hypoglossal
- e. Lesser palatine

14. A 52 year old male with poorly controlled DM now presents with pain in the ear. Exam skin around the ear is black in colour and there was foul smelling discharge from the ear. Patient also had conductive hearing loss. What is the most probable diagnosis?

- a. Carbuncle
- b. Folliculitis
- c. Malignant otitis externa
- d. Cholesteatoma
- e. Furuncle

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15. A 16 year old boy present with the pain in the right ear and little bleeding from the same ear. He had been in a boxing match and had sustained a blow to the ear. There is little amount of blood in the auditory canal and a small perforation of the ear drum. what is the most appropriate management?

- a. Admission for parental antibiotics
- b. Nasal decongestant
- c. Oral amoxicillin
- d. OPD review
- e. Packing of ear

16. External auditory canal receives blood supply from all the arteries except

- a. Posterior auricular
- b. Superficial temporal
- c. Facial
- d. Maxillary
- e. None

17. About hematoma auris

- a. Perichondritis will Always follow
- b. The usual end result is cauliflower deformity of the ear
- c. It Always results from external trauma
- d. It is the collection of blood between the auricular cartilage and its perichondrium
- e. Incision and drainage is the only treatment of choice

6.E	7.B	8.	9.
10.D	11.B	12.C	13.B
14.C	15.	16.	17.D

6. Middle Ear

1. Analyze the findings: Bilateral conductive deafness ,PTA shows AB gap of 30 db, Tympanogram shows type B curve

- a. Acute suppurative otitis media with perforation
- b. Chronic suppurative otitis media
- c. Secretory otitis media
- d. Otosclerosis
- e. Eustachian tube dysfunction

2. Malignant otitis externa is more common in

- a. Hypertensive patients
- b. Diabates
- c. Transplant patients
- d. AIDS patients

e. People living in tropical areas

3. The most important nerve at risk during middle ear surgery

- a. Jacobson Nerve
- b. Chorda tympani
- c. Facial nerve
- d. Vagus nerve
- e. Nerve to stapedius muscle

4. Most common offending microbial agent in chronic SOM is

- a. Pseudomonas aeruginosa
- b. E.coli
- c. Streptococcus pneumoniae
- d. Hemophilus influenza
- e. Anerobes

5. Malignant otitis externa

- a. It is infective condition of the external ear
- b. Facial nerve palsy is seen in every case
- c. Patients usually presents with severe otalgia, Swelling of the meatus and granulation tissue
- d. Tympanic membrane perforation may be seen
- e. Conservative treatment is the only treatment of choice

6. Acute suppurative otitis media

- a. Is seen in pediatric age group only
- b. Infective sinusitis is the usual cause
- c. Severe otalgia is the only presenting symptom
- d. Acute mastoiditis is one of it's commonest complication
- e. Antibacterial therapy alone can cause the condition

7. Carcinoma of the middle ear

- a. Can arise in any age group
- b. Chronic suppurative otitis media is the main etiology factor
- c. The tumor appears polypoidal on gross examination
- d. Blood stained foul smelling discharge, Pain and Facial palsy are yhe usual complaints
- e. Surgery is the treatment of choice

1.C	2.B	3.B	4.A
5.C	6.D	7.D	-

EAR/INTRACRANIAL COMPLICATIONS

8. About cholesteatoma

- a. It is associated the CSOM
- b. Has the property of enzymatic bone destruction
- c. Congenital variety is confined to the middle ear cavity
- d. Squamous metaplasia is the well accepted theory for its genesis
- e. Causes conductive hearing loss

9. About atticointral disease of the ear

- a. It is associated with cholesteatoma most of the times
- b. There is a tympanic membrane perforation
- c. Polyp is the usual presentation
- d. Hearing loss is of conductive type
- e. The disease may have risk of complications

10. Brain abscess as a complication of CSOM is most commonly found in

- a. Cerebellum
- b. Occipital lobe
- c. Parietal lobe
- d. Frontal lobe
- e. Temporal lobe

11. A 25 years old patient presented with 10 years of scanty foul ear discharge, Now severe head ache, Vomiting and high grade fever for 5 days. Ear examination shows marginal perforation with cholesteatoma and neck rigidity. What is the most likely diagnosis

- a. Chronic otitis media (safe)
- b. Chronic otitis media with brain tumor
- c. Chronic otitis media with otogenic intracranial complications
- d. Ear discharge with malaria
- e. Meningitis

12. A 19 year old girl reported severe pain in left ear after common cold for the last 3 days. Her Left ear examination shows reddish bulging tympanic membrane, Blood picture is suggestive of inflammatory pathology. What is your probable diagnosis?

- a. Acute Otitis externa

- b. Acute Otitis externa
- c. Furunculosis/boil
- d. Malignant otitis externa
- e. Otitis media with effusion

13. A School child was suffering upper respiratory tract infection and develop severe pain in left ear from the last 2 days. Ear examination shows red bulging tympanic membrane, decreased hearing and raised total leukocyte count. What is the most likely diagnosis?

- a. Acute secretory otitis media
- b. Acute suppurative otitis media
- c. Myringitis bulosa
- d. Otitis externa
- e. Otomycosis

14. A child under treatment for acute suppurative otitis media left ear develop a painful, tender and fluctuant swelling in the post auricular area for the last two days. What is the most likely diagnosis?

- a. Acute lymphadenitis
- b. Acute mastoid abscess
- c. Boil
- d. Neck abscess
- e. Tubercular abscess

15. A young patient developed severe pain in Left ear for the last 2 days. His clinical features are suggestive of acute suppurative otitis media left ear. Baseline laboratory investigation shows high total leukocyte. Choose the most likely organism?

- a. Streptococcus pyogenes
- b. Staphylococcus aureus
- c. Streptococcus pneumoniae
- d. Haemophilus influenzae
- e. Branhamella catarrhalis

16. Stapes foot plate covers

- a. Round Window
- b. Oval window
- c. Sinus tympani
- d. Pyramid

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17. Sensor nerve supply for the e middle ear comes from

- a. Vagus nerve
- b. Caroticotympanic nerve
- c. Glossopharyngeal nerve
- d. Chorda tympani

18. Tensor tympani muscle is attached to

- a. Neck of stapes
- b. Neck of malleus
- c. Head of malleus
- d. Body of incus
- e. Long process of incus

19. An elderly man had long standing ear discharge and now presented with Facial palsy, pain in ear which is worse at night and a friable polyps in the ear with tendency to bleed. The likely diagnosis is

- a. CSOM
- b. Malignant otitis externa
- c. Cracinoma of the middle ear
- d. Glomus tumor

20. Secretory otitis media

- a. Has no medical treatment
- b. Is treated by Myringotomy and grommet insertion
- c. Is treated by antiviral drugs
- d. Is not diagnosed by audiological tests

21. A 40 year old female presented with head ach for the last 3 days. She had scanty foul smelling ear discharge for the last 10 days. She also has ipsilateral lower motor Facial paralysis. Select the best option

- a. Right ear myringoplasty
- b. Corticosteroid in tapering dose
- c. Corticosteroid in tapering dose with antiviral drugs
- d. CT scan with contrast
- e. Mastoid exploration

22. Most common cause for blue ear drum

- a. Glaumu jugulare tumor
- b. High jugular bulb
- c. Cholesterol granuloma
- d. Glue ear
- e. Hemotympanum

23. Analyze findings in 7 year old child:

- . Bilateral conductive deafness
- . Pure tone audlogram show air bone gap of 30db
- . Tympanogram shows type B curve

Choose one best option

- a. Accute suppurative otitis media with perforation
- b. Chronic suppurative otitis media
- c. Secretory otitis media
- d. Otosclerosis
- e. Eustachian tube dysfunction

24. The stapes bone develop from

- a. First Viseral arch
- b. Second Viseral arch
- c. Both B and C are right
- d. Both A and B are right

25. On ear examination a red mass is seen behind the tympanic membrane which blanches on compression by pneumatic otoscope. This sign is called

- a. Griesigners sign
- b. Schwartz sign
- c. Browns sign
- d. Moor's sign

26. Which of the following is/are true about b

- a. It is a benign tumor
- b. Metastasis of lymph nodes
- c. Contains cholesterol
- d. Erodes bone
- e. Malignant potential

27. The most common Intracranial complication is

- a. Brain Abscess
- b. Subdural abscess
- c. Meningitis
- d. Lateral sinus thrombophlebitis

8.B	9.A	10.E	11.C	12.B
13.B	14.B	15.C	16.B	17.C
18.B	19.C	20.B	21.D	22.D
23.C	24.D	25.C	26.D	27.C

EAR/INTRACRANIAL COMPLICATIONS

16. During mastoid surgery lateral sinus thrombosis is suspected if

- a. Perisinus cells are soft
- b. Sinus plate have granulation over it
- c. Perisinus abscess is present
- d. All of the above
- e. None

KEY:D

8. Acoustic neuroma/Vestibular shwanoma

1. Acoustic neuroma arises from

- a. Vestibular nerve
- b. Facial nerve
- c. Cochlear nerve
- d. Abducens nerve
- e. Trigeminal nerve

2. With regard to acoustic neuroma the following statements are true except -

- a. It arises from shwan cell
- b. It may present with hearing loss and Vertigo
- c. It is associated with Facial palsy
- d. It is melignant disease

3. A 60 years old man presented with right sided hearing loss, Facial weakness with numbness on the same side. He also give the history of dizziness

- a. Most likely diagnosis is meniere's disease
- b. Patient is suffering from accoustic neuroma
- c. Patient is suffering from otosclerosis
- d. Patient is suffering from adhesive otitis media
- e. Patient is suffering from Otis media with effusion

4. A 67 year old female presents with balance problem. Exam: nystagmus on left lateral gaze, a loss of the left corneal reflex and reduced hearing on the left ear. Most likely diagnosis?

- a. Meniere's disease
- b. Accoustic neuroma
- c. Cerebral abscess
- d. Pituitary tumor
- e. Gentamicin

1.A	2.D	3.B	4.B
-----	-----	-----	-----

9. Temporal bone fracture

1. All are true about longitudinal fracture of Temporal bone except

- a. Longitudinal fracture occurs less commonly than transverse fracture
- b. Less chances of Facial palsy
- c. Occurs due to blow from the side
- d. Causes conductive hearing loss

2. The Best imaging tool for the detection of extension of the disease of the temporal bone associated region is

- a. X-ray mastoid
- b. CT scan
- c. Conventional tomography
- d. CT scan with contrast
- e. MRI

1.A

2.D

10. Eustachian tube

1. Which is a fracture of eustachian tube in a child

- a. Extends from middle ear to oropharynx
- b. Is at more of a horizontal angle than in an adult
- c. Is longer in length than an adult
- d. Is cartilagenous
- e. Is derived from second pharyngeal pouch

KEY:

HINTS AND EXPLANATION

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1. Tympanic membrane

1. The "blur ear drum" generally refers to a condition in which blood or blood products are found in the middle ear. After all possible causes for Hemotympanum, including blood dyscrasias and trauma are searched for and ruled out, patient may have chronic serous otitis media accompanied by bloody effusion.

2. Signs and symptoms of ruptured ear drum may include :

- Ear pain that subside quickly.

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- Mucous like , pus filled or bloody drainage from the ear .

- Hearing loss from negligible to 50.

- Ringing in ear.

- Vertigo.

- Nausea, vomiting.

3. In conductive hearing loss of an ear , there will be negative Rinne's test , lateralization of sound on the affected side and ABC will be normal .

4. In case of perforated ear drum , patients are instructed to keep water out of ear during bathing , swimming and hair wash. Rubber inserts can be used .

5. Otosclerotic focus involves the stapes region causing stapes fixation and conductive deafness. About 50% of otosclerosis patients have positive family history.

