of other	startmole actions
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 Carefully alloads pages has declared "Linter roll number is 	
 Statlent's resonanced by the statement in 	I discharge from right ear, and decreased hearing level for its seen in the attic region as pearl white materials. CT what is the most likely diagnosis in this case? Supportative Otitis Media CO Otosclerosis
phone the second s	term tight par, and uncrease materials CI
and with four small	and the providence of the second second second second
has presented to than Chalesteatomi	what is the most likely diagnosis in the Otosclerosis
A 15 year old patient has prevented to OPD with foul smell the last 7 years. On otoscopic examination Cholesteotomi som shows hypotenia opacity in the right mastoid autrius to be Supporative Otitis Media E Tympa	T discharge from right ear, and decreased hearing level for it is seen in the attic region as pearl white materials. CT what is the most likely diagnosis in this case? Supportative Otitis Media C Otosclerosis for osis
the last 7 periodence opacity in the file B Chronin	Support
AND AND ADDRESS TO A TANK A	ANALISIA ANA
A metary obtais media	linic for complaining as an extra cranial complication
D Sector patient has presented to ant notices a sw	linic for complaining of right ear discharge, swening elling and labeled it as an extra cranial complication eldomastoid muscle. CT Scan shows erosion of the pais in this case?
2 A 15 years that 20 days. The consultant the steroch	eldomastoid muscle. Cr scart shorts of
and pain to supportive ofitis media along the diagn	elling and labeled it as an extra cranial complication eldomastoid muscle. CT Scan shows erosion of the osis in this case?
and pain for last portive of its media along the stretce of choronic supportive of its media along the stretce bound angle what is the most likely diagning bound in odium angle what is the most likely diagning	bucess C tucs abscesses
Bollen B Crite	
A Berolds Abscess E Zygom	atic abscesses omplaining of Fever & rigors for the last 4 days. He is also int advised a Magnetic Resonance Venography to show
D Mastoid abscesses D Mastoid abscesses	omplaining of Fever & Figors for the last int advised a Magnetic Resonance Venography to show most likely clinical diagnosis in this case?
A 12 years old patient has presenten a left ear. The consultr	int advised a Magnetic Resonance Venography to show
A 12 years one pair of cholesteatoma left ear. The consulta a diagnosed case of cholesteatoma left ear. The consulta venous flow and PTA shows mixed hearing loss. What is the venous flow and PTA shows mixed hearing loss. What is the venous flow and PTA shows mixed hearing loss. What is the venous flow and PTA shows mixed hearing loss. What is the venous flow and PTA shows mixed hearing loss. What is the venous flow and PTA shows mixed hearing loss.	most likely clinical diagnosis in this case?
venous flow and PTA shows mixed working	
A Acute mastoiditis B Acute pyogene ine	0
	hydrocephalus
	by his mother complaining of unilateral sore throat, last 7 days. On examination a palpable swelling is
headache and difficulty in filoden opening on oral	cavity examination, swelling has extension posterior
noticed at level-2 behind angle of the Jaw and on oral	the the most likely diagnosis in this case?
to the posterior pillar of the tonsil on same side. When	the most intery unightening to be
A Peritonsillar ab	scesses C Para pharyngeal abscesses
H Children Le Ratro	nharyngeal abscesses
D Pleomorphic adenoma E Retro	om complaining of hoarseness of voice for the last 7
A 55 year old man was brought to the emergency to	in breathing for the last three days. He is giving
and now having difficill	ty in breathing for the last thee days, the base
End which he racawar	radiation riexible in vieuscopy shows mean
in the stand arouth and CT Scan knows he	erogeneously enhancing resion involving resion
cords with ulcerated growth and er sean promistal	-stage classification for this patient?
and thyroid cartilage. What is the most appropriate 1	C T ₂
A TO B T.	L 12
E Tu	
	om complaining of hoarseness of voice for the last 14 in breathing for the last two days. He is giving history
A 45 year old man has brought to the enlergency to	in breathing for the last two days. He is giving history
for the second for which he received radiation	. The patient has developed deel end
which intervention is needed. What is the best airwa	v management option in this stress
which intervention is needed. What is the eded	Tracheostomy
A Endo Tracheal Intubation B High	Tracheostomy
D Per cutaneous Tracheostomy E Tracheost	omy between ring two and three of trachea
	complaining of painful swallowing, hoarseness of voice and Examination of the neck and indirect laryngoscopy are
A 60 year old main has presented to speak last 8 months	Examination of the neck and indirect laryngoscopy are count 15000 mcl. Repeated Water soluble Barium swallow
sometime regurgitation of food for the last of months	Examination of the neck and mulleet have a solution of the neck and mulleet have a sol
shows a constant filling on the side of the neck. What is t	he most likely diagnosis in this sace?
shows a constant filling on the side of the neck. What is t	Dharvingeal DOUCH
A Laryngocele B Oesopheagear	Carcinonia
D Piriform sinus carcinoma E Post	cricoid carcinoma
A Europe of diastication in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the section is the section in the section in the section in the section is the section in the s	cricoid carcinoma parents complaining of pain in his right ear of sudden onset of Tympanic membrane with bulge in the centre and the
is syear old patient is brought to consultant clinic by his	parents complaining of pain in his right ear of the ed Tympanic membrane with bulge in the centre and the ead of infection in this case?
of three hours duration. Otoscopy shows red congeste patient is febrile too. What is the most likely route of spr	ead of infection in this case?
patient is febrile too. What is the most likely route of spr	ead of infection of the Para Hard
A Direct spread from external ear B Haer	natogenous spread C Infection en Sinusis
	hing Tub
D Patulous Eustachian Tube E Shorter and	wider Eustachian Tub
	In children.
	IN CHILD

3

CS CamScanne

	to outpatient department complaining of change in voice for the last progressive in nature. Her Flexible Endoscopy shows a fungating, one third of the right vocal cord, but both vocal cords are mobile.	
	emplaining of change in voice a fungating.	
