Class. No

KHYBER MEDICAL COLLEGE PESHAWAR (EXAMINATION SECTION) INTERNAL EVALUATION EXAMINATION <u>BLOCK- (M)</u> 4th YEAR MBBS (Held on 04-Nov-2022)

Time Allowed: 120 Minutes

Max Marks: 120

c

Note: Attempt ALL MCQ's.

- Use only blue / black pen. Use of mobile phones and other electronic accessories are strictly prohibited.
- Carefully shade paper type and your correct roll no in response sheet
- Student's result will be declared "Under Report "if (i) MCQ question paper is not returned back along with response sheet or is tempered by the student (ii) The roll number is not written on the said paper

			ENT	_		
1	A 16 years old male patient has presented to outpatient with complaints of nasal obstruction, headache and post nasal drip for the last 16 months persistent and progressive in nature. His flexible endoscopy and CT Scan with contrast shows stage 2 Angiofibroma. What is the most appropriate treatment option in this case?					
	A Endoscopic removal FESS	В	Intra nasal polypectomy	C	Lateral rhinotomy	
	D Medial maxillectomy	E	Trans palatal approach			
2	A 37 years old lady has presented to ou and post nasal drip mucoid in nature Ethmoid region more close to the orbit the most likely diagnosis in this case?	for	the last 7 years. CT scan s	nows	hyperdense opacity in the	
	A Allergic Rhinitis	В	Allergic Fungal Sinusitis	С	Invasive Fungal Sinusitis	
	D Maxillary Sinusitis	E	Osteoma Ethmoid Sinus			
3	A 24 year old patient has history of foul smell discharge from right ear for the last 7 years; on examination he has attic defect and granulation tissue. For the last 7 days he develops a triad of ear discharge, retro- orbital pain and 6th nerve paralysis. Audiometry shows profound hearing loss. What is the most likely cause of this clinical presentation?					
	A Cavernous sinus thrombosis	В	Lateral sinus thrombosis	С	Labyrinthitis	
	D Mastoiditis.	E	Petrositis			
4		E ment vom	Petrositis with hx of severe headache iting and neck pain. Patient	which is har	ch he claims to be the wo ving hx of nasal obstruct	

	would like to order immediately		
1	A CSF analysis B CT Brain	& PNS with contrast	C CT Brain without contrast
1	D MRI Brain	E Pet scan	
	A 15 years old girl diagnosed with Antro		vs hazy nose and ipsilateral sinus.
	Most appropriate treatment of A/C (Ant Aphibiation		
	A Antibiotics	B Cald well luck operation	C Endoscopic sinus surgery
	D Middle meatus antrastomy	E Intranasal polypectomy	
	A diagnosed case of squamous cell car 39 years, smoker and school teacher by		
1	A Chemotheraphy	B Partial laryngectomy	C Radiotheraphy
1	D Total laryngectomy E Tota	laryngectomy plus Radiotheraph	y
1	A 36 year old lady diagnosed as heterogeneously enhancing lesion as different six levels. Most suitable treatm A Chemotheraphy B Rad	stage 2 cancer. On examination nent option for this patient is	
1	D Sterotactic surgery	E Surgery followed by Radio	
	A 60 year old patient has presented to months. On indirect laryngoscopy left y cords. Histopathology shows squamous The patient has TNM stage disease as	o specialist clinic complaining how	arseness of voice for the last 12 In full length and fixed both vocal
1	A Stage 1	B Stage 2	C Stage 3
1	D Stage 4	E Stage 5	

	A 12 year old boy has come to Outpat	the set dischar	rge from his right ear for the last .			
	A 12 year old boy has come to Outpat days. On examination the tympanic m	ient clinic complaining of dischar	n with red congested mucosa and			
)	A 12 year old boy has come to output	embrane has central perioration	what is the most likely causative			
	days. On examination the crut	te Supporative Otitis Media.				
	A 12 year old boy has come to Outpat days. On examination the tympanic m mucoid discharge. Clinically it is Acu organism responsible upon the report of	of culture and sensitivityr	C Pseudomonas Aurgenosa			
	organism responsible upon the top	B Pneumococcus				
	A H. influenzae	E Streptococcus	When the swelling is for the last 6			
	A H. influenzae D Staphylococcus A 34 years old lady is listed for total the years. After completion of surgery	vroidectomy for huge thyroid sw	elling; the swering cause of			
10	A 34 years old lady is listed for totar th	the surgeon noticed tracheom	alacia, most comme			
	years. After completion of surgery respiratory obstruction upon extubation		C Stitch trachea to the skin			
	respiratory obstruction upon excount	B Cricothyroidectomy	C Stitch trached to the			
	A Mask oxygenation		nasal			
1	D Tracheostomy A middle age lady of 41 years age h	has presented to out patients de	epartment complaining of these			
11	a middle age lady of 41 years age	I discharge for the last 9 mon	ths. Clinical examination should and			
	A middle age lady of 41 years age has presented to out patients departments department obstruction, headache and post nasal discharge for the last 9 months. Clinical examination shows unilateral polyp, mucopus and mucin, CT scan shows double density opacity in the nose, Maxillary and unilateral polyp, mucopus and mucin, CT scan shows double density opacity in this case is					
	A Endoscopic sinus B End	Income sing surgery is the	addie pre ser e			
	surgery plu:	s topical nasal steroids to	pical and oral steroids			
	D N/A - Latansing D	E Topical nasal steroids	hand a start hand a sha			
2	A to make all male entiont has present	ted to outpatient with complaint	s of nasal obstruction, headache			
	and next next drin for the last 16 mont	he nersistent and progressive in n	ature. ne is also Brung mator for			
	profuse nasal bleeding in the past; his	flexible endoscopy shows red p	inkish mass in the hasopharynx.			
	Most likely investigation in this case to h	help in diagnosis?				
	A CT Scan	B CT Scan with contrast	C CT Scan Angiography			
	D MRI	E Endoscopic blopsy				
.3	A 55 years old patient diagnosed as Nasopharyngeal Carcinoma, clinically and radiologically stage 2. Most					
	common virus associated with this disea		C. C. Intela has views			
	A Cytomegalo virus	B Coxsakie virus	C Epsintein bar virus			
	D Herpes simplex	E Varicella zoster				
4	A 9 years old boy has presented to cons					
	for the last 2 months. Otoscopy show		Tympanometry reveals type B			
	tympanogram. Most likely diagnosis in t		C. Detroit It			
	A Acuto cupourativo otitic modia	B Chronic otitis media	C Retracted tympanic			
	A Acute suppurative otitis media					
	D Secretory otitis media	E Tympanosclerosis	membrane			

	A Direct spread from externa	al ear B Haematogenous spread	C Infection of the Para
	D Patulous Eustachian Tube	E Shorter and wider Fustach	Nasal Sinusis
16	A postoperative thyroidectom conversation for the last 40 da	E Shorter and wider Eustach y patient has noticed change in vo ys. Most likely external branch of supe . Which of the following is most likely mu	ice while singing with normal
	A Cricothyroid	B Lateral Cricoarytenoid	C Posterior Cricoarytenoid
	D Thyroarytenoid	E Vocalis	
17	neonological assessment. Most el	has diagnosed with stage 3 Carcinom ffective treatment option in this case is?	a Nasopharynx on clinical and
	A Adjuvant Radiotheraphy D Palliative care	B Intensity modulated radiotheraphy	C Neo Adjuvant Radiotheraphy
18	A 57 years old male patient headache, epistaxsis and decre	Surgery followed by chemotheraphy has presented consultant clinic with co eased hearing level in right ear for t e lymph node and flexible endoscopy liagnosis in this case is	omplaints of nasal obstruction, the last 7 months. On clinical shows polypoidal mass in the
	A Antro choanal polyp	B Fall	
	D Nasopharyngeal cyst	E Nasopharyngeal lymphoma	aryngeal carcinoma a