6. Because patient has left hearing loss and Rinne's test is negative on left side means that there is BC > AC that confirms there is conductive hearing loss on the left side and otosclerosis is one of it's example .

7. Both test can be used for best diagnosis of otosclerosis. PTA will show ' carhart's notch' and tympanometry compliance will be lower at ambient ear pressure as there is fixation of ossicles.

8. Because atticointral is a dangerous type of CSOM which involves posterosuperior part of tympanic membrane and can be associated with an attic or marginal perforation.

9. All patient family history is positive, bone conduction is normal as audiogram shows moderate hearing loss in both ear across all frequencies . All those lead to otosclerosis.

10. As tympanic membrane has important role in hearing , it also protects the middle ear from dust, bacteria and debris.

11. Perforated ear drum has symptoms of ear pain , pus or bloody discharge , hearing loss , ringing in ear , vertigo.

13. Otosclerotic patients presents with monotonous, soft speech because conduction is more and patient hear his own voice louder.

14. Stapedectomy with place of prosthesis is the treatment of choice . In thus procedure , the fixed Otosclerotic stapes is removed and a prosthesis inserted between the industrial and oval window.

2. Internal Ear

1. • Radiation to mother during pregnancy,

- German measles,

- Cytomegalovirus,

- Thalidomide

=> All can cause inner ear malformation and deafness in children.

Other causes are:

- Infections During Pregnancy:

Remember the mnemonic TORCHES:

T: Toxoplasmosis

R: Rubella

C: Cytomegalovirus

H: Herpes type I and II

S: Syphilis

- Drugs During Pregnancy:

1. Streptomycin

2. Gentamicin

3. Tobramycin

4. Quinine

5. Thalidomide

- Nutritional deficiency

- Diabetes

- Toxaemia

EAR/INTRACRANIAL COMPLICATIONS

• Thyroid deficiency

2. Fever, cough, runny nose and cold before vertigo point towards viral infection.

Among these, only 2 (labyrinthitis and vestibular neuritis) can be preceded by viral infection.

But in labyrinthitis, there is hearing loss also with vertigo.

But in this scenario, no history of hearing loss is given, so vestibular neuritis is the correct answer.

3. Prochlorperazine, which is used for symptoms of nausea, vomiting and vertigo associated with mineral disease, labyrinthitis and other inner ear disorders.

4. Endolymph, formed by the stria vascularis present in the scala media of cochlea.

5. All streptomycin, gentamicin and kanamycin are vestibulotoxic except for minocycline.

5. => Aminoglycosides (Neomycin, kanamycin, amikacin, gentamicin) cause irreversible hearing loss.

=> Quinine and Salicylates cause reversible hearing loss.

=> Furosemide mostly causes reversible hearing loss

but permanent damage may sometimes occur.

7. There is no relation between oral ulcers and dizziness.

8. Option A, B and C are correct regarding BPPV, while BPPV is not caused by ototoxic drugs.

9. Reissner's membrane separates scala vestibuli and scala media while basilar membrane separates scala media and scala tympani.

10. All mentioned drugs are ototoxic except Amoxicilline.

Mnemonic for ototoxic drugs:

"CALM EAR"

C: Cisplatin and carboplatin

A: Aminoglycosides

L: Loop diuretics

M: Malarial drugs: (Quinine and chloroquine)

E: Erythromycin

A: Abivin

R: Redman syndrome (vancomycin)

11. These features of vertigo, hearing loss and tinnitus (>30 min, (mostly from 24 min to 24 hrs)) are seen in Ménière's disease. Neurological examination is normal in this case.

Benign positional vertigo lasts for <1 min.

In acoustic neuroma, neurological examination may show involvement of other nerves like V and VII Cranial Nerves.

While in otosclerosis, vertigo is an uncommon symptom.

12. There are 3 semicircular canals.

Each canal has an amputated end (which opens independently into the vestibule) and a non-amputated end.

The non-amputated ends of superior and posterior canals unite to form a common canal called the crus commune.

So, 3 canals open into the vestibule by 5 openings!

13. Balance of the body is maintained by vestibular system, proprioception, and eyes as well.

14. Frenzel glasses are used for nystagmus. These glasses are fitted with magnifying lenses and internal lighting to illuminate the patient's eyes so the examiner can see any spontaneous nystagmus when the patient has no visual fixation.

15. Variants of Ménière's disease are

- Cochlear hydrops,
- Vestibular hydrops,
- Drop attacks (Tumarkin's otolithic crisis)
- Lermoyez syndrome.

Facial Nerve

1. Other surgical landmarks for facial nerve in parotid surgery are cartilaginous pointa, styloid process and posterior belly of digastric muscle. The tympanomastoid sutus is nearest to the main trunk-> therefore most reliable landmark.

2. Aften surgery , paralyseis may be immediate or delayed. Immediate onset paralysis require surgical exploration to find the cause and also to decompress, reanastomose the cut ends or cable nerve graft.

In case of delayed paralysis, treatment is conservative by giving steroids.

3. Parotid swelling with facial paralysis is almost always malignant option #2

Hearing loss, Tests for hearing and ear

1. Human ears can hear in a frequency range of 20-20000 Hz.

2. In conductive hearing loss, Weber's test showed sound's lateralization to the affected ear.

And in sensorineural hearing loss, the sound is lateralized to the healthy ear.

In this scenario, there is lateralization to the right ear. So option B is correct. Right ear has conductive hearing loss.

3. Brainstem Evoked Response Audiometry (BERA) and OtoAcoustic Emissions (OAEs) are used as screening tests of hearing in neonates.

4. Presbycusis (hearing loss in old age) is the most common cause of sensorineural hearing loss in old age.

5. This patient might have Benign Paroxysmal Positional Vertigo in which vertigo occurs in certain head positions.

Dix-Hallpike maneuver is performed for its diagnosis.

6. Tympanometry is performed in this scenario which will give B (flat curve) that will help us in diagnosis.

7. Pure-Tone Audiometry (PTA) is the most important audiological test to confirm the type of hearing loss.

9. For positional vertigo (vertigo in certain positions of head), Dix-Hallpike maneuver is performed.

10. Otosclerosis, otitis media with effusion and acute otitis media produce conductive hearing loss.

While acoustic neuroma causes sensorineural hearing loss because it involves the VIII CN.

11. Cephhradine does not cause hearing loss.

Drugs that cause hearing loss are given in MCQ 88.

12. Findings on an audiogram in otosclerosis: In otosclerosis, there is a typical finding on an audiogram which shows a dip at 2000 Hz frequency. This dip is known as Carhart's Notch.

Findings on an audiogram in Ménière disease:

In the early stage,

- lower frequencies are affected

- and the curve is of rising type.

When higher frequencies are involved, the curve becomes flat or of falling type.

Findings on an audiogram in noise trauma:

Audiogram shows typical notch at 4000 Hz both for air and bone conduction.

EAR/INTRACRANIAL COMPLICATIONS

As duration of noise exposure increases, the notch deepens to involve lower and higher frequencies.

13. 512 Hz tuning fork is ideal.

Because tuning forks of lower frequencies produce sense of bone vibration

While tuning forks of higher frequencies have short decay time.

14. Weber's Test is used to compare bone conduction of both ears.

15. Tympanometry is an objective test for conductive hearing loss.

While Auditory Brainstem Response (ABR) is an objective test for sensorineural hearing loss.

16. Test of hearing loss in infants is ABR (Auditory Brainstem Response).

20. MRI of the brain to look for tumors is the most appropriate.

5. External Ear

1. Hematoma auris treatment options:

- Under strict aseptic condition do aspiration of Hematoma.
- Pressure dressing to prevent reaccumulation.
- Aspiration may need to be repeated.
- When above fail the incision and drainage should be done .
- Pressure applied by dailal rolls
- Prophylactic antibiotics.

11. Scenario show history of actiological factors causing acute otitis externa leads to breakage in the continuity of meatal linings ,set the ground for organism to vads.

This tumor is most common in males in their Fifties who had prolong exposure to direct sunlight, Fair complexioned people are more prons.

6. Middle Ear

1. Type B tympanogram is a flat or alone shaped graph. It shows that is no change in compliance of Middle ear effusion.

2. Malignant or Necrotizing OE is caused by pseudomonas which is an opportunistic pathogen . So it usually aused infection in immunocomponized people e.g patient with diabetes or those on immunocomponized drugs.

3. Chords tympani, branch of facial nerve, runs on the medial surface of the tympanic membrane. Therefore, it is more prone to injury during middle ear surgery.

5. Symptoms of Malignant OE are severe otalgia, swelling of ear canal and appearance of granulation tissue in ear canal.

6. Complications of ASOM are acute mastoiditis, subperisoted abcess, facial paralysis, labyrinthitis, petrositis, extracural abcess, Meningitis, brain abcess, latral sinus thromphlebitis.

7. Mostly effects 40 – 60 yrs old females. Chronic irritation is the causative factor in most of the cases clinical picture is blood stained foul smelling discharge, severe pain especially at night and facial palsy. Treatment is combination of surgery and radiotherapy.

8. Cholestealona causes bone distruction through enzymes. Previously it was thought that is caused bone erosion through pressure necrosis but now it is not accepted. Congenited variety is not confined to middle ear but it may effect petrous apex or cerebellopontine angle. It predominantly causes conductive Hearing loses but may also cause sensoronal loss in loder slages.

9. In Atticoantral type of CSOM, cholesteatoma is mostly present.

Tympanic perforation is present in both tubotympanic and atticoantral type. Polyp is usually present in tubotympanic type. Hearing loss is of conductive or mixed type in Atticoantral and mostly associated with complications.

10. Otogenic brain abscess mostly involve temporal lobe because they develop as a result of direct extension of middle ear infection through the tegmen which is part of the temporal bone.

12. Severe earache and red tympanic membrane are indicative of acute OM. Patient also had common cold (viral rhinitis) previously which leads to AOM.

19. Case of carcinoma of middle ear because he is an elderly patient and has chronic history of ear discharge and now presented with symptoms of carcinoma of middle ear.

20. Medical treatment include decongestants, antiallergies, antibiotics and middle ear aeration. Myringotomy and grommet insertion has no role. Audiological tests are used for diagnosis.

21. Case of Atticoantral type of CSOM. Complications has developed e.g. Facial nerve paralysis. Headache suggests intracranial complications such as brain abscess. CT scan is the best investigation to find the site and size of abscess.

7. Surgical procedures in ear /implants /Hearing aids

1. Otitis media with effusion is the most common indication for myringotomy.

In this, an incision is given on the tympanic membrane to drain effusion of the middle ear or to aerate the Eustachian Tube.

Indications:

- Acute suppurative otitis media with severe ear-ache and bulging TM.
- Complications of acute otitis media like facial paralysis, labyrinthitis or meningitis.
- Recurrent acute otitis media
- Otitis media with effusion
- Aero-otitis media
- Atelectatic ear

2. Stapedectomy is done for tympanosclerosis or otosclerosis.

In this procedure, fixed otosclerotic stapes is removed and a prosthesis is inserted between the incus and the oval window.

3. Mastoidectomy is done for complications of chronic suppurative otitis media.

4. Temporalis fascia is mostly used as a graft. Other materials that can be used as graft are:

- Areolar fascia overlying the temporalis fascia,
- Cartilage, • Tragal perichondrium,
- Periosteum, • Vein, • Fat, • Skin.

7. As in this case, cholesteatoma has developed due to Chronic Otitis Media. So mastoidectomy is the most important treatment option.

8. Cholesteatoma has the property of bone erosion and can involve the brain tissue, causing severe complications.

So, a mastoidectomy is done to prevent these complications.

