



DEPARTMENT OF HEAD & NECK SURGERY  
KGMC/HMC, PESHAWAR  
PRE-PROF. EXAM AUG-2019

TOAC STATION No: 13

1. Name this condition/disease?
2. Name 3 points in favour of malignant change?
3. Name 3 investigations to confirm the diagnosis?

↑

Condition:-

صرف 2 ٹکٹے ہیں جو بھی یاد ہے ال میں ہے۔

Multinodular Goiter.

2 points in favour of malignancy:-

- Male gender
- Microcalcification
- Solitary & hard nodule. (solid hypoech)
- Extrathyroid Extension
- Cervical lymph
- Irregular margin

3 Basic investigations:-

- Ultrasound thyroid gland & Neck.
- Thyroid Function Tests: TSH, T<sub>3</sub>, T<sub>4</sub>.
- FNAC of the thyroid swelling

2 complications of Surgery:-

- Hemorrhage
- Recurrent laryngeal Nerve injury.
- Hypoparathyroidism
- Thyroid storm.

*This 40 years old female had history of left chronic suppurative otitis media (attico-antral / active squamous disease) for the last 8 years.*

- 1. Name the condition shown in this picture?*
- 2. Mention at least 2 other complications of this disease?*
- 3. Name 2 investigations needed for this patient?*
- 4. What is the treatment of choice in this patient?*



Condition shown in picture:-

- Facial Nerve palsy (Bell's palsy)  
(Facial paralysis)

2 other complications of CSOM (Norman 2)

- Labyrinthitis
- Meningitis
- Petrositis
- Postauricular abscess
- Brain abscess
- Lateral sinus thrombosis

Investigations: (2 imp)

- Examination under microscope.
- \* • Ear discharge swab for culture & sensitivity
- Pure tone audiometry
- X ray Mastoid
- \* • CT scan Temporal bone.

Points in favor of malignancy:-

Treatment: Treatment of this condition

is mainly surgical

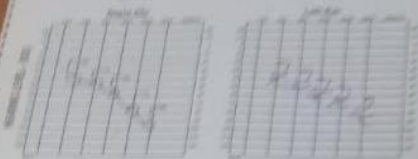
- 1st Mastoid Exploration is done & disease is cleared
- Facial Nerve decompression.

DEPARTMENT OF ENT HAYATABAD  
MEDICAL COMPLEX PESHAWAR



PURE TONE AUDIOMETRY

DATE: 10/10/2017



Marking Details

REF

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REMARKS:

DEPARTMENT OF ENT & NECK SURGERY  
EGMCH, PESHAWAR  
PRE-PROF LABS 2ND-2017

TOAC STATION No: 03

1. Name this graph?
2. Which type of curve it is?
3. What can be the possible diagnosis?
4. Enumerate clinical types of this condition?

Name this graph :-

Pure tone audiogram.

Type of Curve :-

• Sensorineural Hearing loss more marked in higher frequencies i.e. sloping Curve.

Diagnosis :-

Presbycusis (Senile deafness)

Clinical Types :-

- Sensory
- Neural
- Metabolic
- Cochlear conductive
- Mixed
- Indeterminate



DEPARTMENT OF SURGERY - NECK SURGERY  
MCGILL UNIVERSITY  
80 YEAH MEDICAL CENTER, 3841, 3842

EDUCATION No. 164

A 50 years old female school teacher presented with persistent hoarseness of voice for 2 years. Direct Laryngoscopic picture shown.

1. What is your diagnosis?
2. What is the cause of this disease?
3. Write two treatment options?  
(elaborate)

## Diagnosis:-

Vocal nodules

## Cause:-

- Vocal abuse or misuse

(Trauma to the vocal cord in the form of vocal abuse causes oedema & hemorrhage in the submucosal space. This undergoes hyalinization and fibrosis. The overlying epithelium also undergoes hyperplasia and forms a nodule.)

## Treatment options:-

### Conservative:-

- Avoid vocal abuse
- Speech therapy

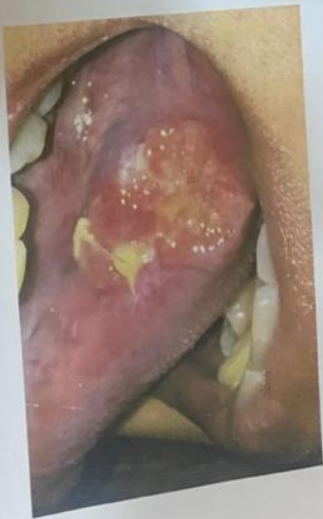
### Surgical:-

- Surgical excision through Micro-laryngoscopy
- Endoscopic laser excision
- Excision by Microdebrider



See this picture and answer the following questions

1. What is your clinical diagnosis?
2. Name 02 characteristic signs of the lesion to justify your diagnosis?
3. Mention 02 differential diagnosis.
4. Name one investigation to confirm your diagnosis with justification.



