

GOMAL MEDICAL COLLEGE, MTL, D.L.KHAN

MCQs Written Test 4th YEAR MBBS (Block-M1 "ENT")

Date: 25th Sept, 2023

Name of Student: _____

Roll No. _____

Please encircle the correct answer with blue/black pen

Paper ID: **BLU15**

TIME ALLOWED: 02-HOUR'S

TOTAL MARKS: 90

Note: Attempt ALL questions from this section. Select ONE best answer. Each question carries 01 mark.

Q#1: A 03 months old baby was referred to ENT OPD from Paediatric department with rounded mass over the root of the nose. Mother has noticed that the size of the mass increases while crying. Rest of ENT examination is normal. What is the most probable diagnosis?

- a) Intra Nasal Glioma
- b) Intra Nasal Teratoma
- c) Meningoencephalocele
- d) Septal Papilloma
- e) Septal Haemangioma

Q#2: A 9 years old child referred from a paediatric unit with swelling and edema of the left eyelid with congestion and redness of the conjunctiva on the same side for the last 3 days. It was diagnosed as cavernous sinus thrombosis due to acute sinusitis. Which type of sinusitis is common in paediatric age?

- a) Ethmoiditis
- b) Frontal sinus sinusitis
- c) Maxillary sinusitis
- d) Pansinusitis
- e) Sphenoiditis

Q#3: A 45 years old female Type II Diabetic patient presented with left side nasal obstruction, facial and orbital swelling for the last one week. Patient gives history of admission in ICU for COVID 19 one month back. On clinical examination a black necrotic mass covered with thick mucus in the left nasal cavity. Most likely diagnosis in this patient is?

- a) Atrophic Rhinitis
- b) Bacterial Sinusitis
- c) Fungal Sinusitis
- d) Foreign Body
- e) SinoNasal Carcinoma

Q#4: 25 years old male presented with history of paroxysmal attacks of sneezing and rhinorrhoea for the last 5 years. He is diagnosed as a case of allergic rhinitis. Which of the following blood tests can be helpful in the diagnosis of the disease?

- a) Blood Eosinophil Count
- b) Blood Neutrophil Count
- c) Blood Platelet Count
- d) Blood Red cell Count
- e) Total Blood Cells Count

Q#5: A 8 years old girl presented with history of unilateral nasal obstruction for the last one year. According to the patient she has been operated 2 times in the past for the same condition. On nasal examination an Antrochoanal polyp was seen on left side. Best treatment option in this patient is:

- a) Caldwell luc's operation
- b) Functional Endoscopic sinus Surgery
- c) External Ethmoidectomy
- d) Intra nasal polypectomy
- e) Intra nasal Etmoidectomy

Q#6: A 30-year old taxi driver who is known snuff addicted comes to your clinic with history of watery discharge from the nose and sneezing especially early in the morning for the last few years. He is also having itching in the nose and eyes. On examination there is watery discharge from nose and bluish nasal mucosa. Rest of the ENT is normal. His complete blood count is normal. What could be the most appropriate diagnosis?

- a) Allergic Rhinitis
- b) Atrophic rhinitis
- c) Occupational Rhinitis
- d) Rhinitis medicamentosa
- e) Vasomotor Rhinitis

Q#7: A 65-year old carpenter presented with nasal obstruction and nasal bleeding on right side for the last 3 months. He also complains of weight loss. Findings on endoscopic nasal examination shows polypoidal mass in both nasal cavities surrounded by grayish slough. What could be the best investigation of choice to reach definite diagnosis?

- a) X-Ray para-nasal sinuses
- b) CT-Scan nose para nasal sinuses
- c) MRI nose para nasal sinuses
- d) Endoscopic nasal biopsy from the mass
- e) MR Angiography

Q#8: A 7-years old female baby brought by her mother to emergency department with history of nasal obstruction and snoring at night time for the last two days. According to the mother she also noticed some blood in left nostril of the baby two days ago while playing in the lawn with her elder brother. On nasal examination there are smooth swellings in both nasal cavities with hyperemic caudal septal mucosa. Her Hb is 11 gm/dl and CBC is normal. What is the best treatment option for this clinical condition?

