

- Use only blue / black pen, Use of mobile phones and other electronic devices is 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 tampered by the student (ii) The roll number is not written on the said paper

### ENT

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 Cholesteatoma 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 Suppurative Otitis Media      B **Chronic Suppurative Otitis Media**      C Otosclerosis  
 D Secretory otitis media      E Tympanosclerosis

A 15 years old patient has presented to a consultant clinic for complaining of right ear discharge, swelling and pain for last 20 days. The consultant notices a swelling and labeled it as an extra cranial complication of chronic supportive otitis media along the sternocleidomastoid muscle. CT Scan shows erosion of the bone at sinudural angle. What is the most likely diagnosis in this case?

- A **Bezolds Abscess**      B Citile abscess      C Lucs abscesses  
 D Mastoid abscesses      E Zygomatic abscesses

A 22 years old patient has presented to Emergency Room complaining of Fever & rigors for the last 4 days. He is also a diagnosed case of cholesteatoma left ear. The consultant advised a Magnetic Resonance Venography to show venous flow and PTA shows mixed hearing loss. What is the most likely clinical diagnosis in this case?

- A Acute mastoiditis      B Acute pyogenic meningitis      C Cerebellar abscess  
 D **Lateral sinus thrombosis**      E Otitic hydrocephalus

An 11 years old boy was brought to emergency room by his mother complaining of unilateral sore throat, headache and difficulty in mouth opening for the last 7 days. On examination a palpable swelling is noticed at level-2 behind angle of the jaw and on oral cavity examination, swelling has extension posterior to the posterior pillar of the tonsil on same side. What is the most likely diagnosis in this case?

- A Unilateral tonsillitis      B Peri tonsillar abscesses      C **Para pharyngeal abscesses**  
 D Pleomorphic adenoma      E Retro pharyngeal abscesses

A 55 year old man was brought to the emergency room complaining of hoarseness of voice for the last 7 months that is progressive and now having difficulty in breathing for the last three days. He is giving history of Carcinoma Larynx for which he received radiation. Flexible laryngoscopy shows fixed vocal cords with ulcerated growth and CT Scan shows heterogeneously enhancing lesion involving vocal cords and thyroid cartilage. What is the most appropriate T-stage classification for this patient?

- A T<sub>0</sub>      B **T<sub>x</sub>**      C T<sub>2</sub>  
 D T<sub>3</sub>      E T<sub>4b</sub>

A 45 year old man has brought to the emergency room complaining of hoarseness of voice for the last 14 months that is progressive and now having difficulty in breathing for the last two days. He is giving history of Carcinoma Larynx for which he received radiation. The patient has developed decrease saturation for which intervention is needed. What is the best airway management option in this case?

- A Endo Tracheal Intubation      B **High Tracheostomy**      C Low Tracheostomy  
 D Per cutaneous Tracheostomy      E Tracheostomy between ring two and three of trachea

A 60 year old man has presented to specialist outpatient complaining of painful swallowing, hoarseness of voice and sometime regurgitation of food for the last 8 months. Examination of the neck and indirect laryngoscopy are unremarkable. His Hb level is 9.8 g/dl, Total leucocyte count 15000 mcl. Repeated Water soluble Barium swallow shows a constant filling on the side of the neck. What is the most likely diagnosis in this case?

- A Laryngocele      B Oesophageal carcinoma      C **Pharyngeal pouch**  
 D Piriform sinus carcinoma      E Post cricoid carcinoma

A 5 year old patient is brought to consultant clinic by his parents complaining of pain in his right ear of sudden onset of three hours duration. Otoscopy shows red congested Tympanic membrane with bulge in the centre and the patient is febrile too. What is the most likely route of spread of infection in this case?

- A Direct spread from external ear      B Haematogenous spread      C Infection of the Para Nasal Sinus  
 D Patulous Eustachian Tube      E **Shorter and wider Eustachian Tub**

9 A 55 years old patient has presented to outpatient department complaining of change in voice for the last 3 months that is persistent and progressive in nature. Her Flexible Endoscopy shows a fungating, ulcerative lesion involving anterior one third of the right vocal cord, but both vocal cords are mobile. What is the most likely diagnosis in this case?

A Arytenoid granuloma	B Cord papilloma	C Squamous cell carcinoma
D Vocal cord nodule	E Vocal cord polyp	

10 A 19 years old patient was diagnosed as a case of Gradinigo syndrome due Chronic Suppurative Otitis media 7 days ago. On examination, the post aural area is tender with scanty foul smelling discharge from the left ear. Pure tone audiometry shows mixed hearing loss. What is the most likely cause responsible for this condition?

A Acute mastoid abscess	B Acute petrositis	C Chronic otitis media.
D Lucus abscesses	E Secretory otitis media	

11 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 has developed a triad of ear discharge, retro-orbital pain and 6th nerve paralysis. Audiometry showed profound hearing loss. What is the most likely cause in this patient?

A Cavernous sinus thrombosis	B Lateral sinus thrombosis	C Labyrinthitis
D Mastoiditis.	E Petrositis	

12 A 17 year old patient has presented to outpatient complaining of right pain for the last 3 days. On otoscopic examination the tympanic membrane is red congested. The patient received oral antibiotics and nasal sprays but not relieved. Most effective 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 superior quadrant	E Tympanocentesis in anterior inferior quadrant	

13 A 40 year old man has presented to outpatient complaining of hoarseness of voice for the last 15 months persistent and progressive. Neck examination is normal and indirect laryngoscopy shows ulcerated growth on left vocal cord anterior one third with normal movements. His flexible endoscopy shows same findings only white patch on right cord. What is the most likely T Stage of the disease in this case?

A Stage 1	B Stage 1a	C Stage 1b
D Stage 2a	E Stage 2b	

14 A 9 year old patient has presented to outpatient department complaining of nasal obstruction and decreased hearing level in his both ears. Examination shows high arched palate and dull tympanic membrane with loss of landmarks. X Ray nasopharynx shows enlarge Adenoids. What is the most likely type of hearing loss in this case?

A Conductive hearing loss	B Mixed hearing loss	C Profound hearing loss
D Sensory Neural Hearing loss	E Sudden Sensory Neural Hearing loss	

15 A 45 year old man has presented to outpatient department complaining of hoarseness of voice for the last 18 months that is persistent and progressive. He is farmer by profession. His neck examination is normal and indirect laryngoscopy shows ulcerated growth on right vocal cord anterior mid portion with normal movements. His flexible endoscopy shows same findings, the patient is staged as T1a NO MO. Histopathology report shows Squamous Cell Carcinoma. After counseling for treatment he is reluctant to go for Radiotherapy. What is the most likely next treatment option in this case?

A Chemotherapy	B Cordectomy	C Partial laryngectomy
D Sub epithelial Cordectomy	E Total Laryngectomy	

16 A 9 years old boy has presented to consultant outpatient complaining of bilateral decreased hearing level for the last 2 months. Otoscopy shows dull tympanic membrane and Tympanometry reveals type B tympanogram. What is the most likely diagnosis in this in case?