19	A 7 year old child is scheduled for tonsillectomy, his Hb is 10.6 g/dl. His parents are giving history of some						
	bleeding disorders runs in family. Most a	bsolute contraindication is		1			
	A Acute tonsillitis	B Age less than 4 years	C Bleeding disorders				
		tract infection		_			
20	A 15 years old male patient presents	-					
	swallowing and high grade fever for the						
	Neck lateral view shows thumb sign. Wh						
	A Epiglottitis	B Laryngeal Malignancy	C Laryngotracheobronchitis				
21	D Peritonsillar Abscess	E Retropharyngeal abscess					
21	A 19 year old patient has presented to the last 2 days. He has history of some m						
	responding to Pure Tone Audiometry. W						
	A Azathioprine	B Ciprofloxacine	C Macrolides				
	D Methotrexate	E Quinine					
22	A 25 years old patient presents to OPD) with nasal obstruction and blo	ood stained Crusts for the last 3				
	months. On examination Septal perfor						
	Septal perforation in this case is						
	A Nasal packing	B Septal abscess	C Septal surgery				
	D Tumours	E Tuberculosis		_			
23	A 12 years old patient has presented to	o Emergency Room complaining	of Fever & rigors, for the last 4				
	days. He is also a diagnosed case of cho	plesteatoma left ear. The consult	tant advice MRV to show venous				
	flow and PTA shows mixed hearing loss.						
	A Acute mastoiditis	B Cerebellar abscess	C Lateral sinus thrombosis				
	D Labyrinthitis	E Petrositis	and department with rovers				
24	A 9 years old child with laryngeal diptheria has presents to emergency department with severe respiratory stridor for the last 2 days. His oxygen saturation is decreasing gradually most immediate						
		His oxygen saturation is decre	asing gradually most miniculate				
	A Anti toxin, Anti deptherial	B Laryngeal intubation	C Oxygen inhalation				
	A Anti toxin, Anti deptherial D Observation	E Tracheostomy					
25	A 55 year old patient has presented to d		is, vertigo. Hearing loss and aural				
25	fullness. Otoscopic examination is norm	nal and Pure Tone Audiometry	shows ascending type of hearing				
	loss, most likely and easily available effe	ctive test for the diagnosis is?					
	A Caloric Test	B Glycerol Test	C Otoacoustic emissions				
	D Pure Tone Audiometry	E Tympanometry					
26	A high school teacher of 39 years old h	as neck swelling for the last 3 ye	ears; she is scheduled for thyroid				
	surgery. What is the most common loo	cation to identify and preserve	recurrent laryngeal nerve during				
	Thyroid surgery?	B Lateral to the inferior	C Medial to the carotid				
	A Lateral to the carotid artery	thyroid artery	artery				
	D Medial to the inferior thyroid arter		ophgeal groove				
27	A 25 years old lady has presented to OP						
-	cough while drinking water and change	in voice. On examination indirec	t laryngoscopy shows right vocal				
	cord is some medialized. Most likely clin						
	A Laryngeal trauma	B Sub glottis stenosis	C Vocal cord edema				
	D Vocal cord nodule	E Vocal cord palsy	the pair for the last 2 days On				
28	A 17 year old patient has presented to otoscopic examination the tympanic m	to outpatient complaining of rig	natient received oral antibiotics				
	and nasal sprays but not relived. Most e	ffective treatment option in this	patient to avoid complication is?				
	A Intravenous Venous Antibiotics	B Nasal topical steroids	C Myringotomy with				
			grommet insertion				
	D Tympanocentesis in anterior	E Tympanocentesis in ante	erior Inferior				
	superior quadrant	quadrant					
	A 30 year old lady operated by Neuros	urgeon for brain tumour and wa	is put on ventilator for the last 4				
29	A 30 year old lady operated by Neurosurgeon for brain tumour and was put on ventilator for the last 4 days. The ICU team decided tracheostomy by an experienced ENT surgeon. Which tracheal rings for						
29							
29	tracheostomy are in this patient?	B Fifth and sixth rings	C First and Second rings				
29		B Fifth and sixth rings E Third and fourth rings	C First and Second rings				

1

0	A 7 year old girl has brought to output and nasal obstruction for the last 3 in loss of land marks and is mouth breat of choice in this case is?	months. On otoscopy she has bilate	graph. Most effective Treatment
	A Adeno Tonsillectomy	B Adenodectomy with Grometts insertion	C Conservative treatment with analgesics
	D Conservative treatment with an	ntibiotics E Myringotomy with	ventilation, tube insertion
31	A 45 years old man has presented headache and post nasal drip mucoid in the left nostril and X PNS Shows I this case?	d green in color for the last 3 days.	On examination there is mucopus is the most likely investigation in
	A Culture and sensitivity	B CT Scan Nose and PNS	C Complete blood picture
	D Functional Endoscopic Sinus Su	ingery E Histopathology of sin	us mucosa
2	A 55 year old patient has presented months. On indirect laryngoscopy le both vocal cords. Histopathology sho A Stage 1	ft vocal cord has ulcerated lesion of	on anterior one third and mobile
	D Stage 4	E Stage 5	C Stage 5
3	A 15 years old patient has presented and pain for last 20 days. The consult the sterocleidomastoid muscle. CT So likely diagnosis in this case?	tant notices a swelling and labeled it	extra cranial complication along
	A Bezolds Abscess	B Citile abscess	C Lucs abscesses
	D Mastoid abscesses	E Zygomatic abscesses	
4	A 16 year old boy has presented to En history of foul smell ear discharge for granulation tissue in the attic region cranial complication of Chronic Support A Brain abscess	for the last 6 years. On examination of right ear and difficulty in closing e	in there is scanty discharge and
	D Lateral sinus thrombosis	E Otitis hydrocephalus	
5	A 17 year old Diabetic patient with S has presented to outpatient departm option in this case is?	Sudden Sensory Neural Hearning Lon nent. Otoscopic examination is norm	al. The most effective treatment
	A Hearing aids B Intra tympa	anic injection of corticosteroids	C Methycobal injection
	D Oral corticosteroids	E Systemic corticosteroids	