- a) Incision drainage and Nasal Packing
- b) Surgical drainage and systemic steroids
- c) Surgical drainage and systemic + topical vasoconstrictor
- d) Surgical drainage and systemic vasodilator
- e) Surgical drainage and systemic vasoconstrictors

- A 19-year old boy comes to your clinic with history of assault on face while playing football 2 days ago. According to his father he admitted in hospital emergency immediately after trauma. On local examination of the nose there is free airway on both sides but there is asymmetry in the external nasal contour. His BP is 135/75 and Hb is 11 gm/dl. What is best treatment option for this condition?
- Augmentation rhinoplasty
 - Corrective rhinoplasty
 - Manipulation and fixation
 - Septoplasty
 - Septorhinoplasty
- 12: A 55-year old female presented to ENT OPD with nasal obstruction and loss of sense of smell for the last 2 years. On examination the nose is full of dry crusts and shrunken turbinates. She further narrated that she had been admitted for nasal complaints 5 years ago in the local hospital. Her RBS is 105mg/dl and ESR is 40 mm in 1st hour. What is appropriate diagnosis?
- Atrophic rhinitis
 - Medial leishmaniasis
 - Stewart's granuloma
 - Sarcoidosis
 - Wegener's granulomatosis
- 13: A 17-year old boy presented to ENT OPD with progressive unilateral nasal obstruction and profuse epistaxis for the last 5 months. According to patient the last bleeding episode, a week ago lasted for 15 minutes for which nasal packing was done by a practitioner. Endoscopic examination of nose reveals a reddish mass filling left nasal cavity and nasopharynx on the same side. His Hb is 8.5 gm/dl. X-Ray PNS shows haziness on right side. What is appropriate diagnosis?
- Allergic nasal polyps
 - Angiofibroma
 - Antrochoanal polyp
 - Fungal rhinosinusitis
 - Chronic granulomatous disease
- 14: A school teacher aged 30-years presented to ENT doctor, with a three years history of foul smelling from nose and nasal obstruction. She further narrated that the fetid odor is noticed by the students when she enters the class room. Diagnostic nasal endoscopy reveals green-yellow crusts in the nasal cavities and thin nasal turbinates. Systemic examination is unremarkable. Her blood chemistry is normal. This condition is diagnosed as:
- Atrophic rhinitis
 - Lupus vulgaris
 - Rhinitis medicamentosa
 - Rhinitis sicca
 - Rhinitis caseosa
- 15: A school teacher aged 30-years presented to ENT doctor, with a history of rhinorrhoea and sneezing for the last 3 years especially early in the morning. On local examination of the nose there are glistening masses in both nasal cavities. Rest of ENT examination is unremarkable. This condition is diagnosed as:
- Atrophic rhinitis
 - Allergic nasal polyps
 - Bilateral Antrochoanal polyps
 - Rhinitis sicca
 - Rhinitis caseosa
- 16: A Young boy of 17 Years presented to ENT OPD with unilateral nasal obstruction, recurrent, profuse epistaxis for the last 4 months. Local examination revealed a mass in the nasopharynx which bleeds on gentle palpation. A histological diagnosis of angiofibroma was made. What is the best treatment option for this disease?
- Chemotherapy.
 - Chemo-radiation
 - Radiotherapy
 - Hormonal therapy
 - Surgery
- 17: A 30 Years old female presented to ENT OPD with nasal obstruction, foul smell from the nose and nasal discharge. On examination nose is roomy and full of greenish crust. Which type of operation will be performed for this type of disease?
- Antral wash out
 - Caldwell luc operation
 - Septoplasty
 - S.M.R
 - Young's operation
- 18: A 5 years old child presented to ENT OPD with complete bilateral nasal obstruction and snoring for the last 2 years. Local examination shows smooth rounded swelling of the septum in both nasal cavities. On palpation mass is firm and soft. According to the parents the child had a history of fall few days back. A diagnosis of septal hematoma was confirmed. Which type of specific nasal deformity can occur if the treatment is delayed?
- Collumella retraction
 - Deviated nasal septum
 - Nasal alar retraction
 - Supra-tip depression
 - Septal perforation
- 19: A new born baby shifted to ENT ward from NURSERY unit having history of severe bilateral nasal obstruction, feeding difficulty and cyclical cyanosis that improves while crying and worsens with feeding. What is most probable diagnosis?
- Choanal-atresia
 - Congenital vocal cord paralysis
 - Laryngomalacia
 - Laryngeal web
 - Meconium aspiration

#18: A 10 years old boy presented with unilateral nasal obstruction on the left side for the last 10 months. Local ENT examination shows a smooth rounded and a grayish mass which does not bleed on palpation. What is the most probable diagnosis?