A Acute suppurative otitis media	B Chronic otitis media	C Retracted tympanic membrane
D Secretory otitis media	E Tympanosclerosis	

17 A 40-year-old hypertensive man presented to emergency department with history of sudden onset severe epistaxis. After proper history, examination and investigation anterior nasal packing was done but unsuccessful. You are called for vessel ligation under general anesthesia through endoscope. What is the most appropriate vessel to be ligated through endoscope to stop bleeding?

A Anterior ethmoidal artery	B Posterior ethmoidal artery	C Septal branch of sphenopalatine artery
D Septal branch of greater palatine artery	E Septal branch of superior labial artery	

18 A 16 year old boy has presented to Emergency Room with sudden onset of headache and vomiting. He has also history of foul smell right ear discharge for the last 6 years. On examination, there is scanty discharge and granulation tissue in the attic region of right ear and difficulty in closing the right eye. What is the most likely Extra cranial complication of Chronic Suppurative Otitis Media in this case?

A Brain abscess	B Epidural abscess	C Facial nerve paralysis
D Otitis hydrocephalus	E Otitis media with effusion	

19 A 50 year old male patient is coming to specialist outpatient complaining of difficulty in swallowing for liquids and solids, regurgitation of food and occasionally chest pain for the last 2 years. He has history of hospitalization for chest infection 9 months back. Examination of the neck is unremarkable and indirect laryngoscopy shows pooling of saliva. Low molecular weight barium swallow shows classical bird beak appearance. What is the most effective treatment for this disease?

- A Botulinum toxin injection
- B **Cardiomyotomy with partial fundoplication**
- C Cardiomyotomy with complete fundoplication
- D Oesophageal dilatation
- E Oesophagectomy

20 A 51 year old shopkeeper presented to the Consultant Clinic complaining of hoarseness of voice for the last 06 months persistent and progressive. Flexible laryngoscopy shows right fixed vocal cord with ulcerated growth and CT Scan shows heterogeneously enhancing lesion involving vocal cord with no extension to thyroid cartilage. What is the appropriate staging classification for this patient?

- A T<sub>1</sub> N<sub>0</sub> M<sub>0</sub>
- B T<sub>2</sub> N<sub>0</sub> M<sub>0</sub>
- C **T<sub>3</sub> N<sub>0</sub> M<sub>0</sub>**
- D T<sub>4a</sub> N<sub>0</sub> M<sub>0</sub>
- E T<sub>4b</sub> N<sub>0</sub> M<sub>0</sub>

21 A 45 year old male patient is presented to otolaryngology specialist clinic complaining of hoarseness of voice for the last 3 months. He is chronic smoker and was using medicines for heart burn. Flexible laryngoscopy shows grayish white patches on anterior two third of both mobile vocal cords. Under direct laryngoscopy, the plaques could not be easily excised. What is the most likely diagnosis in this case?

- A Contact ulcers
- B Hyperkeratosis
- C **Leukoplakia**
- D Squamous cell carcinoma
- E Verrucous carcinoma

22 A 17 year old girl was brought to the emergency room complaining of difficulty in breathing for the last two days. She also gives history of dental manipulation. On examination, the tongue is protruded with reduced movements. Which one of the following is the most likely organism responsible for this condition?

- A Haemophilus influenzae
- B Pseudomonas aeruginosa
- C Staphylococcus aureus
- D Streptococcus pneumoniae
- E **Streptococcus viridans**

23 A 48 year old high school teacher has presented to outpatient complaining of hoarseness of voice for the last 16 months persistent and progressive. Neck examination is unremarkable, and Flexible laryngoscopy shows ulcerated growth on right vocal cord anterior one third with normal movements. This patient is Stage as T1a N0 M0, according to AJCC. What is the most appropriate treatment option?

- A Cordectomy segmental
- B Chemoradiotherapy
- C **Radiotherapy**
- D Subepithelial Cordectomy
- E Total Laryngectomy

24 A 12 year old boy has come to Outpatient clinic complaining of discharge from his right ear for the last 2 days. On examination the tympanic membrane has central perforation with red congested mucosa and mucoid discharge. Which one of the following is the most likely causative organism responsible upon the 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 of bilateral decreased hearing and nasal obstruction for the last 3 months. On otoscopy, she has bilateral dull tympanic membranes with loss of landmarks and is a mouth breather. Tympanometry reveals type B graph. What is the most effective Treatment of choice in this case?

- A Adeno Tonsillectomy
- B **Adenodectomy with Grometts insertion**
- C Conservative treatment with analgesics
- D Conservative treatment with antibiotics
- E Myringotomy with ventilation, tube insertion

26 A 5 year old boy is scheduled for diagnostic bronchoscopy. Clinical examination and X Ray chest are normal. During rigid bronchoscopy, a piece of peanut was removed. In the recovery room the patient was not maintaining O2 saturation, with hyper resonant chest on percussion. What is the next step in the treatment of this patient?

- A Endotracheal intubation
- B **Chest intubation**
- C Re Bronchoscopy
- D Tracheostomy
- E Ventilator support

27 A 40 year old lady is coming to specialist clinic complaining of difficulty in swallowing for the last 2 years. She has history of total thyroidectomy for differentiated thyroid carcinoma 3 years back. Her Barium swallow is normal and flexible endoscopy shows right vocal cord paralysis. What is the most likely cause of dysphagia in this case?

- A Decreased pharyngeal gradient pressure and decreased glottis closure
- B Decreased pharyngeal gradient pressure and increased glottis closure
- C Increased pharyngeal gradient pressure and increased glottis closure
- D **Increased pharyngeal gradient pressure and decreased glottis closure**
- E Superior constrictor muscle and cricothyroid muscle dysfunction

28 A 20 year old boy presented to the Consultant Clinic complaining of sore throat and difficulty in swallowing for the last 06 months associated with fever body aches and pains. The patient is appearing in professional examination. On examination of the oral cavity mobile mucosal surfaces of the tongue having white reddish spots, multiple and tender to touch. What is the most likely clinical diagnosis in this case?

- |   |                     |   |                         |   |             |
|---|---------------------|---|-------------------------|---|-------------|
| A | Apthus ulcers       | B | Erythroplakia           | C | Leukoplakia |
| D | Submucosal fibrosis | E | Squamous cell carcinoma |   |             |

29 A 15 years old boy was brought to emergency room by his parents complaining of sore throat, headache and difficulty in opening mouth for the last three days. His both tonsils are covered by white follicles and the left tonsil is enlarged medially anterior to the posterior pillar with deviation of the uvula to the opposite side. What is the most probable diagnosis?

- |   |                              |   |                           |   |                        |
|---|------------------------------|---|---------------------------|---|------------------------|
| A | Acute follicular tonsillitis | B | Infectious mononucleosis  | C | Membranous tonsillitis |
| D | Peri tonsillar abscesses     | E | Para pharyngeal abscesses |   |                        |

30 A 9 years old boy presented to consultant clinic for pain in the throat, fever, and severe body aches for the last 4 days. On examination, the oropharynx is congested with whitish layers and red spots, neck is also swollen and tender. What is the investigation of choice in this patient?