-		E Systemic controsteroids					
36	A 15 year old patient has presented to OPD with foul smell discharge from right ear, and decreased hearing level for the last 7 years. On otoscopic examination Cholesteotoma is seen in the attic region as pearl white materials. CT scan shows hypodense opacity in the right mastoid antrum. What is the most likely diagnosis in this case?						
	A Acute Supporative Otitis Media	B Chronic Supporative Otitis	Media C Otosclerosis				
	D Secretory otitis media	E Tympanosclerosis					
17	A diagnosed case of chronic otitis m swelling for the 7 days. Otoscopic exa Audiometry shows Air Bone Gap of treatment in this case is?	mination shows choleasteatoma in	attic region of left ear. Pure Tone				
	A Cortical mastidectomy	B Conservative Management	C Modified Radical Mastidectomy				
	D Mastoid exploration	E Radical Mastidectomy					
38	A 9 years old female patient presents to emergency room with complaints of sore throat, Painful swallowing and difficulty in breathing for the last 4 days. She is sitting in tripod position and cannot lay down for sleep. What is the most important step in examination that should be avoided?						
38	swallowing and difficulty in breathing	ents to emergency room with cor g for the last 4 days. She is sitting i	in tripod position and cannot lay				
38	swallowing and difficulty in breathing	ents to emergency room with cor g for the last 4 days. She is sitting i	in tripod position and cannot lay uld be avoided? C Nasal cavity examination				
38	swallowing and difficulty in breathing down for sleep. What is the most imp	ents to emergency room with cor g for the last 4 days. She is sitting i ortant step in examination that sho	in tripod position and cannot lay uld be avoided?				
	swallowing and difficulty in breathing down for sleep. What is the most imp A Indirect laryngoscopy	ents to emergency room with cor g for the last 4 days. She is sitting is ortant step in examination that sho B Laryngeal crepitus E Posterior rhinoscopy welluc procedure is performed in a	in tripod position and cannot lay uld be avoided? C Nasal cavity examination Oral cavity examination				
38	swallowing and difficulty in breathing down for sleep. What is the most imp A Indirect laryngoscopy D Oral cavity examination For recurrent Antrochonel polyp caldy	ents to emergency room with cor g for the last 4 days. She is sitting is ortant step in examination that sho B Laryngeal crepitus E Posterior rhinoscopy welluc procedure is performed in a	in tripod position and cannot lay uld be avoided? C Nasal cavity examination Oral cavity examination 7years old child. On principal it is				

10	A 19 years old patient has develop, G	Iradini	ino sundroma dua Chronic	Sunn	orative	Otitis mer	dia since 7
10	days. On examination post aural area						
	audiometry shows mixed hearing loss.						rune tone
	A Acute mastoid abscess	1				nic otitis m	edia
	D Lucus abscesses	B	Acute petrositis.		cino	ine othis in	
11		E	Secretory otitis media	in he	or left	ar since 7	dave on
41	A 12 Year old patient presented to C						
	examination she has red, bulging and	a cong	gested Tympanic Wembra	relive	nain ar	d reduce	hances of
	antrum and loss of septas. What is the	most	likely treatment option to	renve	pairi ai		Linances of
	complications?		C		lara	venous anti	histics
	A Cortical mastidectomy	В	Grometts insertion	C	inra v	enous anti	DIDUICS
	D Intra venous pain killer	E	Tympanocentesis		1		
42	A 12 year old patient has presented to	Emerg	gency Room with headach	e and	vomitin	g for the la	ast 3 days,
	he has foul smell ear discharge and decreased hearing level for the last 9 years. On examination he has						
	he has foul smell ear discharge and de	crease	ed hearing level for the las	st 9 ye	ars. On	examination	on ne nos
	granulation tissue in his right ear. Most	likely	investigation in this case?		ars. On	examination	
	and de granulation tissue in his right ear. Most A CT scan brain	ikely B	ed hearing level for the las investigation in this case? CT Scan with		СТ	scan bra	ain and
	granulation tissue in his right ear. Most	likely	investigation in this case? CT Scan with angiography	C	СТ		
	granulation tissue in his right ear. Most A CT scan brain D MRI brain	likely B E	Investigation in this case? CT Scan with angiography MRI brain and temporal b	C	CT temp	scan bra oral bone	ain and
43	granulation tissue in his right ear. Most A CT scan brain D MRI brain A 20 year old patient has presented to	B E ENT c	CT Scan with angiography MRI brain and temporal to outpatient complaining of	C Done ear dis	CT tempo scharge	scan bra oral bone for the las	ain and t 6 years,
43	granulation tissue in his right ear. MostACT scan brainDMRI brainA 20 year old patient has presented to the discharge is relieved by topical and	B E E ENT c d syste	Investigation in this case? CT Scan with angiography MRI brain and temporal brain outpatient complaining of emic antibiotics, and aggra	C cone ear dis	CT tempo scharge by wat	scan bra oral bone for the las er entry. C	ain and at 6 years, On clinical
43	granulation tissue in his right ear. Most A CT scan brain D MRI brain A 20 year old patient has presented to	B E E ENT c d syste	Investigation in this case? CT Scan with angiography MRI brain and temporal brain outpatient complaining of emic antibiotics, and aggra	C cone ear dis	CT tempo scharge by wat	scan bra oral bone for the las er entry. C	ain and at 6 years, On clinical
43	granulation tissue in his right ear. MostACT scan brainDMRI brainA 20 year old patient has presented to the discharge is relieved by topical and	B E E E B ENT c d syste esteat	CT Scan with angiography MRI brain and temporal to outpatient complaining of emic antibiotics, and aggra oma right ear. Most likely	C bone ear dis ivated preope	CT tempo scharge by wat erative i	scan bra oral bone for the las er entry. C nvestigatio	ain and at 6 years, On clinical on to help
43	granulation tissue in his right ear. MostACT scan brainDMRI brainA 20 year old patient has presented to the discharge is relieved by topical and examination he is diagnosed with Chole	B E E E B ENT c d syste esteat	investigation in this case?CTScanangiographyMRI brain and temporal tooutpatient complaining ofemic antibiotics, and aggraoma right ear. Most likelycan axial and coronal cuts	C cone ear dis	CT tempo scharge by wat erative i	scan bra oral bone for the las er entry. C	ain and at 6 years, On clinical on to help
43	granulation tissue in his right ear. MostACT scan brainDMRI brainA 20 year old patient has presented to the discharge is relieved by topical and examination he is diagnosed with Chole in management plan?ACT Scan with IV contrastBDMRI With IV contrastB	likely B E ENT of d syste esteato	investigation in this case? CT Scan with angiography MRI brain and temporal to outpatient complaining of emic antibiotics, and aggra oma right ear. Most likely can axial and coronal cuts PET Scan	C cone ear dis vated preope	CT tempo scharge by wat erative i	scan bra oral bone for the las er entry. C nvestigatio	ain and at 6 years, On clinical on to help