	to outpatient department complaining of change in voice for one progressive in nature. Her Flexible Endoscopy shows a fungating, one third of the right vocal cord, but both vocal cords are mobile. this case? Cord papilloma C Squamous cell carcinoma	
wears old patient has presented	to output in nature. Her Flexible Endet words are mode	
years one provident and p	progressive in the right vocal cord, but both	
1011012 Internation	one call calling	
and state of the second s	11151.075	
Arytenoid granuloma	E Vocal cord polyp osed as a case of Gradinigo syndrome due Chronic Supportative osed as a case of Gradinigo syndrome due Chronic Support the post aural area is tender with scanty foul smelling discharge from n, the post aural area is tender with scanty foul smelling discharge from n, the post aural area is tender with scanty foul smelling discharge from n, the post aural area is tender with scanty foul smelling discharge from n, the post aural area is tender with scanty foul smelling discharge from n, the post aural area is tender with scanty foul smelling discharge from n, the post aural area is tender with scanty foul smelling discharge from n, the post aural area is tender with scanty foul smelling discharge from n, the post aural area is tender with scanty foul smelling discharge from n, the post aural area is tender with scanty foul smelling discharge from n, the post aural area is tender with scanty foul smelling discharge from n, the post aural area is tender with scanty foul smelling discharge from n, the post aural area is tender with scanty foul smelling discharge from n, the post aural area is tender with scanty foul smelling discharge from n, the post aural area is tender with scanty foul smelling discharge from n, the post aural area is tender with scanty foul smelling discharge from n, the post aural area is tender with scanty foul smelling discharge from n, the post aural area is tender with scanty foul smelling discharge from n, the post aural area is tender with scanty foul smelling discharge from n, the post aural area is tender with scanty foul smelling discharge from n, the post aural area is tender with scanty foul smelling discharge from n, the post aural area is tender with scanty foul smelling discharge from n, the post aural area is tender with scanty foul smelling discharge from n, the post aural area is tender with scanty foul smelling discharge from n, the post aural area is tender with scanty foul smelling discharge from n, the post aural area is tender with scanty foul smelling di	
Aryrend nodule	ared as a case of Gradinigo syntheticanty foul smelling discharge	
O Vocar cold patient was diagn	the post aural area is tender with scenny likely cause responsible for	
A 19 years ago. On examination	n, the post of hearing loss. What is the most	
media / days Pure tone audiometry	shows mixed chronic otitis media.	
the ferr contract	trovitis C	
this conumer and abscess	b b b b b b b b b b b b b b b b b b b	
A Acute mission abscesses	E Secretory discharge from right ear for the used a triad of ear	
D Lucus absection has his his	story of foul smell discuss. For the last 7 days, he has developed up to story what is	
A 24 year on phas attic defect	and granulation tissue audiometry showed profound hearing tes	
examination the orbital pain an	id 6th nerve paralysis. Agen	
discharge, felly cause in this part	tient? C Labyrinthins	
Cavernous sinus mironing	a potrositis	
A Cavernous smooth	E rectioning of right pain for the last 3 days. On other	
D Mastoluto:	Osis B Detrositis E Petrositis Petrositis ented to outpatient complaining of right pain for the last 3 days. On otoscopic abrane is red congested. The patient received oral antibiotics and nasal sprays but	
12 A 17 year out p examination the tympanic mem	and option in this patient to avoid the viscotomy with grommet insertion	
not relived most energy	B Nasal topical steroids	
A Intravenous Venous Annua	E Tympanocentesis in anterior for the last 15 months	
D Tympanocentesis in antern	need to outpatient complaining of hoarseness of voice for the loss ulcerated need to outpatient complaining of hoarseness of voice for the loss ulcerated Neck examination is normal and indirect laryngoscopy shows ulcerated need to outpatient of the direct laryngoscopy shows same need to outpatient complaining of hoarseness of voice for the loss of voice for the loss of the direct laryngoscopy shows and the direct laryngoscopy shows same	
13 A 40 year old man has preserved and progressive	Neck examination is normal and indirect laryngoscopy shorter Neck examination is normal movements. His flexible endoscopy shows same Interior one third with normal movements. His flexible endoscopy shows same a right cord. What is the most likely T Stage of the disease in this case?	
persistent and progressive	n right cord. What is the most likely T Stage of the disease in this case?	_
findings only white patch or	n right cord. What is the most likely I stage of the Stage 1b	
	E Stage 2b esented to outpatient department complaining of nasal obstruction and decreased Examination shows high arched palate and dull tymapanic membrane with loss of Examination shows high arched palate and dull tymapanic membrane site case?	
14 A 9 year old patient has pre	esented to outpatient department complaining of nasal obstruction une s. Examination shows high arched palate and dull tymapanic membrane with loss of s. Examination shows high arched palate most likely type of hearing loss in this case?	
hearing level in his both eart	s bows enlarge Adenoids. What is the most likely type of nearing loss	
	oss B Mixed hearing loss C Protound hearing loss	
A Conductive hearing i	oss E Sudden Sensory Neural Hearing loss	
D Sensory Neural recu	ing loss E Sudden Sensory Neural Hearing loss esented to outpatient department complaining of hoarseness of voice for the eletest and progressive. He is farmer by profession. His neck examination is	
last 19 months that is per	rsistent and progression with	
a armal and indirect laryng	goscopy shows bicerate by finding the patient is staged as T1a N0 M0.	
normal movements. His f	lexible endoscopy shows same findings, the patient is staged as the ws Squamous Cell Carcinoma. After counseling for treatment he isreluctant to be the most likely next treatment option in this case?	
Histopathology report sho	ws Squamous Cell Carcinoma. After counseling to the case?	
go for Radiotherapy. What	is the most metry were contracted by the most metry metry and the most metry metry metry and the most metry metr	
 Chemotherapy 		
D Sub epithelial Corde	croiny of hilateral decreased hearing level	
	noscopy shows dair chini this in case?	
tympanogram. What is the	e most likely diagnosis in this media C Retracted tympanic membrane	
A Acute suppurative o	into meano di constructore in	
D Secretory otitis med	ha history of sudden onset severe	
17 A 40-year-old hypertensiv	e man presented to emergency department with history of sudden one of the subscription and investigation anterior nasal packing was done but history, examination and investigation anterior nasal packing was done but of the verseal lightion under general anesthesia through endoscope. What is the	
epistaxis. After proper f	history, examination and investigation anterior hasar packing the what is the led for vessel ligation under general anesthesia through endoscope. What is the be lighted through endoscope to stop bleeding?	