- a) Allergic nasal polyps
- b) Angiofibroma
- c) Antrochoanal polyp
- d) Enlarged turbinate
- e) Rhinolith

#19: A 50 years old male presented with severe pain over the tip of the nose. On examination tip of the nose is swollen, reddish in color and severely tender. According to the patient he had the same problem 2 months back after visiting a barber shop. What is the most probable diagnosis?

- a) Acute sinusitis
- b) Allergic rhinitis
- c) Nasal vestibulitis
- d) Rhinitis sicca
- e) Septal abscess

#20: A 4 years old child brought to ENT OPD with history of on off bleeding from left side of the nose. His mother also complains of foul smell from the nose for the last 3 weeks. Local examination shows a rounded swelling covered by blood stained greenish secretions. What is the most probable diagnosis?

- a) Acute sinusitis
- b) Allergic rhinitis
- c) Atrophic rhinitis
- d) Foreign body nose
- e) Rhinitis sicca

#21: 25 year old male presented to ENT OPD with history of recurrent bleeding from the nose on left side for the last few months. He also further narrated that he also appreciates a foul smell from the nose on the same side. Local examination of the nose shows a rounded blackish swelling covered by mucopus. Palpation of the swelling gives a cracking sound. What is the most probable diagnosis?

- a) Allergic nasal polyp
- b) Antro-choanal polyp
- c) Atrophic rhinitis
- d) Foreign body nose
- e) Rhinolith

#22: A 50 Yrs old female presented to ENT OPD with nasal obstruction, foul smell from the nose for the last 2 years. On examination the inferior turbinates are shrunken and the nose is roomy and full of greenish crusts. She further narrated that few years back she had some sort of nasal surgery from the local ENT specialist. What is your most probable diagnose?

- a) Allergic nasal polyp
- b) Atrophic rhinitis
- c) Rhinitis sicca
- d) Rhinitis caseosa
- e) Rhinolith

Q#23: A Young boy of seventeen Years presented with nasal obstruction, recurrent, profuse epistaxis on left side of the nose for the last 5 months. On examination there is a mass in the left nasal cavity which bleeds on gentle touch. On MR angiogram the mass receives a feeding vessel from the maxillary artery. What is your most probable diagnosis?

- a) Allergic nasal polyp
- b) Antrochoal polyp
- c) Angiofibroma
- d) Mucocele
- e) Nasopharyngeal carcinoma

#24: During tracheostomy surgeon usually avoids incision at first tracheal ring to prevent post-operative complication of:

- a) Aspiration
- b) Hematoma
- c) Pneumonia
- d) Subglottic stenosis
- e) Vocal cord paralysis

#25: During post-operative care of tracheostomy in first 2 days the cuff of tracheostomy tube is deflated for few minutes after every few hours to avoid:

- a) Aspiration
- b) Hematoma
- c) Ischemic necrosis of trachea
- d) Subglottic stenosis
- e) Vocal cord paralysis

#26: A middle-aged male comes to the OPD with the only complaint of hoarseness for the past 2 years. He has been a chronic smoker for 30 years. On examination, a reddish area of mucosal irregularity overlying a portion of both cords was seen. Management would include all except.

- a) Bilateral cordectomy
- b) Cessation of smoking
- c) Micro laryngeal surgery for biopsy
- d) Regular follow-up
- e) Tracheostomy

Q#27: A case of carcinoma larynx with the involvement of anterior commissure and right vocal cord developed perichondritis of thyroid cartilage. Which of one the following statement is true for the management of this case?

- a) He should first receive radiotherapy and if residual tumor is present then should undergo laryngectomy
- b) He should be given chemotherapy and then radiotherapy
- c) He should be given radical radiotherapy as this can cure early tumors
- d) He should be treated with combination of chemotherapy and radiotherapy
- e) He should first undergo laryngectomy and then postoperative radiotherapy