43	granulation tissue in his right ear. MostACT scan brainDMRI brainA 20 year old patient has presented to the discharge is relieved by topical and examination he is diagnosed with Chole in management plan?ACT Scan with IV contrastBDDMRI With IV contrastA 57 year old patient has presented to the second patient has presented to	likely B E ENT of d syste esteato CT So E o spec	investigation in this case? CT Scan angiography MRI brain and temporal to outpatient complaining of emic antibiotics, and aggra oma right ear. Most likely provide the second complaining of emic antibiotics, and aggra can axial and coronal cuts PET Scan cialist clinic complaining ho	C bone ear dis ivated preope	CT tempo scharge by wat erative i	scan bra oral bone for the las er entry. C nvestigatio	ain and at 6 years, On clinical on to help view
	granulation tissue in his right ear. Most A CT scan brain D MRI brain A 20 year old patient has presented to the discharge is relieved by topical and examination he is diagnosed with Chole in management plan? A CT Scan with IV contrast B D D MRI With IV contrast A 57 year old patient has presented to months. On indirect laryngoscopy left years	likely B E ENT o d syste esteato CT So E o spec vocal o	investigation in this case? CT Scan with angiography MRI brain and temporal brain outpatient complaining of emic antibiotics, and aggra oma right ear. Most likely provide the series of the se	C c c c c c c c c c c c c c c c c c c c	CT tempo scharge by wat erative i CT Sca ess of v length	scan bra oral bone for the las er entry. Convestigation of Sagittal wards of the las	ain and at 6 years, On clinical on to help view le last 12 left vocal
	granulation tissue in his right ear. Most A CT scan brain D MRI brain A 20 year old patient has presented to the discharge is relieved by topical and examination he is diagnosed with Chole in management plan? A CT Scan with IV contrast B D D MRI With IV contrast A 57 year old patient has presented to months. On indirect laryngoscopy left year old patient has presented to months. On indirect laryngoscopy left year old patient has statement of the months. On indirect laryngoscopy left year old patient has statement of the months. On indirect laryngoscopy left year old patient has statement of the months. On indirect laryngoscopy left year old patient has statement of the months. On indirect laryngoscopy left year old patient has statement of the months. On indirect laryngoscopy left year old patient has statement of the months. On indirect laryngoscopy left year old patient has statement of the months. On indirect laryngoscopy left year old patient has statement of the months. On indirect laryngoscopy left year old patient has statement of the months.	likely B E ENT of system o system CT So E o spec vocal of cell car	investigation in this case? CT Scan with angiography MRI brain and temporal brain outpatient complaining of emic antibiotics, and aggra oma right ear. Most likely provide the second complaining how the second complaining how the second has ulcerated lesion of the second complaining how the second compl	C bone ear dis wated preope C arsent on full strap	CT tempo scharge by wat erative i CT Sca ess of v length muscle	scan bra oral bone for the las er entry. C nvestigatio noice for th and fixed l involveme	ain and ain and t 6 years, On clinical on to help view le last 12 left vocal nt.
	granulation tissue in his right ear. MostACT scan brainDMRI brainA 20 year old patient has presented to the discharge is relieved by topical and examination he is diagnosed with Chole in management plan?ACT Scan with IV contrastBDDMRI With IV contrastA 57 year old patient has presented to months. On indirect laryngoscopy left cord. Histopathology shows squamous of AAChemotheraphyBPartial	Ikely B E ENT of system o system csteato CT So E o spec vocal of cell car I laryng	investigation in this case? CT Scan with angiography MRI brain and temporal to outpatient complaining of emic antibiotics, and aggra oma right ear. Most likely provide the series of the serie	C c c c c c c c c c c c c c c c c c c c	CT Sca ess of v length muscle	scan bra oral bone for the las er entry. C nvestigatio noice for th and fixed l involveme	ain and ain and t 6 years, On clinical on to help view le last 12 left vocal nt.
	granulation tissue in his right ear. MostACT scan brainDMRI brainA 20 year old patient has presented to the discharge is relieved by topical and examination he is diagnosed with Chole in management plan?ACT Scan with IV contrastBDDMRI With IV contrastAS7 year old patient has presented to months. On indirect laryngoscopy left cord. Histopathology shows squamous of AChemotheraphyBDTotal laryngectomyCTotal laryngectomy	Ikely B E ENT of system o system cesteato CT So E o spec vocal of cell car I larynger	investigation in this case?CTScanwithangiographyMRI brain and temporal boutpatient complaining of eemic antibiotics, and aggraoma right ear. Most likely pcan axial and coronal cutsPET Scancialist clinic complaining hocord has ulcerated lesion orcinoma and CT Scan showsgectomyCPartial larctomy followed by radiothe	C bone ear dis vated preope C C arsent on full strap yngect raphy	CT Sca ess of v length muscle	scan bra oral bone for the las er entry. C nvestigatio oice for th and fixed l involveme us radiothe	ain and at 6 years, On clinical on to help view le last 12 left vocal nt. raphy
	granulation tissue in his right ear. MostACT scan brainDMRI brainA 20 year old patient has presented to the discharge is relieved by topical and examination he is diagnosed with Chole in management plan?ACT Scan with IV contrastBDDMRI With IV contrastA 57 year old patient has presented to months. On indirect laryngoscopy left cord. Histopathology shows squamous of AAChemotheraphyBPartial	Ikely B E ENT of system o system cesteato CT So E o spec vocal of cell car I larynger nas press	investigation in this case? CT Scan with angiography MRI brain and temporal to outpatient complaining of emic antibiotics, and aggra oma right ear. Most likely provide the second complaining holds can axial and coronal cuts PET Scan cialist clinic complaining holds cord has ulcerated lesion of reinoma and CT Scan shows gectomy C Partial lar ctomy followed by radiothe esented to out patients de	C bone ear dis ivated preope C C barsen on full strap yngect raphy epartm	CT Sca ess of v length muscle tomy plu	scan bra oral bone for the las er entry. Convestigation of Sagittal verse of the las of the las	ain and at 6 years, On clinical on to help view le last 12 left vocal nt. eraphy of nasal