unsuccessful. You are can		
most appropriate vessel t	artery B Posterior ethmoidal palatine artery	21
A Anterior ethmoidal	artery palatine artery	
	eater palatine artery E Septal branch of superior labial artery	
	esented to Emergency Room with sudden onset of headache and vomiting. He esented to Emergency Room with sudden onset of headache and vomiting. He smell right ear discharge for the last 6 years. On examination, there is scanty smell right ear discharge for the last 6 years. On examination, there is scanty state in the attic region of right ear and difficulty in closing the right eye. What is tissue in the attic region of right ear and officulty in closing the right eye. What	
18 A 16 year old boy has pr	smell right ear discharge for the last 6 years. On examination, right eve. What	
has also history of foul	a tissue in the attic region of right ear and difficulty in closing the right and	
discharge and granulation	esented to Enlergency of the last 6 years. On examination, there is scanty smell right ear discharge for the last 6 years. On examination, there is scanty smell right ear discharge for the last 6 years. On examination, there is scanty smell right ear discharge for the last 6 years. On examination, there is scanty smell right ear discharge for the last 6 years. On examination, there is scanty smell right ear discharge for the last 6 years. On examination, there is scanty smell right ear discharge for the last 6 years. On examination, there is scanty smell right ear and difficulty in closing the right eye. What is tissue in the attic region of right ear and difficulty in closing the right eye. What is tissue in the attic region of Chronic Support to the other of the scanty of t	×
is the most likely Extra cr	R Enidural abscess	
 A Reain abscess 	c Otitis hydrocephalus	



	line for
A 50 year old male patient is coming to specialist outpatient complaining of liquids and solids, regurgitation of food and occasionally chest pain for the liquids and solids, regurgitation 9 months back. Examination of the neck	of difficulty in swallowing to
tight is coming to specialist outpatient complements	ast 2 years. He has history of
A 50 year old male patient is coming to specialist outpatient completed of liquids and solids, regurgitation of food and occasionally chest pain for the liquids and solids, regurgitation of months back. Examination of the neck hospitalization for chest infection 9 months back. Examination of the neck solution of solids of saliva. Low molecular weight barium swall	is upremarkable and indirect
A S0 year old male partent liquids and solids, regurgitation of food and occasionally chest painton liquids and solids, regurgitation of months back. Examination of the neck hospitalization for chest infection 9 months back. Examination of the neck hospitalization for chest infection 9 months back. Examination of the neck hospitalization for chest infection 9 months back. Examination of the neck hospitalization for chest infection 9 months back. Examination of the neck hospitalization for chest infection 9 months back. Examination of the neck hospitalization for chest infection 9 months back. Examination of the neck hospitalization for chest infection 9 months back. Examination of the neck hospitalization for chest infection 9 months back. Examination of the neck hospitalization for chest infection 9 months back. Examination of the neck hospitalization for chest infection 9 months back. Examination of the neck hospitalization for chest infection 9 months back. Examination of the neck hospitalization for chest infection 9 months back. Examination of the neck hospitalization for chest infection 9 months back. Examination of the neck hospitalization for chest infection 9 months back. Examination of the neck hospitalization for chest infection 9 months back. Examination of the neck hospitalization for chest infection 9 months back. Examination of the neck hospitalization for chest infection 9 months back. Examination of the neck hospitalization for chest infection 9 months back. Examination 0 months back infection 9 mont	thous classice bird beak
liquids and the chest infection 9 months molecular weight barium swall	OW SHOWS CLOSE
hospitalization for Credit policy of saliva. Low molecular weight defined and the second s	watomy with
taryngoscopy shows the most effective treatment for this discussion with	Cardiomyotomy with
appearance What is the most effective treatment with Cardiomyotomy with	complete fundoplication
appearance What B Cardionny B Cardionny of the cardionny	
a support of the supp	of hoarseness of voice for the
Oesophageal dilatation E Oesophiegectory A 51 year old shopkeeper presented to the Consultant Clinic complaining iast 06 months persistent and progressive. Flexible laryngoscopy show iast 06 months persistent and progressive. Flexible laryngoscopy show	right fixed vocal cord with
20 Oesophagearding A S1 year old shopkeeper presented to the Consultant Clinic comp (ast 06 months persistent and progressive. Flexible laryngoscopy show (last 06 months persistent and pers	s right woral cord with no
20 A 51 year months persistent and progressive, reconstly enhancing lesion	Involving vote
last 06 interrowth and CT Scan shows heterogeneously agoing classification	for this patient?
ulcerated grothyroid cartilage. What is the appropriate stogens	$T_3 N_0 M_0$
C T ₄₊ N ₀ M ₀ E T ₄₅ N ₀ N ₀	ficines for heart burn. Flexible
21 A 45 year old male patient is presented to otdiaryngology operation of the last 3 months. He is chronic smoker and was using mean voice for the last 3 months. He is chronic smoker and was using mean taryngoscopy shows gravish white patches on anterior two third of both means the plaques could not be easily excised. What is the most like patches are shown as the plaques could not be easily excised. What is the most like plaques could not be easily excised. What is the most like plaques could not be easily excised.	nobile vocal cords. Under direct
voice for the last 3 months, the natches on anterior two third of both	ely diagnosis in this case?
taryngoscopy shows gravish white pathe easily excised. What is the most ne	C Leukoplakia
Larvingoscopy, the prod	
A Contact areas Varricous calcinoma	the last two days.
D Squamous cell carcinoma E Verticular 22 A 17 year old girl was brought to the emergency room complaining of difficulty 23 She also gives history of dental manipulation. On examination, the tongue is prospective bistory of the following is the most likely organism responsible for this condition.	in breathing teduced movements.
22 A 17 year old girl was brought to the energence on examination, the tongue is provide the second seco	
She also gives history of gent the most likely organism responsible for this content	C Staphylococus aureus
Which die of the following of a Recyclomonas aeruginosa	
	ig of hoarseness of voice for the
 3 Suppletocets piece 23 A 48 year old high school teacher has presented to outpatient complaining last 16 months persistent and progressive. Neck examination is unremark 	kable, and Flexible laryngoscopy
last 16 months persistent and progressive. Neck examination is unremain shows ulcerated growth on right vocal cord anterior one third with nor shows ulcerated growth on right vocal cord anterior one third with nor	mal movements. This patient is
shows ulcerated growth on right vocal cord anterior one tappropriate treestage as TIa NO MO, according to AJCC . What is the most appropriate treestage as TIa NO MO, according to AJCC .	atment option?
Stage as T1a NO MO, according to AUCC , What is the international other apply	C Radiotheraphy
A Corbectority segmenter	
D Subepithelial Cordectomy E Total Laryngectomy	from his right ear for the last 2
24 A 12 year old boy has come to Outpatient clinic complaining of discharge	with red congested mucosa and
days. On examination the tympanic membrane has central perforation	arganism tasponsible upon the
mucoid discharge. Which one of the following is the most likely causative	e organism responsible upon me
report of culture and sensitivity test?	
