



Pak International Medical College
 Department of Medical Education
 4th Year MBBS Block-III (ENT) Exam (MCQs Paper)-2023

Time: 9:00-10:30
 Time Allowed: 1 hour 30 minutes
 Date: 29/11/2023

Instructions:

1. All questions carry equal marks.
2. Write your name and roll number in the relevant spaces & then enter the appropriate bubble for optima-accuracy in OMR sheet.
3. Candidates are allowed to use Blue/Black ball point pens, use of ball point or any other pen is strictly prohibited.
4. Erasures from answered bubble is completely filled in OMR sheet. Do not mark any area outside the bubble.
5. Do not fold, fold or touch the OMR sheet.
6. Cell phones and other electronic devices are strictly prohibited in the examination cell.
7. Mark: In case of filling of more than bubbles or cutting on bubbles, the relevant answer will be treated incorrect and the candidate will be fully responsible.

Name: _____

Roll No: _____

1. Regarding the tonsil, all of the followings are true except:
 - a. Palatoglossus lies anterior to the tonsil.
 - b. The tonsil is supplied by the tonsillar artery, a branch of the facial artery.
 - c. The internal carotid artery lies 2.5cm behind and lateral to the tonsil.
 - d. Contains 50 crypts.
 - e. Lymph drains to the upper deep cervical & jugulodigastric lymph nodes.
2. A 66 year old Chinese man presents with a two month history of neck swelling in the right posterior triangle. On further questioning he tells you that his hearing has also declined in the right ear. He also has a blocked nose. What is the likely diagnosis?
 - a. Lymphoma.
 - b. Metastatic lymph node from a nasopharyngeal carcinoma.
 - c. Parotid tumour.
 - d. Lipoma
 - e. Metastatic lymph node from a oropharyngeal carcinoma.
3. A 21 year old woman presents with two day history of sore throat and dysphagia. On examination she has high fever and tender bilateral jugulodigastric lymph nodes. What is the likely diagnosis for her condition?
 - a. Infectious mononucleosis
 - b. Agranulocytosis.
 - c. Diphtheria.
 - d. Vincent angina
 - e. Acute tonsillitis.
4. A 55 year old man presents with a three month history of swelling on the right side of the neck, which has gradually increased in size. He has also been having earache and throat pain for the last two weeks. He tells you that the pain in his ear is so severe that he cannot sleep at night. He has no other

- symptoms. He is otherwise fit and well. He smokes 10 cigarettes per day and drinks 15 units of alcohol per week. Examination of the neck reveals a 4 cm x 4 cm hard, immobile, non-fluctuant, and non-pulsatile swelling on the right side. The mass is attached to the skin.
- a. Branchial cyst.
 - b. Malignant lymph node.
 - c. Infective lymph node.
 - d. Submandibular gland stone.
 - e. Non-Hodgkin lymphoma.
5. A 27 year old female patient presented with painful and difficulty swallowing, on indirect laryngoscopy, there is pooling of saliva in pyriform sinus. the most likely diagnosis is:
 - a. Adenocarcinoma of pyriform sinus.
 - b. Squamous cell carcinoma of pyriform sinus.
 - c. Squamous cell carcinoma of posterior pharyngeal wall.
 - d. Squamous cell carcinoma of larynx.
 - e. Squamous cell carcinoma of Postcricoid region.
 6. The first postoperative day, tonsillectomy fossa is:
 - a. Red colour.
 - b. Black colour.
 - c. Yellow colour.
 - d. White colour.
 - e. Flesh colour.
 7. Stage III squamous cell carcinoma of oropharynx is:
 - a. Distant Metastasis present.
 - b. Locally advanced disease.
 - c. Tumour is present in neck lymph nodes.
 - d. Resistant to radiotherapy.
 - e. Resistant to chemotherapy.
 8. Palliative treatment of advanced head and neck malignant tumours involves all of the following except:
 - a. Gastrostomy.
 - b. Tracheostomy.
 - c. Pain killers.
 - d. Antiemetic
 - e. Radical Surgery.
 9. Commando operation may be used for the treatment of:
 - a. Nasopharyngeal carcinoma.
 - b. Squamous cell carcinoma of larynx.
 - c. Nasopharyngeal adenocarcinoma.
 - d. Oropharyngeal carcinoma.
 - e. Hypopharyngeal carcinoma.
 10. All of the following may cause tonsillar ulceration except:
 - a. Diphtheria.
 - b. Bechet's syndrome.
 - c. Vincent's angina.
 - d. Agranulocytosis.
 - e. Papilloma.
 11. Post-tonsillectomy complications include a) except:
 - a. Oedema of uvula.
 - b. Bleeding.
 - c. Infection.
 - d. Referred otalgia.