	A Antro choanal polyp	B Allergic fungal	sinusitis C	Ethimoidal polypi
	D Invertid papilloma	E Maxillary sinus	sitis	
46	A 45 years old male patient presents to There is history of voice abuse and the vocal cord polyp. What is the most app	e patient is also a chr	onic smoker. I	ndirect laryngoscopy shows
		olaryngoscopic surgery		Reassurance
	D Speech therapy	E Voice Rest		
47	A 16 year old boy in respiratory distre fire arm injury in the neck. On examinate decreasing. What is the most lifesaving	ation the swelling was	increasing grad	by his parents with history of dually and his saturation wa
	A Endotracheal intubation	B Intra venous st		Observation
	D Oxygenation inhalation	E Tracheostomy		
48	D Vocal cord nodule	in nature. Her Flexible e left vocal cord. What Cord papilloma C E Vocal cord poly	e Endoscopy s is the most like Squamous cel /p	hows a fungating, ulceratively diagnosis in this case? I carcinoma vocal cord
49	A 9 year old patient has presented decreased hearing level in his both e membrane with loss of land marks. X hearing loss in case?	ears. Examination show	ws high archeo s enlarge A <mark>der</mark>	d palate and dull tymapani
	A Conductive hearing loss	E Sudden Sensor		
	D Sensory Neural Hearing loss			

