

BLOCK ENT PREPROFFS

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1. EAR

WMC 2022

- Meniere's disease is mainly characterized by
 - Sudden in onset
 - Conductive hearing loss
 - Episodic vertigo
 - Brief vertigo with movement
 - Bilateral hearing loss
- Cochlear implant is indicated to replace the
 - Function of hair cells
 - Function of cochlear nerve
 - Function of middle ear
 - a+b
 - All of above
- Sudden unilateral complete loss of vestibular function with hearing preservation is
 - Acoustic neuroma
 - Miners disease
 - Vestibular neuritis
 - Benign paroxysmal positional vertigo
 - Perilymph fistula
- Malignant necrotizing otitis externa, all are correct except
 - Is seen in diabetics
 - Spreads to skull base
 - Involves facial nerve at stylomastoid foramen
 - Is often caused by staph aureus
 - More often affects elderly persons

5. The sensory innervation of ear doesn't include

- Hypoglossal nerve
- Glossopharyngeal nerve
- Facial Nerve
- Trigeminal nerve
- Vague nerve

6. Bells palsy

- Is mainly caused by trauma
- Is upper motor neuron lesion
- Majority of cases resolve spontaneously
- Causes conductive hearing loss Needs surgical intervention

7. Exostosis

- Immunocompromised
- Smoker
- Old diabetic
- Alcoholic
- Swimmers

8. Endolymph is formed in

- Utricle
- Endolymphatic sac
- Scala media
- Scala tympani
- Scala vestibule

9. Toxic drug to middle ear is

- Streptomycin
- Aspirin
- Penicillin
- Gentamycin
- Propranolol

10. Type B tympanogram indicates

- Otosclerosis
- Tympanosclerosis
- Otitis media with effusion
- Retracted tympanic membrane
- Meniere's disease

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11. Which is investigation of choice in assessing hearing loss in neonates
- Impedance audiometry
 - Brain stem evoked response audiometry
 - Free field audlometry
 - Behavioural audlometry
 - Speech audiometry
12. In episodic positional vertigo which of the following test is used
- Caloric test
 - Dix hallpike manoeuvre
 - Rotation test
 - Electronystagmography
 - Romberg test
13. Most common cause of bilateral conductive deafness in child is
- Otosclerosis
 - Otitis media with effusion
 - Acute otitis media
 - Congenital cholesteatoma
 - Wax
14. Speech frequencies include
- 125,250,500Hz
 - 250,500,1000Hz
 - 500,1000,2000Hz
 - 1000, 2000,3000Hz
 - 500,1000,3000Hz
15. Landmark used for identification of geniculate ganglion of facial nerve is
- Oval window
 - Processus cochleariformis
 - Pyramid
 - Digastric ridge
 - Second genu
16. In a patient of facial paralysis with injury distal to geniculate ganglion which of the following statement is incorrect
- Loss of lacrimation
 - Loss of taste
 - Presence of phonophobia
 - Loss of salivation
17. Hyperacusis in bells palsy is due to paralysis of the following muscle
- Tender tympani
 - Levator vali palatini
 - Tensor vali palatini
 - Stapedius
 - Lateral pterygoid
18. Which of the following condition give maximum conductive hearing loss
- Complete obstruction of ear canal
 - Disruption of ossicular chain with intact tympanic membrane
 - Disruption of ossicular chain with perforation of tympanic membrane
 - Perforation of tympanic membrane with intact ossicular chain
 - Large perforation
19. Bloody discharge from the ear occurs in:
- Fracture base of the skull.
 - Glomus jugular tumaor.
 - Heamorrhgic otitis media.
 - Rupture drum.
 - All of the above
20. The most common cause of deafness in children:
- Acute otitis media.
 - Secretory otitis media.
 - Chronic otitis media
 - Cholesteatoma.
 - Otosclerosis.
21. In traumatic ossicular disruption, all is true EXCEPT.
- The audiogram shows 55 dB loss.

- b. Separation of the icudo-stapedial joint is the commonest lesion.
- c. There is bulging drum.
- d. C.T scan is indicated.
- e. Conductive hearing loss

22. Reservoir is a characteristic sign in:

- a. Acute mastoid abscess.
- b. Acute otitis media.
- c. Chronic otitis media.
- d. Secretory otitis media
- e. Ch. Mastoiditis

23. Grading syndrome occurs in:

- a. Acute mastoid abscess,
- b. Acute petrositis.
- c. Chronic otitis media.
- d. Secretory otitis media.
- e. Meningitis

24. Griesinger's sign is:

- a. Edema & tenderness over the posterior border of the mastoid process
- b. Unilateral pulsating otorrhoea.
- c. Vertigo & nystagmus on increasing the pressure of the EAC.
- d. Tenderness on the tip of mastoid bone.
- e. Sensorineural hearing loss

25. Fever in lateral sinus thrombosis is:

- a. Intermittent.
- b. Remittent
- c. Low grade.
- d. High grade,
- e. Continuous

GMC 2023

1. Stapes footplate covers?

- a. Round window
- b. Oval window
- c. Sinus tympani
- d. Pyramid
- e. Facial nerve

2. Citelli's angle is?

- a. Solid angle
- b. Cerebellopontine angle
- c. Sinodural angle
- d. Genu of facial nerve
- e. second Genu of facial nerve

3. Which of the following statements is true?

- a. Korner's septum in the mastoid separates squamous cells from the deeper petrosal cells
- b. Facial recess lies medial to the sinus tympani
- c. Trautmann's triangle forms an important surgical landmark to locate endolymphatic sac
- d. Arcuate eminence is landmark for lateral semicircular canal
- e. Facial nerve is never dehiscent

4. Operation of choice for coalescent mastoiditis is?

- a. Cortical mastoidectomy (Simple mastoidectomy).
- b. Modified radical mastoidectomy
- c. Radical mastoidectomy
- d. Fenestration operation
- e. Combined approach tympanoplasty

5. A 38-year-old gentleman reports of decreased hearing in the right ear for the last 2 years. On testing with 512-Hz tuning fork, the Rinne's test (without masking) is negative on the right ear and positive on the left ear. With the Weber's test the tone is perceived louder in the left ear. The patient most likely has?

- a. Right conductive hearing loss
- b. Right sensorineural hearing loss
- c. Left sensorineural hearing loss
- d. Left conductive hearing loss
- e. Left ear profound hearing loss

6. Which of the following is not a typical feature of Meniere's disease?

- a. Sensorineural deafness
- b. Pulsatile tinnitus
- c. Vertigo.
- d. Fluctuating deafness
- e. Aural fullness

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7. Which of the following is true regarding facial nerve palsy associated with temporal bone fracture?