- Q#28:** A 20-year-old male presents with throat pain and easy fatigability of his voice. Indirect laryngeal examination revealed both cords approximately well but leaving a triangular gap in the inter-arytenoid. He is getting no relief from treatment. Your diagnosis is:
- a) Functional aphonia
 - b) Mogiphonia
 - c) Mutational falsetto voice
 - d) Phonoasthenia
 - e) Ventricular dysphonia
- Q#29:** A 3-year-old male child presents with multiple laryngeal papillomas with hoarse voice and slight airway distress. Papillomas are involving the glottis. The best treatment is:
- a) Examination under D/L
 - b) Interferon therapy
 - c) Microlaryngoscopy and excision
 - d) Steroids
 - e) Tracheostomy and observation
- Q#30:** A tracheostomized patient, with Portex tracheostomy tube, in the ward, developed sudden complete blockage of the tube. Which of the following is the best next step in management?
- a) Give IV steroids
 - b) Immediate removal of the tracheostomy tube
 - c) Jet ventilation
 - d) Suction of tube with saline
 - e) Suction of tube with sodium bicarbonate
- Q#31:** Gold standard surgical procedure for prevention of aspiration is:
- a) Feeding gastrostomy/jejunostomy
 - b) Nasogastric tube
 - c) Thyroplasty
 - d) Tracheal division and permanent tracheostomy
 - e) Cricothyrotomy
- Q#32:** Vocal cords nodules arise from which part of the larynx?
- a) Anterior commissure
 - b) Anterior 1/3 rd of vocal cords
 - c) At the junction of anterior 1/3 rd and posterior 1/3rd of vocal cords
 - d) At the junction of anterior 1/3 rd and posterior 2/3rd of vocal cords
 - e) Posterior 1/3rd of vocal cords
- Q#33:** A 50-year-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 alcohol three times per week. Our next diagnostic step should be:
- a) CT scan neck
 - b) Excisional biopsy of cervical nodes
 - c) Fine needle aspiration cytology (FNAC) of lymph nodes
 - d) Incisional biopsy of node of lymph nodes
 - e) Observation for appearance of any primary tumor
- Q#34:** A parapharyngeal mass displacing the tonsil and tonsillar fossa medially with pulsations on intraoral palpation is mainly due to:
- a) Carotid body tumor
 - b) Hodgkin's lymphoma
 - c) Internal carotid artery aneurysm
 - d) Non-Hodgkin's lymphoma
 - e) Schwannoma of parapharyngeal space
- Q#35:** A 30-year-old male presented with trismus, fever, swelling pushing the tonsils medially and spreading laterally to the neck posterior to sternocleidomastoid muscle. He gives a history of extraction of third molar 5 days back for dental caries. The diagnosis is:
- a) Ludwig's angina
 - b) Parapharyngeal abscess
 - c) Peritonsillar abscess
 - d) Retropharyngeal abscess
 - e) Submental abscess
- Q#36:** Most common type of esophageal cancer is:
- a) Adenocarcinoma
 - b) Adenoid cystic carcinoma
 - c) Mucoepidermoid carcinoma
 - d) Squamous cell carcinoma
 - e) Zenker diverticulum
- Q#37:** Radiographic findings of cardiac achalasia include all except:
- a) Convex opacity overlapping mediastinum
 - b) Diffuse esophageal spasm
 - c) Esophageal dilatation
 - d) Failure of lower esophageal sphincter to relax
 - e) Rat-tail appearance
- Q#38:** A 45-year-old patient complains of pain in throat which is aggravated while taking meals and radiates to ipsilateral ear and posterior part of tongue. The likely diagnosis is:
- a) Bell's palsy
 - b) Disorder of temporomandibular joint
 - c) Glossopharyngeal neuralgia
 - d) Sluder's neuralgia
 - e) Trigeminal neuralgia
- Q#39:** Selective neck dissection pertains to:
- a) Radical neck dissection with preservation of spinal accessory nerve
 - b) Radical neck dissection for N neck
 - c) Radical neck dissection when nodes are palpable
 - d) Radical neck dissection with preservation of internal jugular vein
 - e) Removal of some lymph node groups while sparing the others