- |   |                   |   |                        |   |                         |
|---|-------------------|---|------------------------|---|-------------------------|
| A | ASO Titre         | B | Complete Blood Picture | C | Culture and Sensitivity |
| D | Paul Bunnell Test | E | Rapid Antigen test     |   |                         |

31 A 16 year old girl presented to the Consultant Clinic complaining of swelling in the floor of mouth for the last 06 months that is progressive. The swelling is bluish in color, soft, not tender on left side of the frenulum and on ventral of the tongue. What is the most likely clinical diagnosis in this case?

- |   |              |   |                          |   |           |
|---|--------------|---|--------------------------|---|-----------|
| A | Dermoid cyst | B | Granuloma                | C | Papilloma |
| D | Ranula       | E | Submandibular duct stone |   |           |

32 A 25 year old boy presented to emergency room complaining of burning sensation in the throat and difficulty in chewing food for the last 06 months associated with fever body aches and pains. The patient is addicted to Pan (Betel quid) and smoking. On examination of the oral cavity mobile mucosal surfaces of the tongue having white reddish spots, multiple and tender to touch. Which of the following is the most likely diagnosis in this case?

- |   |               |   |                     |   |             |
|---|---------------|---|---------------------|---|-------------|
| A | Apthus ulcers | B | Erythroplakia       | C | Leukoplakia |
| D | Lichenplanus  | E | Submucosal fibrosis |   |             |

33 A 45 year old man presented to outpatient complaining of hoarseness of voice for the last 12 months that is and progressive. Neck examination shows single ipsilateral lymph node less than 6 cm, and indirect laryngoscopy shows ulcerated growth on the anterior one third of the right vocal cord anterior one third with normal movements. His flexible endoscopy shows same findings. What is the most likely TNM Stage of the disease in this case according to AGCC (American joint committee for cancer)?

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| A | T <sub>1</sub> N <sub>2</sub> M <sub>0</sub>  | B | T <sub>1</sub> N <sub>1a</sub> M <sub>0</sub> | C | T <sub>1</sub> N <sub>2a</sub> M <sub>1</sub> |
| D | T <sub>1</sub> N <sub>2b</sub> M <sub>1</sub> | E | T <sub>1</sub> N <sub>2c</sub> M <sub>1</sub> |   |   |

T1N2AMO is ans.. if not there than option A

34 A 9 years old boy was brought to emergency room by his mother complaining of sore throat, headache and severe body aches and pains. His both tonsils are covered by white follicles and on examination enlarged level-2 neck nodes on both sides. Which of the following is the most likely organisms which can cause for valvular heart disease in future?

- |   |                                 |   |                        |   |                       |
|---|---------------------------------|---|------------------------|---|-----------------------|
| A | Group b haemolytic streptococci | B | H-influenzae           | C | Staphylococcus aureus |
| D | Streptococcus viridins          | E | Streptococcus pyogenes |   |                       |

35 A 16 years old girl presented to consultant outpatient clinic with complaints of fever, foreign body sensation in the throat and change in voice for 12 hours. On examination, the patient is anxious with sweating. What is the most appropriate treatment in this case?

- |   |                   |   |                    |   |                  |
|---|-------------------|---|--------------------|---|------------------|
| A | Cricothyrodoctomy | B | IV Antibiotics     | C | Mask oxygenation |
| D | Tracheostomy      | E | Ventilator support |   |                  |

36 A 49 year old man presented to outpatient complaining of non-healing ulcer on right middle of the tongue for the last 7 months that is progressive. Neck examination shows one mobile neck node less than 3 cm in greater diameter. What is the most likely investigation in this case to establish the diagnosis?

- |   |                     |   |  |   |  |
|---|---------------------|---|--|---|--|
| A | CT-scan oral cavity | B | Incisional biopsy under general anesthesia | C | Incisional biopsy under surface anesthesia |
| D | MRI                 | E | Ultrasound b mode tongue                   |   |  |

37 A 7 years old boy was brought to emergency room by his mother complaining of sore throat, headache and difficulty in breathing. His both tonsils are covered by grey, white membrane; red spots on the soft palate and periorbital edema are noted. The neck has enlarged tender lymph nodes on both sides. His lymphocyte/WBC ratio is higher than 0.35. What is the most likely diagnosis?

- |   |                              |   |                              |   |             |
|---|------------------------------|---|------------------------------|---|-------------|
| A | Acute membranous tonsillitis | B | Acute follicular tonsillitis | C | Candidiasis |
| D | Diphtheria                   | E | infectious mononucleosis     |   |             |

A 42 year old man presented to the outpatient department complaining of difficulty in breathing and swallowing for the last 10 days that is progressive. Oral examination shows swelling in the oropharynx on right side and the patient is well oriented. X ray neck lateral view in extension shows increased shadow of the retro pharynx with antrum of the corresponding vertebrae. What is the most appropriate treatment in this case?

- A Anti-Tubercular Therapy
- B Incision and drainage through cervical incision
- C IV Antibiotics
- D Per oral incision and drainage
- E Tracheostomy

39 A 17-year-old boy was listed for tonsillectomy for repeated sore throat. On examination, the tonsils are enlarged in size as grade-4. During surgical intervention, both tonsils were dissected while enlarged adenoids were left and not shaved. What is the most likely absolute contraindication for adenoid surgery in this case?

- A Aberrant pharyngeal artery
- B Bifid uvula
- C Nasopharyngeal insufficiency
- D Sinusitis
- E Suspected Angiofibroma

40 A 47 year old man was brought to the emergency room complaining of hoarseness of voice for the last 12 months persistent and progressive and now difficulty in breathing for the last two days. He is giving history of Carcinoma Larynx for which he received radiation. Flexible laryngoscopy shows fixed vocal cords with ulcerated growth and CT Scan shows heterogeneously enhancing lesion involving vocal cords and thyroid cartilage sparing pharyngeal mucosa. What is most management option in this case?

- A Chemotherapy
- B Neo adjunct radiotherapy
- C Partial Laryngectomy
- D Palliative care
- E Total Laryngectomy

41 You received a consultation call of a 2 year old patient who is in severe respiratory distress for the last 2 days. He is not maintaining saturation. On examination, the patient is in inspiratory distress with intercostal recession and X-Ray shows steeple sign. Saturation is decreasing and the patient develops peripheral cyanosis. What is the most suitable management option in this case?

- A Bronchoscopy
- B Cricothyrodoctomy
- C Endotracheal intubation
- D Mask oxygenation with helium
- E Tracheostomy

42 A 15 years old boy presented to emergency room spitting repeated blood stained saliva from the oral cavity. He has history of tonsillectomy 9 days back. On examination right tonsil fossa has clot with no white slough. The patient is haemodynamically stable, but pale and tries to vomit; saturation is 96% and Hb 9g/dl with raised TLC count. What is the most appropriate next step in management?