- a. Common with longitudinal fracture
- b. Common with transverse fracture
- c. Always associated with CSF otorrhoea
- d. Facial nerve injury is always complete
- e. Facial nerve injury is always incomplete

8. In right middle ear pathology, Weber's test will be?

- a. Normal
- b. Centralised
- c. Lateralized to right side
- d. Lateralized to left side
- e. Bilateral profound hearing loss

9. Speech frequencies include?

- a. 125 250 500 Hz
- b. 250,500,1000Hz
- c. 500 1000 2000 Hz
- d. 1000 2000 3000 Hz
- e. 4000-6000 Hz

10. Decreased bone conduction in an audiogram indicates?

- a. Tympanic membrane perforation
- b. Ossicular dislocation
- c. Ossicular fixation
- d. Damage to cochlea
- e. Wax

11. Aim of mastoid surgery in CSOM which should receive first priority?

- a. Making the ear dry
- b. Improvement in hearing
- c. Rendering the ear safe

12. Treatment of dry traumatic rupture of tympanic membrane is?

- a. Antibiotic ear drops
- b. Myringoplasty
- c. Protection of ear against water

- d. Ear pack soaked with antibiotic
- e. Mastoidectomy

13. All are true about wax except?

- a. pH is acidic in normal healthy canals
- b. Needs to be removed periodically
- c. Contains a bactericidal enzymes
- d. Is a combination of secretions of sebaceous and apocrine glands
- e. Sometime it needs surgery

14. Perforation commonly associated with cholesteatoma is?

- a. Attic
- b. Kidney-shaped central perforation.
- c. Perforation of pars tensa posterior to handle of malleus
- d. Perforation anterior to handle of malleus
- e. Subtotal

15. Extra cranial complications of CSOM?

- a. Epidural abscess
- b. Facial nerve palsy
- c. Subdural Abscess
- d. Cerebellar abscess

16. Which of the following is/are true about cholesteatoma?

- a. It is a benign tumor
- b. Metastasized to lymph node
- c. Contains cholesterol
- d. Erodes bone
- e. Malignant potential

17. Treatment of choice in postauricular abscess as a complication of otitis media is?

- a. Incision and drainage (/ and d.
- b. / and D plus antibiotics
- c. Aspiration and antibiotics
- d. And d, antibiotics and mastoidectomy
- e. Suction and clearance

18. A 5-year-old boy has been diagnosed to have postero-superior retraction pocket with cholesteatoma. All would constitute part of management except?
- Audiometry
 - Mastoid exploration
 - Tympanoplasty
 - Myringoplasty
 - Observation only
19. Picket-fence graph of temperature is seen in?
- Otitic hydrocephalus
 - Lateral sinus thrombosis
 - Extradural abscess
 - Meningitis
 - Mastoiditis
20. Gradenigo's syndrome is characterized by?
- Retro-orbital pain
 - X neve
 - CN VII palsy
 - CN XI PALS
 - Facial nerve palsy
21. A 10-year-old boy presents with torticollis, a tender swelling behind the angle of mandible and fever. He had a history of ear discharge for the past 6 years. Examination of the ear showed purulent discharge and granulations in the ear canal. Most probable diagnosis is?
- Acute lymphadenitis secondary to otitis externa
 - Masked mastoiditis
 - Bezold abscess
 - Parotitis
 - Brain abscess
22. MRI is the investigation of choice in all of the following complications of CSOM except?
- Extradural abscess
 - Bezold abscess
 - Coalescent mastoiditis
 - Cerebral abscess
 - Facial nerve palsy
23. For Glue ear the best surgical Treatment is?
- Myringotomy
 - Myringotomy with grommet insertion
 - Tympanomastoidectomy
 - Mastoidectomy
 - Observation only
24. Most common bacteria involved in CSOM is.
- H. Influenzae
 - Moraxella catarrhalis
 - Pseudomonas aeruginosa
 - Staph aureus
25. Most frequent site of branchial cyst is at?
- Upper third of posterior border of sternocleidomastoid
 - Lower third of anterior border of sternocleidomastoid
 - Upper third of anteromedial border of sternocleidomastoid
 - Supraclavicular fossa
 - In front of tracheal
26. Which statement is correct in case of traumatic tympanic membrane perforation?
- Give local antibiotics
 - Do myringoplasty for repair of perforation immediately
 - Keep the ear dry
 - Avoid loud noise
 - Never do myringoplasty
27. Female presented with bleeding from ear, pain, tinnitus and increasing deafness. Examination revealed red swelling/mass behind the intact tympanic membrane that blanches on pressure with pneumatic speculum. What is diagnosis?
- Acute otitis media
 - Glomus tumor
 - Secretory otitis media
 - Otosclerosis
 - Facial nerve palsy

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28. Which of the following is the most beneficial technique of using chemotherapy with a course of radiotherapy in head and neck malignancies?

- a. Neo adjuvant chemotherapy
- b. Adjuvant chemotherapy
- c. Concurrent chemotherapy
- d. Alternating chemotherapy and radiotherapy
- e. Chemotherapy before radiotherapy

29. Acoustic neuroma most commonly arises from?

- a. Nervous intermedius
- b. Vestibular nerve
- c. Mandibular nerve
- d. Facial nerve
- e. Cranial nerve seven

30. Which surgery is commonly performed for unsafe CSOM?

- a. Myringotomy
- b. Myringoplasty
- c. Modified radical mastoidectomy
- d. None of the above
- e. Tympanoplasty

31. Staphylococcus causes?

- a. Acute otitis media
- b. Acute sinusitis
- c. Nasal vestibulitis
- d. Acute myringitis
- e. CSOM

KGMC 2023

1. A 20 year old male presented to the ENT department with hearing loss in the left ear for the last 3 years. The hearing loss was progressive in nature and associated with tinnitus. During this period, the patient was falling to the left side while he was walking, a change in his voice and an inability to close the left eye with deviation of the angle of the mouth to the left side. Otologic examination showed no abnormality. What's your likely diagnosis?

- a. Meniere's disease

- b. Acoustic neuroma
- c. Meningioma
- d. Primary cholesteatoma
- e. Arachnoidal cyst

2. A 50 year old patient, known diabetic, came to the ENT-OPD with sudden onset of right ear discharge for the last 7 days. Now she cannot close her right eye completely for 2 days and her mouth deviates to the left as she smiles. What is the most likely diagnosis?

- a. Acute otitis externa
- b. Bell's palsy
- c. Middle ear malignancy
- d. Ramsay hunt syndrome
- e. Malignant otitis externa

3. A 16 years old boy presented to the Outpatient Department with a complaint of right ear blockage, severe itching in the same ear and on and off earache for the last 5 days after swimming in a stream. On examination there is whitish debris in the right EAC with mild congestion, What is the most probable diagnosis?

- a. Right otomycosis
- b. Right CSOM
- c. Right otitis externa swimmer's ear
- d. Right Furunculosis
- e. Right acute otitis media

4. A 20-year-old boy presented to the ENT OPD with severe pain in the left ear. On clinical examination, he has vesicles on the tympanic membrane, meatal skin, concha, and post-auricular groove, and also has left-sided facial nerve palsy. What is the most probable diagnosis?

- a. Bell's palsy
- b. Otitis externa haemorrhagica
- c. Ramsay hunt syndrome
- d. Malignant otitis externa
- e. Otitis media

5. A 50 year old female known diabetic presented to ENT OPD with a history of ear discharge severe pain in the left ear for the last 10 days, on examination of the ears there was a purulent discharge and granulation tissues in the deep floor of the canal. What is your most probable diagnosis?