9. Glue ear also called otitis media with effusion is an indication for myringotomy.

10. The Citelli's angle (sinodural angle) is an important landmark during mastoidectomy.

EAR/INTRACRANIAL COMPLICATIONS

11. Myringoplasty is the closure of the tympanic membrane.

It has no role in cholesteatoma.

12. The MacEwen's triangle is an important surgical landmark of the mastoid antrum. Its boundaries are:

- Superiorly: Suprameatal crest;
- Anterior-inferiorly: Posterior margin of external auditory canal;
- Posteriorly: A tangential line from the posterior canal wall cutting the suprameatal crest.

In adults, the mastoid antrum lies 1.5 to 2 cm deep to this triangle.

14. PTA and speech audiometry are better to distinguish conductive hearing loss from sensorineural hearing loss.

15. For myringoplasty, the ear should be dry and the Eustachian Tube's function should be normal.

16. Lateral sinus thrombosis is suspected if

- Perisinus cells are soft,
- Sinus plate has granulation over it,
- Perisinus abscess is present.

9. Temporal Bone

1. There are two types of temporal bone fractures:

Longitudinal & Transverse

The differences are:

Longitudinal	#	Transverse
Along the long axis of the petrous pyramid	1	Perpendicular to the petrous pyramid
More common (80%)	2	Less common (20%)
Due to parieto-temporal trauma	3	Due to fronto-occipital trauma
<ul style="list-style-type: none"> • Otorrhagia, • Hemotympanum, • TM perforation, • CSF otorrhea, • Hearing loss => More Common	4	<ul style="list-style-type: none"> • Otorrhagia, • Hemotympanum, • TM perforation, • CSF otorrhea, • Hearing loss => Less Common
<ul style="list-style-type: none"> • Facial nerve injury => Less Common	5	<ul style="list-style-type: none"> • Facial nerve injury => More Common
<ul style="list-style-type: none"> • Vertigo => Less intense	6	<ul style="list-style-type: none"> • Vertigo => More intense

ENT-02

NOSE & PARANASAL SINUSES

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1 Anatomy & Physiology of Nose.

1. The space between bulla ethmoidalis & uncinat process is called;

- a. Agger nasi b. Olfactory cleft
c. Frontal nasal duct d. Hiatus semilunaris

2. What is the structure which form the medial wall of piriform fossa?

- a. Aryepiglottic fold
b. Arytenoids cartilage
c. Glossoepiglottic fold
d. Lamina of thyroid cartilage

3. Arteries Which Take Part In Kiesselbach's Plexus Include All Except:

- a. Anterior ethmoidal b. Greater Palatine
c. Superior Labial d. Inferior Labial

4. All of the following arteries share in Kiesselbach's plexus EXCEPT:

- a. Anterior ethmoidal artery
b. Posterior ethmoidal artery
c. Greater palatine artery
d. Sphenopalatine artery
e. Superior labial artery

5. The external carotid artery gives blood supply to the nose through the following branches EXCEPT

- a. Sphenopalatine artery
b. Greater palatine artery
c. Superior labial artery
d. Anterior ethmoidal artery

6. Bulla ethmoidalis is produced by:

- a. Opening of the maxillary sinus
b. Opening of the frontal sinus
c. Opening of the anterior ethmoidal sinus
d. Anterior air cells of ethmoidal sinis
e. Nasolacrimal duct

7. Movements of the nasal cells is called:

- a. Synchronous b. Metachronous Combination
c. Dichtmus d. Asynchronous

8. Rhinomanometry is used in measurement of

- a. Nasal air flow b. Nasal blood flow
c. Flow of mucus d. All of the above. e. None

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

2. DISEASES OF EXTERNAL NOSE AND NASAL VESTIBULES

1. Rheumatic heart disease is characterized by all of the following except:

- a. Aschoff bodies b. Pancarditis
c. MacCallum plaque d. King abscess
e. Verrucae

2. Rhinophyma:

- a. Is caused by hypertrophy of sebaceous glands of external nose
b. Is a viral infection
c. Is a dermoid cyst
d. Is caused by trauma
e. None of them

1.E	2.A
-----	-----

NOSE/SINUSES & NASOPHARYNX

3. The fetal complication which can arise from boil nose is

- a. Septal abscess
- b. Vestibular abscess
- c. Blindness
- d. Cavernous sinus thrombosis
- e. Saddling of nose

KEY: D

3. Diseases of Nasal Septum.

1. Indications of septoplasty include the following:

- b. Epistaxis
- c. Hypophysectomy
- a. Nasal obstruction by DNS
- d. Cosmetic deformity
- e. All of them

2. A seven years old boy has severe deflection of nasal septum. He finds difficulty in breathing through nose and has recurrent episodes of acute sinusitis. What is the best treatment for him:

- a. Wait till age of 17 for SMR
- b. SMR operation now
- c. Maxillary sinus washout
- d. Functional Endoscopic Sinus Surgery (FESS)
- e. Septoplasty

3. An elderly patient reported a non-healing, progressive, brown to blackish ulcerative lesion over the bridge of nose for the last 18 months. On examination 1x1 cm ulcer with granular base and well-defined margins seen. Rest of the local and systemic examination is unremarkable. What is the most relevant investigation to confirm the diagnosis?

- a. CT Scan
- b. Fine needle aspiration cytology
- c. Histopathology (biopsy)
- d. MRI
- e. Ultrasonography

4. A 21 years old patient has right nasal obstruction for the several years, recurrent upper respiratory infections. Nasal examination shows gross Deflected Naval Septum. Radiological investigations are within normal limits. Choose the most appropriate treatment option?

- a. Antihistamine
- b. Functional endoscopic Surgery
- c. Partial turbinectomy
- d. Septoplasty
- e. Topical steroids

5. A child of 5 years was operated for septal abscess 1 year back. Now he has presented with saddle nose depression. What is the most probable cause?

- a. Fault in the surgical technique
- b. Necrosis of septal cartilage due to subperiosteal collection of abscess
- c. Congenital nasal deformity
- d. Improper use of antibiotics in the postoperative period
- e. Nasal synechia

6. A 5 years old child was brought to the casualty department with history of nasal obstruction for last 5 days. The mother also told that the child received nasal trauma 5 days back. Examination revealed reddish swelling in either side of the nasal cavity. What is the most probable diagnosis?

- a. Bilateral enlarged turbinates.
- b. Nasal polypi
- c. Antrochoanal polyp
- d. septal haematoma
- e. None of them

7. Usual indication of septoplasty is

- a. Recurrent sinusitis
- b. Persistent post nasal drip
- c. Symptomatic DNS
- d. Recurrent epistaxis
- e. To approach other adjacent areas

8. Septal hematoma is associated with

- a. Tenderness over the nose
- b. Bilateral nasal swelling
- c. Bilateral nasal obstruction
- d. Both b & c
- e. Epistaxis and fever

9. Symptoms of septal perforation include all except

- a. Epistaxis
- b. Whistling sound
- c. Flapping of septum
- d. Crusting
- e. None

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

TMM SUPER 6 MCQS FOR KMU 4TH YEAR MBBS

1. Acute And Chronic Rhinitis

1. A rhinolith usually presents as
- A mass in the nose
 - Progressive unilateral nasal obstruction with discharge in an adult patients
 - Necrosis of the septal wall
 - Heavy epistaxis
 - Post nasal drip

KEY: B

5. Granulomatous Disease Of Nose

1. Syphilis of the nose may cause
- Bony septal perforation
 - Palatal perforation
 - Saddle nose deformity
 - All of them

KEY: D

6. Miscellaneous disease of nasal cavity.

1. A rhinolith usually presents as
- A mass in the nose
 - Progressive unilateral nasal obstruction with discharge in an adult patients
 - Necrosis of the septal wall
 - Heavy epistaxis
 - Post nasal drip
2. A 60 years old male presented with maggots in the nose. Following is the treatment of choice
- Instillation of turpentine oil and chloramphenicol with forcep removal
 - Instillation of turpentine oil and chloroform with forcep removal
 - Instillation of liquid paraffine with forcep removal
 - Instillation of xylometazoline with forcep removal
 - Instillation olive oil and forcep removal
3. A young boy operated for nasal polypi for the third time. He developed blood stained watery consistency fluid from his nose which is increased on bending. The most probable diagnosis is
- Infection
 - Recurrence of polyp
 - Fungal sinusitis
 - CSF leak
 - Hemorrhage

4. A 4 years old child presented with history of foul smell from the right nasal cavity which improves a little with the use of antibiotic. What is your most probable diagnosis?

- Antrochoanal polyp
- Chronic sinusitis
- Septal abcess
- Setal haematoma
- Foreign body nose

5. An infant with bilateral choanal atresia presents with:

- Secretory otitis media
- Respiratory distress
- Epistaxis
- Stridor

6. A four years old child presented with left offensive nasal discharge You should suspect

- Choanal atresia
- Adenoid
- Foreign body impaction
- Rhinosinusitis

7. Which of the following Nasal foreign bodies Irritating and cause Inflammatory reaction.

- Bean
- Button
- Bead
- A piece of plastic

1.B	2.B	3.D	4.E
5.B	6.C	7.A	=

7. Allergic Rhinitis

1. The best investigation to diagnose allergic rhinitis is:

- Total eosinophil count
- IgE
- Nasal smear
- Skin prick test
- Full blood count

2. Treatment of allergic rhinitis include:

- Antihistamines
- Corticosteroids
- Decongestants
- Sodium chromoglycate
- All of the above

3. A middle aged man complains of anosmia for the last 6 months. Which of the following statements is the best answer.

- It is due to nasal diseases
- It must be bilateral before it is diagnosed
- Recovery after skull fracture does not take place
- It is described as a loss of taste
- All of them

1.D	2.D	3.B
-----	-----	-----

NOSE/SINUSES & NASOPHARYNX

4. A young known patient of allergic rhinitis reported that on exposure to house dust mite, he experiences sneezing for a few minutes. Local examination shows congestion only. Systemic examination is unremarkable. Baseline lab investigations are within normal range. What is the most likely medication which may be helpful?

- a. Antibiotics
- b. Antihistamines
- c. Chromoglycate
- d. Corticosteroids
- e. Decongestants

5. Common Cold is Most Often Caused By:

- a. Influenza Virus
- b. Rhinovirus
- c. Adenovirus
- d. Respiratory Syncytial Virus

6. Which one of the following drugs provide protection against nasal allergy when used just before exposure to allergen?

- a. Sodium Chromoglycate
- b. Pseudoephedrine
- c. Prednisolone orally
- d. Budesonide nasal spray

7. Regarding allergic rhinitis

- a. It is evoked by certain specific stimuli
- b. Is associated with nasal obstruction and discharge
- c. Is triggered by seasonal changes
- d. It is IgE-mediated immunologic response
- e. It is always genetic in nature

8. A 62-year-old man presents with cough, breathlessness and wheeze. 24% O₂, salbutamol and hydrocortisone were given. The symptoms haven't improved, so nebulized bronchodilator was repeated and IV aminophylline was given. ABGs reveal pH=7.31, RR=32. What is the next appropriate management?

- a. Nasal intermittent positive pressure ventilation
- b. Intubation and ventilation
- c. Long Acting Beta Agonist
- d. Toxapram
- e. Amoxicillin PO

4.B	5.B	6.A	7.D	8.A
-----	-----	-----	-----	-----

8. Vasomotor and other forms of non allergic rhinitis:

1. Regarding vasomotor rhinitis

- a. Its symptoms are similar to those of allergic rhinitis
- b. It is commonly associated with seasonal changes
- c. It is triggered by exposure to specific stimuli
- d. It is related with the intake of certain drugs
- e. Surgery is the treatment of choice

2. A 20 years old patient presented with facial pain, eyes pain, purulent nasal discharge and nasal obstruction for the last 3 days. Patient was also suffering from flu for the last one week. Nasal examination findings show yellowish pus in nasal cavity, middle meatus and postnasal drip. Rest of ENT and systemic examination is unremarkable. What is the most likely diagnosis?