- A Blood transfusions
- B Crystaloids infusions
- C IV Antibiotics
- D Ligation of blood vessel under general anesthesia
- E Packing of the tonsil bed with Adrenaline soaked

43 An 8-year-old male patient is brought by his mother with complaints of sore throat and fever for which he received treatment from a General Physician. However, his symptoms have worsened after receiving the prescribed medications. He is now unable to swallow for the last 2 days. On examination, his both tonsils are covered by white membrane and neck has palpable neck nodes at level 2. His Complete Blood Picture shows Lymphocytosis. What is the most likely drug responsible for exacerbation of his symptoms?

- A Amoxicillin
- B Brufen
- C Cefaclor
- D Cefadroxil
- E Clarthromycine

44 You received a consultation call of a 02-day-old infant from Nursery of child health department stating that the baby has difficulty in breathing while awake. According to the mother, the feeding and sleep of the baby is adequate. On examination, the baby is not cyanosed and is having mild chest recession. Flexible laryngoscopy shows short aryepiglottic folds. What is the most likely clinical diagnosis in this case?

- A Choanal atresia
- B Epiglottitis
- C Laryngomalacia
- D Laryngotracheobronchitis
- E Vocal cord Web

45 A 4 years old child was brought to outpatient of consultant clinic by his parents with complaint of snoring, nasal obstruction, decreased hearing level and foul smell from right nostril for the last 7 days. On examination, there is mucopus in the right nostril, post nasal drip and dull tympanic membrane. What is the most likely diagnosis in this case?

- A Adenoids
- B Foreign body nose
- C Maxillary sinusitis
- D Otitis media with effusion
- E Septal abscesses

46 A diagnosed case of chronic otitis media has presented to Emergency Room complaining of post aurial swelling for the 7 days. Ooscopic examination shows cholesteatoma in attic region of left ear. Pure Tone Audiometry shows Air Bone Gap of 10 db, and CT Scan shows opacity in the antrum. Most likely treatment in this case is

- A Cortical mastoidectomy
- B Conservative Management
- C Modified Radical Mastoidectomy
- D Mastoid exploration
- E Radical Mastoidectomy

47 A middle-aged man visited ENT Clinic for a routine oral cavity examination for the complaints of foreign body sensation in the throat. On examination, he has right-sided tonsillar enlargement. The attending surgeon counselled the patient for early surgical intervention. What is the most likely absolute indication for early tonsil surgery in this case?

- A Acute tonsillitis
- B Chronic tonsillitis
- C Malignancy
- D Sleep apnea
- E Per tonsillar abscesses

48	A 5 year old child was brought to the emergency room by her mother with complaints of difficulty in breathing and is unable to speak for the last 2 hours. The mother told that the kid was playing with toys. On examination the child is in respiratory distress, and is cyanosed and exhausted. Her X-Ray chest is normal. What is the most likely diagnosis in this case?		
	A Acute Epiglottitis	B Acute Tracheobronchitis	C Foreign body Tracheobronchial tree
	D Laryngitis	E Laryngomalacia	
49	A 15 years old girl was scheduled for tonsillectomy for repeated sore throat. On examination, the tonsils are enlarged in size with bilateral neck nodes. During surgery, the left tonsil has a bleeding vessel that bleeds repeatedly and a 2nd year resident is unable to control it. He has called for help of senior consultant. What is the most likely vessel that needs ligation in this case?		
	A Ascending Pharyngeal artery branch	B Branch of facial artery	C Descending Pharyngeal artery branch
	D Lingual artery branch	E Paratonsillar vein	
50	A 50 year old man was brought to the emergency room complaining of difficulty in breathing for the last three days. He is uncontrolled diabetic, that and also giving history dental manipulation by Dentist. On examination the tongue is protruded with sub lingual swelling. What is the most appropriate clinical diagnosis?		
	A Ludwig's Angina	B Para pharyngeal abscesses	C Retro pharyngeal abscesses
	D Sub mandibular duct stone	E Sub mandibular abscesses	
51	An 18 year old boy presents to Emergency department with history of severe headache which he claims to be the worst of his life. Headache is associated with vomiting and neck pain. Patient is giving history of nasal obstruction and post-nasal drip. On examination, there is mucopus in both nostrils. What specific investigation you would like to order immediately?		
	A CSF analysis	B CT Brain & PNS with contrast	C CT Brain without contrast
	D MRI Brain	E Pet scan	
52	A 39 year old lady presented to the Emergency room with profuse epistaxis for 4 hours. He has similar episodes in the past. Anterior nasal packing was done in emergency room but bleeding was uncontrolled. All base line investigations were normal. The consultant decided to control the bleeding under General Anesthesia. What is the most likely vessel that need to be clipped with Functional Endoscope in this case?		
	A Anterior Ethmoidal	B Greater palatine artery	C Posterior Ethmoidal
	D Sphenopalatine artery	E Septal artery	
53	A middle age lady presented to outpatients department with complaints of nasal 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 Ethmoid region pushing the orbit on same side. What is the most appropriate treatment option in this case?		
	A Endoscopic sinus surgery	B Endoscopic sinus surgery plus topical nasal steroids	C Endoscopic sinus surgery plus topical and oral steroids
	D IV Amphotericin B	E Topical nasal steroids	
54	A 20-year-old patient presented to ENT outpatient with the complaint of ear discharge for the last 6 years. The discharge is relieved by topical and systemic antibiotics, and aggravated by water entry. On clinical examination, he is diagnosed with Cholesteatoma right ear. What is the most likely preoperative investigation to help in management plan?		
	A CT Scan with IV contrast	B CT Scan axial and coronal cuts	C CT Scan Sagittal view
	D MRI With IV contrast	E PET Scan	
55	A middle-aged lady presented to outpatient department with complaints of nasal 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 ethmoid region pushing the orbit on the same side. What is the most likely diagnosis in this case?		
	A Antro choanal polyp	B Allergic fungal sinusitis	C Ethmoidal polypi
	D Inverted papilloma	E Maxillary sinusitis	
56	A 27 year old patient is complaining of nasal obstruction for the last 7 months that is persistent and progressive and is associated with headache. He has no history of any nasal surgery. On examination, there is mucopus in both nostrils, with postnasal drip with multiple large white gray senseless swellings in the nose. CT Scan without contrast shows heterogeneously 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 Audiometry)	B Otoacoustic emissions	C Pure Tone Audiometry
	D Pure Tone Audiometry and Tympanometry	E Tympanometry	