- a. CSOM
- b. Malignant otitis externa
- c. Otitis externa
- d. Otomycosis
- e. Myringitis

6. A 60 years old female known diabetic presented to ENT OPD with a history of severe pain in the left ear, she was diagnosed with suspected malignant otitis externa. Which is the most common bacteria responsible for this disease?

- a. E-coli
- b. Group-A beta hemolytic streptococcus
- c. Pseudomonas aeruginosa
- d. Staphylococcus aureus
- e. Moraxella catarrhalis

7. A 30 years old male presented to ENT OPD with a history of intense itching, discomfort in the right ear, on ear examination there was fungal hyphae mixed with the ear wax. It was diagnosed as otomycosis. What are the most common pathogens responsible for this condition?

- a. Aspergillus
- b. Mucorale
- c. Candida
- d. Histoplasma
- e. Actinomyces

8. 60-year-old lady visited the ENT OPD with complaints of hearing loss. On examination the doctor advised her suction clearance both ears for wax. What is the composition of earwax?

- a. Secretions of sebaceous and ceruminous glands
- b. Desquamated epithelial debris, secretions of ceruminous glands

- c. Secretions of sebaceous glands, Dirt and hair, Desquamated epithelial debris
- d. Secretions of sebaceous and ceruminous glands, Desquamated epithelial debris, Dirt and hair
- e. Secretions of ceruminous glands, desquamated epithelial debris Infection in parotid lymph nodes

9. 28 years old school bus driver presented to ENT ward in the evening with episodes of vertigo on positional change since last night. What is the commonest cause of vertigo?

- a. Meniere's disease
- b. Superior semicircular canal dehiscence
- c. Benign paroxysmal positional vertigo
- d. Vestibular neuronitis
- e. Ototoxicity

10. A 25-year-old female patient presented with foul smelling right ear discharge and hearing loss for 3 years. On examination, the tympanic membrane has a posterolateral superior marginal perforation. Which radiological investigation would you like to perform?

- a. X Ray mastoid
- b. MRI
- c. CT scan of the temporal bone
- d. MR angiography
- e. CT angiogram

11. A 16-year-old patient came to the emergency outpatient department with ear discharge and hearing loss for 4 months. There was perforation in the posterosuperior quadrant of the tympanic membrane with mucopurulent discharge in the ear canal. The rest of the ENT examination was unremarkable. What is your most probable diagnosis?

- a. Acute suppurative otitis media
- b. CSOM with squamous disease.
- c. Otitis media with effusion
- d. SOM with mucosal disease
- e. Otitis externa

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12. An 8-year-old female patient with hearing loss presented to the ENT OPD. On examination of the ear, the tympanic membrane was intact with a white shadow of mass in the anterosuperior quadrant of the tympanic membrane. What is the most probable diagnosis?

- a. acute otitis media
- b. CSOM with mucosal disease
- c. Congenital cholesteatoma
- d. Otitis media with effusion
- e. Turnor of the middle ear

13. Following tonsillectomy, a 17-year-old male complained of severe pain in the throat radiating towards left ear. Which nerve is responsible for post-tonsillectomy earache?

- a. IX
- b. X
- c. V
- d. VII
- e. XII

14. 30-year-old female presented to ENT OPD complaining of dizziness for two days. It lasts for about 30 seconds and has no hearing loss. In episodic positional which of the following test is used associated

- a. Caloric test
- b. Dix-hallpike manoeuvre
- c. Rotation test
- d. Electronystagmography
- e. Tympanometry

15. A 42 years old female presented to ENT OPD with the history of progressive conductive hearing loss, also having pulsatile tinnitus and blood stained discharge. She also complains of headache, sweating and palpitations. What is your diagnosis?

- a. Acoustic neuroma
- b. Meniere's disease
- c. Glomus tumor
- d. Otosclerosis
- e. OME

16. A 32 years old female presented with slowly progressive conductive hearing loss with normal

tympanic membrane and Eustachian tube function. What is the most probable clinical diagnosis?

- a. Otitis media with effusion
- b. Malingering
- c. Otosclerosis
- d. Tympanosclerosis
- e. Adhesive Otitis media

17. A 40 years old woman in third trimester referred from obstetric OPD to ENT OPD with complaints of hearing her own sounds. Examination of the ear shows movements of tympanic membrane synchronous with respiration and especially exaggerated when the nostril on the contralateral side is occluded. What is your diagnosis?

- a. Eustachian tube obstruction
- b. Otitis media with effusion
- c. Otosclerosis
- d. Patulous Eustachian tube
- e. CSOM

18. A 5 years old boy has been diagnosed with cholesteatoma, on examination he is having posterosuperior retraction pocket in left ear. All would constitute plan of management except:

- a. Audiometry
- b. Mastoid exploration
- c. Tympanoplasty
- d. Myringoplasty
- e. Atticotomy

19. 55 Years old male patient complaining of vertigo on right side head movement, which lasted for less than one minute. There is no history of hearing loss or other neurological symptoms. The patient also gives a history of head trauma in the past. What is your diagnosis?

- a. Meniere's disease
- b. Vestibular neuronitis
- c. Benign paroxysmal positional vertigo
- d. Epilepsy
- e. Vertebrobasilar insufficiency

20. A 12 years old female patient came to E.R with right ear foul smell, scanty discharge associated with headache., high grade fever with rigor & chills. On examination there was cholesteatoma in the right ear. Tenderness along with internal jugular vein, and oedema over the posterior part of mastoid. Which type of complication would you suspect in this patient?

- a. Mastoiditis
- b. Labyrinthitis
- c. Extradural abscess
- d. Lateral sinus thrombophlebitis
- e. Otitis hydrocephalus

21. Regarding the normal physiology of hearing, the sound waves are perceived by brain, which of the following structure is responsible for stimulation:

- a. Basilar membrane
- b. Tectorial membrane
- c. Meissner's membrane
- d. Sensory hair cells of organ of corti
- e. VIII nerve

22. A 19 years old female presented to ENT-OPD with right side facial paralysis, swelling of lips and fissured tongue. What is your diagnosis?

- a. Guillain-Barre syndrome
- b. Sarcoidosis
- c. Melkersson-rosenthal syndrome
- d. Bell's palsy
- e. Tumor

23. A child was diagnosed with acute otitis media. After 14 days of antibiotic treatment there was subsidence of pain but persistence of deafness. The probable diagnosis is?

- a. Ototoxicity
- b. Acute otitis media
- c. Secretory otitis media
- d. Tympanosclerosis
- e. Otosclerosis

24. A 30 years old female patient is complaining of bilateral progressive hearing loss with no history of ear discharge or trauma. On examination she is having bilateral intact TMs. On PTA she is having conductive hearing loss. What type of tympanogram she will have?

- a. Ad
- b. As
- c. A
- d. B
- e. C

25. A 10 years old boy known to be presented to ENT OPD with severe pain in the right ear since yesterday. He was also complaining of the flu last week. On examination of right ear he has reddish tympanic membrane and normal meatal skin. What is the most probable diagnosis?