0	A 4 year old patient has come to cons					
	redi old patient has come to com	ultant	clinic and is complaining o	f mouth breathing, shoring duri	ng	
-	sleep and decreased hearing level in b	both ea	ars for the last 15 days his	parents says. X Ray Nasophary	nx	
ł	shows enlarge adenoid. What is the mo	act like	ly investigation to help in a	liagnosis?		
	shows enlarge adenoid. What is the mo	ost like				
	A BERA (Brain Stem Evoked	B	Otoacoustic emissions	C Pure Tone Audiometry		
	Response Audiometry)					
T	D Pure Tone Audiometry and Tymp	120000	etry E Tympanome	etry		
-+					ad	-
1	A 57 year old male patient underwer	nt Trac	cheostomy for stage 4 Lar	yngeal Cancer. Most serious a	na	
	common complication during Tracheos	stomy is	s			
	A Injury to anterior jugular vein	B	Injury to Esophagus	C Injury to carotid artery		
F		-				
-	1-1	E	Injury recurrent laryngea			-
2	A 4 years old girl is listed for Adenoide	ectomy	her base line investigatio	ns are in normal range. You have	ve	
	counseled the parents about the surgic	al proc	edure. Most common com	plication of the surgery is		
L	A Bleeding	B	Eustachian tube injury	C Palatal injury		
H				c ratatar injury		
	D Shock	E	Vertebral injury			
3	A 6 months old baby has presented t	o outp	atients by her parents con	nplaints of difficulty in breathir	Ig	
	while awake and normal during sleep.	On fley	xible endoscopy the eniglo	ttis is omega shaped. What is th	le	
	most likely clinical diagnosis in this case		more encoscopy and epiBio			
ł		-			_	1
1	A Epiglottic abscess	B	Epiglottitis	C Laryngomalcia		
	D Peri tonsillar abscess	E	Retropharyngeal abscess			1
1	A 7 year old child operated for enlarge	-			t	1
					~	
ł	operated round there is bleed in his lef					
L	A Adrenalin packing	B	Haemacel transfusion	C Blood transfusion		
ſ	D Observation E Securing bl	leeding	under General Anaesthesia	3		
5	A 6 years old patient has presented to o					1
	choking and coughing sudden in onse				d	
	auscultation reveals decreased air entry	y on rig	ht side. Most likely clinical	diagnosis in this case is		
Γ	A Acute trachea bronchitis	B	Foreign body bronchus	C Laryngo bronchitis	_	
F	D Laryngomalacia	E	Trachitis		-	
-		-				
5	A 2 months old baby has brought to con	nsultan	it outpatient by her parent	s complaints of nasal obstruction		
L	On examination right nostril has mucopus a	and NG	tube cannot pass. Most likely	clinical diagnosis in this case is		
	A Acute sinusitis	В	Choanal atresia	C Foreign body nose		
F	D Nasal polyp congenital	F	Septal abscess	e reign body node	- 1	
		1				
1	A 5 year old patient has history of rep		chest infections for the las	t 3 months. She has history of it	/	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	antibiotics and nebulization. Chest X ra	y show	s hper inflation on right sid	Le. Most appropriate next step in C Oxygen inhalation		HOPY
	management?	78		Jorning Londa . S. J. abarch	2018	n.
-		ties an	d Nobulization	Nore In 2007 - OCEMUCA		e e
ト		otics an		C Oxygen inhalation		2000
	D Rigid bronchoscopy		Toologia			
		E	Tracheostomy			
5	A 2 days old patient diagnosed with bila	-		d Raiologically. Most appropriate	j.	inter sintu
	A 2 days old patient diagnosed with bila management option in this case is?	-	choanal atresia clinically an		mild	intro Sintro
	management option in this case is?	ateral o	choanal atresia clinically an	ding!	Anild	ale of the
>	management option in this case is?AIV AntibioticsBIV Antibiotics	ateral o	nd oxygenation		Zanild .	ere or the st
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	A 55 years old female patient prese	nted with d	ecrease vision in th	e left eye along with comp	laint of		
	A 55 years old female patient presented with decrease vision in the left eye along with complaint of watering from left eye. On examination, you found that the patient is having mature cataract in the left eye with positive regurgitation test of						
	ere men positive reguigitation test o	of mucopuru	lent discharge on sa	me side. Which procedure	liw uov		
	prefer to do mist:			processie ;			
	A Both cataract and DCR surgery	B Cat	aract surgery alone	C Dacryocystorhinost	tomy		
	in the same setting			Surgery alone			
	D Give antibiotics for chronic dacr	yocystitis	E No surgical int	ervention at the			
-	and do cataract surgery		moment	1			
	A 60 years male presented to you with	h sudden pai	nless loss of vision in	his right eye. Visual acuity i	n right		
	eye is CF 4m while in left eye it is 6/6	. On fundus	examination, there w	vere flame shaped hemorrha	ages in		
	A Anterior ischemic optic						
	neuropathy		tral retinal artery	C Central retinal vein			
	D Macular hole		lusion C	occlusion			
			inal detachment				
	A 65 years old hypertensive patient is field examination on the patient an	d found rig	bt homonymous ho	n both eyes. You performed	leuziv		
5	perimetry as well. The most probable s	site of lesion	is:	manopia which is confirme	ed on		
	A Left optic nerve		optic tract	C Optic chiasma			
	D Right optic nerve		t optic tract	C Optic ciliasilia			
	A 40 years old male came to OPD with	sudden blur	ring of vision in his ri	ght eve VA right eve 6/12 at	nd VA		
	left eye 6/6. On fundus examination,	there are si	uperior temporal ver	nous engorgement, flame-sh	aped		
	nemorrhages and cotton wool spots.	_					
	What is your diagnosis?						
	A Branch retinal artery occlusion	B Bran	ich retinal vein	C Central retinal artery			
	D Central retinal vein occlusion		usion	occlusion 📿			
	e central retinal veni occiusion		c neuropathy				
	A 15 years old girl presents to the eye	clinic with a	2 days history of blur	ring in the right eye with pai	in on		
	ocular movements. Examination revea There is RAPD. Fundus examination sho	is a visual ac	uity of 6/36 in the r	ight eye and 6/6 in the left	eye.		
3	and examination are not significant. Wh	hat is the mo	st likely diagnosis?	undus is normal. Systemic his	story		
	A Acute angle closure glaucoma		rior ischemic optic	C Cavernous sinus			
		1	opathy	thrombosis			
- 1					1 1		
_	D Giant cell arteritis	E Optic	neuritis				
	An 80-year-old Caucasian smoker wom	E Optic	s of recent problems	with reading vision specific	cally		
	An 80-year-old Caucasian smoker wom words appearing distorted and blank pa	E Optic nan complain atches being	s of recent problems	with reading vision, specific	0.5		
	An 80-year-old Caucasian smoker wom words appearing distorted and blank pa examination, her vision is 6/36 both eye	E Optic nan complain atches being es with no fu	present. Her vision is	with reading vision, specific often good in brighter light.	On		
-	An 80-year-old Caucasian smoker work words appearing distorted and blank pa examination, her vision is 6/36 both eye examination is unremarkable. Pupils are	E Optic nan complain atches being es with no fu e reactive to	s of recent problems present. Her vision is rther improvement w light. Fundus shows	with reading vision, specific often good in brighter light. with refraction. Anterior segment	On		
	An 80-year-old Caucasian smoker work words appearing distorted and blank pa examination, her vision is 6/36 both eye examination is unremarkable. Pupils are drusen in both eyes with choroidal neov	E Optic nan complain atches being es with no fu e reactive to vascularizatio	of recent problems present. Her vision is orther improvement w light. Fundus shows o n (CNV). How will you	with reading vision, specific often good in brighter light. with refraction. Anterior segmenumerous intermediate-size in manage?	On		
	An 80-year-old Caucasian smoker work words appearing distorted and blank pa examination, her vision is 6/36 both eye examination is unremarkable. Pupils are drusen in both eyes with choroidal neov A Intravitreal antibiotics	E Optic nan complain atches being es with no fu e reactive to vascularizatio B Intra	of recent problems present. Her vision is orther improvement w light. Fundus shows o on (CNV). How will you vitreal anti VEGF	with reading vision, specific often good in brighter light. with refraction. Anterior segment	On		
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	A 50 years old man presents to you w there is a 7mm well-circumscribed mas	s on th	e lower eyelid with rolled	eages	and central orecrosses		
	are suspecting basal cell carcinoma (BC	C). This	can lead to:			1	
'V	A Hematogenous metastasis to	B	Hematogenous	C	Hematogenous metastasis to the lungs		
	the brain		metastasis to the liver	-	metastasis to the langs	1	
	D Local invasion of skull and CNS	E	Lymphatic metastasis		Line He has a history of		
72	A 35 years old male presented to Eye (OPD wi	ith sudden loss of vision in	his ri	ight eye. He has a history of		
	trauma to the right eye with a cricket l	ball 1 r	nonth ago. On examinatio	n, his	visual acuity is 6/36 in right		
D	eye and 6/6 in left eye. He is having righ	nt eye l			his right eye RAPD?		
y	A Cataract	В	Episcleritis	C	Keratitis	- 1	
	D Retinal detachment	E	Scleritis		i la cha	-	
73	A 50 years old woman presents to Eye	OPD V	with severe pain and dimn	ess of	vision in her right eye. She	- chi	0
	has a history of right phacoemulsification	on with	n intraocular lens implantat	tion 0	5 days ago. On examination,	א מך	Τ,
\land	her visual acuity is 6/60 in the right eye	with e	eyelid swelling, conjunctiva	al cong	gestion and chemosis. There	po sto	loph
	is fibrinous exudate and hypopyon in th	ne righ	t eye. Fundus view is hazy.	Whic	h is the most likely involved	C	-
-	pathogen?				-		
	A Proteus spp.	В	Pseudomonas spp.	C	S. aureus		
	D S. epidermidis	E	Streptococcus spp.				
74	A 30 years old man presents to Eye OF						
	evening. There is also a history of fa					N: 7	nya
~	Anterior and posterior segment exa					Ø	61
,	obstructing the visual axis and 20 pr	ism di	opter esotropia. Which o	f the	following tests would you		
V	perform next?			1			
	A Chest X-ray	B	CT head	C	Ice pack test		
	D MRI brain	E	Serum antibodies	1			
75	A 55 years old patient presented with						
	with watering and foreign body sense	10.00					
	forehead, lid up to the tip of the nose w		· · · · · · · · · · · · · · · · · · ·				
У	corneal dendritic ulceration. What is the	e most					
	A Atopic keratoconjunctivitis	B	Fungal infection	C	Herpes simplex infection		
	D Herpes zoster ophthalmicus	E	Steven Johnson syndrome	e			
76	A 3 years old child is brought to Pedia						
	same problem. On examination, there			no fun	dus view due to this media		
	opacity. B-scan is normal. How will you	1					
	A Glasses prescription	B	Laser refractive surgery	C	Lens matter aspiration		
	D Obseravation	E	Pars plana vitrectomy	1			
77	Keeping in mind the scenario in question						
	A Anti VEGF B Argon lase	2r	C Intravitreal dexa	ameth	asone		
	D Intravitreal triamcinolone	E	Observation				
78	A 30-year-old male presented with los				· · · · · · · · · · · · · · · · · · ·		
	right eye is HM while 6/6 in left eye v						
5	anterior segment is normal. There are			etina i	s elevated with tear in the		
- \)	superotemporal retina. What is your dia	T		-			
У	A Combined exudative &	B	Exudative retinal	C	Optic atrophy		
	tractional retinal detachment		detachment				
	D Rhegmatogenous retinal detachm		E Tractional re				
79	A 10 years old boy presents with dimr						
	visual acuity is 6/36 in the right eye, th	nere is	right RAPD. Anterior segm	ent ex	camination is unremarkable.		
	Right fundus shows optic atrophy. La						
	occupying lesion. What will be the cho	oice of	investigation to look for t	the pr	esence and extent of visual		
۰	pathways tumor?						
F	A CT	B	СТА	C	CTV		
E	D 1101	E	MRI				
E	D MRA	ain dir	nness of vision and wateri	-			
80	A 58 years old male presented with pa	ann, an		3-7 8	mm corneal ulcer. Which of		
80	-		in his left eye. He has a 2	.3X2.0			
80	A 58 years old male presented with pa	d 6/60		.372.0			
80	A 58 years old male presented with pa has visual acuity of 6/6 in right eye and	d 6/60		C	Bandage contact lens		
80	A 58 years old male presented with pa has visual acuity of 6/6 in right eye and the following measure should be avoid	d 6/60 ed in tl	his patient?				