- a. Acute Rhinosinusitis
- b. Allergic Rhinitis
- c. Boil / staphylococcal infection
- d. Rhinitis
- e. Vestibulitis

3. Which of the following drugs is linked with rhinitis medicamentosa?

- a. Intranasal steroid spray
- b. Ipratropium bromide
- c. Xylometazoline
- d. Cocaine

4. In nasal smear number of eosinophils is increased in;

- a. Viral rhinitis
- b. Rhinitis medicamentosa
- c. Vasomotor rhinitis
- d. Non allergic eosinophilic rhinitis

5. Which of the following drugs is linked with rhinitis medicamentosa?

- a. Intranasal steroid spray
- b. Ipratropium bromide
- c. Xylometazoline
- d. Cocaine

6. Nasal polyps develop in patients with:

- a. Aspirin intolerance
- b. Fungal Sinusitis
- c. Chronic Rhinosinusitis of Non Allergic Origin
- d. All of them

7. Herpes zoster most commonly affects the:

- a. First division of trigeminal nerve
- b. Second division of trigeminal nerve
- c. Third division of trigeminal nerve
- d. All of the above
- e. none

A	2.A	3.C	4.D
B	5.A	7.A	

Nasal polyp

Nasal polyps are:

- a. Pale, glistening and sensitive to touch
- b. Pinkish, congested and insensitive to touch
- c. Reddish, painful and bleed to touch
- d. Pale, glistening and insensitive to touch
- e. Pale, glistening and bleed to touch

2. Antrochoanal polyp usually arises from:

- a. Maxillary sinus
- b. Frontal sinus
- c. Ethmoid sinuses
- d. Sphenoid sinus
- e. Cavernous sinus

3. A 59-years-old science professor presents with left nasal obstruction for the last 27 months. Now complains of mild nasal pain, discharge and mouth breathing at night. He underwent nasal surgery 3 times in the past for similar complaints. Detailed documents are not available. His left nasal examination and posterior rhinoscopy shows polypoidal swelling. Choose the most important investigation to confirm the diagnosis.

- a. Biopsy
- b. CT scan paranasal sinuses
- c. MRI
- d. Peripheral smear
- e. X-ray paranasal sinuses

4. A 19 years old engineering girl student presented to ENT clinic with right nasal obstruction for the last 27 months, mouth breathing for 6 months and now snoring for 2 months. Right nasal examination shows polypoidal swelling, posterior rhinoscopy was difficult and plane radiograph shows haziness of the right maxillary sinus. What is your most probable diagnosis?

- a. Allergic fungal sinusitis
- b. Angiofibroma
- c. Antrochoanal polyp
- d. Nasal polyposis
- e. Sino-nasal tumour

5. A 50 years old patient reported nasal obstruction, whitish postnasal drip, mouth breathing at night, sneezing off and on for the last 8 months.

Examination of nose revealed congestion of nasal mucosa, presence of mucoid secretion and polypoidal masses in the nasal cavity. Rest of the local and systemic examination is unremarkable.

Maxillary sinuses are clear on radiological investigation. What is the most likely diagnosis?

- a. Antrochoanal polyp
- b. Deflected nasal septum (DNS)
- c. Nasal polypi (Ethmoidal)
- d. Neoplastic lesion (Tumor)
- e. Rhinosinusitis

6. A young patient reported progressive nasal obstruction on left side for the last one year, mouth breathing and snoring for the last 3 months.

Examination revealed polypoidal mass in nasal cavity and nasopharynx. Rest of the local and systemic examination is unremarkable. Radiology shows Left maxillary haziness. What is the most likely diagnosis?

- a. Angiofibroma
- b. Antrochoanal polyp
- c. Deflected nasal septum (DNS)
- d. Malignant tumor
- e. Nasal polypi (Ethmoidal)

1.D	2.A	3.A
4.C	5.C	6.B

NOSE/SINUSES & NASOPHARYNX

7. A 15 years old child has right nasal obstruction for the last 14 months; she became snorer for the last 2 months, Nasal & nasopharyngeal examination shows polypoidal swelling. Baseline laboratory investigations are within normal limits. What is the most relevant investigation to confirm the diagnosis?

- CT scan
- Fine needle aspiration cytology
- Histopathology (biopsy)
- MRI
- Ultrasonography

8. A 3 year old child presented with a unilateral single polyp. It doesn't bleed. What will be your line of management?

- Nasal polypectomy under general anaesthesia
- Perform a biopsy
- Investigate for intranasal meningocele
- Observe the child periodically

9. The Most Common Medical Treatment Of Nasal Polypi Is:

- Topical Decongestants
- Antihistamines
- Topical Steroids
- Non Steroid Anti Inflammatory Drugs

10. Nasal Polyps Develop In Patients With:

- Aspirin intolerance
- Fungal Sinusitis
- Chronic Rhinosinusitis of Non Allergic Origin
- All of them

11. A 56 years old man reported recurrent history of rhinorrhea, sneezing and nasal obstruction for several years. He developed bilateral nasal obstruction for the last 13 months, dryness of mouth and snoring at night for the last one month. His nasal examination and posterior rhinoscopy shows polypoidal masses. His nasal smear shows eosinophils. What is the most likely diagnosis?

- Allergic fungal sinusitis
- Antrochoanal polyp
- Nasal polyposis

- Nasopharyngeal angiofibroma
- Sino- nasal malignancy

12. A 19 years old girl engineering student presented to ENT clinic with right nasal obstruction for the last 17 months, mouth breathing for 6 months and snoring for 2 months. Right nasal examination shows polypoidal swelling, posterior rhinoscopy was difficult and plane radiograph shows haziness of right maxillary sinus. What is your most probable diagnosis?

- Allergic fungal sinusitis
- Angiofibroma
- Antrochoanal polyp
- Nasal polyposis
- Sino nasal tumour

13. The common presentation of antrochoanal (M) polyp is:

- Unilateral nasal obstruction in a young patient
- Recurrent epistaxis
- Reduced smell (hyposmia)
- Post nasal discharge
- Persistent headache

14. Nasal polyp in child should arise the suspicion of:

- Cystic fibrosis
- Aspirin hypersensitivity
- Cellac disease
- All of the above
- None

15. Unilateral nasal polyp may be :

- Antrochoanal polyp
- Neoplasia
- Meningocele
- All of the above
- None

16. A 29-year-old man with history of asthma comes with post nasal discharge and bilateral painless nasal blockage. What is the single most likely diagnosis?

- Nasal polyp
- Septal hematoma
- Septal abscess
- Atopic rhinitis
- Allergic rhinitis

7.A	8.C	9.C	10.D	11.C
12.C	13.A	14.A	15.D	16.A

10. Epistaxis

1. A young woman was on contraceptive pills due to which she developed deep vein thrombosis. She was

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placed on warfarin. She started bleeding from nose. The best test to check her coagulation status is

- a. Bleeding time
- b. Clotting time
- c. Platelet count
- d. Activated partial thromboplastin time
- e. Hess test

2. All of the following are treatment options for epistaxis except

- a. Anterior nasal packing
- b. Cauterization
- c. Elevation of mucoperi chondrial flap & SMR operation
- d. Ligation of vessels
- e. Middle meatus antrostomy

3. What Is Most Common Site Of Nose Bleed:

- a. Floor of nose
- b. Lateral wall of nose
- c. Inferior turbinate
- d. Little's area

4. Arteries which take part in Kiesselbach's plexus include all except:

- a. Anterior ethmoidal
- b. Greater Palatine
- c. Superior Labial
- d. Inferior Labial

5. Commonest site of epistaxis in young patients is

- a. Middle turbinate
- b. Retro-collumellar vein
- c. Woodruff's plexus
- d. Little's area
- e. Posterior part of nasal cavity

6. A patient with epistaxis showing a bleeding point in Little's area is best managed by:

- a. Cautery
- b. Anterior nasal pack
- c. Posterior nasal pack
- d. Coagulants

7. Following is the common site for epistaxis:

- a. Posterosuperior part of the nasal cavity
- b. Above the level of the middle turbinate
- c. Interior end of inferior turbinate
- d. Below the level of the middle turbinate
- e. Little's area

8. A 10-year-old boy develops nasal bleeding. What is the best way to stop the bleeding from the nose

- a. Pressure over base of the nose

- b. Ice packs
- c. Pressure over the soft tissues
- d. Nasal packing
- e. Surgery

1.D	2.E	3.D	4.D
5.D	6.A	7.E	8.C

11. TRAUMA TO THE FACE

1. Manipulation of nasal bones (MNB) should be done:

- a. Within 02 weeks of nasal trauma
- b. After 02 weeks of nasal trauma
- c. Within 06 months of nasal trauma
- d. 02 hours after nasal trauma
- e. After 06 months of nasal trauma

2. After a few days of sustaining injuries in a road traffic accident, a teenage motorcyclist presents with CSF rhinorrhea. Which of the following statements best suits the above mentioned scenario?

- a. It is always traumatic
- b. The usual symptom is discharge from the nose
- c. The patient complains of nasal obstruction and headache
- d. It is diagnosed by detecting glucose in the fluid
- e. Conservative treatment is the best mode of treatment

3. A 15 years old boy had trauma to his nose. His doctor diagnosed him to be having fractured nasal bone with deformity and advised manipulation of nasal bone. Baseline laboratory investigations are within normal limits. What is the most appropriate time for manipulation of nasal bones (MNB)?

- a. 02 hours after nasal trauma
- b. After 02 weeks of nasal trauma
- c. After 06 months of nasal trauma
- d. Within 02 weeks of nasal trauma
- e. Within 06 months of nasal trauma

1.A	2.D	3.D
-----	-----	-----

NOSE/SINUSES & NASOPHARYNX

4. In a patient presenting to the emergency room with a fractured nose associated with edema

- a. Postpone reduction for one week
- b. Immediate reduction of the nasal fracture is needed
- c. Patient should be prepared for immediate septorhinoplasty
- d. postpone for one month before reduction

5. Blow out fracture of the orbit

- a. Is caused by trauma
- b. Diplopia is the presenting feature
- c. Step deformity of the orbital floor is noticed
- d. Exploration of the orbit is a recommended treatment
- e. Tear drop sign is a diagnostic radiological sign

6. Fractures of the nasal bones are corrected with:

- a. Asche,s forceps
- b. Walsham's forceps
- c. Killian's forceps
- d. Free's forceps
- e. plain forceps

4.A

5.E

6.B

12. Anatomy And Physiology Of Paranasal Sinuses:

1. In paranasal sinuses,osteoma commonly involves;

- a. Frontal sinus
- b. Maxillary sinus
- c. Ethmoid sinus
- d. Sphenoid sinus
- e. None

2. The key area in the middle meatus for drainage of anterior group of paranasal sinuses is

- a. The ostiomeatal complex
- b. The osteomeatal complex
- c. The sphenoethmoidal recess
- d. The superior meatus

3. Regarding the opening of the frontal sinus

- a. It opens in the superior meatus
- b. Inferior meatus
- c. Sphenoethmoidal recess
- d. Anterior part of the hiatus semilunaris in the middle meatus
- e. Posterior part of the hiatus smilunaris in the middle meatus

4. Which sinus is relatively larger at birth:

- a. Maxillary
- b. Sphenoid
- c. Ethmoidal
- d. Frontal
- e. Mastoid

5. Which sinus is not present at birth:

- a. Maxillary
- b. Frontal
- c. Ethmoid
- d. Sphenoid
- c. All

6. Radiologically the maxillary sinus is best seen in:

- a. Oblique view
- b. Lateral view
- c. Occipitofrontal view
- d. Occipitomenal view
- e. Anteroposterior

1.A

2.B

3.D

4.A

5.B

6.D

13. Acute and Chronic Sinusitis:

1. Young's operation is performed in:

- a. Atrophic rhinitis
- b. Allergic rhinitis
- c. CSF thinorrhea
- d. Rhinosinusitis
- e. Epistaxis

2. In a case of infective sinusitis:

- a. Is always complicated by acute local complication
- b. Frontal sinus is the commonly involved sinus
- c. Mucocele as a complication of sinusitis is a common entity
- d. Orbital involvement in young children is due to ethmoidal sinusitis
- e. Conservative treatment is usually required

3. A 66 years old man with uncontrolled diabetes mellitus developed right nasal obstruction, severe pain, epistaxis, right eye proptosis, high grade fever and facial swelling for the last 5 days. His examination shows inflammatory changes in the nose, blackening of palate, ophthalmoplegia and vision loss in right eye. Labora investigations show TLC 20,000/mm³, blood sugar 400 mg/dl. Imaging studies show haziness and bone erosion in right maxillary sinus. What is the most likely diagnosis?