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12. Soft palate trauma during tonsillectomy causes:
a. Stammering
b. Trismus
c. Loss of taste
d. Infection
e. Velopharyngeal insufficiency.
13. Which of the following is part of laryngopharynx:
a. Epiglottis
b. Cricoid cartilage
c. Thyroid cartilage
d. Post cricoid arch
e. Arytenoids.
14. Absolute indication of tonsillectomy is:
a. Chronic tonsillitis
b. Diphtheria carrier
c. Obstructive sleep apnea
d. Glossopharyngeal neurectomy
e. Rheumatic fever.
15. Which of the following is not a complication of acute tonsil abscess:
a. Peritonsillar abscess
b. Bezold's abscess
c. Acute rheumatism
d. Acute nephritis
e. Acute infection of middle ear cleft.
16. Pyriform fossa lies:
a. Medial to aryepiglottic fold
b. Lateral to aryepiglottic fold
c. Inferior to aryepiglottic fold
d. Superior to aryepiglottic fold
e. Posterior to aryepiglottic fold.
17. Which of the following is not a feature of pharyngeal diphtheria?
a. Enlarged tender cervical lymph nodes
b. Pyrexia
c. True membrane
d. Toxemia
e. Bull's neck.
18. Which of the following is not true regarding acute retropharyngeal abscess:
a. It is common in small children.
b. Produces difficulty in breathing and suckling.
c. It is limited to one side of the midline.
d. Incision and drainage is done from outside through carotid sheath.
e. It forms due to suppuration in retropharyngeal lymph node.
19. A 60-year-old man presents to the clinic with a 5 cm solitary lymph node in the upper right cervical region and an abnormal-looking right tonsil. Assuming this is a squamous cell carcinoma nodal metastasis, what is the N classification?
a. N1.
b. N2a.
c. N2b.
d. N2c.
e. N3.
20. A 12 years old boy presented to the clinic with swelling for last five to six months. Swelling was smooth, non-tender, non-painful, also moved on tongue protrusion. What is the diagnosis?
a. Enlarged pre-laryngeal lymph node
b. Midline dermoid cyst
c. Thyroglossal cyst
d. Thyroid isthmus nodule
e. Plunging Ranula.
21. Following statement best describes Aphthous ulcers:
a. Occulo-oro-genital syndromes with punched out excavated ulceration.
b. Recurrent multiple oral ulcers with sloughed base and surrounding hyperemia.
c. Small multiple white patches on mucosa in immunodeficient patients.
d. Blue to purple, raised inflammatory lesions on skin and mucosa.
e. Painful erosive bullae and ulcer formation.
22. The most common site of malignant tumours of hypopharynx is:
a. Post cricoid.
b. Cricoid cartilage.
c. Posterior pharyngeal wall.
d. Piriform sinus.
e. Aryepiglottic fold.
23. Trismus accompanying quinsy or peritonsillar abscess is due to spasm of which muscle?
a. Masseter.
b. Pharyngeal constrictors.
c. Medial pterygoid.
d. Temporalis.
e. Palatopharyngeus.
24. Lymphoid tissue called Waldeyer's ring is composed of:
a. Adenoids and Tubal tonsils
b. Palatine Tonsils
c. Lingual tonsils
d. Lymphoid nodules on posterior pharyngeal wall & Lateral pharyngeal bands
e. All of the above
25. The Oral cavity:
a. Extends from the incisor teeth to the oropharynx.
b. Contain three salivary glands.
c. Separated from the oropharynx by an anatomical barrier.
d. Consists of two main parts, the oral cavity proper and the vestibule.
e. The valleculae are part of its floor.
26. What is wrong about the pharynx?
a. Extends from base of the skull to the upper border of sixth cervical vertebra & cricoid cartilage.
b. It is the upper part of the respiratory tract.
c. It is the upper part of the digestive tract.
d. About 12 to 14 cm in length in adult.
e. The pharyngeal cavity opens in front into the nose, mouth, and larynx.