A H. influenzae B Pneumococcus	C Pseudomonas Aurgenosa
D Staphylococcus E Streptococcus	
25 A 7 year old girl was brought to toutpatient by her parents complaining o	f bilateral decreased hearing and
nasal obstruction for the last 3 months. On otoscopy, she has bilateral du	II tympanic membranes with loss
of landmarks and is a mouth breather. Tympanometry reveals type B g	raph. What is the most effective
Treatment of choice in this case?	Sciretory stilling med
A Adena Tonsillectamy B Adenodectomy with	
Grometts insertion	e conscivative treatment
D Conservative treatment with antibiotics E Musicester	with analgesics
26 A 5 year old boy is scheduled for diagnostic been a	ntilation, tube insertion
normal. During rigid bronchoscopy, a piece of peanut was removed. In the not maintaining O2 saturation, with hyper resonant chest on personal	recovery room the national uncertained
not maintaining O2 saturation, with hyper resonant chest on percussion the treatment of this patient?	on. What is the next strengt was
treatment of this patient?	what is the next step in the
Endotracheal intubation R classical	
	C Re Bronchoscopy
The Che Cal Dhill	
A 40 year old larly is coming to E Ventilator support	το οι
A 40 year old lady is coming to specialist clinic complaining of difficulty is She has history of total the second	n swallowing for the laws
A 40 year old lady is coming to specialist clinic complaining of difficulty is She has history of total the second	n swallowing for the laws
27 A 40 year old lady is coming to specialist clinic complaining of difficulty i She has history of total the second	n swallowing for the laws
27 A 40 year old lady is coming to specialist clinic complaining of difficulty is She has history of total thyroidectomy for differentiated thyroid carci- swallow is normal and flexible endoscopy shows right vocal cord paralys of dysphagia in this case?	n swallowing for the laws
 A 40 year old lady is coming to specialist clinic complaining of difficulty is swallow is normal and flexible endoscopy shows right vocal cord paralyst of dysphagia in this case? A Decreased pharyngeal gradient 	n swallowing for the laws
 A 40 year old lady is coming to specialist clinic complaining of difficulty is swallow is normal and flexible endoscopy shows right vocal cord paralyst of dysphagia in this case? A Decreased pharyngeal gradient B Decreased pharyngeal 	n swallowing for the last 2 years. noma 3 years back. Her Barium sis. What is the most likely cause
27 A 40 year old lady is coming to specialist clinic complaining of difficulty is She has history of total thyroidectomy for differentiated thyroid cardio swallow is normal and flexible endoscopy shows right vocal cord paralyst of dysphagia in this case? A Decreased pharyngeal gradient pressure and decreased glottis	n swallowing for the last 2 years. noma 3 years back. Her Barium sis. What is the most likely cause C Increased pharyngeal
27 A 40 year old lady is coming to specialist clinic complaining of difficulty is She has history of total thyroidectomy for differentiated thyroid carcie swallow is normal and flexible endoscopy shows right vocal cord paralyse of dysphagia in this case? A Decreased pharyngeal gradient pressure and decreased glottis closure	n swallowing for the last 2 years. noma 3 years back. Her Barium sis. What is the most likely cause C Increased pharyngeal gradient pressure and
 A 40 year old lady is coming to specialist clinic complaining of difficulty is swallow is normal and flexible endoscopy shows right vocal cord paralyst of dysphagia in this case? A Decreased pharyngeal gradient pressure and decreased glottis closure D Increased pharyngeal gradient 	n swallowing for the last 2 years. noma 3 years back. Her Barium sis. What is the most likely cause C Increased pharyngeal gradient pressure and increased of the
27 A 40 year old lady is coming to specialist clinic complaining of difficulty is She has history of total thyroidectomy for differentiated thyroid carcined swallow is normal and flexible endoscopy shows right vocal cord paralyst of dysphagia in this case? A Decreased pharyngeal gradient pressure and decreased glottis closure D Increased pharyngeal gradient pressure and decreased plottis closure	n swallowing for the last 2 years. noma 3 years back. Her Barium sis. What is the most likely cause C Increased pharyngeal gradient pressure and increased glottis closure
27 A 40 year old lady is coming to specialist clinic complaining of difficulty if She has history of total thyroidectomy for differentiated thyroid carcinol swallow is normal and flexible endoscopy shows right vocal cord paralyst of dysphagia in this case? A Decreased pharyngeal gradient pressure and decreased glottis closure	n swallowing for the last 2 years. noma 3 years back. Her Barium sis. What is the most likely cause C Increased pharyngeal gradient pressure and increased glottis closure



8	are throat and difficulty in	of the second seco	
	The natient is appearing in	year old boy presented to the Consultant Clinic complaining of	28
	osal surfaces of the tongue	year old boy presented to the Consultant Clinic complaining or owing for the last 06 months associated with fever body aches and pa	20
	ikoly clinical diagnosis in this	owing for the last 06 months associated with fever body acres and pa essional examination. On examination of the oral cavity mobile most be and tender to touch. What is the most	
	ikely clinical disgliesis	essional examination. On examination of the oral cavity mobile in ing white reddish spots, multiple and tender to touch. What is the mos	
	Leukoplakia	se?	
		Apthus ulcers B Erythropiana	
	ning of sore throat, headache	Submices an interest of the second by his parents comp	L
	covered by white follicles and	A 15 years old boy was brought to emergency room by his parents comp and difficulty in opening mouth for the last three days. His both tonsils and	
	leviation of the uvula to the	and difficulty in opening mouth for the last three days. It is both torshe the left tonsil is enlarged medially anterior to the posterior pillar with	
	1111-1	opposite side. What is the most probable diagnosis?	
	Membranous tonsillitis	A Acute follicular tonsillitis B Infectious mononucleosis	
	or and severe body aches for	D Peri tonsillar abscesses E Para pharyngeal abscesses	
	h lavers and red spots, neck is	A 9 years old boy presented to consultant clinic for pain in the throat, the last 4 days. On examination, the oropharynx is congested with whi	1
		the last 4 days. On examination, the orophalynx is congested with the also swollen and tender. What is the investigation of choice in this patient	whe
	C Culture and Sensitivity	A ASO Titre B Complete Blood Picture	N
		D Paul Bunnel Test E Rapid Antigen test	ขท/บ
	ng in the floor of mouth for the	31 A 16 year old girl presented to the Consultant Clinic complaining of swe	
		last 06 months that is progressive. The swelling shuishin color, so	-
2,	C Papilloma	frenulum and on ventral of the tongue. What is the most likely clinical d A Dermoid cyst B Granuloma	-
10 c	+ Run	D Ranula E Submandibular duct stone	
-	ing sensation in the throat and	32 A 25 year old boy presented to emergency room complaining of bu	
	ody aches and pains. The patient	difficulty in chewing food for the last 06 months associated with fever	
	avity mobile mucosal surfaces of	is addicted to Pan (Betel quid) and smoking. On examination of the ora	
	hich of the following is the most	the tongue having white reddish spots, multiple and tender to touch. likely diagnosis in this case?	
	C Leukoplakia	A Apthus ulcers B Erythroplakia	
		D Lichenplanus E Submucosal fibrosis	
	voice for the last 12 months that	33 A 45 year old man presented to outpatient complaining of hoarseness	15
	ada lass than C and a Li V	is and progressive. Neck examination shows single insilateral lymph	15
1		is yngoscopy slows ulcerated growth an the anterior and third of the	- 6
	That is the most likely TNM Stage	with normal provements. His flexible endoscopy shows same findings of the disease in this case according to AGCC (American joint committee	1
1		A T ₁ N ₁ M ₀ B T ₁ N _{1a} M ₀	A.
-			
	plaining of sore throat headacha	34 A 9 years old boy was brought to emergency room by his mother co and severe body aches and pains. His both topsils are associated	A
	nite follicles and on examination	and severe body aches and pains. His both tonsils are covered by enlarged level-2 neck nodes on both sides. Which of the following is	V
	most likely organisms which can	enlarged level-2 neck nodes on both sides. Which of the following is to cause for valvular heart disease in future?	1
		A Gravatile to	1 A
1	C Staphylococus aureus	D Streptococcus viridine	1
		35 A 16 years old girl presented to consultant	
Y	mplaints of fever, foreign bod	sensation in the throat and change in voice for 12 hours. On exami sweating. What is the most appropriate treatment in this case?	