- a. Acute invasive fungal sinusitis
- b. Allergic fungal sinusitis
- c. Nasal polyposis
- d. Nasopharyngeal carcinoma
- e. Sino-nasal malignancy

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4. A 24 years old patient presented with 9 days history of nasal obstruction, severe facial pain and yellowish anterior & posterior nasal discharge. His TLC is 17000/ Neutrophil 95%. What is the gold standard investigation for confirmation of the pathology & its extend?
- Plane radiographs of Paranasal sinuses
 - CT Scan of the paranasal sinuses
 - Endoscopic examination of nose
 - Pus for culture from Middle meatus
 - MRI
5. A young patient reported severe pain in right forehead and eye with postnasal yellowish discharge. Clinical and radiological diagnosis was made as right acute frontal sinusitis which is not responding to medical treatment for the last two weeks. Which is the most likely surgical procedure which may be helpful?
- Antral washout(AWO)
 - Ethmoidectomy?
 - Intranasal antrostomy?
 - External fronto-ethmoidectomy?
 - Trephination?
6. The primary treatment of acute maxillary sinusitis is:
- Puncture and lavage of the sinus
 - Inferior meatal antrostomy
 - Medical treatment
 - Functional endoscopic sinus surgery
7. A 34-year-old man has supra-orbital pain and tenderness and developed tenderness over the maxilla. He so has mild year old man the single likely cause for these symptoms?
- Acute sinusitis
 - Septal abscess
 - Allergic rhinitis
 - Trigeminal neuralgia
 - Maxillary carcinoma
8. The most dangerous complication of chronic rhinosinusitis is:
- Orbital cellulitis
 - Subperiosteal abscess
 - Meningitis

- Frontal bone osteomyelitis
- Cavernous sinus thrombosis

9. Main indication of the procedure of antral washout (AWO/PP) is:

- Diagnostic
- Diagnostic and therapeutic
- To collect aspirate for Culture Sensitivity (C/S)
- For cytological studies
- Treatment of acute sinusitis

10. The common presentation of unantrochoanal (AC) polyp is:

- Unilateral nasal obstruction in a young patient.
- Recurrent epistaxis
- Reduced smell (hyposmia)
- Post nasal discharge
- Persistent headache

11. Predisposing factors for chronic maxillary sinusitis include all except:

- Adenoid hypertrophy
- DNS
- Rhinitis medicamentosa
- Nasal polyp
- None

1.A	2.D	3.A	4.B	5.E	6.C
7.A	8.A	9.E	10.B	11.C	---

HINTS AND EXPLANATION

1. PHYSIOLOGY OF NOSE

8. Rhinomanometry is a dynamic test of nasal function that calculate nasal airway resistance (NAR).

2. DISEASES OF EXTERNAL NOSE AND NASAL VESTIBULE

1. Diabetic patient are immunocompromised so take more time to heal and are more prone to develop a life threatening condition like cavernous sinus thrombosis or an infection on brain.

2. Rhinophyma or potato tumor is a slow growing benign tumor due to hypertrophy of sebaceous gland of tip of nose often seen in cases of long standing acne-rosacea.

NOSE/SINUSES & NASOPHARYNX

3. Cavernous sinus thrombosis can restrict the blood flow from the brain, which can damage the brain, eyes and nerves running between them.

3. NASAL SEPTUM AND ITS DISEASES

1. Indication of septoplasty

- Deviated septum causing nasal obstruction
- Cosmetic reason
- Recurrent epistaxis
- Sinusitis
- Septal deviation causing sleep apnea or hypoxemia syndrome
- Access to endoscopic dacryocystorhinostomy
- As an approach

3. Main characteristics of Basal cell carcinoma,

- BCC is a locally invasive tumor and rarely metastasizes
- Spontaneous bleeding or ulceration
- Skin colored, pink or pigmented

○ HEAD AND Neck ----- 60%

○ Nose ----- 14%

• Trunk ----- 30%

• Extrimities ----10%

• Biopsy • Cytology • Histology finding.

5. Complication of nasal septum Abscess;

- Saddle deformity • Septal perforation
- Meningitis • Cavernous sinus thrombosis

6. Clinical Feature of septal Hematoma,

- Bilateral nasal swelling
- Bilateral nasal obstruction
- Sense of pressure over nasal bridge
- Associated with frontal headache
- Palpation may show the mass to be soft and fluctuant

9. Septal Perforation symptoms

- Nasal obstruction • Epistaxis
- Whistling • Crusting • Pain
- Rhinorrhea • Chronic rhinosinusitis
- Foul smell

4. ACUTE AND CHRONIC RHINITIS

1. Rhinolith is the stone formation in the nasal cavity which is formed by the deposition of calcium and magnesium salt over the nucleolus of foreign material.

- More common in adults
- Unilateral nasal obstruction
- Nasal discharge
- Frank epistaxis
- Neuralgic pain

10. EPISTAXIS

1. Warfarin reduces intrinsic or common pathways (2, 7, 9, 10) factor the OPTT assay detects the level of these factors hence can be used to check coagulation status.

2. Because all these options are different ways to stop the bleedings while middle meatus anastomosis is a procedure to reduce treat chronic maxillary sinusitis.

3. Little area is located in the anterior inferior part of nasal septum, four arteries (anterior ethmoid, septum branch of superior labial, septal branch of sphenopalatine and greater palatine) anastomose here, so it is more vulnerable to trauma.

6. Because cauterization is useful when the bleeding point has been located and little and little area is specific. It can be managed by anterior nasal pack.

8. Because the bleeding in children is usually mild and can be stopped by applying local pressure over the soft tissue.

11. TRAUMA TO FACE

1. The best time to reduce the nasal fracture is before appearance of edema or after it has subsided, which takes 1 to 5 days, it is difficult to reduce after 2 weeks because it heals by that time.

2. CSF has same amount of glucose as blood while nasal mucus has little to zero glucose. Glucose measurement of nasal discharge is traditional bedside test for detection of CSF leaks but nowadays high sensitive test and high imaging studies are used for detection.

ENT-03

THROAT

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2. Taste Buds Are Seen In All Of The Following Papillae Except:

- a. Circumvallate
- b. Fungiform
- c. Filiform
- d. Foliate

3. A 62-year-old man who has recently had flu-like illness has woken to find his speech altered. Movement of his eyelids and lips are weak on the right side. Exane normal. Which anatomical site is most likely to be affected?

- a. Facial nerve
- b. Hypoglossal nerve
- c. Oculomotor nerve
- d. Trigeminal nerve
- e. Glossopharyngeal nerve

1.A	2.C	3.A
-----	-----	-----

2. Common disorders of oral cavity

1. A 35 years old male patient presented with bluish color cystic swelling on floor of mouth which disappeared on puncturing but reappears after some time, the likely diagnosis is:

- a. Mucous retention cyst
- b. Ranula
- c. Submandibular gland duct stone
- d. Sialiectasis
- e. Sublingual gland tumor

2. A 25-years old girl developed fever, pain, trismus and swelling below the angle of mandible after dental extraction. The most common organism involved is

- a. Candida species
- b. Diphtheria bacillus
- c. Streptococcus pneumonia
- d. Streptococcus viridans
- e. Staphylococcus aureus

1.B	2.D
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ORAL CAVITY

1. Anatomy

1. Which of the following nerve carries taste sensations from the anterior two third of the tongue?

- a. Facial nerve
- b. Hypoglossal nerve
- c. Lingual nerve
- d. Vagus nerve
- e. All of them

ORAL CAVITY, PHARYNX, LARYNX, DYSPHAGIA

3. A 48-year-old diabetic lady presented with fever and pain in the throat. Examination of the oral cavity revealed a foul smelling membrane in the interdental papillae. The most probable organism involved is:

- a. Diphtheria bacillus
- b. Borrelia vincenti
- c. Herpes zoster
- d. Herpes simplex
- e. Streptococcus species

4. A 51-year-old woman presents with a painful tongue and complains of tiredness. She is pale and has angular stomatitis and a smooth red tongue.

There is no koilonychia, Choose the single cell type you will find on blood film:

- a. Numerous blast cells
- b. Oval macrocytes
- c. Spherocytes
- d. Mexican hat cells
- e. Erythrocytes

5. What is the most common sight of leukoplakia in the oral cavity?

- a. Buccal mucosa
- b. Floor of the mouth
- c. Hard palate
- d. Tongue
- e. None of them

6. Commonest Cause For Oral Ulceration Is:

- a. Trauma
- b. Aphthous Ulceration
- c. Viral Infections
- d. Malignant Ulceration

7. Which Of The Following Lesions In The Oral Cavity Has A Malignant Potential?

- a. Hypertrophic Candidiasis
- b. Leukoedema
- c. Erythroplasia
- d. White Sponge Nevus

8. Oral Manifestation Of Hiv Include All Except:

- a. Oral Candidiasis
- b. Hairy Leukoplakia
- c. Buccal Striae Forming A Lacing Pattern
- d. Recurrent Aphthous Ulcers

9. A single painless, firm pinkish ulcerated swelling with punched out edge on the lip is most probably

- a. Tuberculous
- b. Syphilitic
- c. Traumatic
- d. Malignant

10. Infection of the floor of the mouth which is usually dentogenic in origin:

- a. Is called trench mouth
- b. Is known as Ludwig's angina
- c. Is called Vincent's angina
- d. All are true

11. A 3-year-old child has had a high temperature for 4 days and he has not seen a doctor. Then mother notices rashes on buccal mucosa and some around the mouth. What is the most appropriate diagnosis?

- a. Measles
- b. Roseola infectiosum
- c. Rubella
- d. Chicken pox
- e. Impetigo

3.B	4.B	5.A	6.A	7.C
8.C	9.B	10.B	11.B	--

3. Tumors of oral cavity

1. The most common tumor of oral cavity is:

- a. Squamous cell carcinoma
- b. Adenocarcinoma
- c. Adenoid cystic carcinoma
- d. Basal cell carcinoma
- e. Lymphoma

2. Verrucous carcinoma of the buccal mucosa is identified with which of the following characteristics?

- a. It is faster growing than the epidermoid form
- b. It is not associated with tobacco chewing
- c. It has a predilection for the gingivobuccal gutter
- d. It rarely extends to the mandible
- e. It has a dark-brown, flat, smooth border on presentation

3. An elderly patient reported a painful ulcer on right lateral border of the tongue for the last 2 months. Local examination shows less than 2 cm aggressive ulcer like cancer of tongue. Systemic examination is unremarkable. Baseline lab investigations are within normal range. What is the most likely investigation to confirm the type of pathology?