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- the pharyngeal pouch passes through
- Superior constrictor muscle
 - Killian's constrictor muscle
 - Middle constrictor muscle
 - Hyoid bone
 - Esophagus
28. The Stenson's duct of the parotid gland passes through buccinator muscle to open in the Mucosa against the:
- 1st upper molar tooth
 - 2nd upper molar tooth
 - 3rd upper molar tooth
 - 2nd upper Pre-molar tooth
 - 2nd lower molar tooth
29. Plummer Vinson Syndrome is also called the Patterson Brown Kelly Syndrome. It is associated with:
- Hawking, pain on swallowing, cough, nasal obstruction
 - Corynebacterium, pseudo membrane formation, fever, toxemia
 - Epstein Bar virus, fever, lymphadenopathy, anemia
 - Anemia, glossitis, Koilonychia and dysphagia
 - Chronic inflammation, septicemia, dysphagia, headache
30. As regard tumors of the salivary glands, following statement is correct:
- 80% tumors are pleomorphic adenomas occurring in parotid gland
 - 80% pleomorphic adenomas turn malignant after surgery
 - Lymphoma is the commonest minor salivary gland tumor
 - Pleomorphic tumor is treated with primary radiotherapy
 - Warthin's is the commonest major salivary gland malignancy
31. A young woman with history of progressive moderate bilateral conductive hearing loss came to OPD, which has aggravated during her pregnancy. What procedure should be done to rectify her hearing?
- Tympanoplasty
 - Conservative treatment
 - Stapedectomy
 - Cochlear implant
 - Myringotomy with grommet
32. A 4 years old child develops respiratory distress fever inspiratory stridor. X ray neck lateral view shows thumb sign. What could be the most common organisms?
- Haemophilus influenza B
 - Streptococcal pneumoniae
 - Para influenza virus
 - Staph aureus
 - Corynebacterium diphtheria
33. A patient of presbycusis came with pure tone audiogram showing high frequency SNHL. Which of the following part of inner ear is affected in this patient?
- Apical turn of the cochlea
 - Basal turn of the cochlea
 - Superior semicircular canal
 - Sacrotic
34. Patient presented with hoarseness, changes in vocal pitch, hoarse breathing after repair of aortic aneurysm. Which of the following nerve is most likely have been damaged during surgery?
- left recurrent laryngeal nerve
 - internal laryngeal nerve
 - external laryngeal nerve
 - Glossopharyngeal nerve
 - none of the above
35. Otoliths are concerned with which function of inner ear?
- Sound conduction
 - Angular balance
 - Linear balance
 - Sound amplification
 - All of the above
36. If otitis media last for more than 3 months the condition is known as
- Acute otitis media
 - Recurrent Otitis media
 - Chronic otitis media
 - Acute on chronic Otitis media
 - Secretory otitis media
37. Cholesteatoma
- Cyst that invade middle ear.
 - Grows progressively.
 - Destroys ossicular chain and invade cochlea.
 - Breaks through the roof of middle ear cavity and invade meninges.
 - All of the above
38. Schwabach test compare
- Air conduction and bone conduction of the same ear.
 - Bone conduction of the patient with examiner.
 - Air conduction of both ear at the same time.
 - Bone conduction of both ear at the same time.
 - Bone conduction of one ear with the air conduction of other ear.
39. Conductive hearing disorder is
- Disorder affecting CNS
 - Disorder involving conduction of sound to the cochlea
 - Disorder involving VIII cranial nerve.
 - Disorders involving anatomical structures beyond cochlea.
 - Disorders involving anatomical structure of cochlea.
40. A 5 years old child brought by her mother with history of poor attention at school. On examination both tympanic membranes are hypomobile and air fluid levels are visible in the middle ear. There is evidence of rhinorrhea. What is the investigation of choice to confirm the diagnosis?
- Pure tone audiogram
 - Tympanogram
 - X ray sinuses OM view