D	0				_	
-						-
	A 19 years old boy presents to your cli	nic wi	th droopy eyelids on right :	side. Visual acuities are 6/5 in the		
	right eye and 6/6 in the left eye. On ex	amina	ition, there is mild right pto	osis. On slit lamp examination you		
	notice that the iris is slightly lighter in c	olour	on the right side. What is yo	our diagnosis?		
	A Aponeurotic ptosis	В	Blepharophimosis	C Congenital horner		
Ļ			syndrome	syndrome		
-	D Congenital myogenic ptosis	E	Neurogenic ptosis			
	A 45-year-old male develops a red eye					
	eye. His young daughter develops a	similar	problem other day. On e	examination, VA is 6/6. There is		
	conjunctival redness with purulent disc	harge.	Rest of the ocular examina	tion is unremarkable. What is the		
2	most probable diagnosis?					
	A Allergic conjunctivitis	B	Bacterial conjunctivitis	C Cicatricial conjunctivitis		
	D Fungal conjuctivitis	E	Viralconjuctivitis			
	A 56 years old diabetic patient presen	ted w	ith decrease vision in both	eyes from the last one year. On		
	examination, the anterior segment v	was no	ormal. Fundoscopy showe	d retinal hemorrhages in all 4		
	quadrants with diabetic macular edema. Ho	ow you	will measure the amount of m	acular edema In this patient?		
	A B-Scan ultrasonography	B	Fundus	C Fundus Fluorescein		
			autofluorescence (FAF)	angiography (FFA)	_	
	D Optical coherence tomography (C		E Pachymetry			
1	A young man recently shifted to a new					
	and the white wash fell in his both eyes	. What	t immediate treatment is ne	eded?		
	A Copious wash of eyes with	В	Pad both eyes	C Put local anesthesia eye		
	water			drops in eyes		
	D Start antibiotic eye drops	E	Start antiglaucoma medici	ines		
	A 52 years old hypertensive patient pr	esente	ed with sudden onset diplo	pia and face turn to the left. On		1
	examination there is left abduction def	ficit. Th	he rest of extraocular move	ements are normal. Which of the		
	following nerve is involved in this condi-	tion?				
	A 2nd nerve	B	2rd pape	C Ath name		1
		0	3rd nerve	C 4th nerve		
	D 5th nerve	E	6th nerve			
	D 5th nerve A 12 years old child was brought to you	E	6th nerve complaint of irritation of ey	es that is most severe in summer		
	D 5th nerve A 12 years old child was brought to you season and recurrent. On exminaton, t	E with o the chi	6th nerve complaint of irritation of ey ild is having VA of 6/12 in 1	es that is most severe in summer right eye and 6/9 in left eye. On		
	D 5th nerve A 12 years old child was brought to you season and recurrent. On exminaton, t eversion of lid you find giant papillae,	E with o the chi	6th nerve complaint of irritation of ey ild is having VA of 6/12 in i unctival congestion most m	es that is most severe in summer right eye and 6/9 in left eye. On narked in the limbal region with		
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	A At 2 weeks age D At 20 weeks age	E	At 25 weeks age			
	microcorneas. There is no view of poste of surgery for this child?	erior s	egment. B scans are norma At 5 weeks age	. Wha	At 18 weeks age	
	A 2 weeks old infant is brought to ey	child	cannot fix and follow. If	iere a	are bilateral cataracts and	
	D Sustamic antibiotics	F	Topical antibiotics			- INAL
	 D Glucose A 65 years old woman presented with phacoemulsification 3 days back. On conjunctival congestion and corneal ecomost appropriate treatment? A Intravitreal antibiotics 	exar lema B	along with hypopyon in the Peribulbar antiblotics	e ante	Subtenon antibiotics	Gindo g due phace
	D Glucose A 65 years old woman presented wit	E h pair	n in left eye since yester	ay. St	he is giving history of left	avit
	Episodes occur several times a day appropriate as baseline except: A ECG	B	Iar examination is unren	C	FBC CBC	
$\frac{1}{1}$	D Marginal keratitis A 60 years old man presented to eye	OPD	with transient visual loss	in left	t eye lasting few minutes.	
ŀ	A Acanthamoeba keratitis	B	Bacterial conjunctivitis	C	Fungal keratitis	-
I	A 30 years old farmer presented to you he had trauma to his right eye with a bu He has 2.5×1.3mm corneal ulcer with sa	sh of t	lesions. What is your diagn	osis?	y in his right eye is 6/36.	
	D Banuveitis	E	Posterior uveitis	4.		
	A 30 years old ternale presented to photophobia and decreased vision. Sys visual acuity is 6/18 in RE. There is co anterior chamber. Fundus examination i A Anterior uveitis	temic onjunc	history is positive for low tival congestion, keratic p markable. What is your dia Endophthalmitis	back precipi gnosis C	tates (kps) and +4 cells in	
F	D Surgery for remaining squint A 30 years old female presented to	E	Telescopes OPD with sudden onset	redne	ess in right eye (RE) with	1
	A 09 years old boy has 300 left converge degrees. What is best treatment option A Contact Lenses		lasses? Low vision devices	C	Multivitamin Syrup	
	D Topical antibiotics in right eye	E	Trabeculectomy in right e			
	60mmHg. Left eye is normal except havi management?	ing sh	allow anterior chamber. W lotomy in right eye	hat is	the immediate next step o Oral steroids	
	and associated nausea. On examination	n she	has right cornel edema w	ith m	id dilated pupil and IOP o	1 10
	D Patching therapy A 80 years old female presented to Eye	E	Surgery with sudden onset painfu	right	t eve with decreased visio	n
	best treatment option for her? A Glasses	В	Multivitamins	C	Observation	ing the
	D Optic tract glioma A 4 years old girl has convergent squint o	E of left	Pituitary adenoma eye. On examination she h	as lef	t amblyopia. What is the	· n
/	of her visual fields. What is the most pro A Occipital infarct	B	Optic nerves glioma	С	Optic neuritis	\exists
1	An 18 years old girl had severe headache	since	six months, along with de	fectiv	e vision on temporal sides	
ŀ	A Artificial tears D Topical NSAIDs	B	Topical antivirals Topical steroids	С	Topical cyclosporine	
V	watery discharge. On exam, visual acuity with fluorescein. Corneal sensations a	is 6/	12 both eves. Cornea revea	als de	noritic lesions that stall w	ost
0	A Esotropia 15 degrees B Esotropia 15 prism diopters A 40 year old lady complains of left ey	F	Straight Eyes		ated with photophobia a	ind
	Crategia 15 deserves D Erotr	onia 1) border of right pupil. Wh 5 prism diopters	I C	Exotropia 15 degrees	