- Q#40:** Which of the following structures are preserved in a radical neck dissection?
- a) Hypoglossal, vagus and spinal accessory
 - b) Internal jugular vein and spinal accessory nerve
 - c) Sternocleidomastoid & glossopharyngeal nerve
 - d) Sternomastoid muscle and spinal accessory nerve
 - e) Vagus, hypoglossal and phrenic
- Q#41:** Extranodal lymphoma is commonly a manifestation of:
- a) Hodgkin's disease
 - b) Non-Hodgkin's lymphoma
 - c) Both (a) and (b)
 - d) Burkitt's lymphoma
 - e) Squamous cell carcinoma
- Q#42:** All are true about thyroglossal duct cyst except:
- a) Arises from remnants of second branchial cleft
 - b) Cyst may contain thyroid tissue
 - c) Excision of body of hyoid bone is necessary to prevent recurrence
 - d) It is mobile
 - e) Presents as a midline swelling near the hyoid bone
- Q#43:** A neck mass suspicious of malignancy but with no clue from history and physical examination about the primary site, what should be the next step in management?
- a) Chemotherapy and radiotherapy
 - b) Excisional biopsy
 - c) Fine needle aspiration cytology
 - d) Incisional Biopsy
 - e) Open biopsy-frozen section-neck dissection
- Q#44:** A condition of chronic inflammation of the thyroid, which lead to under activity?
- a) Goitre
 - b) Grave disease
 - c) hyperthyroidism
 - d) Hypothyroidism
 - e) Thyroiditis
- Q#45:** Regarding autoimmune thyroiditis (Hashimoto) select the right statement:
- a) Almost always lead to hyperthyroidism
 - b) Almost always leads to hypothyroidism
 - c) Due to viral infection
 - d) Subtotal thyroidectomy is the treatment of choice
 - e) The pathology may extend outside the thyroid capsule
- Q#46:** A 35-year-old female present to the hospital with peritonsillar abscess. What will be best treatment option?
- a) I.V antibiotics only
 - b) I.V antibiotics + I.V fluids
 - c) I.D + I.V antibiotics
 - d) d. I.D + I.V antibiotics + I.V fluids
 - e) Tonsillectomy
- Q#47:** Which of the following is the most beneficial technique of using chemotherapy with a course of radiotherapy in head and neck malignancies?
- a) Neo adjuvant chemotherapy
 - b) Adjuvant chemotherapy
 - c) Concurrent chemotherapy
 - d) Alternating chemotherapy and radiotherapy
 - e) None of the above
- Q#48:** During total thyroidectomy a set of nerves supplying the larynx is damaged. Which of the following manifestation would most likely be seen in the patient?
- a) Horner syndrome
 - b) Drooping of eyelids
 - c) Dysphonia
 - d) Transient hypoparathyroidism
 - e) Vocal cord paralysis
- Q#49:** Peritonsillar abscess can extend posteriorly into:
- a) Anterior triangle of neck
 - b) Parapharyngeal space
 - c) Posterior triangle of neck
 - d) Submandibular space
 - e) Submaxillary space
- Q#50:** Abscess between tonsillar capsule and superior constrictor muscle is known as:
- a) Dental abscess
 - b) Parapharyngeal abscess
 - c) Quinsy
 - d) Retropharyngeal abscess
 - e) Submandibular abscess
- Q#51:** 29 years old female patient seen in ENT OPD complaining of deafness in her left ear. She had a discharge from her left ear in the past. On otoscopic examination she was found to have medium size dry central perforation of left tympanic membrane. Pure Tone Audiometry shows conductive hearing loss on left side. The surgical treatment of choice to close the perforation is
- a) Canal wall up mastoidectomy
 - b) Canal wall down mastoidectomy
 - c) Grommet insertion
 - d) Myringotomy
 - e) Tympanoplasty
- Q#52:** 45 years old diabetic lady Complaining of severe otalgia on left side. On otoscopic examination there scanty discharge with granulation tissue in the external Auditory canal near tympanic membrane. Her blood sugar level is poorly controlled. Culture from ear swab revealed pseudomonas aeruginosa. What is your diagnosis?
- a) Cholesteatoma
 - b) Carcinoma external auditory canal
 - c) CSOM
 - d) Keratosis obturans
 - e) Malignant otitis externa

Q#53: 45 years old male developed severe otalgia and facial nerve weakness grade 4 on left side and attacks of vertigo for the last 3 to 4 days. Microscopic examination of ear revealed vesicles in external auditory canal and choncha. Tympanic membrane shows some vesicles over it too.

PTA showing mild SNHL on affected side... Most probable cause for her symptoms is?

- a) Chronic otitis media
- b) Herpes zoster oticus
- c) Malignant otitis externa
- d) Secretory otitis media
- e) Serous otitis media

Q#54: A newborn is admitted to neonatal ICU with severe sepsis. He received aggressive treatment from neonatologist. After two weeks the neonate was found not responding to loud sound. The treating doctor ordered for hearing screening. What tool is used to screen the newborn hearing?