- a. ERCT paranasal sinuses
b. Full blood count with ESR
41. A 7 years old child with acute otitis media which is not responding to antibiotics. On otoscopic examination the tympanic membrane is intact and bulging, the immediate treatment of choice is
a. Injectable antibiotics
b. Injectable antibiotics with steroids
c. Myringotomy
d. Cortical mastoidectomy
e. None of the above
42. Gradenigo's syndrome occur
a. Acute mastoiditis
b. Acute petrositis
c. Chronic otitis media
d. Secretory otitis media
e. Transverse fracture of the temporal bone.
43. Sagging of posterosuperior canal wall of EAM occur
a. Furunculosis of EAM
b. Acute mastoiditis
c. Acute otitis media
d. Petrositis
e. Malignant otitis externa
44. Which of the following causes of sensorineural hearing loss is dealt surgically?
a. Presbycusis
b. Acoustic neuroma
c. Meningitis
d. Labyrinthitis
e. Noise induced sensorineural hearing loss
45. Hearing loss that occurs as a result of aging is called
a. Otosclerosis
b. Tympanosclerosis
c. Presbycusis
d. Phonosthenia
e. Meniere's disease
46. Threshold for bone conduction is normal and that of air conduction is reduced in diseases of
a. Middle ear
b. Inner ear
c. Cochlea
d. Temporal lobe brain
e. VIII nerve
47. Which laryngeal cartilage has supra as well as infra Hyoid portion
a. Thyroid
b. Cricoid
c. Arytenoid
d. Epiglottis
e. Corniculate
48. A mother came to you with her 3 years old child saying that he swallowed a coin. Since then he cant eat or drink. What investigation should be advised?
a. Plain x ray neck abdomen and chest
b. Barium swallow
c. CT scan
- d. Endoscopy
e. Paediatrician opinion
49. Surgical operation of choice for coalescent mastoiditis is
a. cortical mastoidectomy
b. Modified radical mastoidectomy
c. Radical mastoidectomy
d. Canal wall down mastoidectomy
e. Myringoplasty
50. The treatment of choice in atticofurcular variety of CSOM?
a. Mastoidectomy
b. Medical management
c. Myringoplasty
d. Myringotomy
e. Radiotherapy
51. Endolymphatic hydrops is characteristic of:
a. Cholesteatoma
b. Meniere's disease
c. Otosclerosis
d. Gradenigo's syndrome
e. Vestibular schwannoma
52. The most common and earliest manifestation of carcinoma of the glottis is:
a. Hoarseness
b. Haemoptysis
c. Cervical lymph nodes
d. Stridor
e. Diplophonia
53. Semicircular canals are stimulated by
a. Gravity
b. Linear acceleration.
c. Rotation
d. Sound
e. All of the above
54. Accumulation of fluids in middle ear contributes to the conductive deafness. If the fluid is infected and thickens into pus, the condition is known as.
a. otitis media with effusion.
b. Acute suppurative otitis media.
c. Otitic barotrauma
d. Adhesive otitis media.
e. Attico antral type of chronic suppurative otitis media.
55. 6 yrs old child with failure to grow, high arched palate, pinched nose presented with conductive hearing loss without any otorrhea, fever or pain.
The treatment of choice is?
a. Myringotomy
b. Grommet
c. Adenoidectomy
d. All of the above.
e. None of the above
56. Select true statement about ear
a. The scala media and scala tympani contain perilymph whilst the scala vestibuli contain endolymph.
b. Corda tympani supplies taste fibers of the posterior 2/3 of the tongue,