- a. Bell's palsy
- b. Otitis externa haemorrhagica
- c. Herpes zoster oticus
- d. Malignant otitis externa
- e. Acute Otitis media

26. A 30 years old male presented to ENT OPD with history of discharge in the right ear for 5 years, on ear examination he has debris in the superior quadrant of tympanic membrane surrounded by granulations along with scanty discharge in the meatus. What is the most probable diagnosis?

- a. Malignancy
- b. Cholesteatoma
- c. Foreign body
- d. Otitis externa
- e. Otomycosis

27. A 38 year old lady presented to ENT OPD with fever, severe pain in her left ear, difficulty in swallowing and altered taste for the last 4 days. On examination; her temp is 100F. The left pinna, external auditory and tympanic membrane appear inflamed. The left side of soft palate shows inflammation with bullous eruptions. Taste sensations over the left side of tongue are absent. Tuning fork test shows the Weber lateralized to the left ear. What is the most likely diagnosis in this patient?

- a. Bullous Myringitis

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- b. Diffuse otitis externa.
- c. Herpangina
- d. Ramsay-Hunt Syndrome
- e. Steven-Johnson Syndrome

28. A 40-year-old male patient has had left-sided facial weakness and vesicles around his left ear for the last 2 days. He was diagnosed with Ramsay Hunt syndrome. Which of the following ganglion is involved in this condition?

- a. Scarpa's
- b. Spiral
- c. Geniculate
- d. Stellate
- e. Cervical

29. A 60-year-old male patient presented with palpable nodes in the right posterior triangle of the neck. In addition, he has right-sided nasal obstruction and ear fullness. FNAC of the node is suggestive of metastatic disease. Likelihood of nodal metastasis to the posterior triangle of the neck is from:

- a. Buccal mucosa
- b. Hard palate
- c. Paranasal sinuses
- d. Nasopharynx
- e. Glottis

30. A young male patient came to ENT-OPD with ear pain, fever, and hearing loss for one week. On examination, the tympanic membrane was congested with pulsatile otorrhea. This is usually seen in:

- a. Glomus tumour
- b. CSF otorrhea
- c. Acute suppurative otitis media
- d. Fistula
- e. CSOM

31. A 30-year-old male patient had recurrent attacks of pain in the right ear with blockage for 8 weeks. It was diagnosed as right chronic otitis externa. Which of the following organisms is responsible for this disease?

- a. Pseudomonas aeruginosa
- b. Staph aureus
- c. Moraxella catarrhalis

- d. Bacteroides
- e. H. influenza

32. A 25-year-old female patient presented with bilateral hearing loss for 1 month. On otoscopic examination, there was a reddish blush or sun rising appearance on the promontory, and on a pure tone audiogram, there was bilateral mild conductive hearing loss with a dip at the 2000 Hz frequency. What is your most likely diagnosis?

- a. Otitis media with effusion
- b. Otitis media
- c. Cholesterol granuloma
- d. Otosclerosis
- e. Meniere's disease

NWSM 2023

1. A 60-year-old diabetic female presented with complaints of severe pain in the right ear, fever and serous discharge from the right ear for the last 2 weeks. She is on oral hypoglycemics. Her blood investigations reveal poor glycemic control with HbA1C of 10%. Examination of the right ear reveals a congested external canal with serous discharge and is very tender. This patient is suffering from

- a. Herpes zoster oticus
- b. Keratitis obturans
- c. Malignant otitis externa [T]
- d. Otomycosis
- e. Osteoma

2. A 45-year-old male presented to eye OPD with a complaint of right inward deviation in primary position and sudden diplopia. Extraocular movements are normal except for right lateral rectus restriction. Diplopia increases on ipsilateral gaze. What's the probable diagnosis:

- a. 3rd nerve palsy
- b. 6th nerve palsy [T]
- c. Duane retraction syndrome
- d. Convergence spasm
- e. Restrictive thyroid ophthalmopathy

3. A 2 years male old child presented with complaints of bilaterally decreased hearing since birth. Her parents report that he had neonatal jaundice at 10th day of life for which he required an exchange transfusion for his high bilirubin levels. Audiogram reveals he has 100dB of sensorineural hearing loss bilaterally. The option he has for auditory rehabilitation is:

- Brain stem Implant
- Cochlear Implant [T]
- Hearing aid
- Non verbal cues
- Wait and watch policy

4. A 20-year-old patient presents with a feeling of pressure and fullness in both ears, particularly when traveling in an airplane. Examination reveals normal tympanic membranes. Which of the following conditions is the likely cause of these symptoms?

- Acute otitis media
- Eustachian tube dysfunction
- Serous otitis media
- Otitis externa [T]
- Meniere's disease

5. A 30 years old female presented with complaints of painful left pinna after getting an ear piercing 6 days back. o/e, left pinna is swollen and is exquisitely tender with a fluctuant red swelling.

The next step should be

- Antibiotics
- Conservative management
- Incision and drainage [T]
- Heat pads
- Splintage of pinna

6. A 65 years old male presented with complaints of decreased hearing left side along with tinnitus and vertigo from the last 4 years. O/E left tympanic membrane is normal. Tuning fork tests reveal Rinne's positive in both

ears with webers lateralizing towards the right ear. The interpretation of tuning fork tests is:

- Conductive deafness in left ear
- Conductive deafness in right ear
- Sensorineural deafness in left ear [T]
- Sensorineural deafness in right ear
- Mixed hearing loss

7. A 35 years old male presented with complaints of left sided tinnitus, vertigo and aural fullness from the last 2 years. He also complains of decreased hearing in that ear. You are suspecting meniere's disease. the investigation which you will order to reach diagnosis in this case would be

- Audiogram
- Brain stem evoked response audiometry
- Electrocochleography [T]
- MRI brain
- Otoacoustic emissions

8. A 30-year-old female presents with recurrent episodes of transient vertigo. There is no history of hearing loss and tinnitus. Positional test (Dix Hallpike) results in nystagmus and vertigo. What is the most likely diagnosis?

- Vestibular neuritis
- Meniere's disease
- Benign paroxysmal positional vertigo (BPPV) [T]
- Acoustic neuroma
- Labyrinthitis.

9. A 24 years old female presented with complaints of chronically discharging ears from the last 4 years. She has taken multiple antibiotics with no improvement. Examination of the ears reveal bilateral perforations with active discharge in both ears. Her CT scan shows hazy mastoids. The next investigation in this patient which will help in management is:

- Audiogram
- Examination under a microscope
- Full blood profile
- Pus for culture and sensitivity [T]
- MRI brain

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10. A 30-year-old female presents with recurrent episodes of severe vertigo associated with hearing loss and tinnitus. Patient suddenly falls on the ground without loss of consciousness.

What is the most likely diagnosis?

- Vestibular neuritis
- Meniere's disease [T]
- Benign paroxysmal positional vertigo (BPPV)
- Acoustic neuroma
- Labyrinthitis

11. A 40-year-old patient complains of gradual hearing loss in both ears, especially for high-pitched sounds. There is a history of prolonged exposure to loud noise at the workplace. What is the most likely diagnosis?

- Presbycusis
- Meniere's disease
- Otitis externa
- Conductive hearing loss
- Noise induced hearing loss [T]

12. A 45-year-old patient presents with a complaint of yellowish discharge from the right ear along with hearing loss. On examination, the tympanic membrane appears red and inflamed.