- a. CT Scan
- b. Excisional biopsy
- c. Fine needle aspiration cytology (FNAC)
- d. Incisional biopsy
- e. MRI

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4. The Most Common Site Of Melanoma In The Oral Cavity Is:

- a. Buccal and Labial Mucosa
- b. Base of the Tongue
- c. Oral Tongue and Floor of Mouth
- d. Hard Palate and Maxillary Gingiva

5. Which of the following statements regarding cancer of the tongue is true?

- a. Carcinomas at the base of the tongue are best treated by irradiation alone rather than surgery
- b. Stage 1 and stage II cancers of the mobile tongue are treated more effectively by irradiation than by surgery
- c. Cancer of the tongue is usually advanced to stage III by the time it is diagnosed
- d. Prophylactic irradiation of the neck nodes is indicated in patients whose primary cancer of the tongue is treated by irradiation
- e. Cancer of the tongue is the third most common malignancy of the oral cavity

1.A	2.C	3.D	4.D	5.D
-----	-----	-----	-----	-----

- c. They rarely recur if simply enucleated
- d. They present as rock-hard masses
- e. They have no malignant potential

4. A 68-year-old male presented with swelling in the lower pole of the parotid gland for the last 10 years, Exam: firm in consistency. What is the most probable diagnosis?

- a. Pleomorphic adenoma
- b. Adenolymphoma
- c. Mikulicz's disease
- d. Parotiditis
- e. Frey's syndrome

5. A patient presented with a history of swelling in the submandibular region, which became more prominent and painful on chewing. He also gave a history of sour taste in the mouth, the area is tender on palpation. Choose the most probable diagnosis?

- a. Chronic recurrent sialadenitis
- b. Adenolymphoma
- c. Mikulicz's disease
- d. Adenoid cystic carcinoma
- e. Submandibular abscess

1.D	2.A	3.A	4.A	5.C
-----	-----	-----	-----	-----

4. Non-Neoplastic disorders of salivary glands

1. A woman has a pleomorphic adenoma. She is undergoing a total parotidectomy. Which important vascular structure should the surgeon be most aware of?

- a. Facial artery
- b. Facial vein
- c. External carotid artery
- d. Retromandibular vein
- e. Internal jugular vein

2. Most common site of origin of pleomorphic adenoma is:

- a. parotid gland
- b. submandibular salivary gland
- c. Minor salivary gland of hard palate
- d. Minor salivary gland of lip

3. Pleomorphic adenomas (mixed tumors) of the salivary glands are characterized by which of the following?

- a. They occur most commonly on the lips, tongue, and palate
- b. They grow rapidly

5. Neoplasms of oral cavity

1. During superficial parotidectomy, the most reliable landmark to identify main trunk of facial nerve is:

- a. Mastoid tip
- b. Styloid process
- c. Tympanomastoid suture
- d. cartilage of external auditory canal
- e. All of them

KEY:C

2. PHARYNX

6. Anatomy

1. What is the corresponding level of vertebrae where hypopharynx lies in a normal adult person? b

- a. 4 and 5 cervical vertebrae
- b. 5 and 6 cervical vertebrae
- c. 3, 4 and 6 cervical vertebrae
- d. 4, 5 and 6 cervical vertebrae

ORAL CAVITY, PHARYNX, LARYNX, DYSPHAGIA

2. The Eustachian tube is opened by contraction of

- a. Tensor tympani muscle
- b. Levator palati muscle
- c. Tensor palati muscle
- d. Salpingopharyngeus muscle

3. The Eustachian tube

- a. Opens in the lateral wall of the oropharynx
- b. Is opened by the levator palati muscle
- c. Wider in the adult than in infants
- d. None of them
- e. All of them

4. The part of the pharynx that lies in front of the 3rd to 6th cervical vertebra is

- a. Oropharynx
- b. Nasopharynx
- c. Hypopharynx
- d. The whole pharynx

5. Inferior constrictor muscle of the pharynx take origin from:

- a. Hyoid bone
- b. Mandible
- c. Maxilla
- d. Thyroid and cricoid cartilage

1.C	2.C	3.D	4.C	5.D
-----	-----	-----	-----	-----

7. Inflammation/ Tumors Of Nasopharynx

1. Which Of The Following May Cause Eustachian Tube Blockage:

- a. Adenoid Hypertrophy
- b. Chronic Tonsillitis
- c. Hypertrophy of Lingual Tonsil
- d. Enlarged Tongue

2. Nasopharyngeal Obstruction Due To Adenoids Can Lead To All Except:

- a. Sinusitis
- b. Serous Otitis Media
- c. Cor Pulmonale
- d. Proptosis

3. All of the following are true about cleft palate EXCEPT:

- a. Patient has hypernasality
- b. Otitis media may be a complication
- c. Adenoid can be done safely
- d. Suckling is difficult

4. Most common malignancy seen in AIDS patients is

- a. Hodgkin's lymphoma
- b. Kaposi's sarcoma
- c. Cancer nasopharynx
- d. Hairy leukoplakia

1.C	2.D	3.C	4.B
-----	-----	-----	-----

8. Acute And Chronic Pharyngitis

1. A 30 year old female presented to the ENT department with dysphagia and low grade fever the last 2 months. On examination there is swelling of the posterior pharyngeal wall. Needle aspirate revealed pus. X- rays cervical spine reveals changes in the body of C5 and C6 vertebrae. What treatment will be the most appropriate options?

- a. Injection cephradine 1 gram I/V TDS following per oral incision and drainage
- b. Injection ceftriaxone 1 gm I/V B.D following per oral incision and drainage.
- c. Metronidazole 100 ml TDS following per oral incision and drainage.
- d. Antibiotic covering gram-ve and gram +ve and anaerobes
- e. Anti tubercular treatment with Incision & Drainage through external approach

2. A 10 year old child from a far flanged area presented to the ENT department with fever and respiratory difficulty. Examination revealed a dirty membrane on the tonsils and pharynx and has cervical lymphadenopathy. What most important investigation will you do in order to reach a definitive diagnosis ?

- a. Lymph node biopsy
- b. Peripheral smear
- c. X-ray chest and neck
- d. MRI
- e. Throat smear and culture of the organism

1.E	2.E
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9. Acute And Chronic Tonsillitis

1. A 20-years-old, Pakistani origin, UK citizen presents with high grade fever, severe pain in throat and severe odynophagia for the last 6 days. She has taken two types of appropriate antibiotics with no response. On examination the patient is ill looking, both tonsils are swollen, congested, and neck lymph nodes are enlarged. Her TLC 11,000/mm³, neutrophils 50% & lymphocytes 45%. What is the most probable diagnosis?

- a. Acute follicular tonsillitis
- b. Acute pharyngitis
- c. Infectious mononucleosis
- d. Leukemia
- e. Peritonsillar abscess (Quinsy)

2. A 12-year-old boy develops acute tonsillitis. He starts to complain of pain in the ear. Which nerve is likely to be involved?

- a. Superior laryngeal
- b. Glossopharyngeal
- c. Facial
- d. Hypoglossal
- e. Lesser palatine

3. A 7 years old child has recurrent 5 episodes of acute tonsillitis for the last two years. Parents and his school teachers are worried about his poor health and poor performance at studies. His Hb is 10 gm/dl and TLC 7000. Choose the most appropriate treatment?

- a. De-worm him
- b. Frequent courses of antibiotics
- c. Multivitamin with iron
- d. Pas for culture from the tonsil crypts
- e. Tonsillectomy

4. A 14 years old boy presented with High grade fever of 104 F, severe pain in throat and severe odynophagia for the last 50 hours. On examination both tonsils are swollen, congested with pus in crypts, TLC is 23000/ Neutrophils 90% and Lymphocytes 9%. Choose the most appropriate antibiotic?

- a. 4th generation cephalosporin
- b. Amoxil + Clavulanic
- c. Benzylpenicillin
- d. Ciprofloxacin
- e. Gentamicin Injections

5. A 20 years old Irish girl presented with high grade fever, severe pain in throat and odynophagia for the last 4 days. On examination both tonsils are swollen, congested with membranous slough & enlarged lymph nodes (level-1) TLC is 9000/ Lymphocytes 80%. What is the most likely diagnosis?

- a. Acute follicular Tonsillitis
- b. Acute pharyngitis
- c. Diphtheria
- d. Infectious mononucleosis
- e. Peritonsillar abscess (Quinsy)

6. A young healthy patient reported severe pain in throat, severe odynophagia and high grade fever for the 2 days. Examination revealed swollen congested tonsils, frank pus was also observed in the crypt of tonsils. Baseline Laboratory investigations show very

high total leukocyte count. Choose the most likely organism?

- a. Streptococcus pyogenes
- b. Stap. Aureus
- c. Streptococcus pneumonia
- d. Haemophilus influenzae
- e. Branhamella catarrhalis

7. Which of the tonsils are located between the palatoglossal and palatopharyngeal arches

- a. Pharyngeal tonsils
- b. Lingual tonsils
- c. Tubal tonsils
- d. Palatine tonsils
- e. Adenoids

8. What will be the likely diagnosis with following analysis: Enlarged inflamed tonsils, Multiple neck lymph nodes palpable, Liver and spleen palpable TLC=12000, N = 33%, lymph = 56%, Atypical cell = 8%, M = 2%, E = 1%

- a. Lymphocytic leukemia
- b. Streptococcal tonsillitis
- c. Infectious mononucleosis
- d. Diphtheria
- e. Agranulocytosis

9. A 24 years old patient presented with fever 101 F, pain in throat and odynophagia for the last 9 days. On examination the patient is pale, ill looking, both tonsils are swollen, congested, TLC is 63,000/ Neutrophils 70%, lymphocytes 19% and Hb% 7. What is the most probable diagnosis?

- a. Acute follicular tonsillitis
- b. Acute pharyngitis
- c. Infectious mononucleosis
- d. Leukemia
- e. Peritonsillar abscess (Quinsy)

10. The earliest and commonest complication of diphtheria is:

- a. Heart failure
- b. Palatal paralysis
- c. Laryngeal obstruction
- d. Acute nephritis

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

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11. The following are signs of chronic tonsillitis EXCEPT:

- a. Enlarged cervical lymph nodes
- b. Pus in the tonsillar crypts
- c. Inequality of the size of the tonsils
- d. Edema of the uvula

12. A 5-year-old child complains of sore throat and earache. He is pyrexial. Exam: tonsils enlarged and hyperemic, exudes pus when pressed upon. What is the single most relevant diagnosis?

- a. Infectious mononucleosis
- b. Acute follicular tonsillitis
- c. Scarlet fever
- d. Agranulocytosis
- e. Acute Otitis Media

11.D	12.B
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10. Head And Neck Space Infections

1. Usual pathogen in Peritonsillar abscess is:

- a. hemolytic streptococci
- b. Staphylococci
- c. H. influenza
- d. Anaerobes
- e. Mixed infection

2. An 8 years old male child was diagnosed as a case of Bezold's abscess. What is the location of pus in this child?

- a. Mastoid top muscle
- b. Petrous apex
- c. Posterior belly of digastric
- d. Sternocleidomastoid muscle
- e. Sternohyoid muscle

3. Peritonsillar abscess is collection of pus in:

- a. Parapharyngeal space
- b. Retropharyngeal space
- c. Peritonsillar space
- d. Intratonsillar crypts
- e. Inside the tonsillar tissue

4. A 16 years old girl reported discharge and swelling in her front of neck for the last 18 months. She underwent surgery for similar complaints 4 years ago. Her neck examination shows discharging sinus in midline of neck, mobile with swallowing. Imaging

studies and laboratory investigations are unremarkable. What is the most likely diagnosis?