58	A 37-year-old lady presented to outpatient department with complaints of nasal obstruction, headache and post-nasal drip that is mucoid in nature for the last 7 years. CT scan shows hyperdense opacity in the ethmoid region close to the orbit. She has a history of NSAIDs, antibiotics and nasal sprays. What is the most likely diagnosis in this case?		
	A Allergic fungal sinusitis	B Allergic rhinitis	C Invasive fungal sinusitis
	D Maxillary sinusitis	E Osteoma Ethmoid Sinus	
59	A 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 nostril and X PNS shows a hazy sinus on ipsilateral side. What is the most appropriate investigation?		
	A Complete blood picture	B CT nose and PNS	C Culture and sensitivity
	D Functional Endoscopic Sinus	E Histopathology of sinus mucosa	
60	A 55 years old male patient is scheduled for nasal surgery for Ethmoidal polypi. Endoscopic examination shows no landmarks which suggest previous surgery. Further examination shows mucopus and fungal debris. CT Scan also shows heterogenous opacities in all sinuses. What is the first surgical step in this case?		
	A Antrostomy	B Inferior Turbinectomy	C Middle Turbinectomy
	D Polypectomy	E Unsinectomy	
<b>EYE</b>			
61	A 30 years old man presents to Eye OPD with diplopia and bilateral droopy eyelids which worsen in the evening. There is also a history of fatigability. On examination, his visual acuity is 6/6 in both eyes. Anterior and posterior segment examination is unremarkable. There is bilateral ptosis partially obstructing the visual axis and 20 prism diopter esotropia. Which of the following tests would you perform next?		
	A Chest X-ray	B CT head	C Ice pack test
	D MRI brain	E Serum antibodies	
62	An 80-year-old Caucasian smoker woman complains of recent problems with reading vision, specifically words appearing distorted and blank patches being present. Her vision is often good in brighter light. On examination, her vision is 6/36 both eyes with no further improvement with refraction. Anterior segment examination is unremarkable. Pupils are reactive to light. Fundus shows numerous intermediate-size soft drusen in both eyes with choroidal neovascularization (CNV). How will you manage?		
	A Intravitreal antibiotics	B Intravitreal anti VEG	C Multivitamins
	D Subconjunctival decadron	E Sub tenon triamcinolone	
63	A 60 years old man presents to the Eye clinic with a 3 days history of left eye pain. On examination, her VA is CF in the left eye and 6/18 in the right eye. Left anterior chamber is deep and shows cells and flare. There are bilateral cataracts. The left cataract is hypermature and IOP in the same eye is 50mmHg. Which of the following is the likely diagnosis?		
	A Lens particle glaucoma	B Phacoanaphylactic glaucoma	C Phacoantigenic glaucoma
	D Phacolytic glaucoma	E Phacomorphic glaucoma	
64	A 10 years old boy presents with dimness of vision in the right eye for a long time. On examination, his visual acuity is 6/36 in the right eye, there is right RAPD. Anterior segment examination is unremarkable. Right fundus shows optic atrophy. Laboratory workup is not significant. You are suspecting a space-occupying lesion. What is the most appropriate next step of investigation in this patient?		
	A CT	B CTA	C CTV
	D MRA	E MRI	
65	A 40 years old male came to OPD with sudden blurring of vision in his right eye. Visual acuity (VA) in right eye is 6/9 and VA in left eye is 6/6. On fundus examination, there are superior temporal venous engorgement, flame-shaped hemorrhages and cotton wool spots. Your diagnosis is branch retinal vein occlusion. What is the most appropriate treatment in this case?		
	A Anti VEGF	B Argon laser	C Intravitreal dexamethasone
	D Intravitreal triamcinolone	E Observation	
66	A 42 years old man presented with watering and redness of right eye from the last 6 months. On examination there was restricted extraocular movements with lid lag and scleral show. The patient was found to have proptosis. What is the best way to measure the amount of his proptosis?		
	A B-Scan ultrasonography	B Computed Tomography (CT)	C Corneal topography
	D Exophthlmo-metry	E Magnetic Resonance Imaging (MRI)	
67	A 3 old child is brought to Pediatric Ophthalmic OPD with leucokoria. Two of her siblings also have same problem. On examination, there are bilateral cataracts. There is no fundus view due to this media opacity. B-scan is normal. How will you manage?		
	A Glasses prescription	B Laser refractive surgery	C Lensectomy with intraocular lens implantation
	D Observation	E Pars plana vitrectomy	

A young man recently shifted to a new home and was doing white wash of the room. Suddenly he slipped and the white wash fell in his both eyes. What immediate treatment is needed?

- |  |                                |  |
|--|--------------------------------|--|
| A Copious wash of eyes with water/saline | B Pad both eyes                | C Put local anesthesia eye drops in eyes |
| D Start antibiotic eye drops             | E Start antiglaucoma medicines |  |

90 A 30-year old female presented to eye OPD with sudden onset redness in right eye (RE) with photophobia and decreased vision. Systemic history is positive for low back pain. On examination, her visual acuity is 6/18 in RE. There is conjunctival congestion, keratic precipitates (kps) and +4 cells in anterior chamber. Fundus examination is unremarkable. What is the primary treatment of this patient?

- |                       |                    |                     |
|-----------------------|--------------------|---------------------|
| A Oral antibiotics    | B Oral steroids    | C Subtenon steroids |
| D Topical antibiotics | E Topical steroids |                     |

91 A 60 years old man presented to eye OPD with transient visual loss in left eye that lasts for few minutes. These episodes occur several times a day. Ocular examination is unremarkable. Which of the following is most appropriate initial investigation?

- |                        |                         |                     |
|------------------------|-------------------------|---------------------|
| A Chest X-ray          | B CT brain              | C Electrocardiogram |
| D Renal function tests | E Thyroid fuction tests |                     |

92 A 2 weeks old infant is brought to eye OPD with white pupillary reflex in both eyes since birth. He is systemically normal. On examination, child cannot fix and follow. There are bilateral cataracts and microcorneas. There is no view of posterior segment. B scans are normal. What are the preferred timings of surgery for this child?

- |                   |                   |                   |
|-------------------|-------------------|-------------------|
| A At 2 weeks age  | B At 5 weeks age  | C At 18 weeks age |
| D At 20 weeks age | E At 25 weeks age |                   |

93 A 30-years old farmer presented to you with pain and redness in right eye for the last 02 days. On inquiry he had trauma to his right eye with a bush of tree. On examination, visual acuity in his right eye is 6/36. He has 2.5x1.3mm corneal ulcer with satellite lesions. What is your diagnosis?

- |                          |                            |                    |
|--------------------------|----------------------------|--------------------|
| A Acanthamoeba keratitis | B Bacterial conjunctivitis | C Fungal keratitis |
| D Marginal keratitis     | E Viral keratitis          |                    |

94 A 35 years old obese woman presented to eye OPD with severe headache especially in morning. It worsens on bending forward. She also complaints of visual obscuration lasting few seconds. She is taking oral contraceptive pills for the last 1 year. She is non- diabetic and non- hypertensive. On examination, her visual acuity is 6/6. There is no RAPD. Anterior segment examination is unremarkable. Fundus examination shows, bilateral swollen discs with hemorrhages and exudates. What will be your next step of management?

- |                      |                   |             |
|----------------------|-------------------|-------------|
| A CT brain           | B Lumber puncture | C MRI brain |
| D Oral acetazolamide | E Oral topiramate |             |

95 A 6 months old infant is brought by parents with complaints of watering, redness, photophobia and blepharospasm. On examination, he has nystagmus with enlarged hazy cornea. Fundus examination is not possible due to poor view. IOP is 30 in both eyes under sedation. What is your diagnosis?