What is the most likely diagnosis?

- Acute otitis media [T]
- Chronic otitis media
- Otitis externa
- Serous otitis media
- Eustachian tubes dysfunction

13. A 40 years old male presented with complaints of right sided tinnitus and vertigo from the last 5 years, he has taken multiple medications for it but with no improvement. Rather his symptoms have worsened over time. O/E right TM is normal. Tuning fork tests are also normal. The next investigation in this patient would be

- Audiogram
- Brain stem evoked response audiometry

- Electrocochleography
- MRI brain [T]
- Speech discrimination score

WMC 2023

1. Rinne's test positive means that.

- Air conduction is better than bone conduction
- Bone conduction is better than air conduction
- Bone is equal to Air conduction
- Cholesteatoma
- Otosclerosis

2. Greisinger's sign means:

- Pain over the temporomandibular joint
- Pain in the eye
- Pain and tenderness over the mastoid
- Pain and tenderness over the auricle
- Acute suppurative otitis media

3. Retracted drum is characteristics by all of the following except

- Disturbed cone of light
- Prominent malleolar folds
- Decreased drum mobility
- Central drum perforation
- Conductive deafness

4. The best treatment of otosclerosis

- Grommet's tube
- Stapedectomy
- Myringoplasty
- Mastoidectomy
- Adenoidectomy

5. The middle ear cleft consist all of the following except

- Mastoid air cells
- Middle ear cavity
- Eustachian tube
- Vestibular aqueduct
- Attic

6. Safe types of chronic suppurative otitis media is characterized by
- Scantly offensive ear discharge
 - Profuse mucopurulent ear discharge
 - Marginal perforation
 - All of the following
 - Blood stained discharge
7. The semicircular canal and vestibule are responsible for
- Hearing
 - Conduction of sound waves
 - Balance
 - Taste
 - Smell
8. In unilateral conductive hearing loss, Webber's test will lateralize to
- The diseased ear
 - The normal ear
 - Both Ear
 - Webber will be normal
 - Webber will be Centre
9. Myringotomy is indicated in
- Secretory otitis media
 - Acute otitis media with bulging drum
 - Otitic barotrauma
 - All of the above
 - For gromette
10. Shwartz's sign may be positive in
- Chronic suppurative otitis media
 - Atelactatic middle ear
 - Meniere's disease
 - Otosclerosis
 - Acute suppurative otitis media
11. Griessinger's sign is positive in
- Acute petrositis
 - Acute sinusitis
 - Acute labyrinthitis
 - Lateral sinus thrombophlebitis
 - Brain Abscess
12. cortical mastoidectomy is indicated in
- acute mastoiditis not responding to medical treatment
 - Bezoid's abscess
 - Mastoid abscess
 - All of the following
 - Complicated CSOM
13. Stapedectomy is the operation of the choice in
- Atelactatic middle ear
 - Meniere's Disease
 - Otosclerosis
 - Secretory otitis media
 - CSOM
14. Ear wash is indicated in all of the following except
- Dry central perforation
 - Wax
 - Otomycosis
 - Caloric test
 - F.B ear
15. Facial nerve gives secretomotor supply to
- Carotid gland
 - Submandibular salivary gland
 - Pituitary gland
 - Thyroid gland
 - Adrenal gland
16. The immediate management of perforated TM
- Antibiotic drops
 - Systematic antibiotic
 - Myringo plasty
 - Tympanoplasty
 - Wait and see
17. One of the sign of otogenic cerebellar abscess is
- Hemiplegia
 - Heminanesthesia
 - dphasia
 - Dysdiodikokinesia
 - Projectile vomiting

BLOCK ENT PREPROFFS

18. Radical mastoidectomy is indicated in

- a. Adhesive otitis media
- b. Unsafe type of otitis media with dead ear
- c. Secretory otitis media
- d. Central dry perforation
- e. Safe type of otitis media

19. Surgical treatment of Meniere's disease may include

- a. Myringoplasty
- b. Ossiculoplasty
- c. Radical mastoidectomy
- d. Vestibular nerve section
- e. Stapedectomy

20. Reservoir sign is positive in

- a. Acute petrositis
- b. Choanal labyrinthitis
- c. Acute mastoiditis
- d. Cholesteatoma
- e. CSOM

2. ORAL CAVITY

WMC 2022

1. A cleft lip patient is more likely to have:

- a. Hypernasality
- b. Hyponasality
- c. Hoarseness
- d. Staccato speech
- e. Nasal obstruction

2. Asymmetrical lower lip in a patient after submandibular gland procedure is caused by injury to

- a. Hypoglossal nerve
- b. Buccal nerve
- c. Lingual nerve
- d. Mandibular branch of facial nerve
- e. Mandibular branch of trigeminal nerve

3. Taste buds are seen in all of the following papillae except

- a. Circumvallate
- b. Fungiform

- c. Filiform
- d. Foliate
- e. Corniculate

4. Which lesion in oral cavity has malignant potential

- a. Hypertrophic candidiasis
- b. Leukoedema
- c. Erythroplakia
- d. White sponge naevus
- e. Fordyce spot

5. The nasolacrimal duct opens in:

- a. Superior meatus,
- b. Middle meatus.
- c. Inferior meatus.
- d. Maxillary sinus
- e. None of them.

GMC 2023

1. During superficial parotidectomy, the most reliable landmark to identify the main trunk of the facial nerve is?

- a. Mastoid tip
- b. Styloid process.
- c. Tympanomastoid suture
- d. Cartilage of external auditory canal
- e. Great auricular nerve

2. Hand, foot and mouth disease is caused by which of the following viruses?

- a. Cytomegalovirus
- b. HIV infection
- c. Coxsackie A virus
- d. Herpes simplex virus
- e. Epstein-Barr virus

3. Which of the following lesions in the oral cavity has a malignant potential?

- a. Hypertrophic candidiasis
- b. Leukoedema
- c. Erythroplakia
- d. White sponge nevus
- e. Aphthous ulcer

4. Presence of Wickham's striae in the oral cavity is a manifestation of?

- a. HIV infection
- b. Lichen planus
- c. Leukaemia
- d. Oral Candidiasis
- e. Aphthous Ulcer

5. All of the following are manifestations of leukemia except?

- a. Pale mucous membrane of the oral cavity
- b. Gingival hypertrophy
- c. Sobenerous fibrous bands with blanching of mucus membrane in oropharynx
- d. Petechial hemorrhages of mucous membrane
- e. Aphthous ulcer

6. Oral manifestations of HIV include all except?

- a. Oral candidiasis
- b. Hairy leukoplakia
- c. Buccal striar farming a lacing pattern
- d. Recurrent aphthous ulcers
- e. Aphthous ulcer

7. The most common site of melanoma in the oral cavity is?

- a. Buccal and labial mucosa
- b. Base of tongue
- c. Oral tongue and floor of mouth
- d. Hard palate and maxillary gingiva
- e. Gingivolabial sulcus

8. All are true about herpangina except?

- a. Caused by herpes simplex type
- b. Common in children
- c. Causes sore throat and fever
- d. Is a self-limiting Infection
- e. Common in old age

9. Taste buds are seen in all of the following except.

- a. Circumvallate
- b. Fungi form

- c. Filiform
- d. Foliate
- e. Tip of the tongue

10. White oral lesions are seen in EXCEPT.

- a. Leukoplakia
- b. Keratosis
- c. Addison's disease
- d. Candidiasis
- e. May be early carcinoma

11. Which of the following statement is true for Ludwig's angina?

- a. It is an ischemic, painful condition of Pectoralis minor muscle
- b. It is diffuse cellulitis affecting the floor of the mouth
- c. Glycerin nitrate, local application is quite helpful
- d. None of the above
- e. Never dangerous

12. A patient presented with 3.5cm sized lymph node enlargement, which was hard and presented in the submandibular region. Examination of the head and neck did not yield any lessio. the next investigation to be done?