- a. Branchial sinus
- b. Granulation tissue in scar of previous surgery
- c. Neoplasm
- d. Thyroglossal sinus
- e. Tuberculous lymphadenitis sinus

5. A young patient reported severe right sided pain, odynophagia and fever. A clinical diagnosis of Quinsy (Peritonsillar abscess) was made. Which is the most likely space involved (collection of pus)?

- a. Inside the tonsillar tissue
- b. Intratonsillar crypts
- c. Parapharyngeal space
- d. Peritonsillar space
- e. Retropharyngeal space

6. A 12 years old child was diagnosed as having neck lymphadenitis with abscess for the last 7 days. Response to medication is not satisfactory. TLC is 15000. Choose the most likely treatment which will be most helpful?

- a. Aspiration
- b. Blood picture
- c. Broad spectrum antibiotic
- d. Culture and sensitivity
- e. Incision and drainage with antibiotic cover

7. Complications of mumps include all except:

- a. Unilateral sensorineural hearing loss
- b. Thyroiditis
- c. Pancreatitis
- d. Palatal palsy

8. In which of the following locations there is a collection of pus quinsy?

- a. Peritonsillar Space
- b. Parapharyngeal Space
- c. Retropharyngeal Space
- d. Within Tonsil

9. A 3 years old boy has fever, difficulty in breathing and bull's neck appearance. On inquiry he was not properly vaccinated. Which test will confirm the diagnosis?

- a. Shick test
- b. Paul Bunnel test
- c. TLC/DLC
- d. X-ray chest
- e. Throat swab for culture

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

Tumors of pharynx

1. The most important diagnostic test that should be performed in patients suspected of having post-radiation chondronecrosis of the larynx is:

- a. A barium swallow
- b. A laryngeal biopsy
- c. CT scan or MRI scan of the larynx
- d. Chest X-ray
- e. Pulmonary function tests

2. A 76-year-old man presents with a sore throat, local irritation by hot food, dysphagia and a sensation of a lump in his throat. He has a 20 year history of smoking. What is the single most likely diagnosis?

- a. Nasopharyngeal carcinoma
- b. Pharyngeal carcinoma
- c. Sinus squamous cell carcinoma
- d. Squamous cell laryngeal carcinoma
- e. Hypopharyngeal carcinoma

1.B	2.B
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Tonsillectomy and Thyroidectomy

1. Absolute Indications Of Tonsillectomy Includes:

- a. Occasional Sore Throat
- b. Rheumatic Fever
- c. Peritonsillar Abscess
- d. Sleep Apnoea Syndrome
- e. Patients desire for tonsillectomy

2. A 39 year old male patient was scheduled for tonsillectomy to approach a cranial nerve in the tonsillar bed. Name the cranial nerve?

- a. Glossopharyngeal nerve
- b. Hypoglossal nerve
- c. Lingual nerve
- d. Vagus nerve
- e. Mandibular nerve

3. The most dangerous complication of tonsillectomy is:

- a. Primary bleeding

- b. Reactionary bleeding
- c. Secondary bleeding
- d. Aspiration of blood clot during recovery
- e. Tonsillar remnant

4. A 13 year old patient underwent tonsillectomy 7 days ago. He developed severe pain in throat, fever, odynophagia, loss of appetite and bleeding from his throat of and on. He is pale, ill looking and toxic, his body temperature is 103 F. Baseline lab investigations show leukocytosis. Choose the most appropriate diagnosis?

- a. Pharyngitis
- b. Primary hemorrhage
- c. Reactionary hemorrhage
- d. Secondary hemorrhage
- e. Tonsillitis

5. Patient presented with hemoptysis 7 days post-tonsillectomy. What is the next step?

- a. Packing
- b. Oral antibiotics + discharge
- c. Admit + IV antibiotics
- d. Return to theater and explore
- e. Ice cream and cold fluids

6. A 44-year-old pt has sudden onset of breathlessness and stridor a few minutes after extubation for thyroidectomy. The patient had a long standing goiter for which he had the surgery. What is the most likely diagnosis?

- a. Thyroid storm
- b. Hematoma
- c. Unilateral recurrent laryngeal nerve injury
- d. External laryngeal nerve injury
- e. Tracheomalacia

1.D	2.A	3.B	4.D	5.C	6.E
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13. Paranasal Air Sinuses And Sinusitis

1. A 19 year old patient has maxillary bacterial sinusitis for the last 27 days not responding to appropriate medication including antibiotics. His radiological investigation shows haziness in maxillary sinuses, baseline lab investigations are within normal limits. Choose the most appropriate treatment?

- a. Antihistamine
- b. Antral washout (AWO/PP)
- c. Caldwell luc
- d. Intranasal antrostomy
- e. Topical steroids

65. In caldwell-luc operation, entry into maxillary 2 is made through:

- a. Transethmoidal Approach
- b. Canine Fossa
- c. Maxillary Alveolus
- d. Middle Meatal Antrostomy

3. A patient developed oro-antral fistula after tooth extraction. Which tooth extraction is commonly associated with such happening

- a. Incisor
- b. Canine
- c. 3rd molar
- d. Upper second premolar
- e. Lower last molar

4. The teeth related to the floor of the maxillary sinus are

- a. 1st premolar and 2nd premolar
- b. 2nd premolar and 1st and 2nd molar
- c. 2nd and 3rd molar
- d. Canine and premolar

5. Oroantral fistula may follow all of the following EXCEPT

- a. Extraction of 2nd premolar tooth
- b. Radical antrostomy operation
- c. Advanced maxillary carcinoma
- d. Inferior meatal antrostomy

6. All of the following are associated with Kartagener syndrome except;

- a. Bronchiectasis
- b. Sterility
- c. Chronic sinusitis
- d. Cleft palate

7. Pott's puffy tumor is related to

- a. Infected cell in middle turbinate
- b. Tuberculous sinusitis
- c. Pyogenic infection of frontal sinus
- d. Cavernous sinus thrombosis

1.B	2.B	3.D	4.B
5.D	6.D	7.C	

LARYNX

1. Anatomy And Physiology

1. Which of the following muscles is innervated by superior laryngeal nerves?

- a. Cricothyroid
- b. Lateral cricoarytenoid
- c. Posterior cricoarytenoid
- d. Transverse arytenoids

2. Cricoid cartilage is a derivative of which branch of arch:

- a. 3rd Arch
- b. 4th Arch
- c. 5th Arch
- d. Hypobranchial eminence

3. Sensory nerve supply above the level of vocal cords is:

- a. Glossopharyngeal
- b. Superior Laryngeal
- c. Recurrent Laryngeal
- d. Pharyngeal Branch of Vagus

4. The only abductor muscle in the larynx is

- a. Sternothyroid muscle
- b. Lateral cricoarytenoid muscle
- c. Cricothyroid muscle
- d. Posterior cricoarytenoid muscle

5. The cricothyroid muscles has its nerve supply

- a. The external laryngeal nerve
- b. The internal laryngeal nerve
- c. The recurrent laryngeal nerve
- d. None of them

1.A	2.C	3.B	4.D	5.A
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15. Laryngeal Trauma

109. Respiratory distress may follow all of the following EXCEPT

- a. Compression trauma of the larynx

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- b. Penetration trauma of the larynx
- c. Inhalation of irritant gasses
- d. Abuse of voice

KEY: D

16. Acute And Chronic Inflammation Of Larynx

1. A 3 years old boy has fever, difficulty in breathing and Bull's neck appearance. On Inquiry, he was not properly vaccinated. Which test will confirm the diagnosis?

- a. Shick test
- b. Paul Bannels test
- c. TLC/DLC
- d. X-ray chest
- e. Throat swab for culture

2. In an adult who presents with signs and symptoms consistent with acute epiglottitis, the best clinical assessment tool is

- a. Blood culture
- b. Fiber optic laryngoscopy
- c. General anesthesia with direct laryngoscopy and possibly tracheostomy
- d. 1/V antibiotics and observation
- e. Lateral soft tissue X-ray of the neck

3. A 20 years old Irish girl presented with high grade fever, severe pain in throat and odynophagia for the last 4 days. On examination both tonsils are swollen, congested with membranous slough & enlarged lymph nodes (level-1). TLC is 9000/ Lymphocytes 80%. What is the most likely diagnosis?

- a. Acute follicular Tonsillitis
- b. Acute pharyngitis
- c. Diphtheria
- d. Infectious mononucleosis
- e. Peritonsillar abscess (Quinsy)

4. A 5 year old child presented to the casualty department with fever, severe respiratory distress, drooling of saliva from mouth and the child resisted to lay down for the last 8 hours. Most probable diagnosis is

- a. Croup
- b. Diphtheria
- c. Acute epiglottitis
- d. Foreign body inhalation
- e. Retropharyngeal abscess

5. A 30-year-old man presents to the casualty with difficulty breathing. On examination; throat reveals gy meribranes on the tonsils and uvula. He has mild pyrexia. What is the single most relevant diagnosis?

- a. Diphtheria
- b. Infectious mononucleosis
- c. Acute follicular tonsillitis
- d. Scarlet fever
- e. Agranulocytosis

6. A child is brought in with high grade fever, runny nose and bark-like cough. He is also drooling. What is the most appropriate treatment for this child?

- a. Corticosteroids
- b. Paracetamol
- c. Adrenaline nebulizer
- d. IV antibiotics
- e. Intubation under GA

1.E	2.B	3.D	4.C	5.A	6.E
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17. Congenital Lesions Of Larynx And Stridor

1. A 18 yr old male patient had a road traffic accident and presents with supraglottic hematoma.he also has noisy breathing or stridor. What is the key character of stridor in this patient?

- a. On inspiration only
- b. On expiration only
- c. Sometimes on inspiration and sometimes on expiration
- d. On deep expiration only

2. A 6 months old girl was diagnosed with a case of laryngomalacia. What is the main presenting complaint in such a patient?

- a. Dyspnoea on sleeping
- b. Expiratory stridor
- c. Hoarseness
- d. Inspiratory stridor

3. The ENT department was called from the labor room that a neonate is cyanosed but improves with cry. What is your most probable diagnosis?

- a. Congenital laryngeal web
- b. Tracheo esophageal fistula
- c. Esophageal atresia with fallor's tetralogy
- d. Bilateral choanal atresia
- e. Laryngomalacia

1.A	2.D	3.E
-----	-----	-----

18. Laryngeal Paralysis

139. A 20-year-old pashto folk singer complains of inability to raise the pitch of her voice. She attributes this to the thyroid surgery she underwent a few months back. What is the most likely diagnosis?

- a. Thyroid storm
- b. Bilateral recurrent laryngeal nerve injury
- c. Unilateral recurrent laryngeal nerve injury
- d. External laryngeal nerve injury
- e. Thyroid cyst

KEY: D

19. Benign Tumors Of Larynx

1. The most appropriate first line treatment for early laryngeal papillomatosis in a child is

- a. Acyclovir
- b. CO2 laser excision
- c. Interferon
- d. Tracheostomy
- e. Photodynamic therapy

2. The most likely diagnosis in a 4-year old child with persistent hoarseness is

- a. Gastroesophageal reflux
- b. Laryngitis
- c. Vocal cord nodule
- d. Vocal cord papillomas
- e. Vocal cord paralysis

3. A 58 years old man reported hoarseness of voice for the last 3 months. He has a past history of heavy smoking. His examination shows polypoidal swelling in the larynx, baseline investigations are within normal limits. What is the most important investigation to confirm the diagnosis?

- a. Biopsy
- b. CT Scan
- c. MRI
- d. Peripheral smear
- e. Ultrasonography

4. A 42 year old male patient came with the complaint of hoarseness of voice. What is the best method of assessing the movements of vocal cords among the following available tools?