h	tion, the patient is anxious wit	sweating. What is the most appropriate treatment in this case?	1
		A Cricothyrodoctomy B W Antibuci	/
	C Mask oxygenation	- indefieusiomy	1
	waryngitis	tongue for the low a presented to outpatient complaining of non-he	
16	ng ulcer on right middle of th	A 49 year old man presented to outpatient complaining of non-heil tongue for the last 7 months that is progressive. Neck examination sho 3 cm in greater diameter. What is the most likely investigation in this ca	
an	one mobile neck node less that	A CT-scap and	
	to establish the diagnosis?	3 cm in greater diameter. What is the most likely investigation in this ca A CT-scan oral cavity B Incisional biopsy under	1
5	Incisional biopsy under	(- f shack	/
ノー		MRI general anesthesia	37
		<i>E</i> Ultrasound b mode tongue difficulty in breathing. His both tonsils are covered by grey, white overall the pack is	
	laining of some the	difficulty in breathing. His both tonsils are covered by grey, white e and periorbital edema are noted. The neck has enlarged tende ocyte WBC ratio is higher than 0.35. What is the	
he	lembranoi and	e and periorbital edema are noted. The neck has enlarged tende ocyte/WBC ratio is higher than 0.35 What is the most likely diagn	C
oft	lymph red spots on the s	ocyte WBC ratio is higher the neck has enlarged tends	F
His	ymph nodes on both sides.	The membranous to the world is the most likely di	H
	15?	phtheria B Acute follicular tonsillitis	D
		active in a second seco	
		ohtheria E Infectious monopurlogsi	
		Infectious mononucleosis	

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A 4.2 YEA	old man presented to the outpat	ient department complaining of defic	old in treathing and seatowing in	8
+ Putt 128.07	D DBA2 THRE IS MURILLESSING. CHAILES	ammation shows swelling in the order	bustions on make	Contract of the second second
D Well D	iented, k ray neck lateral view in	extension shows increased chadow a	the return stranger and	
the core	sponding vertebrag, what is the r	nost appropriate treatment in this case	u 1	
A A	ti-Tubercular Therapy B	incision and drainage through cervi	calinesson C is antenorie)	
E P	er oral Incision and drainage	E Trachedstomy		
A 17-ye	ar-old boy was listed for tonsillect	only for repeated some throat. On exam	mination the remain and simple and	*
		on, both tonsils were dissected while e		
		ontraindication for adenoid surgery in t		
A	berrant pharyngeal artery	B Bilid uvula C Nasoph	nary ngeal insufficiency	
	Sinusitis	E Suspected Angiofibroma		
		emergency room complaining of ho	arseness of voice for the use 1.2	
0 A 47	ear old man was brought to the	ind now difficulty in breathing for	the last two days. He is giving	
mont	is persistent and progressive a	ich he received radiation. Flexible h	arvneoscopy shows fixed vocal	
histo	y of Carcinoma Larynx of Whi	Scan shows heterogeneously enhance	ring lesion involving vocal cords	
cord	with ulcerated growth and CI	scan shows hereiogeneously children	ent option in this case?	
and		eal mucosa. What is most manageme	C Partial Laryngectomy	
AX	Chemotherapy 🕺 B Neo a	E Total Laryngectomy		
D	Palliative care	the later of the later of the second se	aspiratory distress for the last 1	
41 You	received a consultation call of a	2 year old patient who is in severe re- ntion. On examination, the patient	is in inspiratory distress with	
day	s. He is not maintaining satura	vs steeple sign saturation is decrea	asing and the patient develops	
int	rcostal recession and X-Ray sho	is steeple sign, and another in this	case?	
De	ipheral cyanosis What is the mos	I suitable the o	C Endotracheal intubation	
	0. conchorr DOV		C Interdial inter	Jalion
D	Mask oxygenation with helium		Louise March March 1997	
42 A	15 years old boy presented to en	mergency room spitting repeated bloo imy 9 days back. On examination righ dynamically stable, but pale and tries	ht tonsil fossa has clot with mo	- L
	the bas bistory of turismeete	is the second product of the second product	ta upmit: caturation is yom and	st
	hite slough The patient is nacht	dynamically stable, but pale and tries it is the most appropriate next step in B Crystaloids infusions	management? Rec	2 -
	b 9g/dl with raised receipts	8 Crystaloids infusions	E IV ANTIBIOUS	ner
	Blood transfusion	anesthesia E Packing of the tonsil be	ed with Adrenalitie sociale high his	
	I PLOOD VESSET OF		A REPORT OF THE OWNER OF THE	
				2
43	An 8-year-old male patient is broug	physician However, his symptoms ha	ave worsened after receiving	2
43	An 8-year-old male patient is broug received treatment from a General	Physician. However, his symptoms ha unable to swallow for the last 2 days.	On examination, his both tonsil	æ.
43	An 8-year-old male patient is broug received treatment from a General	Physician. However, his symptoms ha unable to swallow for the last 2 days.	On examination, his both tonsil	æ.
43	An 8-year-old male patient is of an received treatment from a General prescribed medications. He is now are covered by white membrane ar above I ymphocytosis. What is the	Physician. However, his symptoms ha unable to swallow for the last 2 days. Ind neck has palpable neck nodes at lev most likely drug responsible for exacer	on examination, his both tonsi vel 2. His Complete Blood Pictur (bation of his symptoms?	herba
43	An 8-year-old male patient is orong received treatment from a General prescribed medications. He is now are covered by white membrane ar shows Lymphocytosis. What is the i	Physician. However, his symptoms ha unable to swallow for the last 2 days. Ind neck has palpable neck nodes at lev most likely drug responsible for exacer	on examination, his both tonsi vel 2. His Complete Blood Pictur relation of his symptoms?	herbo
43	An 8-year-old male patient is orong received treatment from a General prescribed medications. He is now are covered by white membrane ar shows Lymphocytosis. What is the is A Atnoxicillin	Physician. However, his symptoms ha unable to swallow for the last 2 days. Ind neck has palpable neck nodes at lev most likely drug responsible for exacer B Brufen	On examination, his both tonsi vel 2. His Complete Blood Pictur tration of his symptoms? C Cetaclor C Cetaclor C MM Xi CUM that the ba	herba
43	An 8-year-old male patient is orong received treatment from a General prescribed medications. He is now are covered by white membrane ar shows Lymphocytosis. What is the is A Atnoxicillin	Physician. However, his symptoms ha unable to swallow for the last 2 days. Ind neck has palpable neck nodes at lev most likely drug responsible for exacer B Brufen	On examination, his both tonsi vel 2. His Complete Blood Pictur tration of his symptoms? C Cetaclor C Cetaclor C MM Xi CUM that the ba	herba
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A Amile chosins perp E Maxillary sinusitis D Invertid papilloma E Maxillary sinusitis	
D invertio papinonia	
56 A 27 year old patient is complaining of hasal obstruction for the last r months did to play the play in both	
is an and with headache. He has no history of any naval surgery. On examination, since	
nostrils, with postnasal drip with multiple large white gray senseless sweitings in the hose. Criscan technologi	
shows beterogeneously opacities in nose and sinuses. What is the most appropriate treatment?	