## Diagnosis:-

- Squamous cell carcinoma of tongue

## 2 characteristic Signs:-

- Exophytic growth
- Non healing ulcer with rolled edges, greyish white shaggy Base and Induration.

## 2 DDX:-

- Traumatic Ulcerative granuloma
- Minor salivary Gland tumors
- Rhabdomyosarcoma
- Lymphoma

## Investigation to confirm Diagnosis:-

- Punch Biopsy and Histopathology

DEPARTMENT OF ENT HEAD & NECK SURGERY  
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80 YEAR MBS, FRC, FRCR EXAM 2022  
TOAC STATION No. 01



1. What is your finding? 1
2. Write down 3 clinical features of this condition? 2
3. What investigations you will advise? 2

## Diagnosis:-

Pharyngeal Pouch (Zenker's Diverticulum)

## 3 clinical features:-

- Dysphagia
- Regurgitation of food (undigested)
- Chronic cough
- Aspiration.
- Bad breath (halitosis)

## Investigations:-

- Barium Swallow
- Ultrasound Neck.

1. What are the findings in this picture?  
1
2. What is the etiology of this condition?  
2
3. What are the treatment options?  
2



## Findings in photograph

- This is the photograph of Anterior Rhinoscopy showing Nasal Cavity and Nasal Septum.
- There is a perforation in the nasal septum.

## Etiology:-

- Trauma
- Chronic granulomatous diseases of Nose
- Septal Surgery
- Habitual Nose Picking
- Prolonged use of steroid Nasal spray
- Septal haematoma and abscess
- Cocain addicts
- Nasal myiasis
- Idiopathic
- Rhinolith or foreign body.



## Diagnosis:-

Follicular tonsillitis

## Symptoms

- Sore throat
- Difficulty in Swallowing
- Fever
- Earache
- Constitutional Symptoms.

## Micro organism Involved:-

- Haemolytic Streptococcus is the most commonly infecting organism
- other micro organism causing infection may be
  - Staphylococcus
  - Pneumococci
  - H-influenza
  - Moraxella catarrhalis



A 13 years old boy presented with recurrent epistaxis & nasal obstruction. Examination of the left side of the nose and nasopharynx shows a red looking mass. The patient also complains of headache.

1. What is your clinical diagnosis?
2. Name 2 investigations to confirm your diagnosis?
3. Name 2 treatment modalities with one indication for each?

Diagnosis:-

Juvenile Nasopharyngeal angiofibroma.

2 investigations:-

→ CT scan with contrast

→ MRI

→ Carotid angiography.

2 treatment modalities & indication for each

Surgery → Surgical excision is the treatment of choice

Radiotherapy → • Recurrent tumor  
• Intracranial Extension of tumor

Chemotherapy → • Aggressive Recurrent Tumors  
• Residual lesions.

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A 20 years old lady presented with nasal obstruction for the last 02 years. Examination revealed findings shown in the picture:

1. What is your diagnosis? 1
2. How will you differentiate this mass from turbinate (4 points)? 1
3. Name the investigation to confirm the diagnosis? 1
4. How will you treat this patient? 2



## Diagnosis

Antrchoanal polyp.

Differentiation from turbinate

It is differentiated from hypertrophied turbinate

- by its
- colour → pale greyish appearance
  - Consistency → ~~Hard~~ smooth & soft
  - Mobility → ~~Fixed~~ Mobile
  - Decongestion Test → No change.

## Investigation:-

- CT scan.
- Endoscopic Examination.

## Treatment:-

- Treatment of ACP is Surgical.
- Functional Endoscopic Sinus Surgery is preferred surgical technique.