- a) Audiogram
- b) ABR
- c) Otoacoustic emissions
- d) Tuning fork test
- e) Tympanogram

Q#55: 6 years old boy presented with decreased hearing for the last 10 months. He also has nasal obstruction and intermittent rhinorrhea. Otoscopic examination revealed a dull retracted tympanic membrane with prominent vessels along the handle of the malleus. X-ray of the neck was done showing a small adenoid shadow with good airway. PTA showing mild conductive hearing loss, tympanogram was flat type B. Appropriate surgical step to treat this condition is..

- a) Myringotomy and grommet tube insertion
- b) Myringoplasty
- c) Mastoidectomy
- d) Suction clearance
- e) Tympanotomy

Q#56: 38 years old male underwent canal wall down mastoidectomy for extensive cholesteatoma on left side. After recovery the patient was noted to have facial palsy on the same side. Next appropriate step to address the situation would be?

- a) Steroids and tonics
- b) Remove dressing
- c) Reassurance
- d) Re-explore the facial nerve and repair
- e) Wait and see

Q#57: A female patient of 26 years old presented with sensory neural hearing loss and vertigo after stapedectomy. All the above signs and symptoms are pointed toward which one of the following conditions?

- a) Benign positional vertigo
- b) Labyrinthitis
- c) Ossicular dehiscence
- d) Perilymph fistula
- e) Neuritis

Q#58: A patient presented to you with bleeding from the ear, earache, progressive tinnitus, and deafness. On examination of the tympanic membrane there is a red mass behind the tympanic membrane which blanches on pressure. A diagnosis of Glomus tumor was made. Management included all of the following except

- a) Feeding vessel ligation
- b) Interferon
- c) Radiotherapy
- d) Surgery
- e) Pre-operative embolization

Q#59: A patient with bilateral acoustic neuroma with profound bilateral sensorineural hearing loss after surgery. Which of the following is the most suitable treatment for rehabilitation of bilateral SNHL in the above case?

- a) Bilateral high power digital hearing aid
- b) Brain stem implant
- c) Bone anchored hearing aid
- d) Conventional hearing aid
- e) Cochlear implants

Q#60: A 30-year-old male presented with attic cholesteatoma of the left ear with lateral sinus thrombophlebitis. Which of the following will be the operation of choice?

- a) Canal wall up mastoidectomy
- b) Canal wall down mastoidectomy
- c) Mastoidectomy with obliteration
- d) Posterior tympanotomy
- e) Simple mastoidectomy

Q#61: 35-year-old lady complaining of fluctuating hearing loss, tinnitus on the left side and episodic vertigo. Examination of the ear shows a normal tympanic membrane. PTA shows SNHL involving lower frequency on the affected side. The likely cause is

- a) Acoustic neuroma
- b) Benign positional vertigo
- c) Labyrinthitis
- d) Meniere's disease
- e) Vestibular neuronitis

Q#62: 27-year-old male with CSOM tubotympanic type was prepared for surgery.

The patient has a medium-sized dry central perforation. PTA showing mild conductive hearing loss. Post-aural approach was adopted to proceed for the repair of the tympanic membrane. The most commonly used graft for repair of the tympanic membrane is.....

- a) Chondral cartilage
- b) Perichondrium
- c) Periosteum
- d) Tragal cartilage
- e) Temporalis fascia

Q#63: 58 years old diabetic patient in hot humid environment presented with intractable ear itching, tinnitus dull pain on examination there is thick discharge with hyphae like wet filter paper. Tympanic membrane is normal. Appropriate approach will be

- a) Debridement
- b) Injectable antibiotics
- c) Oral antibiotic
- d) Pain killers
- e) Suction clearance with topical antifungal drops

Q#64: 30 years old female complaining of severe otalgia and fever. On examination pinna is tender. Otoscopic examination revealed small tender swelling. TM is intact. TLC is raised. Patient admits frequent ear manipulation by sticks. Causative organism for this condition seems to be...?

- a) H influenza
- b) Klebsiella
- c) Proteus
- d) Pneumococci
- e) Staph aureus

Q#65: 2 years old mal child was brought by his parents to ENT OPD complaining that the child is unable to talk. On further enquiry it was found that child is not responding to any voice. Otoscopic examination was unremarkable. Child was otherwise normal. Auditory brain stem response (ABR) was performed showing profound degree of sensori-neural hearing loss. The best surgical treatment option in modern era is?