A Antibiotics first line B FESS C Intra nasal polypectomy	
D Topical and oral steroids E Topical Xylometazoline	
57 A 4 year old patient comes to consultant clinic with complaints of mouth breathing, snoring during sleep	
and decreased hearing level in both ears for the last 15 days. X Ray nasopharynx shows enlarged adenoid	
what is the next most likely investigation to help in diagnosis?	
A BERA (Brain Stem Evoked Response) D Otros	
Autometry)	
D Pure Tone Audiometry and Tympanometry	
ympanometry	
1-3 years = BERA Ushe Baad tympanmety CS Cam	

	in the end post-	B
	37 year-old lady presented to outpatient department with complaints of nasal obstruction, headache and post- asal drip that is mucoid in nature for the last 7 years. CT scan shows hyperdense opacity in the ethnoid region close	
L/1		
A	Anergic rungar sindship	
D	initially simplified and the semiclaints of pasal obstruction, neadache	
A	Maxillary sinusitis E Osteoma Lethmoid sinus 45-year-old man presented to outpatient department with complaints of nasal obstruction, headache and post nasal drip mucoid green in color for the last 3 days. On examination, there is mucopus in the left ind post nasal drip mucoid green in color for the last 3 days. What is the most appropriate investigation?	
a	and post nasal drip mucoid green in color for the last 5 days. On exemption appropriate investigation?	
r	and V BNC shows a hazy sinus on ipsilarchar as a construction of the second sec	
	A Complete blood picture B CT Not and	
1	E Histopathology of Sinds Andersonic Examination shows no	
0	a 55 years old male patient is scheduled for nasal surgery for Ethimidal purps, and fungal debris. CT Scan also	
1	D Functional Endoscopic examples A 55 years old male patient is scheduled for nasal surgery for Ethimidal polypi Endoscopic examples landmarks which suggest previous surgery. Further examination shows mucopus and fungal debris. CT Scan also landmarks which suggest previous surgery. What is the first surgical step in this case?	
1	A Antrostomy	2
	E Unsinectomy	
	ETC bish worsen in the evening.	
	A 30 years old man presents to Eye OPD with diplopia and bilateral droopy eyelids which worsen in and posterior There is also a history of fatigability. On examination, his visual acuity is 6/6 in both eyes. Anterior and posterior loading is unremarkable. There is bilateral ptosis partially obstructing the visual axis and 20 prism	
61	There is also a history of fatigability. On examination, his visual activity obstructing the visual axis and 20 prism	
	A 30 years old man presents to Eye of 5 minimation, his visual acuity is 6/6 in both eyes. Antende and 20 prism There is also a history of fatigability. On examination, his visual acuity is 6/6 in both eyes. Antende and 20 prism segment examination is unremarkable. There is bilateral prosis partially obstructing the visual axis and 20 prism segment examination is unremarkable. There is bilateral prosis partially obstructing the visual axis and 20 prism segment examination is unremarkable. There is bilateral prosis partially obstructing the visual axis and 20 prism segment examination is unremarkable. There is bilateral prosis partially obstructing the visual axis and 20 prism segment examination is unremarkable. There is bilateral prosis partially obstructing the visual axis and 20 prism segment examination is unremarkable. There is bilateral prosis partially obstructing the visual axis and 20 prism segment examination is unremarkable. There is bilateral prosis partially obstructing the visual axis and 20 prism segment examination is unremarkable. There is bilateral prosis partially obstructing the visual axis and 20 prism segment examination is unremarkable. There is bilateral prosis partially obstructing the visual axis and 20 prism segment examination is unremarkable.	
	diopter esotropia. Which of the add	
	A Chest X-ray E Serum antibodies D MRI brain E Serum antibodies An 80-year-old Caucasian smoker woman complains of recent problems with reading vision, specifically An 80-year-old Caucasian smoker woman complains of recent problems with reading vision, specifically	
62	D MRI brain An 80-year-old Caucasian smoker woman complains of recent problems with reading voting ter light. On An 80-year-old Caucasian smoker woman complains of recent problems with region is often good in brighter light. On words appearing distorted and blank patches being present. Her vision is often good in brighter light. On words appearing distorted and blank patches being present. Her vision is often good in brighter light. On words appearing distorted and blank patches being present. Her vision is often good in brighter light. On words appearing distorted and blank patches being present. Her vision is often good in brighter light. On words appearing distorted and blank patches being present. Her vision is often good in brighter light. On words appearing distorted and blank patches being present. Her vision is often good in brighter light. On words appearing distorted and blank patches being present. Her vision is often good in brighter light. On words appearing distorted and blank patches being present. Her vision is often good in brighter light. On words appearing distorted and blank patches being present. Her vision is often good in brighter light. On words appearing distorted and blank patches being present. Her vision is often good in brighter light. On words appearing distorted and blank patches being present. Her vision is often good in brighter light. On words appearing distorted and blank patches being present. Her vision is often good in brighter light. On words appearing distorted and blank patches being present. Her vision is often good in brighter light. On words appearing distorted and blank patches being present. Her vision is often good in brighter light.	
0.0	An 80-year-old Caucasian smoker woman experience being present. Her vision is often good in ungitteen segment words appearing distorted and blank patches being present. Her vision is often good in ungitteen segment examination, her vision is 6/36 both eyes with no further improvement with refraction. Anterior segment examination, her vision is 6/36 both eyes with no further improvement with refraction. Anterior segment examination, her vision is 6/36 both eyes with no further improvement with refraction. Anterior segment examination, her vision is 6/36 both eyes with no further improvement with refraction. Anterior segment examination, her vision is 6/36 both eyes with no further improvement with refraction. Anterior segment examination, her vision is 6/36 both eyes with no further improvement with refraction. Anterior segment examination, her vision is 6/36 both eyes with no further improvement with refraction. Anterior segment examination, her vision is 6/36 both eyes with no further improvement with refraction. Anterior segment examination, her vision is 6/36 both eyes with no further improvement with refraction. Anterior segment examination, her vision is 6/36 both eyes with no further improvement with refraction. Anterior segment examination is 6/36 both eyes with no further improvement with refraction.	