1	۱.					C	
	11		u fuition	in both eves for	the last 01		
103	A 50 years old woman presents to years	u with gradual onset d	limness of vision	In Doth eyes for	both eves		
	year. She is known diabetic for the la Anterior segment examination is wit	hin normal limits. Fund	dus examination	shows promerate	ive diabetic		
Γ,	retinopathy with macular edema. How	will you treat this pati	ient?	Diffuse laser	- Oh - m(n	M	anon
	A Anti VEGF	B Cryotherapy		Diffuse laser	> porto Co		1.4
		E Dars alana vite	rectomy	uhocosia ("a	at's ege f	supil	(")
	D Focal laser A 04 months old infant is brought b		with white oupilla	ary reflex in right	t eyes since	• 1	
104	A 04 months old infant is brought be birth. Infant is not fixing and following	a light with right eve	FUA reveals rube	eosis irides and a	retrolental	> 1e	moya
	birth. Infant is not fixing and following	latracular pressure	is 35 in right ev	e and 8 in left ey	ye. Left eye		
A	birth. Infant is not fixing and following mass with vitreous seeds in right ey examination is unremarkable. MRI sh	intradicular pressure	nerve, How will	you treat this inf	ant?		
n	examination is unremarkable. MRI sh	Ws no invasion or optic	Jor Jrisk C	Enuclea	ation		16 01
	A Chemotherapy	B Cryotherapy		69	e frequently	vage	Note of
	D Laser photocoagulation	E Radiotherapy		d irritation, more	frequently		
105	D Laser photocoagulation A 45 years old labourer presented to	your clinic with compla	in of watering an	d growth of the	conjunctiva		
	during sun exposure. On slit lamp ex	amination, you observe	e a weage shepe	a Browth of the			
	that extends onto the nasal cornea. V	hat is your diagnosis?		Pinguecula			
Y	A Limbal Dermoid	B Nodular Phlyc	tenule C	Piliguecula		1	
1	a stall des to t	E Scleritis		in a state it. On a	vamination		
106		The frain a nu sussui	when he was play	ying with it. One	ton to take?		
	A 16 years old boy is brought to you you found that his cornea	is perforated. As a doct	tor in periphery, v	what is your 1sts	tep to toner		
		B After putting antibio	otic	After putti	ig topicoi		
••	drops, pad the eye and refer	ointment refer the		steroids, refer	the patient		
	D Refer the patient without doin	g E Repair the pe	rforated				
	a suthing'	cornea					
107		ith sudden loss of visio	on in his left eye.	He is known card	diac patient.		
107	A 60 years old man presents to you v On examination, VA is PL+ in left eye	Anterior segment is no	ormal while fund	us shows white c	loudy retina		
	with cherry red spot. What is your dia	gnosis?					
		0	tinal vein C	Central reti	nal artery		
			tinal veni c				
	A Branch retinal artery occlusion	B Branch ret occlusion	tinal vein C	occlusion			
108	A Branch retinal artery occlusion D Central retinal vein occlusion A 56 waars old man presented with g	B Branch ret occlusion E Hemiretinal v	vein occlusion ease vision in the	right from last 8	months. On		
108	A Branch retinal artery occlusion D Central retinal vein occlusion A 56 years old man presented with g examination the vision in 6/60 in right examination is hazy but seems to be	B Branch ret occlusion E Hemiretinal v adual progressive decre at eye and 6/9 in left ey normal. What is the mo	vein occlusion ease vision in the ye with no improv ost probable diagr	e right from last 8 vement with pinh	lole. Fundus		
108	 A Branch retinal artery occlusion D Central retinal vein occlusion A 56 years old man presented with generation the vision in 6/60 in right examination is hazy but seems to be A Age related macular degeneration 	B Branch ret occlusion E Hemiretinal v adual progressive decreated Adual progressive decreated adual progressive decreated Adual progresied <td>vein occlusion ease vision in the ye with no improv ost probable diagr aract C norrhage</td> <td>e right from last 8 vement with pink nosis? Diabetic retine</td> <td>opathy</td> <td></td> <td></td>	vein occlusion ease vision in the ye with no improv ost probable diagr aract C norrhage	e right from last 8 vement with pink nosis? Diabetic retine	opathy		
V	 A Branch retinal artery occlusion D Central retinal vein occlusion A 56 years old man presented with generation the vision in 6/60 in right examination is hazy but seems to be A Age related macular degeneration 	B Branch ret occlusion E Hemiretinal v adual progressive decreated Adual progressive decreated adual progressive decreated Adual progresied <td>vein occlusion ease vision in the ye with no improv ost probable diagr aract C norrhage</td> <td>e right from last 8 vement with pink nosis? Diabetic retine</td> <td>opathy</td> <td></td> <td></td>	vein occlusion ease vision in the ye with no improv ost probable diagr aract C norrhage	e right from last 8 vement with pink nosis? Diabetic retine	opathy		
108	 A Branch retinal artery occlusion D Central retinal vein occlusion A 56 years old man presented with generation the vision in 6/60 in right examination is hazy but seems to be A Age related macular degeneration D Glaucoma 	B Branch ret occlusion E Hemiretinal v adual progressive decreated and progressive decreated and 6/9 in left events Hemiretinal v adual progressive decreated and 6/9 in left events Hemiretinal v adual progressive decreated and 6/9 in left events Hemiretinal v adual progressive decreated and 6/9 in left events Hemiretinal v adual progressive decreated and 6/9 in left events Hemiretinal v adual progressive decreated and 6/9 in left events Hemiretinal v adual progressive decreated and 6/9 in left events Hemiretinal v box B Cata box B Cata v parents with complated and completed and comp	vein occlusion rease vision in the ye with no improv ost probable diagr aract C norrhage aints of watering	e right from last 8 vement with pint nosis? Diabetic retin g, redness, photo	opathy ophobia and		
109	 A Branch retinal artery occlusion D Central retinal vein occlusion A 56 years old man presented with generation the vision in 6/60 in right examination is hazy but seems to be A Age related macular degenerate D Glaucoma A 6 months old infant is brought to blepharospasm. On examination, he 	B Branch ret occlusion E Hemiretinal v adual progressive decreated and eye and 6/9 in left eye Hemiretinal v adual progressive decreated and eye and 6/9 in left eye Hemiretinal v adual progressive decreated and eye and 6/9 in left eye Hemiretinal v adual progressive decreated and eye and 6/9 in left eye Hemiretinal v adual progressive decreated and eye and 6/9 in left eye Hemiretinal v adual progressive decreated and eye and 6/9 in left eye Hemiretinal v adual progressive decreated and eye and 6/9 in left eye Hemiretinal v box B Cata ion B Cata y parents with complation of the eye Hemiretinal v has nystagmus with enl Hemiretinal v	vein occlusion ease vision in the ye with no improv ost probable diagr aract C norrhage aints of watering larged hazy corne	e right from last 8 vement with pink nosis? Diabetic retine g, redness, photo ea. Fundus exami	opathy ophobia and		
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	A 48 years old woman came to you with difficulty in reading. She is non diabetic and non-hypertensive.							
	On examination VA in both eyes is 6/6 for distance. Ocular examination is unremarkable. What is the							
	cause of her reduced near vision?	1 -						
•		A Amblyopia B Astigmatism D Myopia E Presbyopia		C Hypermetropia				
	D Myopia							
114		years old man presented with ocular pain in the right eye from the last 1 week. There is redness						
	the right eye with associated pain. On phenylephrine eye drops installation the redness is not reduced.							
	The patient is also giving history of rheumatoid arthritis. What is your diagnosis?							
	A Blepharitis	В	Conjunctivitis	C Corneal ulcer				
	D Episcleritis	E	Scleritis					
115	A 2 weeks old infant is brought to ey	e OPD) with white pupillary refle	ex in both eyes since birth. He is				
	systemically normal. On examination,	, child	cannot fix and follow. T	here are bilateral cataracts and				
(,	microcorneas. There is no view of pos	sterior	segment. B scans are nor	mal. What investigation will you				
V	order to look for the cause?							
	A Corneal topography	В	CT brain	C Mantoux test				
	D OCT macula	E	TORCH serology					
116	A 70 years old woman came to OPD	with	complaints of sudden de	crease in vision in left eye with				
	associated headache. The patient was	also co	mplaining of jaw claudicat	on and pain on combing hair. On				
	examination, her visual acuity is counti	ng fing	ger in left eye with RAPD an	d swollen optic disc. Her CSR was				
X	60. What is your diagnosis?							
	A Arteritic anterior ischemic optic	B	Neuroretinitis C No	n-Arteritic anterior ischemic optic				
	neuropathy		neu	iropathy				
	D Optic neuritis E Posterior	ischer	nic optic neuropathy					
117	A 65 years old patient presented with	vortic	al diplonia for the last one	wook Cha has a history of road				
11/	A 65 years old patient presented with vertical diplopia for the last one week. She has a history of road traffic accident 01 week ago. On examination, vision in both eyes are 6/6. There is hypertropia of right eye							
		nation,	vision in both eyes are 6/6	. There is hypertropia of right eye				
E.	traffic accident 01 week ago. On examin	nation,	vision in both eyes are 6/6	. There is hypertropia of right eye				
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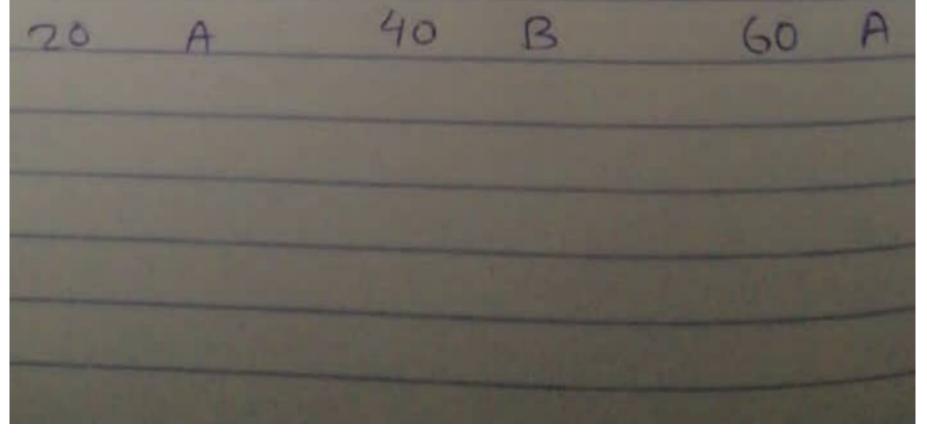
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THINK		21	E	41	A
1	A		B	42	E
2	BIC	23	C	43	C
3	E	24	B	44	D
4	A	25	B	45	D
5	C		D	46	B
6	C	26		47	E
7	B	27	E		
8	D	28	C	43	C
9	B	29	BC	49	A
10	D	30	BB	50	E
11	C	31	BB	51	A
12	B	32	A	52	A
13	C	33	A	53	C
14	D	34	C	54	A
15	E	35	D	55	B
16	A	36	B	56	B
17	B	37	C	57	D
18	e	38	A	58	D
19	A/C	39	C	50	B

MITTE

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