- a. CXR
- b. Triple endoscopy
- c. Supravital staining of oral mucosa
- d. Laryngoscopy
- e. Nasal endoscopy only

13. Submandibular space infection is known as.

- a. Ludwig's angina
- b. Vincent's angina
- c. Parapharyngeal abscess
- d. Aphthous ulcer
- e. Angina

BLOCK ENT PREPROFFS

14. Most common tumor to produce metastasis to cervical lymph Nodes is?

- a. Glottic Carcinoma
- b. Nasopharyngeal carcinoma
- c. Carcinoma Base of tongue
- d. Carcinoma lip
- e. Parotid carcinoma

15. Mandibular nerve supplies?

- a. Tensor palate
- b. Tensor tympani
- c. Both
- d. None of the above
- e. Facial nerve

KGMC 2023

1. A 25 year old male presented to ent opd with a history of the intermittent swelling of the left side of the neck for one month and it was having association with intake of meals ,which subsides after 2 hours.on examination there was a submandibular mass,mobile,firm and non tender.what is the most probable diagnosis?

- a.Sialometaplasia
- b.subodontosis
- c.sialectasis
- d.sac...sis
- e.NCCA Syndrome

2.A 40 years old male known Diabetic patient presented to ENT OPD with sudden onset of swelling left face, fever and with severe pain for 2 days, on examination of the ear, nose & throat, it was diagnosed as acute suppurative parotitis,the usual route of Infection in this case is?

- a.Infections in External auditory canal
- b.Through Stensen's duct
- c.Through Wharton's duct
- d.Infection in teeth
- e.Infection in parotid lymph nodes

3.A 40-year-old female patient presented with a large parotid swelling for 2 years. There is also a bulge in the oral cavity, pushing the tonsil medially. Ultrasound features and FNAC are suggestive of

pleomorphic adenoma. What is the surgical treatment plan?

- a. Superficial parotidectomy
- b.Total conservative parotidectomy
- c.Total radical parotidectomy
- d. Radiotherapy
- e. Chemotherapy

4.A 50-year-old woman underwent partial glossectomy and with selective neck dissection for a tongue tumor, What is the most common site for a tumour of the tongue?

- a.Dorsum
- b. Floor
- c. Ventral surface
- d. Lateral border
- e. Tip of the tongue

5.A 9-year-old patient presented with complaints of regurgitation of fluid through the nose and denasal speech for the last 7 days. He had previously experienced an infection. What infection is responsible for this palatal palsy In this patient?

- a. Acute tonsillitis
- b. Infectious mononucleosis
- c. Diphtheria
- d. Vincent's angina
- e. Acute membranous tonsillitis

6.A 30 year old male patient came with painful neck swelling and fever after the extraction of the first right lower molar five days earlier. On examination, there was swelling in the submental and submandibular regions, as well as drooling and trismus. He had difficulty breathing for one day. What is your most probable diagnosis?

- a. Submandibular sialadenitis
- b. Submandibular sialolithiasis
- c.

7.A 40 years old male patient had right sided infra auricular swelling for the last 5 years. On

examination he is having right parotid swelling that is firm, mobile, with no skin changes and intact facial nerve. What is the most common tumor in the parotid gland?

- Adenoid cystic carcinoma
- Mucoepidermoid carcinoma
- Warthin's tumor
- Pleomorphic adenoma
- Sq. Cell carcinoma

8. A 25-year-old woman was referred from the Obstetric Department to the Ear, Nose and Throat Department with a history of bleeding from the oral cavity; on examination, she has a soft, smooth, reddish to purple mass on the anterior dorsum of the tongue that bleeds on touch. What is the most probable diagnosis?

- Hemangioma
- Papilloma
- Pyogenic granuloma
- Fibroepithelial polyp
- Granular cell myoblastoma

9. A male adult patient came with complaints of swelling in front of the left ear for 2 months. On examination, it was non tender, mobile, firm in consistency, and without facial palsy. The rest of the neck examination was unremarkable. What is your most probable diagnosis?

- Hemangioma of the parotid
- Lipoma
- Warthin tumor
- Parotid cyst
- Pleomorphic adenoma Quinsy
- Ludwig's angina
- Parotitis

NWSM 2023

1. A 50-year-old patient presents with recurrent episodes of severe pain and swelling below the jaw, especially during meals. On palpation, you feel a tender, fluctuant mass. What is the most likely diagnosis?

- Submandibular sialadenitis (T)
- Parotitis
- Sublingual gland abscess
- Pharyngitis
- Ludwig's angina

2. A 25-year-old patient presents with a complaint of a scratchy and painful throat, along with mild fever. On examination, you notice redness and swelling in the back of the throat, as well as white patches on the tonsils. What is the most likely diagnosis?

- Infectious mononucleosis
- Viral pharyngitis
- Granular tonsillitis (T)
- Laryngitis
- Acute glossitis

3. A 17-year-old patient visits your clinic with complaints of a persistent sore throat, mild fever and discomfort in the abdomen. Physical examination reveals swollen tonsils with scrapable white patches and palpable cervical lymph nodes. The patient's fatigue seems disproportionate to the symptoms. What condition should be considered in this case?

- Common Cold
- Gastroenteritis
- Diphtheria
- Infectious mononucleosis (T)
- Streptococcal tonsillitis

WMC 2023

1. Tonsillar artery is a branch from

- Lingual artery
 - Maxillary artery
 - Facial artery
 - Occipital artery
 - Internal carotid artery
2. Tonsillectomy is absolutely contraindicated in
- Menstruation
 - Upper respiratory tract infection
 - Quinsy
 - Bleeding disorder
 - Carcinoma tonsil

3. The usual cause of reactionary post-tonsillectomy bleeding is

- a. Slipped ligature
- b. Wound infection
- c. Tonsillar remnant
- d. Early extubation
- e. No antibiotic during procedure

4. An adult presented with acute onset dysphagia, edema of the uvula and palate medially pushed tonsil and trismus is most likely to have

- a. Parapharyngeal abscess
- b. Acute retropharyngeal
- c. Quinsy
- d. Chronic retropharyngeal abscess
- e. Ludwig's angina

5. The following are signs of chronic tonsillitis except

- a. Enlarged cervical lymph node
- b. Inequality of the size of the tonsils
- c. Pus in the tonsillar crypts
- d. Edema of uvula
- e. Flushing of uvula