	in the Product Charles of the Product Charles	2
	words appearing distorted and blank pitches with no further improvement with refraction. Alternative examination, her vision is 6/36 both eyes with no further improvement with refraction. Alternative soft examination is unremarkable. Pupils are reactive to light. Fundus shows numerous intermediate-size soft examination is unremarkable. Pupils are reactive to light. Fundus shows numerous intermediate-size soft examination is unremarkable. Pupils are reactive to light. Fundus shows numerous intermediate-size soft examination is unremarkable. Pupils are reactive to light. Fundus shows numerous intermediate-size soft drusen in both eyes with choroidal neovascularization (C+OV). How will you manage?	11
	drusen in both eyes with chorological productive and VEG C inclusion	
	A Intravitreal antibiotics B Sub tenon triamcinolone E Sub tenon triamcinolone	
	D Subconjunctival decadron C Subconjunctival dec	
63	D Subconjunctival decadron C Subconjunctival dec	
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63	D Subconjunctival decadron C Phacoantigenic glaucoma D Subconjunctival decadron C Phacoantigenic glaucoma	-
63	D Subconjunctival decadron C Phacoantipunction A 60 years old man presents to the Eye clinic with a 3 days history of left eye pain. On examination, manual of the following is the left and formed by the same eye is 50mmHg. Which there are bilater of cataracts. The left cataract is hypermature and IOP in the same eye is 50mmHg. Which the following is the likely diagnosis? A Lens particle glaucoma B Phacoanaphylactic glaucoma C Phacoantigenic glaucoma	-
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owng man recently shifted to a new home and was do d the white wash tell in his both eyes. What immediate the white wash tell in his both eyes. B. Pad both	treatment is needed?	8
white wash fell in his both eyes. What initiate	eves C Put local allestitesia ep	
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				F 000	the subiter of		- flau in siste and in
100	A moi	ths old infant is brought by	parent	s to Eye OPD wi	th white p	oupillary	reflex in right eyes sin
0 A	4 110	hths old infant is brought by ant is not fixing and followin	g light v	with right eye. El	UA reveals	rubeosi	s irides and a retrolent
birt	th. Int	ant is not fixing and followin th vitreous seeds in right eye	. Intrao	cular pressure is	35 in righ	nt eye an	d 8 in left eye. Left ey
ma	ass wi	th vitreous seeds in the MRI sho	ows no i	nvasion of optic r	nerve. How	will you	treat this infant?
e	xamini	th vitreous seeds in right eye ation is unremarkable. MRI sho	B	Cryotherapy		C Er	nucleation
A	0	hemotherapy	0	Radiotherapy			
T	DI	aser photocoagulation	E	Kadiotterapy	dacroaco in	vision In	left eve with associated
- t	A 70 V	aser photocoagulation ears old woman came to OPD v	with com	plaints of sudden	decrease in	combing t	air. On examination her
101	heada	ears old woman came to OPD v che. The patient was also compla	ining of	jaw claudication ar	nd pain on i	COMDING 1	What is your diagnosis?
	visual	acuity is counting tinger in terr eye	WILLIUM	D und Strenen op 1	-	and the second sec	anterior ischemic optic
	A	Arteritic anterior ischemic opti	C B	Neuroretinitis	C non		interior ischerine oprie
		neuropathy				opathy	
1	D	E De	sterior i	schemic optic neu	ropathy		the hard a providue
100	2 45		ith water	ing and redness in b	oth eyes for	the last 0.	I year. He had a previous
103	his	0 years old man presented to you w tory of cicatricial conjunctivitis. On	examina	ition, you found in	ward rotatic	on of lowe	er eyends, what is your
		agnosis?					ver lid epiblepharon
	A	1 I destanting	B	Lower lid entrop		C Lov	ci na cpierepiere
	1	Lower lid ptosis	E	Lower lid trichia	ISIS	crosco vi	sion in right eve. On
A.F.	103	 Lower lid ptosis 4 60 years uncontrolled diabetic 	woman	presented with	sudden de	is not clo	ar. What investigation
		examination, there are bilateral cal	taracts. I	here is no happ. P	undus view	is not cie	
		will you advice to assess any associ	ated pos	terior segment pati	10108.41		scein angiography
		A B-Scan ultrasonography B	Fundus a	autoflourescence	anhy		
		D Optical coherence tomograp A 56 years old man presented wit		Retinal photogr	ase vision i	in the righ	nt from last 8 months.
	104	A 56 years old man presented wit On examination the vision in 6/6	h gradua	a progressive decre	ft eve with	no impro	wement with pinhole.
		On examination the vision in 6/60 Fundus examination is hazy but se	o in right	ever and 0/5 three	ne most pro		
		the standard and a standard and a standard a	ration	B Cat	aract	C Dia	betic retinopathy
				Vitreous hemor	rhage		ha ha ha a
1	105	D Glaucoma A 65 years old man presented with c	lecreased	vision in both eyes fi	rom the last	2 years. O	n examination, he has a
	105	A 65 years old man presented with o visual acuity of CF 3 meters in both	eyes. On	examination anterio	r segment is	normal in	on-hypertensive. What is
1		retinal pigment epithelial atrophy wit	h scars in t	the macular region. H	e is non-ulau	iene and m	
		the most probable diagnosis?	В	Central serous			dative retinal
		A Age-related macular	D	chorioretinopat	thy	det	achment
		degeneration D Lattice degeneration	E	Potinitis nigmet	ntosa		
	105		Eye OPD	with auddan lass o	f vision in h	nis right e	ye. He has a history of
	106	the second se	chot hall	1 month ago. Un eg	xanniauon,	1113 \$1300	i deality is ever to
		trauma to the right eye with a cris eye and 6/6 in left eye. He is havin	g right ey	e RAPD. What is th	e likely caus	SC OT THIS TO	Bitteretine
		A Cataract	Б	Episcleritis		C Ker	atitis
1		D Retinal detachment	E	Scleritis	- f	a and issit	ation more frequently
1	107	A 45 years old labourer presented	to your c	linic with complain	of watering	and inte	with of the conjunctiva
1		during sun exposure. On slit lamp	examina	tion, you observe a	a weuge-sn	apeu gio	will of the conjunctive
1		that extends onto the nasal cornea	B	Nodular Phlycte	nule	C Pin	guecula
		A Limbal Dermoid	E	Scleritis			0
	100	D Pterygium A 6 months old infant is brought			ts of water	ring, redr	ness, photophobia and
		A 6 months old infant is brought blepharospasm. On examination, he					
		possible due to poor view. IOP is 30					
	A		B	Cyclocryopexy			clodiode laser
	D		E	Trabeculectomy	,	e cy	erearoue ruser
10		65 years old woman presented		strength in the second se		av Sho i	s giving history of laf
1		acoemulsification 3 days back.					
1		junctival congestion and corneal					
		bestion and conteat	coerna	and is with hypop	you in the	antenui	chamber, what is the
	mo	st appropriate treatment?					