- a) Cochlear implant surgery
- b) Hearing aid
- c) Myringotomy and grommet insertion
- d) Myringoplasty
- e) Reassurance

Q#66: 35 years old pregnant female c/o deafness in both ears since long time which is worsened recently during pregnancy. O/E tympanic membrane is normal bilaterally. Pure Tone Audiometry showing moderate conductive hearing loss with dip at 2000 kHz. Stapedial reflex is absent. The likely diagnosis....

- a) Eustachian tube dysfunction
- b) Meniere's disease
- c) Noise induce hearing loss
- d) Otosclerosis
- e) Presbycusis

Q#67: 30 years old pregnant female c/o bilateral hearing loss. PTA showing moderate conductive hearing loss with dip at 2000 kHz. Stapedial reflex is absent..

The surgical option to treat this condition is...

- a) Facial nerve decompression
- b) Labrynthectomy
- c) Mastoidectomy
- d) Myringoplasty
- e) Stapedotomy with teflon piston

Q#68: The boxer developed a swelling of the pinna following a hit on his ear obliterating all contour. The pinna is red swollen and tender. Diagnosis of aurial hematoma is made. What complication can arise if not treated timely?

- a) Abscess
- b) Carbuncle
- c) Cellulitis
- d) Cauliflower ear
- e) Seroma formation

Q#69: You received a call from neurosurgery department for a 35 years old male, who had a motor bike accident with head injury. His GCS 15/15. ENT examination revealed a black post auricular area on left side. There bloody otorrhea with decreased hearing on same side. The most likely diagnosis is?

- a) External auditory canal laceration
- b) Fracture temporal bone
- c) Foreign body ear
- d) Hematoma auricle
- e) Otitis externa

Q#70: A 65 years old male patient had polypoid swelling in left nasal cavity. He also complains of decreased hearing left side and tinnitus. Patient had cervical lymphadenopathy on both sides. What could be the probable diagnosis?

- a) Hypopharyngeal carcinoma
- b) nasopharyngeal carcinoma
- c) nasal polyp
- d) oesophageal carcinoma
- e) oropharyngeal carcinoma

Q#71: A 25 years old male complained of sore throat, fever and bilateral earache of 3 days duration. He then developed high grade fever 104 degree f, severe earache, inability to open mouth, drooling of saliva. What could be best probable diagnosis:

- a) Eagle's syndrome
- b) Ludwig's angina
- c) peritonsillar abscess
- d) retropharyngeal abscess
- e) Thornwaldt's abscess

Q#72: Third molar caries with extension of the lesion towards tonsillar fossa and shift of tonsil reveals which of the following complication?

- a) Parapharyngeal abscess
- b) Retropharyngeal abscess
- c) Tonsillar abscess
- d) Dental abscess
- e) Ludwig's angina

Q#73: A 7 year old boy was seen by an ophthalmologist for headache that has been present for few months. However there was no ocular cause for such a headache. The child was referred to an ENT specialist who noticed nasal intonation of voice and bilateral nasal obstruction. The mother noticed that her child snores during sleep and has repeated attacks of chest infection. What could be best initial investigation for treatment?

- a) Chest X-ray
- b) Complete blood count
- c) Pure tone audiometry
- d) Tympanometry
- e) X-ray lateral view nose, nasopharynx

Q#74: A 20 years old female complained of sore throat of 20 days. On examination she showed presence of ulcers and dirty membranous lesions in oropharynx and oral cavity. She gave history of having typhoid fever 2 weeks prior to present condition for which she received antibiotic therapy. What could be the best probable diagnosis?

- a) Agranulocytosis
- b) aphthous ulcer
- c) herpangina infection
- d) d.systemic lupus erythematosus
- e) e.vincent's infection

Q#75: A 17 year old male complained of severe epistaxis and was packed to control bleeding. He also complained of nasal obstruction more on right side together with decreased hearing in right ear. What could be best investigation to diagnose the cause?

- a) CT scan with contrast
- b) Tympanometry
- c) x-ray PNS.
- d) D.Complete blood count
- e) x.ray chest

Q#76: Following a meal a female patient aged 31 years complaining of severe pain in right side neck. She has developed absolute dysphagia. What could be next best possible treatment in this case?