6. The most serious complication following adenotonsillectomy is

- a. Reactionary hemorrhage
- b. Respiratory obstruction
- c. Respiratory infection
- d. Remnant of adenoids
- e. None of the above

7. Quinsy is suppuration in

- a. Parapharyngeal space
- b. Peritonsillar space
- c. Retropharyngeal space
- d. Submandibular space
- e. Submandibular space

8. Secondary post-tonsillectomy bleeding is due to

- a. Incomplete removal
- b. Foreign body aspiration
- c. Sepsis
- d. Posterior nasal packing

e. Slip of Ligature

9. The following antibiotics are contraindicated in infectious mononucleosis

- a. Ampicilline
- b. Erythromycine
- c. Cephalosporin
- d. Chloramphenicol
- e. Septran

10. Fever in diphtheria is

- a. High grade fever
- b. Low grade fever
- c. Remittent Fever
- d. Intermittent fever
- e. Rigors and chills

11. The causative agent of infectious mononucleosis

- a. Boreli vencenti
- b. Canida albican
- c. Barr - virus
- d. Streptococci
- e. Klebsiella

12. Membranous tonsillitis may be due to

- a. Diphtheria
- b. Acute follicular tonsillitis
- c. Infectious mononucleosis
- d. All of the above
- e. None of the above

13. Paul-bunnell test is diagnostic for

- a. Diphtheria
- b. Acute follicular tonsillitis
- c. Infectious mononucleosis
- d. Thrush stomatitis
- e. Submucosa fibrosis

14. Feeble very rapid pulse is known to occur in

- a. Tonsillar diphtheria
- b. Quinsy
- c. Acute tonsillitis
- d. Chronic tonsillitis
- e. Laryngitis

3. PHARYNX

WMC 2022

1. Trismus accompanying peritonsillar abscess is due to spasm of which muscle

- a. Masseter
- b. Pharyngeal constrictors
- c. Medial pterygoid
- d. Temporalis
- e. Buccinator

2. 30 year old male presented with trismus, fever, swelling pushing the tonsils medially and spreading laterally posterior to middle of sternocleidomastoid he gives a history of extraction of 3rd molar few days back for dental Caries the diagnosis is

- a. Retropharyngeal abscess
- b. Ludwig's angina
- c. Submental abscess
- d. Parapharyngeal abscess
- e. Quinsy

3. Main blood supply to tonsils come from

- a. Ascending pharyngeal artery
- b. Dorsal lingual branch of lingual artery
- c. Tonsillar branch of facial artery
- d. Descending palatine from maxillary
- e. Ascending palatine artery

4. Radiographic finding of cardiac achalasia includes all except

- a. Oesophageal dilation
- b. R tail appearance
- c. Failure of lower oesophageal sphincter to relax
- d. Diffuse oesophageal spasm
- e. Bird beak appearance

5. In Quinsy pus lies

- a. Crypts magna
- b. Medial to superior constrictor
- c. Lateral to superior constrictor
- d. Lateral to buccopharyngeal fascia
- e. None of above

6. Plummer vinson syndrome is characterized by all except

- a. Koilonychia
- b. Dysphagia
- c. Atrophic gastritis
- d. Glossitis
- e. Haematemesis

GMC 2023

1. Plummer-Vinson syndrome is characterized by all except?

- a. Koilonychia
- b. Dysphagia
- c. Atrophic gastritis
- d. Glossitis
- e. Haematemesis

2. All are true about pharyngoconjunctival fever except?

- a. Caused by cytomegalovirus
- b. Occurs in epidemics
- c. Causes follicular conjunctivitis
- d. Causes acute pharyngitis and fever
- e. Aphthous ulcer

3. In which of the following locations (spaces,) is there a collection of pus in quinsy?

- a. Peritonsillar space
- b. Parapharyngeal space
- c. Retropharyngeal space
- d. Within tonsil
- e. Deep in the palate

4. Structures passing between upper border of superior constrictor muscle and base of skull include all except?

- a. Levator palatini
- b. Tensor tympani
- c. Eustachian tube
- d. Ascending palatine artery
- e. Facial nerve

5. Peritonsillar abscess is also known as?

- a. Retropharyngeal abscess
- b. Tonsillar abscess
- c. Quinsy
- d. Thornwaldt's abscess
- e. Aphthous ulcer

BLOCK ENT PREPROFFS

6. Third molar caries with extension of the lesion towards tonsillar fossa and shift of tonsil reveals which of the following complication?

- a. Parapharyngeal abscess
- b. Retropharyngeal abscess
- c. Tonsillar abscess
- d. Dental abscess
- e. Mastoid abscess

7. Killian dehiscence is seen in?

- a. Oropharynx
- b. Nasopharynx
- c. Cricopharynx
- d. Oral cavity
- e. Nasal cavity

8. Collar stud abscess is seen in?

- a. Pyogenic cervical abscess
- b. Peritonsillar abscess
- c. Retropharyngeal abscess
- d. TB lymphadenitis
- e. Mastoid abscess.

9. All of the following cause a gray-white membrane in the throat EXCEPT?

- a. Streptococcal tonsillitis
- b. Diphtheria
- c. Ludwig's angina
- d. Aphthous ulcer
- e. May be early carcinoma

10. True statement about faucial diphtheria is?

- a. Pearly white membrane
- b. Bleeding occurs if the membrane is tried to remove
- c. Membranes can be removed easily.
- d. Never dangerous
- e. Never contagious

KGMC 2023

1. A 10 years school child presented to the emergency department with sore throat, odynophagia and fever with rigors and chills. On examination of the throat and tonsils were congested and covered with purulent discharge. which position is currently involved in this condition?

- a. E-Coli
- b. Group-A beta hemolytic streptococcus
- c. Pseudomonas aeruginosa
- d. Staphylococcus aureus
- e. Moraxella catarrhalis

2. A 5 years old child presents with difficulty in breathing for the last 6 months especially during sleep at night. He is having cessation of breathing several times at night, each cessation of breathing lasting for more than 10 seconds. It is the diagnosed case of obstructive sleep apnea, what is the most probable cause?

- a. Recurrent sinusitis
- b. Allergic rhinitis
- c. Adenoiditis
- d. Unilateral rhinolith
- e. Chronic adenotonsillitis

3. An 20 adult male patient presented to the emergency department with an acute onset of painful swallowing, fever, and difficulty opening his mouth. On examination, there was edema of the uvula and palate, a medially pushed tonsil (with normal morphology) and trismus. Most likely diagnosis is:

- a. Parapharyngeal abscess
- b. Acute retropharyngeal
- c. Acute Tonsillitis
- d. Quinsy
- e. Chronic retropharyngeal abscess

4. A 20 years old man came to ENT OPD with fever & sore throat with dahhling of saliva & trismus for only 2 days. On examination, the right tonsil is hyperemic, pushed medially & forward, and edematous uvula. There is no response to antibiotics. Rapid relief can be obtained by:

- a. Short course of radiotherapy
- b. Assurance & rest
- c. Anti Diphtheritic serum
- d. Incision & drainage
- e. Broad spectrum antibiotics

5. Patient has a tumour of the parapharyngeal space with bulge in the oropharynx and laterally in the neck. The extent of parapharyngeal space is from the skull base up to:

- Cricoid cartilage
- Thyroid cartilage lower border
- Hyoid
- Angle of mandible
- Superior mediastinum

6. A 40-year-old male presented with pain in the right tonsil. On examination, there were ulcerative lesions on the right tonsil. A tonsillectomy has been done, and the histopathology report showed squamous cell carcinoma. What is the primary lymphatic drainage of this site?