- |  |                                |                     |
|--|--------------------------------|---------------------|
| A Conjunctivitis                           | B Congenital glaucoma          | C Congenital myopia |
| D Congenital nasolacrimal duct obstruction | E Congenital rubella keratitis |                     |

96 A 4-year-old girl has convergent squint of left eye. On examination she has left amblyopia. What is the best treatment option for her?

- |                 |                 |               |
|-----------------|-----------------|---------------|
| A Glasses       | B Multivitamins | C Observation |
| D Patch therapy | E Surgery       |               |

97 A 7-years old boy developed pain and swelling of right orbital region for 3 days. He has a history of sinusitis for 1 week. On examination, he has right proptosis with reduced ocular motility and conjunctival chemosis. His vision is 6/36 in right eye. What is the most appropriate treatment in this patient?

- |                        |                     |                       |
|------------------------|---------------------|-----------------------|
| A Systemic antibiotics | B Systemic steroids | C Topical antibiotics |
| D Topical cycloplegics | E Topical steroids  |                       |

98 A 30-year-old female presented to eye OPD with sudden onset redness in right eye (RE) with photophobia and decreased vision. Systemic history is positive for low back pain. On examination, her visual acuity is 6/18 in RE. There is conjunctival congestion, keratic precipitates (kps) and +4 cells in the anterior chamber. Fundus examination is unremarkable. What is your diagnosis?

- |                    |                     |                        |
|--------------------|---------------------|------------------------|
| A Anterior uveitis | B Endophthalmitis   | C Intermediate uveitis |
| D Panuveitis       | E Posterior uveitis |                        |

99 A 5 years old child is brought by her mother to you with deviation of right eye since birth. On Hirschberg test, the light reflex was falling on inner (nasal) border of right pupil. What is your diagnosis?

- |                               |                                |                        |
|-------------------------------|--------------------------------|------------------------|
| A Esotropia 15 degrees        | B Esotropia 15 prism diopters  | C Exotropia 15 degrees |
| D Exotropia 15 prism diopters | E Hypertropia 15 prism diopter |                        |



100	A 04 months old infant is brought by parents to Eye OPD with white pupillary reflex in right eyes since birth. Infant is not fixing and following light with right eye. EUA reveals rubeosis irides and a retrolental mass with vitreous seeds in right eye. Intraocular pressure is 35 in right eye and 8 in left eye. Left eye examination is unremarkable. MRI shows no invasion of optic nerve. How will you treat this infant?		
	A Chemotherapy	B Cryotherapy	C Eucleation
	D Laser photocoagulation	E Radiotherapy	
101	A 70 years old woman came to OPD with complaints of sudden decrease in vision in left eye with associated headache. The patient was also complaining of jaw claudication and pain on combing hair. On examination, her visual acuity is counting finger in left eye with RAPD and swollen optic disc. Her CSR was 60. What is your diagnosis?		
	A Arteritic anterior ischemic optic neuropathy	B Neuroretinitis	C Non-Arteritic anterior ischemic optic neuropathy
	D Optic neuritis	E Posterior ischemic optic neuropathy	
102	A 50 years old man presented to you with watering and redness in both eyes for the last 01 year. He had a previous history of cicatricial conjunctivitis. On examination, you found inward rotation of lower eyelids. What is your diagnosis?		
	A Lower lid ectropion	B Lower lid entropion	C Lower lid epiblepharon
	D Lower lid ptosis	E Lower lid trichiasis	
103	A 60 years uncontrolled diabetic woman presented with sudden decrease vision in right eye. On examination, there are bilateral cataracts. There is no RAPD. Fundus view is not clear. What investigation will you advice to assess any associated posterior segment pathology?		
	A B-Scan ultrasonography	B Fundus autofluorescence	C Fundus fluorescein angiography
	D Optical coherence tomography	E Retinal photography	
104	A 56 years old man presented with gradual progressive decrease vision in the right from last 8 months. On examination the vision is 6/60 in right eye and 6/9 in left eye with no improvement with pinhole. Fundus examination is hazy but seems to be normal. What is the most probable diagnosis?		
	A Age-related macular degeneration	B Cataract	C Diabetic retinopathy
	D Glaucoma	E Vitreous hemorrhage	
105	A 65 years old man presented with decreased vision in both eyes from the last 2 years. On examination, he has a visual acuity of CF 3 meters in both eyes. On examination anterior segment is normal in both eyes and there is retinal pigment epithelial atrophy with scars in the macular region. He is non-diabetic and non-hypertensive. What is the most probable diagnosis?		
	A Age-related macular degeneration	B Central serous chorioretinopathy	C Exudative retinal detachment
	D Lattice degeneration	E Retinitis pigmentosa	
106	A 35 years old male presented to Eye OPD with sudden loss of vision in his right eye. He has a history of trauma to the right eye with a cricket ball 1 month ago. On examination, his visual acuity is 6/36 in right eye and 6/6 in left eye. He is having right eye RAPD. What is the likely cause of his right eye RAPD?		
	A Cataract	B Episcleritis	C Keratitis
	D Retinal detachment	E Scleritis	
107	A 45 years old labourer presented to your clinic with complain of watering and irritation, more frequently during sun exposure. On slit lamp examination, you observe a wedge-shaped growth of the conjunctiva that extends onto the nasal cornea. What is your diagnosis?		
	A Limbal Dermoid	B Nodular Pterygium	C Pinguecula
	D Pterygium	E Scleritis	
108	A 6 months old infant is brought by parents with complaints of watering, redness, photophobia and blepharospasm. On examination, he has nystagmus with enlarged hazy cornea. Fundus examination is not possible due to poor view. IOP is 30 in both eyes under sedation. How will you treat?		
	A Artificial drainage device	B Cyclocryopexy	C Cyclodiode laser
	D Trabeculotomy	E Trabeculectomy	
109	A 65 years old woman presented with pain in left eye since yesterday. She is giving history of left phacoemulsification 3 days back. On examination the vision is counting fingers in left eye with conjunctival congestion and corneal edema along with hypopyon in the anterior chamber. What is the most appropriate treatment?		
	A Intravitreal antibiotics	B Peribulbar antibiotics	C Subtenon antibiotics
	D Systemic antibiotics	E Topical antibiotics	
110	A 60 years old man presents to you with sudden loss of vision in his left eye. He is known cardiac patient. On examination, VA is PL+ in left eye. Anterior segment is normal while fundus shows white cloudy retina with cherry red spot. What is your diagnosis?		
	A Branch retinal artery occlusion	B Branch retinal vein occlusion	C Central retinal artery occlusion
	D Central retinal vein occlusion	E Hemiretinal vein occlusion	