- a. Flexible laryngoscopy
- b. Indirect laryngoscopy

c. Laryngoscopy with anterior commissure type laryngoscope

d. Micro laryngoscope

5. A 5 years old child presented with hoarseness of voice and stridor. He has undergone multiple laryngeal surgeries. Direct laryngoscopy revealed multiple warty lesions on the vocal cords and epiglottis. What is your most probable diagnosis?

- a. Tuberculosis of the larynx
- b. Multiple laryngeal papillomatosis
- c. Fungal infection of the larynx
- d. Laryngeal diphtheria
- e. None of them

6. Vocal cord nodules occurs at

- a. Anterior common issue of larynx
- b. Anterior half and post half junction of vocal cord
- c. At junction of anterior one third and posterior 2/3 of vocal cord
- d. At junction of anterior 2/3 with posterior 1/3 of vocal cord
- e. At posterior commissure of glottis

1.B

2.C

3.B

4.A

5.B

6.C

20. Laryngeal Cancer

1. Treatment of choice for T1 glottic carcinoma which is limited to one vocal cord is :-

- a. Partial cordectomy via laryngofissure
- b. Complete cordectomy
- c. Laser excision
- d. Radiotherapy

2. The most important diagnostic test that should be performed in patients suspected of having post-radiation chondronecrosis of the larynx is

- a. A barium swallow
- b. A laryngeal biopsy
- c. CT scan or MRI scan of the larynx
- d. Chest X-ray
- e. Pulmonary function tests

3. Squamous cell carcinoma can spread in regional lymph nodes causing nodal metastasis. In which of the following carcinoma nodal metastasis is usually late?

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- a. Glottic carcinoma
 - b. Subglottic carcinoma
 - c. Supraglottic carcinoma
 - d. Transglottic carcinoma
4. Total laryngectomy was performed in a 55 years old male patient for extensive carcinoma of the larynx. What are the problems which this patient will experience after removal of the larynx?
- a. deep breathing, weight lifting and micturition
 - b. expiration, defecation and deglutition
 - c. inspiration, deep breathing and micturition
 - d. micturition, defecation and weight lifting
5. A 60 years old smoker presented to ENT OPD with a history of hoarseness for the last 4 months. On direct laryngoscopy he has lesions on right vocal cord. Vocal cords movements are normal. Neck is clear & there is no distant metastasis. He was diagnosed with a case of carcinoma larynx. What is the best treatment option?
- a. Total laryngectomy
 - b. Total laryngectomy with radiotherapy
 - c. Radiotherapy
 - d. Chemoradiation
 - e. Partial laryngectomy

6. The commonest site of laryngeal carcinoma is:
- a. Supraglottis
 - b. Glottis
 - c. Subglottis
 - d. Laryngeal surface of the epiglottis

7. A 70-year-old man admits to asbestos exposure 20 years ago and has attempted to quit smoking. He has used weight loss and hoarseness of voice. Choose the single most likely type of cancer along with risk factors present.

- a. Basal cell carcinoma
- b. Bronchial carcinoma
- c. Esophageal carcinoma
- d. Nasopharyngeal carcinoma
- e. Oral carcinoma

1.D	2.B	3.A	4.D
5.C	6.B	7.B	--

21. Tracheostomy

1. During tracheostomy one should not injure which tracheal ring:

- a. Second tracheal ring
- b. First tracheal ring
- c. Third tracheal ring
- d. Fourth tracheal ring
- e. Fifth tracheal ring

2. Tracheostomy was performed in a 40 years old female patient and a double lumen tube (outer and inner tube) was inserted. What is the main advantage of such a tracheostomy tube?

- a. Change of tracheostomy tube is not required
- b. Cleaning of retained secretion is easier
- c. Its insertion is easier during surgery
- d. Patient's speech is not affected

3. After tracheostomy operation, a 35 year old female patient developed perichondritis of the cricoid cartilage. What could be the most common reason for this?

- a. antibiotic and anti inflammatory drugs were not prescribed after surgery
- b. high tracheostomy was performed
- c. regular suction cleaning of the tube was not done
- d. the tracheostomy tube has displaced accidentally

4. Usually which tracheal rings are incised in tracheostomy?

- a. 2nd & 3rd
- b. 3rd & 4th
- c. 4th & 5th
- d. 5th & 6th
- e. 1st & 2nd

6. Tracheostomy is performed in following conditions EXCEPT:

- a. Relief of an upper airway obstruction
- b. Bronchial toilet
- c. To reduce the dead space
- d. To improve nasal breathing
- e. Assisted ventilation

6. The ideal site of tracheostomy is at

- a. The 1st and 2nd tracheal rings
- b. The 2nd and 3rd tracheal rings
- c. The 3rd and 4th tracheal rings

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- d. The 4th and 5th tracheal rings
- e. The 5th and 5th tracheal rings

Foreign Body Of Air Passages

7. A 2 years old healthy child while playing, suddenly developed respiratory distress. Baseline Laboratory investigations are normal, Sudden respiratory distress in a child should raise the possibility of?

- a. Acute epiglottitis
- b. Acute laryngitis
- c. Acute laryngotracheobronchitis
- d. Angioneurotic edema
- e. Foreign body airway

8. A 2-year-old child aspirated a foreign object which was removed at the hour, the parents are now asking how to remove it if that ever happens at home. What would you advise?

- a. Heimlich's maneuver
- b. Bring to the hospital
- c. Turn the child on his back and give thumps
- d. CPR
- e. Remove manually by fingers

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

1. The most definitive test for establishing the identification of a foreign body in the upper aerodigestive tract is:

- a. Direct endoscopy
- b. Fluoroscopy
- c. Lateral decubitus X-ray
- d. P.A and lateral neck X-ray
- e. P.A and lateral Chest X-ray

2. A normal healthy child while playing, ingested something which caused difficulty in swallowing for solids. Choose gold standard of diagnosing esophageal foreign body?

- a. Barium swallow
- b. CT scan of the neck
- c. Esophagoscopy (Endoscopy)
- d. X ray neck All view
- e. X ray neck lateral view

3. Most Common Benign Tumour Of Oesophagus

- a. Leiomyoma
- b. Lipoma
- c. Fibroma
- d. Papilloma

4. Most Common Type Of Oesophageal Cancer

- a. Squamous Cell Carcinoma
- b. Adenocarcinoma
- c. Adenoid Cystic Carcinoma
- d. Mucoepidermoid Carcinoma

5. Radiographic Findings Of Cardiac Achalasia Include All Except

- a. Oesophageal Dilatation
- b. Rat-Tail Appearance
- c. Failure Of Lower Oesophageal Sphincter To Relax
- d. Diffuse Oesophageal Spasm

6. In a patient with progressive dysphagia to solids then also to fluids, you should suspect all of the following EXCEPT:

- a. Pustuloid carcinoma
- b. Carcinoma of the pyriform fossa
- c. Esophageal carcinoma
- d. Achalasia of the cardia

7. A 65-year-old man with cancer of middle 1/3rd of the esophagus presents with dysphagia. What is the most immediate management?

- a. Chemotherapy
- b. Radiotherapy
- c. Stenting
- d. Gastrostomy
- e. Total Parenteral Nutrition

8. A 68-year-old man has had increasing dysphagia for solid food for 3 months and has lost 5 kgs in weight. What single investigation is most likely to lead to a definite diagnosis?

- a. Barium swallow
- b. Chest X-Ray
- c. CT scan chest
- d. Endoscopy and biopsy
- e. Video-fluoroscopy

9. A 55 year old female presented with anemia and dysphagia. There is a feeling of something stuck in the throat. The esophagus can't be negotiated

beyond the crico-pharynx. What is the most probable diagnosis?

- a. Foreign body
- b. Plummer Vinson syndrome
- c. Pharyngeal carcinoma
- d. Barret's esophagus
- e. Esophageal carcinoma

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

Neck Masses

1. Most common neck swelling is

- a. Enlarged thyroid
- b. Enlarged submandibular salivary gland
- c. Thyroglossal cyst
- d. Enlarged lymph nodes
- e. Lipoma

2. Glomus jugulare arises from:

- a. Vagus nerve
- b. Jugular bulb
- c. Vessels over promontory
- d. Labyrinthine artery
- e. Attic area

3. A 25 year old sales man complains of recurrent swelling in upper part of the neck which increases in size and becomes painful during eating. Which appropriate investigation out of the following will clinch the correct diagnosis?

- a. Blood CP
- b. Orthopantomogram
- c. Occlusal x-ray of oral cavity
- d. FNAC
- e. Incisional biopsy of salivary gland

4. A 50 years old man presents with a mass of lymph nodes in the upper cervical region. Complete physical examination of the upper aerodigestive tract did not reveal any primary tumor. He is a smoker and also drinks two to three times per week.

Our next diagnostic step should be:

- a. Incisional biopsy of node
- b. Excision of cervical nodes
- c. Observation for appearance of any primary
- d. Fine needle aspiration cytology (FNAC)
- e. CT scan neck

5. In a patient with papillary carcinoma of the thyroid & the tumor size greater than 1.5cm, the best therapy would be

- a) Hemithyroidectomy followed by close post-operative observation
- b) Iodine 131-therapy
- c) Total thyroidectomy followed by Iodine 131-therapy
- d) Total thyroidectomy and bilateral anterior neck dissection
- e) Total thyroidectomy followed by external beam radiation therapy

6. An 11 years old boy presented to ENT clinic with midline non-symptomatic fluctuant, non tender swelling, mobile with swallowing and protrusion of tongue for the last 2.5 years. His rest of ENT examination is un-remarkable. What is your most probable diagnosis?

- a. Abscess
- b. Dermoid cyst
- c. Enlarged lymph node
- d. Thyroglossal cyst
- e. Thyroid swelling

7. Ramsay Hunt syndrome, herpes zoster involves which of the following ganglia?

- a. Scarpa's
- b. Spiral
- c. Geniculate
- d. Stellate
- e. All of them

8. A 6 years old boy presented to ENT OPD with a midline neck swelling, which is painless, mobile on swallowing or protruding the tongue, the most probable diagnosis is:

- a. Branchial fistulae
- b. Branchial cyst
- c. Thyroglossal duct cyst
- d. Dermoid cyst
- e. Ranula

9. A 45 Years Old Patient Presented With 2 Months History Of Right Sided Upper Neck Swelling And Right Ear Decreased Hearing Most Likely Diagnosis Is:

- a. Nasopharyngeal carcinoma
- b. Nasal polyp
- c. Sinusitis
- d. None of them

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

ORAL CAVITY, PHARYNX, LARYNX, DYSPHAGIA

10. Thyroglossal duct cyst is most common in area of:

- a. Base of tongue
- b. Supra hyoid area
- c. Sub hyoid area
- d. In front of thyroid cartilage
- e. In front of cricoid cartilage

11. This bluish pulsatile, compressible mass which increase with straining is most probably

- a. Glioma
- b. Encephalocele
- c. Dermoid
- d. Lipoma

12. A 23-year-old female presented with a swelling of her neck that moved upwards on protrusion of tongue. What is the next appropriate investigation?

- a. FNAC
- b. Punch biopsy
- c. Core biopsy
- d. MRI neck
- e. Radioactive thyroid scan

13. Which of the following statements regarding symptomatic thyroglossal duct cysts is true?

- a. Over 90% manifest themselves before age 12
- b. Treatment includes resection of the hyoid bone
- c. They usually present as a painful swelling in the lateral neck
- d. Approximately 10-15% contain malignant elements
- e. They rarely become infected

10.C	11.B	12.A	13.B
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THE END

EXPLANATION IS SKIPPED

SELF EXPLANATORY

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