- Fusion of stapedius muscle emerge from the pyramid.
 2. Tympanic membrane has large pars flaccida and small pars tensa.
 a. Colour tympanic membrane is pink.
 True about malignant otitis externa
 a. Caused by B hemolytic streptococci.
 b. Characterized by attic perforation.
 c. characterized by attic cholesteatoma.
 ● Most often seen in uncontrolled diabetic patients.
 e. All of the above
58. Cauliflower ear is
 a. Keloid
 ● Perichondritis in boxers
 c. Squamous cell carcinoma
 d. Anaplastic cell carcinoma
 e. Vascular malformation of pinna
59. Griesenger's sign is the
 ● Oedema tenderness over posterior border of mastoid.
 b. Unilateral pulsatile otorrhea.
 c. Vertigo and nystagmus on increasing pressure in the EAM.
 d. Tenderness on tip of mastoid.
 e. Watery discharge from external auditory meatus.
60. In tracheostomy the entry into the trachea is through the
 a. Cricoid cartilage
 b. FIRST tracheal ring
 ● SECOND and third tracheal ring
 d. Fourth and fifth tracheal ring
 e. Any tracheal ring from 2nd to 6th
61. A 36 years old female presented to ENT OPD with c/o Rt. side dark brown nasal discharge for last 6 months, she is non diabetic but has nasal allergy and asthma, she is using steroid nasal sprays off and on for allergic rhinitis. She is having mild proptosis of Rt. Eye and nasal polyps on Rt. side, CT of PNS shows mass of varying density in Rt. ethmoid and nose. The of condition this patient may be
 a. Acute Necrotizing fulminating Fungal Rhinosusinitis
 b. Indolent invasive Fungal Rhinosusinitis
 ● Chronic invasive Fungal Rhinosusinitis
 d. Allergic Fungal Rhinosusinitis
 e. Rhinosporadiasis
62. A 32 year's old female presented with Hx of nasal obstruction of Rt. Nostril witch increased over last two years last on examination a pearly pinkish shiny mass was seen in Lt. nose and a smooth mass hanging in nasopharynx was seen. The probable condition is
 a. Ethmoidal polyp
 b. Fungal Rhinosinusitis
 c. Antroconal polyp
 d. Angiofibroma
 ● Inverted papilloma
63. A 52 years old female presented with Hx of severe attacks of stabbing pain on Lt side face and scalp for last 2 years. Nasal obstruction on Rt. side. On examination DNS seen on Rt. Side. On CT a smooth somewhat mass is visible in RT maxillary sinus. The pain is probably due to.
 a. Malignant process
 b. Infection of orbit
 c. Trigeminal Neuralgic pain
 ● Maxillary sinusitis
 e. Refraction problem
64. A 64 years old female presented with Hx of nasal obstruction on LT. side for 10 months, attacks of pain on Lt. side face and LT. eye for last 4 months, nasal discharge from left nostril some time blood stained, on examination a polypoidal mass is visible in left nostril, patient on inquiry recalled removal of polyps from same side 16 years ago. CT showed a mass in Lt. Maxillary sinus and nasal cavity and no bony erosion. The probable reason for her pain is:
 a. Ethmoidal polyp
 b. Carcinoma of nasal cavity
 ● Antroconal polyp
 d. Allergic fungal sinusitis
 e. Inverted papilloma
65. A 36 years old female presented to ENT OPD with c/o Rt. side dark brown nasal discharge for last 6 months, she is non diabetic but has nasal allergy and asthma, she is using steroid nasal sprays off and on for allergic rhinitis. She is having mild proptosis of Rt. Eye and nasal polyps on Rt. side, Ct of PNS shows mass of varying density in Rt. ethmoid and nose. The condition of this patient may have,
 a. Acute Necrotizing fulminating Fungal RSS
 b. Indolent invasive Fungal Rhinosusinitis
 ● Chronic invasive Fungal Rhinosusinitis
 d. Allergic Fungal Rhinosusinitis
 e. Rhinosporadiasis
66. A 16 years old male admitted by the consultant through ENT OPD with H/o Epistaxis for last 4 months, he has nasal allergy and nasal sprays off and on for allergic rhinitis. He is very pale having fleshy nasal mass on Lt Side. His Hb is 8.6gm/dl and TLC 6.8x1000, CT of PNS shows homogenous mass on Lt. side nose and Lt pterygoid fossa, he needs
 a. Blood transfusion immediately
 ● Biopsy of the nasal mass
 c. X-Ray PNS O/M view
 d. Posterior nasal packing
 e. Investigation and Preparation for surgery
67. In Singapore a 22 years old female presented with severe pain in Lt. ear and Lt sided headache for last 6 months and conductive hearing loss on Lt. side. On examination she has Lt. Side TM retraction, Weber is lateralized to Lt. There are two palpable firm to hard Lymph nodes in the posterior triangle on Lt. side On CT a mass is visible in nasopharynx and multiple neck nodes. The pain is due to:
 a. Chronic Otitis media
 b. Acute Infection of ear
 c. Maxillary sinusitis
 ● Nasopharyngeal carcinoma
 e. Autoimmune disease
68. A 4 years child presented with severe pain and swelling of Lt. eye for last 6 days, on examination purulent nasal discharge

was coming from both nostrils. L eye was swollen and both lid cannot be opened and restricted movements of L eye were noted. On CT opacity is visible in Lt ethmoidal sinus. The probable diagnosis is:

- Orbital cellulitis
- Preorbital Oedema
- Cavernous sinus thrombosis
- Allergic conjunctivitis
- Orbital aneurysm

70. A 28 year old male come to an ENT surgeon with nasal injury 1 year ago. He is now having nasal Obstruction and nasal deformity. On E he had external nasal bridge deviation and nasal Side severe DNS. Ideally this man needs.

- Sub mucous resection/ SMR
- Septoplasty
- Reconstructive rhinoplasty
- Rhinoseptoplasty
- Augmentation Rhinoplasty

71. A 40 year old bank manager was brought semi unconscious to you in Emergency department after a road traffic accident. He is bleeding from the nose profusely. His pulse is 100/min and Bp is 90/65, GCS is 10, he has sharp blow with an instrument on his forehead, what immediate steps are needed.

- History taking, complete examination and ENT call
- Clearing the airway, give I/V crystalloid fluid
- I/V fluids, plasma expanders and Nasal packing
- History taking and nasal packing, ENT call
- Clearing the airway, I/V line fluid, nasal packing and ENT call

72. A patient of 60 years age has ulcer on the dorsum of nose. On examination the margins appear inverted The most common malignancy found in the face is:

- Adenocarcinoma
- Basal Cell carcinoma
- Melanoma
- Squamous cell carcinoma
- Transitional cell carcinoma

73. A 5 years child has off and on blood stained foul smelling discharge from right nostril for 1 year, a parrot green rounded body is visible on anterior rhinoscopy in left nostril. The usual treatment of this condition is:

- Corticosteroid drops
- Decongestant nasal drops
- F.B removal with or without GA
- Functional Endoscopic sinus surgery
- Watchful waiting for one week

74. Nasal obstruction is complained by a young adult for last one year mainly on left side. On Examination a shiny mass is seen hanging in oropharynx with complete haziness of left Maxillary sinus on X-ray PNS. What is the possible diagnosis in this case?

- A foreign body nose
- Antochoanal polyp
- Esthesioblastoma
- Ethmoidal polyps
- Nasopharyngeal Carcinoma

74. A boy of 14 years have repeated epistaxis. He looks very anemic. A fleshy mass is noted in the nasal cavity. Hb is 7.8 mg/dl. Investigation of choice for this condition is:

- 1D CT with contrast
- FNAC by an expert cytologist
- Incisional biopsy
- Ultrasound PNS
- X-ray PNS trans orbital view

75. 60 year old man has foul smelling discharge from and has a granulomatous mass on left inferior turbinate and nasal floor. Suggest a suitable test to diagnose this disease:

- CT PNS
- Biopsy of the mass
- Culture of nasal discharge
- FNAC of mass
- Fungal staining

76. A 18 month's baby has fallen on his nose 4 days ago now he cannot breath through his nose, he was swollen, nose and on both side nostril soft compressible swellings are seen, the treatment for this condition is:

- Analgesic and saline nasal drops
- Aspiration and analgesic only
- Blood transfusion and analgesic
- I&D packing and antibiotics
- Wait and see for 1 week

77. A 46 years old wood factory worker has presented with painful swelling of right cheek for last 4 months, not responding to antibiotics of different groups, nasal cavity has blood stained discharge What investigation is important next?

- Blood complete picture
- CT nose and PNS
- Ultra sound neck
- Biopsy of nasal mucosa
- Angiogram of head and neck

78. A patient of 60 years age has mass in the nasal cavity. On examination this is fungating and hemorrhagic on touch. What is the most common malignancy found in the nasal cavity?