111	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 mucopurulent discharge on same side. Which procedure you will prefer to do first?		
	A Both cataract and DCR surgery in the same setting	B Cataract surgery alone	C Dacryocystorhinostomy Surgery alone
	D Give antibiotics for chronic dacryocystitis and do cataract surgery	E No surgical intervention at the moment	
112	A 50 years old woman presents to you with gradual onset dimness of vision in both eyes for the last 01 year. She is known diabetic for the last 10 years. On examination, her visual acuity is 6/24 in both eyes. Anterior segment examination is within normal limits. Fundus examination shows proliferative diabetic retinopathy with macular edema. How will you treat this patient?		
	A Anti VEGF	B Cryotherapy	C Diffuse laser
	D Focal laser	E Pars plana vitrectomy	
113	A 60-year-old male presented to you with sudden painless loss of vision in his right eye. VA in right eye is CF while it is 6/6 in left eye. On fundus examination, there were flame-shaped hemorrhages in all quadrants, dilated tortuous vessels and swollen disc. Which complication will you expect in this patient at 3 months after the event?		
	A Angle closure glaucoma	B Choroidal detachment	C Neovascular glaucoma
	D Open angle glaucoma	E Retinal detachment	
114	A 48-year-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?		
	A Amblyopia	B Astigmatism	C Hypermetropia
	D Myopia	E Presbyopia	
115	A 12 years old child was brought to you with complaint of irritation of eyes that is most severe in summer season and recurrent. On examination, the child is having VA of 6/12 in right eye and 6/9 in left eye. On eversion of lid you find giant papillae, conjunctival congestion most marked in the limbal region with associated pseudogerontoxon. What is the most probable diagnosis in this case?		
	A Adenoviral conjunctivitis	B Bacterial conjunctivitis	C Gonococcal conjunctivitis
	D Trachoma	E Vernal keratoconjunctivitis	
116	A 16-year-old boy is brought to you with trauma by scissor when he was playing with it. On examination, you found that his cornea is perforated. What is your 1st step of management as a community doctor?		
	A Repairing of the cornea	B Refer the patient without doing anything	C Steroid ointment, then refer the patient
	D Topical steroids then refer the patient	E Topical antibiotics, pad the eye then refer	
117	A 65-year-old patient presented with vertical diplopia for the last week. She has a history of road traffic accident 01 week ago. On examination, vision in both eyes is 6/6. There is hypertropia of right eye and the patient cannot depress the eye in adduction. Which nerve is most probably involved?		
	A Abducent nerve	B Nasociliary nerve	C Oculomotor nerve
	D Optic nerve	E Trochlear nerve	
118	An 80-year-old Caucasian smoker woman complains of recent problems with reading vision, specifically words appearing distorted and blank patches being present. Her vision is often good in brighter light. On examination, her vision is 6/36 both eyes with no further improvement with refraction. Anterior segment examination is unremarkable. Pupils are reactive to light. Fundus shows numerous intermediate-size soft drusen in both eyes with choroidal neovascularization (CNV). How will you manage?		
	A Intravitreal antibiotics	B Intravitreal anti VEGF	C Multivitamins
	D Subconjunctival decadron	E Sub tenon triamcinolone	
119	A 58 years old man underwent uneventful phacoemulsification surgery for cataract in his right eye. After 3 days, he presented with severe pain and loss of vision in the right eye. On examination, he was having VA of perception of light in right eye and 6/9 in the left eye. He has congested conjunctiva, hazy cornea and hypopyon with no view of posterior segment of the eye. What is the most probable diagnosis?		
	A Acute angle closure glaucoma	B Loss of lens fragments into posterior segment of the eye	C Post-operative endophthalmitis
	D Post-operative uveitis	E Post-operative vitreous hemorrhage	
120	A 47 years old man presented with ocular pain in the right eye from the last 1 week. There is redness of the right eye with associated pain. On phenylephrine eye drops installation the redness is not reduced. The patient is also giving a history of rheumatoid arthritis. What is your diagnosis?		
	A Blepharitis	B Conjunctivitis	C Corneal ulcer
	D Episcleritis	E Sclerit	

10 years old man presents to you with a mass on the left lower eyelid for 10 years. On examination, there is a well-circumscribed mass on the lower eyelid with rolled edges and central ulceration. You are suspecting basal cell carcinoma (BCC). What is most common complication that can be expected in this patient?

- |   |                                      |   |                                      |   |                                      |
|---|--------------------------------------|---|--------------------------------------|---|--------------------------------------|
| A | Hematogenous metastasis to the brain | B | Hematogenous metastasis to the liver | C | Hematogenous metastasis to the lungs |
| D | Local invasion of skull and CNS      | E | Lymphatic metastasis                 |   |                                      |

69. A 40 years old male came to OPD with sudden blurring of vision in his right eye. VA right eye 6/12 and VA left eye 6/6. On fundus examination, there are superior temporal venous engorgement, flame-shaped hemorrhages and cotton wool spots. A 40 years old male came to OPD with sudden blurring of vision in his right eye. VA right eye 6/12 and VA left eye 6/6. On fundus examination, there are superior temporal venous engorgement, flame-shaped hemorrhages and cotton wool spots. What is your diagnosis?

- |   |                                 |   |                               |   |                                  |
|---|---------------------------------|---|-------------------------------|---|----------------------------------|
| A | Branch retinal artery occlusion | B | Branch retinal vein occlusion | C | Central retinal artery occlusion |
| D | Central retinal vein occlusion  | E | Optic neuropathy              |   |                                  |

70. A 60 years male presented to you with sudden painless loss of vision in his right eye. Visual acuity in right eye is CF 4m while in left eye it is 6/6. On fundus examination, there were flame shaped hemorrhages in all quadrants, dilated tortuous vessels and swollen disc. What is your diagnosis?

- |   |                                    |   |                                  |   |                                |
|---|------------------------------------|---|----------------------------------|---|--------------------------------|
| A | Anterior ischemic optic neuropathy | B | Central retinal artery occlusion | C | Central retinal vein occlusion |
| D | Macular hole                       | E | Retinal detachment               |   |                                |

71. A 19 years old boy presents to your clinic with droopy eyelids on right side. Visual acuities are 6/5 in the right eye and 6/6 in the left eye. On examination, there is mild right ptosis. On slit lamp examination you notice that the iris is slightly lighter in colour on the right side. What is your diagnosis?

- |   |                            |   |                           |   |                            |
|---|----------------------------|---|---------------------------|---|----------------------------|
| A | Aponeurotic ptosis         | B | Blepharophimosis syndrome | C | Congenital horner syndrome |
| D | Congenital myogenic ptosis | E | Neurogenic ptosis         |   |                            |

72. A 30-year-old male presented to you with red eyes and watering. Initially it involved right eye and after two days it spreads to the left eye. His young daughter develops a similar problem other day. On examination, VA is 6/6. There is conjunctival redness with ropy discharge. Rest of the ocular examination is unremarkable. What is the most probable diagnosis?

- |   |                         |   |                          |   |                            |
|---|-------------------------|---|--------------------------|---|----------------------------|
| A | Allergic conjunctivitis | B | Bacterial conjunctivitis | C | Cicatricial conjunctivitis |
| D | Fungal conjunctivitis   | E | Viral conjunctivitis     |   |                            |

73. A 30-year-old male presented with loss of vision in his left eye after trauma while left eye is normal. VA right eye is HM while 6/6 in left eye with right RAPD. On examination red reflex is absent in right eye, anterior segment is normal. There are pigmented cells in vitreous. Retina is elevated with tear in the superotemporal retina. What is your diagnosis?