Correction of these two points

DEPARTMENT OF HEALTH & SOCIAL SERVICES  
PUBLIC HEALTH SERVICE  
PUBLIC HEALTH NURSE  
PUBLIC HEALTH NURSE

PHONE RELATION No. 29

1. What can you see in this picture?
2. Name the condition/disease?
3. Name treatment options for this condition?



Station # 9


1. Tympanic Membrane perforation / ruptured eardrum.
2. Otitis Media, Chronic suppurative otitis Media.
3. Treatment options: Antibiotics  
Myringoplasty

Ringer

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KGMC/HMC, PESHAWAR  
4th YEAR MBBS PRE-PROF EXAM, 2023


TOAC STATION No: 06

DEPARTMENT OF ENT HAYATABAD  
MEDICAL COMPLEX PESHAWAR




NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ DATE \_\_\_\_\_

Right Ear



Left Ear



HEARING LEVEL - (dB)

Masking Details

KEY

AC	△	RI	□
Unmasked			
Masked			
BC	○	LI	◇
Unmasked			
Masked			

REMARKS: \_\_\_\_\_

Audiologist / Audiometrist

A 45 years old male presented to ENT OPD with history of tinnitus, episodic vertigo and fluctuating hearing loss.

- What are the findings of the graph? 1
- What is the possible diagnosis? 2
- What are the treatment options? 2

### Finding in Graph:-

Right ear → Both the air conduction and bone conduction are showing normal hearing threshold  
- There is no air bone gap

Left Ear → Air conduction and Bone conduction lines are below normal hearing threshold which is more marked in lower frequencies.

- There is no significant AB gap
- There is sensorineural hearing loss

### Diagnosis:-

Meniere's Disease (Left ear)

• labyrinthectomy  
• Medical drug therapy

### Treatment options:-

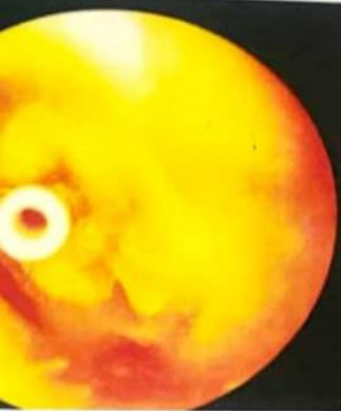
Medical → Reassurance • low salt diet • change in lifestyle

• Vestibular sedatives • Vasodilators • Diuretics

Surgical • Endolymphatic sac decompression • Sacculotomy

• Endolymphatic shunt operation • Section of vestibular Nerve





DEPARTMENT OF ENT HEAD & NECK SURGERY  
K.G.M.C. PESHAWAR  
8th YEAR MEDICAL PROFESSIONAL EXAM 2017  
FOAC STATION No. 03

1. What are the findings in this photograph? 1
2. What are the indications of this procedure? 2
3. What are the complications of this condition? 2

## Finding in photograph.

- This is the otoscopic photograph of Tympanic M
- A grommet inserted in the tympanic membrane is visible

## Indications:-

- Otitis media with effusion
- Recurrent otitis media
- Acute otitis media
- Atrophic TM

## Complications:-

- Dislodgment of Grommet
- infection
- Persistent perforation in TM
- Tympanosclerosis
- Thinning of Tympanic Membrane

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KGMCH/HSIC, PESHAWAR  
4th YEAR MBBS PRE-PROF EXAM, 2023

TOAC STATION No: 02



- 1- Name the x-ray? (1)
- 2- What are the findings on x-rays? (1)
- 3- How are you going to confirm whether it's in the esophagus or airway? (1)
- 4- What will be the 2 symptoms of this patient? (2)

Name X-ray:-

Plain X-ray Chest & Neck AP view.

Findings on X-ray:-

This X-ray is showing rounded, radiopaque foreign body (most likely coin) impacted in the midline in the root of Neck.

Exact location:- X-ray Lateral view of Neck is needed to confirm whether it's in the oesophagus or airway.

## Symptoms of patient:-

### Air passage:-

- Gagging & choking.
- Incomplete Airway obstruction.
- Stridor & Cough.
- Respiratory Distress.

### Food passage:-

- Discomfort or pain
- Dysphagia
- Drooling of Saliva

ENT

# tympanometry

Type A → Normal

Type A<sub>SD</sub> → Otosclerosis + Malleus fixation  
(compliance ↓)

Type Ad → Ossicular discontinuity or thin and lax tympanic mem.  
(compliance ↑)

Type B → Middle ear fluid / thick tympanic mem  
(NO comp with pressure change)

Type C → Retracted tympanic mem and may show some fluid in middle ear.  
(max comp occurs with -ve pressure)