	A	st appropriate treatment?	D	Paribulbar anti-	iatics	C C	htopop antibiction
	A	Intravitreal antibiotics	B	Peribulbar antib		C Su	btenon antibiotics
110	A D	Intravitreal antibiotics Systemic antibiotics	E	Topical antibioti	cs		
110	A D A 60	Intravitreal antibiotics Systemic antibiotics years old man presents to you w	E ith sudd	Topical antibioti en loss of vision i	cs n his left e	ve. He is	known cardiac patien
	A D A 60 On ex	Intravitreal antibiotics Systemic antibiotics years old man presents to you w amination, VA is PL+ in left eye.	E ith sudd Anterior	Topical antibioti en loss of vision i	cs n his left e	ve. He is	known cardiac patien
	A D A 60 On ex with c	Intravitreal antibiotics Systemic antibiotics years old man presents to you w amination, VA is PL+ in left eye. herry red spot. What is your diag	E ith sudd Anterior nosis?	Topical antibioti en loss of vision i segment is norm	cs in his left e nal while fu	ve. He is	known cardiac patien
	A D A 60 On ex with c	Intravitreal antibiotics Systemic antibiotics years old man presents to you w amination, VA is PL+ in left eye.	E ith sudd Anterior nosis?	Topical antibioti en loss of vision i	cs in his left e nal while fu	ye. He is Indus sho	known cardiac patien
	A D A 60 On ex with c	Intravitreal antibiotics Systemic antibiotics years old man presents to you w amination, VA is PL+ in left eye. herry red spot. What is your diag	E ith sudd Anterior nosis? B	Topical antibioti en loss of vision i segment is norm	cs in his left e nal while fu	eye. He is undus sho C Ce	known cardiac patien ows white cloudy retin



-

	watering from left eye. On exami	nation, you found that	the patient is I	having mature cataract in the left
	eye with positive regurgitation te	st of mucopurulent dis	charge on sam	e side, workin procedure you will
	prefer to do first?			
	A Both cataract and DCR surg	ery B Cataractis	urgery alone	C Dacryocystortinostomy Surgery slone
	in the same setting		E No survey	Intervention at the
	D Give antibiotics for chronic	dacryocystitis and do	E No surgica moment	A REAL PROPERTY OF A REAL PROPER
	cataract surgery		moment	ision in both eyes for the last of
112	cataract surgery A 50 years old woman presents t	o you with gradual onsi	at dimness or v	isual acuity is 6/24 in both eyes.
	Anterior segment examination is	within normal nmits. F	difficus construction	
	retinopathy with macular edema.	How will you treat this p	attent	C Diffuse laser
	A Anti VEGE	E Dave olana	attectomy	
	D Focal laser A 60-year-old male presented to you	the second	of unico to bis rid	ht eye. Whim right eye is O while it
113				
	is 6/6 in left eye. On fundus examin- vessels and swollen disc. Which com	alication will you expect in	this particity of a	
	A Angle closure glaucoma	B Choroidai (retachment	C Neovascular glaucoma
		E Retinal det	achment	in the second second second of the
114	the second se	u with difficulty in readin	g, She is non-dia	betic and non-hypertensive, on
1	examination, VA in both eyes is t	5/6 for distance. Ocular e	xamination is u	iremarkable winar is the same
	of her reduced near vision?			C Hypermetropia
	A Amblyopia	B Astigmatism		
	 D Myopia 5 A 12 years old child was brought 	E Presbyopia	irritation of eyes	that is most severe in summer
11				
	municipal at list your find giant of	pillae, conjunctival cong	estion most man	KUD UT GEE GEEREN TEIL
	associated pseudogerontoxon. W	hat is the most probable	anagino ais in true	
	A Adenoviral conjunctivitis	B Bacterial co	njunctivitis (Ganococcal conjunctivitis
		al keratoconjunctivitis	where here was a	wing with it. On examination.
1	D Trachoma E Vern 16 A 16-year-old boy is brought to y you found that his comea is perfo	ou with trauma by scissor	en of manageme	nt as a community doctor?
	you found that his comea is perfo	B Refer the pa	tient C	Steroid ointment, then
	A Repairing of the cornea	without doin	ng anything	refer the patient
	D Topical steroids then refer t	he natient F Topical	antibiotics, pad	the eye then refer
1	it is a second and a second ad a	with swirtigal dinlopia for I	he last week. Sł	e has a history of road traffic
	secident O1 week app. On examin	lation, vision in both eye	s is 6/6. Inere c	ut https://pia.or.ing/ic.eye.ania
	the patient cannot depress the ey	e in adduction. Which ner	ve is most proba	biy madived?
	A Abducent nerve	B Nasociliary n E Trochlear ne		GC0000000 NETER
	D Optic nerve 8 An 80-year-old Caucasian smoker			ith reading vision, specifically
1.1	8 An 80-year-old Caucasian smoker words appearing distorted and bla	nk patches being present	Her vision is of	ten good in brighter light. On
11	examination, her vision is 6/36 bot	h eyes with no further in	provement with	refraction. Anterior segment
11	examination is unremarkable. Pupil	s are reactive to light. Fu	indus shows nu	nerous intermediate-size soft
11	drusen in both eyes with choroidal	neovascularization (CNV)	How will you m	unage?
11	A Intravitreal antibiotics	B Intravitreal ar		Multivitamins
11	D Subconjunctival decadron	E Sub tenon tria	imcinalarie	
11	A 58 years old man underwent unev			
	3 days, he presented with severe pa			
119	VA of perception of light in right eye	ior segment of the eve.		st probable diagnosis?
119	VA of perception of light in right eye and hypopyon with no view of poster			
119	VA of perception of light in right eye and hypopyon with no view of poster Acute angle closure B	Loss of lens fragment	s into C	Post-operative
119	VA of perception of light in right eye and hypopyon with no view of poster Acute angle closure glaucoma			
119 119 D	VA of perception of light in right eye and hypopyon with no view of poster Acute angle closure glaucoma Post-operative uveitis	Loss of lens fragment posterior segment of Post-operative vitreo	the eye us hemorrhage	Post-operative endophthalmitis
119 1 19 19 19 19 19 19 19 19 19 19 19	VA of perception of light in right eye and hypopyon with no view of poster Acute angle closure glaucoma Post-operative uveitis E 7 years old man presented with oc	Loss of lens fragment posterior segment of Post-operative vitreo ular pain in the right ey	the eye us hemorrhage re from the las	Post-operative endophthalmitis t 1 week. There is redness of
119 D A 4 the	VA of perception of light in right eye and hypopyon with no view of poster Acute angle closure glaucoma Post-operative uveitis 7 years old man presented with oc right eye with associated pain. On	Loss of lens fragment posterior segment of Post-operative vitreo ular pain in the right ey phenylephrine eye dro	the eye us hemorrhage re from the las ops installation	Post-operative endophthalmitis t 1 week. There is redness of the redness is not reduced.
119 D A 4 the	VA of perception of light in right eye and hypopyon with no view of poster Acute angle closure glaucoma Post-operative uveitis 7 years old man presented with oc right eye with associated pain. On	Loss of lens fragment posterior segment of Post-operative vitreo ular pain in the right ey phenylephrine eye dro	the eye us hemorrhage re from the las ops installation	Post-operative endophthalmitis t 1 week. There is redness of the redness is not reduced.
119 D A 4 the	VA of perception of light in right eye and hypopyon with no view of poster Acute angle closure glaucoma Post-operative uveitis E 7 years old man presented with oc	Loss of lens fragment posterior segment of Post-operative vitreo ular pain in the right ey phenylephrine eye dro	the eye us hemorrhage re from the las ops installation	Post-operative endophthalmitis t 1 week. There is redness of the redness is not reduced.