- |   |                                   |   |                               |   |               |
|---|-----------------------------------|---|-------------------------------|---|---------------|
| A | Exudative retinal detachment      | B | Macular hole                  | C | Optic atrophy |
| D | Rhegmatogenous retinal detachment | E | Tractional retinal detachment |   |               |

74. A 65 years old hypertensive patient is complaining of decrease vision in both eyes. You performed visual field examination on the patient and found right homonymous hemianopia which is confirmed on perimetry as well. Which of the following is the most probable site of lesion?

- |   |                   |   |                   |   |               |
|---|-------------------|---|-------------------|---|---------------|
| A | Left optic nerve  | B | Left optic tract  | C | Optic chiasma |
| D | Right optic tract | E | Right optic nerve |   |               |

75. A 48 years diabetic patient presented with diplopia from the last 5 days. On examination, you find that the patient is having left hypertropia with a head tilt to the right side. On extraocular motility, the hypertropia increases in right gaze. What is the most probable diagnosis?

- |   |                              |   |                              |   |                            |
|---|------------------------------|---|------------------------------|---|----------------------------|
| A | Right inferior oblique palsy | B | Right superior oblique palsy | C | Left inferior rectus palsy |
| D | Left inferior oblique palsy  | E | Left superior oblique palsy  |   |                            |

76. A 50 years old woman presents to Eye OPD with severe pain and dimness of vision in her right eye. She has a history of right phacoemulsification with intraocular lens implantation 05 days ago. On examination, her visual acuity is 6/60 in the right eye with eyelid swelling, conjunctival congestion and chemosis. There is fibrinous exudate and hypopyon in the right eye. Fundus view is hazy. Which is the most likely involved pathogen?

- |   |                |   |                    |   |           |
|---|----------------|---|--------------------|---|-----------|
| A | Proteus spp.   | B | Pseudomonas spp.   | C | S. aureus |
| D | S. epidermidis | E | Streptococcus spp. |   |           |

77. A 15 years old girl presents to the eye clinic with a 2 days history of blurring in the right eye with pain on ocular movements. Examination reveals a visual acuity of 6/36 in the right eye and 6/6 in the left eye. There is RAPD. Fundus examination shows right swollen optic disc. Left fundus is normal. Systemic history and examination are not significant. What is the most appropriate diagnosis?

- |   |                              |   |                                    |   |                            |
|---|------------------------------|---|------------------------------------|---|----------------------------|
| A | Acute angle closure glaucoma | B | Anterior ischemic optic neuropathy | C | Cavernous sinus thrombosis |
| D | Giant cell arteritis         | E | Optic neuritis                     |   |                            |

An 80 years old female presented to Eye OPD with sudden onset painful right eye with decreased vision and associated nausea. On examination she has right corneal edema with mid dilated pupil and IOP of 60mmHg. Left eye is normal except having shallow anterior chamber. What is the immediate next step of management?

- A Intravenous Mannitol
- B Laser iridotomy in right eye
- C Oral steroids
- D Topical antibiotics in right eye
- E Trabeculectomy in right eye

79 A 53-year-old man presented to you with pain and redness in his left eye for the last 05 days. On examination, he has corneal ulceration involving inferior 1/3 of the cornea. He also has a left sided facial palsy. What is your diagnosis?

- A Exposure keratopathy
- B Filamentary keratopathy
- C Infectious crystalline keratopathy
- D Neurotrophic keratopathy
- E Thygeson superficial punctate keratitis

80 A 5 years old child went on spring vacations to his village and was playing cricket. He got cricket ball injury and developed decreased vision in left eye. On slit lamp examination, there is blood in anterior chamber. What is this condition called as?

- A Endophthalmitis
- B Hyphaema
- C Hypopyon
- D Keratitis
- E Uveitis

81 A 58-year-old male presented with pain, dimness of vision and watering in left eye. On examination, he has visual acuity of 6/6 in right eye and 6/60 in his left eye. He has a 2.3x2.8mm corneal ulcer. Which of the following measures should be avoided in this patient?

- A Antibiotics
- B Antifungals
- C Bandage contact lens
- D Cycloplegics
- E Irrigation with saline

82 A 56 years old diabetic patient presented with decrease vision in both eyes from the last one year. On examination, the anterior segment was normal. Fundoscopy showed retinal hemorrhages in all 4 quadrants with diabetic macular edema. How you will measure the amount of macular edema in this patient?

- A B-Scan ultrasonography
- B Fundus autofluorescence (FAF)
- C Fundus Fluorescein angiography (FFA)
- D Optical coherence tomography (OCT)
- E Pachymetry

83 A 52-year-old hypertensive patient presented with sudden onset diplopia and face turn to the left. On examination there is left abduction deficit. The rest of extraocular movements are normal. Which of the following nerve is involved in this condition?

- A 2<sup>nd</sup> nerve
- B 3<sup>rd</sup> nerve
- C 4<sup>th</sup> nerve
- D 5<sup>th</sup> nerve
- E 6<sup>th</sup> nerve

84 A 2 weeks old infant is brought to eye OPD with white pupillary reflex in both eyes since birth. He is systemically normal. On examination, child cannot fix and follow. There are bilateral cataracts and microcorneas. There is no view of posterior segment. B scans are normal. What will be your next step of management?

- A Corneal topography
- B CT brain
- C Mantoux test
- D OCT macula
- E TORCH serology

85 A 09-year-old boy has 30 prism diopter of left esotropia. On full-time wear of +5 diopter glasses, the deviation decreased to 15 prism diopter. What is the next treatment option at this stage?

- A Contact Lenses
- B Low vision devices
- C Multivitamin Syrup
- D Surgery for remaining squint
- E Telescopes

86 An 18 years old girl had severe headache since six months, along with defective vision on temporal sides of her visual fields. What is the most probably diagnosis?

- A Occipital infarct
- B Optic nerves glioma
- C Optic neuritis
- D Optic tract glioma
- E Pituitary adenoma

87 A 40-year-old lady complains of left eye redness of 2 days duration associated with photophobia and watery discharge. On exam, visual acuity is 6/12 both eyes. Cornea reveals dendritic lesions that stain well with fluorescein. Corneal sensations are reduced in left eye. Which of the following is the most appropriate management?

- A Artificial tears
- B Topical antivirals
- C Topical cyclosporine
- D Topical NSAIDs
- E Topical steroids

88 A 55-year-old patient presented with decreased vision in the right eye from the last 3 days associated with watering and foreign body sensation. There is also pustules and blisters involving the right side of forehead, lid up to the tip of the nose with severe pain and tingling sensation. Ocular examination shows corneal dendritic ulceration. What is the most probable diagnosis in this case?

- A Atopic keratoconjunctivitis
- B Fungal infection
- C Herpes simplex infection
- D Herpes zoster ophthalmicus
- E Steven Johnson syndrome