- a) Esophagoscopy and removal of foreign body
- b) Laryngoscopy
- c) Incision drainage and pressure dressing
- d) Systemic antibiotics
- e) Flexible endoscopy

Q#77: Indications for tracheostomy are all EXCEPT:

- a) Acute epiglottitis
- b) Maxillofacial trauma
- c) Laryngeal malignancy
- d) Respiratory obstruction
- e) Extensive consolidation of lung

Q#78: Most common complication of Tracheostomy is:

- a) Stenosis
- b) vocal cord paralysis
- c) Pneumonia
- d) Respiratory failure
- e) respiratory obstruction

Q#79: A 4 year old child experienced marked loss of weight due to dysphagia together with choking during feeding after house incident that occurred 18 months ago. What could be the best possible diagnosis in this case?

- a) Laryngitis
- b) Peritonsillar abscess
- c) Parapharyngeal abscess
- d) Retropharyngeal abscess
- e) Post corrosive esophageal stricture

Q#80: A tracheostomised patient, with portex tracheostomy tube, in the ward is having frequent blockage of the tube. Which of the following is best next step in the management?

- a) Frequent removal of the tracheostomy tube and clean it
- b) Suction of tube with normal saline
- c) Suction of tube with normal saline and putting wet gauze over tube
- d) Jet ventilation
- e) Positive ventilation

Q#81: After a long-standing tracheostomy patient developed almost complete stenosis of trachea, treatment is:

- a) Bronchoscopy
- b) Tracheal dilatation
- c) Laser with stent
- d) Surgery
- e) Removal of stenosed part with anastomosis

Q#82: White oral lesions are seen in all EXCEPT:

- a) Addison's disease
- b) Candidiasis
- c) leukoplakia
- d) Keratosis
- e) Vincent's infection

Q#83: All of the following cause a grey-white membrane in the throat EXCEPT

- a) Agranulocytosis
- b) Diphtheria
- c) Ludwig's angina
- d) Infectious mononucleosis
- e) Streptococcal tonsillitis

Q#84: A 2 year old male child suffered from marked difficulty in swallowing, drooling of saliva for last 48 hours duration. On examination he was very toxic, feverish with flexed neck. Oropharyngeal examination showed congested large swelling behind right tonsil. What could be the best probable diagnosis in this case

- a) Acute retropharyngeal abscess
- b) Acute follicular tonsillitis
- c) Parapharyngeal abscess
- d) Peritonsillar abscess
- e) Ludwig's angina

85: A 50 years old female complains of dysphagia while taking solid foods. On examination she was anemic. What could be the best initial screening test to diagnose :

- a) Chest x.ray
- b) CT scan
- c) MRI scan
- d) MRI scan with contrast
- e) X.ray lateral view neck

86: Which of the following statement is true for Ludwig's angina?

- a) It is an ischemic, painful condition of Pectoralis minor muscle
- b) It is diffuse cellulitis affecting the floor of the mouth
- c) Glycerin nitrate, local application is quite helpful
- d) None of the above
- e) Cervical lymphadenopathy

87: A 5 year old male underwent tonsillectomy operation. Four hours later, nurse reported to resident the pulse rate become 140 per minute, and child vomited 150 cc of blood. What is this complication :

- a) Aspiration of blood
- b) Reactionary haemorrhage
- c) Secondary haemorrhage
- d) Surgical emphysema
- e) Lung complications

88: Which of the following structures are preserved in radical neck dissection?

- a) Accessory Nerve
- b) Internal jugular vein
- c) Spinal accessory nerve
- d) Sternocleidomastoid muscle
- e) Vagus nerve

89: What is the correct sequence of the following while resuscitating an infant with Foreign Body Airway obstruction? 1. Chest thrust, 2. Tongue-Jaw lift, 3. Back blows. Select the correct sequence from the codes given below:

- a) 1,3,2
- b) 3,2,1
- c) 3,1,2
- d) 2,1,3
- e) e.1,2,1

90: A patient presented with a 3.5 cms size lymph node enlargement, which was hard and presented in submandibular region. Examination of the head and neck did not yield any lesion. The next investigation to be done:

- a) CXR
- b) Laryngoscopy
- c) Triple endoscopy or panendoscopy
- d) Supravital staining of oral mucosa
- e) None of above