- Adenocarcinoma
- Malignantshawanoma
- Melanoma
- Olfactory neuroblastoma
- Squamous cell carcinoma

79. A patient of 4 year old boy has swelling on dorsum of nose bluish in color and feel soft on palpation and appear to be a cyst and has a discharging opening with a few hairs visible though its opening, This swelling on the nasal dorsum is:

- Cystichyroma
- Dentigerous cyst
- Dermoid cyst
- Mucous cyst
- Sebaceous cyst

80. A 32 years old farmer has presented with painful swelling of right cheek and fever for last 4 day, nasal cavity has blood stained purulent discharge but no mass is seen. What investigation is important next?

- Blood complete picture
- Biopsy of nasal mucosa

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- Blood complete picture
c. CT nose and PNS
● Ultra sound neck
81. The nasal obstruction is complained by middle age man. On anterior rhinoscopy an enlarged middle turbinate is seen. This condition is known as:
a. Hypotrophic middle turbinate
● Concha bullosa of middle turbinate
c. Middle turbinate cyst
d. Middle turbinate growth
e. Middle turbinate haemartoma
82. A man of 25 years had accident 1 year ago and had nasal bleeding, he is now complaining of having watery discharge from nose on bending forward and coughing for last 8 months. On examination there is collection of watery discharge in right nasal cavity. The most appropriate next step is:
a. CT scan of head and neck with 3mm cuts
● Endoscopic examination with fluorescein dye
c. Operation for CSF leak
d. Septorhinoplasty
e. X-ray skull and PNS
83. A 5 years child is brought with history of repeated episodes of nasal bleeding, on nasal examination there is a rough area on right septum Little's area. What is the most appropriate statement about nasal septum?
a. Kiesselblach plexus is situated on septum against posterior end of inferior turbinate
b. Kiesselblach plexus lies over bony part of septum
c. Little's area is mainly supplied by posterior Ethmoidal artery
● d. Sphenopalatine artery is the main contributor of kiesselblach plexus
e. The woodruff plexus is the site located in anterior part of septum and involved in majority of epistaxis
84. A child of 14 years has nasal obstruction and mouth breathing. On examination the nasal septum is deviated to left with anterior dislocation to right. The following statement is true about DNS:
a. Always need surgery
b. Is a cause in majority of headache
● c. Is commonly developmental
d. Is rarely traumatic
e. Mostly involves bony septum
85. A 24 years young lady underwent nasal surgery 6 months ago, she now complain of foul smelling discharge from her nose and on examination she has roomy nose and a small perforation in nasal septum and crusted mucosa. What is the probable diagnosis?
a. Acute noninfective sinusitis
b. Allergic Fungal rhinosinusitis (AFRS)
c. Allergic Rhinitis
● d. Atrophic Rhinitis
e. Mucormycosis
86. A 22 years old hacker from Nowshera presented with three months history of hoarseness, the probable reason of hoarseness in this young individual is
a. Chronic laryngitis
● b. Vocal cord nodules
c. Vocal cord paralysis
d. Laryngeal web
e. Laryngeal papillomatosis
87. A PG trainee was called upon from emergency department to attend a young male hockey player with neck trauma and stridor. what is the commonest cause of laryngeal fractures
a. Sports injury
b. Gunshot injury
● c. Road traffic accidents
d. Industrial injuries
e. Penetrating injuries
88. A 16 months old child is presented to ENT ward with history of Fever and stridor on examination. he has chest Crepitation and steeple sign on x-Ray chest PA view, what infective cases of stridor may be the reason of this child
a. Retropharyngeal abscess
● b. Laryngotracheo bronchitis (croup)
c. Broncheal Asthma
d. Acute laryngitis
e. Acute epiglottitis
89. A 6 years old child develops wheezing. On auscultation unilateral wheeze is noted. Unilateral wheeze in a child suggests:
a. Aberrant subclavian artery
b. Bronchial adenoma
c. Croup/ laryngotracheal bronchitis
● d. Foreign body bronchus
e. Subglottic haemangioma
90. A new born baby has stridor with normal cry, Stridor without hoarseness in a child is seen in
a. Laryngeal papillomatosis
b. Laryngeal web
● c. Laryngomalacia
d. Laryngotracheo bronchitis
e. Vocal Cord nodule