- level III cervical lymph nodes
- level II cervical lymph nodes
- level IV cervical lymph nodes
- level VI cervical lymph nodes
- Retro pharyngeal lymph nodes

7. A 20 years old female patient is complaining of sore throat for the last 5 days. Now she is complaining of swelling in the neck for 2 days. On examination she has swelling in both the submandibular and submaxillary areas that is red and tender to touch. What is the most probable diagnosis?

- Acute laryngitis
- Peritonsillar abscess
- Ludwig's angina
- Parotid abscess
- Ranula

8. A 60 year old male presented to ENT OPD with history of dysphagia and neck swelling for the last 5 days, after examination and diagnosis of pharyngeal pouch, it seems Pharyngeal pouch is a weak area between two muscles?

- Superior and middle constrictors
- Middle and inferior constrictors
- Thyropharyngeus and cricopharyngeus
- Superior constrictor and thyropharyngeus

e. Superior constrictor and cricopharyngeus

NWSM 2023

1. A 65-year-old patient presents with complaints of difficulty in swallowing, especially when consuming solid foods. He also mentions occasional regurgitation of undigested food, often accompanied by foul-smelling breath. On examination, you notice a bulge in the neck region during swallowing. What is the most likely diagnosis?

- Tonsillitis
- Gastroesophageal reflux disease
- Zenker's Diverticulum [T]
- Laryngitis
- Laryngocele

WMC 2023

1. Nasopharyngeal carcinoma early sign of nasopharyngeal carcinoma is

- Unilateral secretory otitis media
- Trotter's triad
- Petrositis
- Nasal obstruction
- Epistaxis

2. Inferior constrictor muscle of the pharynx takes origin from

- Hyoid bone
- Mandible
- Maxilla
- Thyroid and cricoid cartilage
- Cervical vertebrae

3. The pharyngeal pouch passes through

- Superior constrictor muscle
- Killian dehiscence
- Middle constrictor muscle
- Hyoid bone
- Below inferior constrictor

4. Reactionary bleeding adenoidectomy is treated by

- Removal of the remnant and posterior packs
- Antibiotics
- Interior nasal pack
- Ligation of bleeding vessel
- Cautery

BLOCK ENT PREPROFFS

5. one of the predisposing factors for post cricoid carcinoma is

- a. Plummer vinson syndrome
- b. Vitamin E deficiency
- c. Vitamin D deficiency
- d. Chronic tonsillitis
- e. Carcinoma larynx

6. Pharyngeal diverticulum occurs through

- a. The superior constrictor muscle
- b. The middle constrictor muscle
- c. The inferior constrictor muscle
- d. Palatopharyngus muscle
- e. All of the above

7. The cause of primary hemorrhage is

- a. Wound sepsis
- b. Unprepared patient
- c. Injury of the pharyngeal muscle
- d. Rising the blood pressure with slipping ligature
- e. No prophylaxis antibiotics

8. The causative agent of thrush stomatitis is

- a. Bereli vencentii
- b. Candida albicans
- c. Epstein- Bar virus
- d. Streptococci
- e. Klebsialia

9. Pharyngeal ulcer may be due to

- a. Herpes simplex
- b. Herpes zoster
- c. TB
- d. All of the above
- e. Acute Infection

10. Ludwig's angina is

- a. Cellulitis of the pyriform fossa
- b. Cellulitis in the parapharyngeal space
- c. Cellulitis in the retropharyngeal space
- d. cellulitis in the floor of the mouth
- e. Quinsy

11. Plummer - Vinson syndrome is

- a. Malignant carcinoma

- b. Pre-malignant
- c. Locally malignant
- d. None of the above
- e. Infection of the pharynx

12. Plummer - Vinson syndrome predispose

- a. Postcricoid carcinoma
- b. Cancer larynx
- c. Cancer oesophagus
- d. None of the above
- e. Cancer Nasopharynx

13. Pharyngeal pouch occurs mostly in

- a. Old males
- b. Old females
- c. Infants
- d. Adult males
- e. Adult female

14. Violent vomiting after large meal may cause

- a. Pharyngeal ouch
- b. Cardiac achalasia
- c. Spontaneous rupture of the oesophagus
- d. Plummer vinson syndrome
- e. Acid laryngitis

4. LARYNX

1. Steeple sign on x-ray is seen in?

- a. Croup
- b. Acute epiglottitis
- c. Laryngomalacia
- d. Mastoid abscess
- e. Larynx carcinoma

2. The antibiotic of choice in acute epiglottitis pending culture sensitivity report is?

- a. Erythromycin
- b. Rolitetracycline
- c. Doxycycline
- d. Ampicillin
- e. Ciprofloxacin

3. Which of the following structures are preserved in radical neck dissection?

- a. Vagus nerve
- b. Accessory Nerve
- c. Internal jugular vein
- d. Sternocleidomastoid muscle

e. Lymph nodes

4. What is the correct sequence of the following while resuscitating an infant with Foreign Body Airway Obstruction?

1. Chest thrust
2. Tongue-jaw lift
3. Back blows

Select the correct sequence form the codes given below Codes.

- a. 1,3,2 b. 3,2,1 c. 3,1,2
d. 2,1,3 e. 2,3,1

5. Regarding vocal cord nodules, are all true except?

- a. Occurs at posterior 1/3rd.
- b. Occurs at junction of ant 1/3rd and post 2/3rd
- c. Occurs at Junction of ant 2/3rd and an 1/3rd
- d. always premalignant
- e. Always observe

6. The hypopharynx includes all the following EXCEPT?

- a. Pyriform fossa
- b. Epiglottis
- c. Post cricoid region
- d. POSTERIOR Pharyngeal wall
- e. Tip of epiglottis

7. The most frequent congenital laryngeal lesion is?

- a. Laryngomalacia
- b. Subglottic hemangioma
- c. Congenital subglottic stenosis
- d. Laryngeal web
- e. Tracheomalacia

KGMC 2023

1. A 5 years-old child presented to the ENT department with a sore throat for the last 24 hours. The child is febrile, drooling of saliva and has developed difficulty in breathing (stridor) since last night. On the examination, the patient was toxic in look and there was congestion of the pharynx and epiglottis. What is your most likely diagnosis?

- a. Acute laryngitis croup

b. Epiglottitis

c. Acute laryngotracheobronchitis

d. Acute tonsillitis

e. Acute pharyngitis

2. A 30 year old lady came to the ENT-OPD with difficulty in breathing for 01 month. On IDL examination, both vocal cords were in paramedian position. Which muscle is responsible for the abduction of the vocal cords?

- a. Cricothyroid muscle
- b. Interarytenoid muscle
- c. Thyroarytenoid muscle
- d. Lateral cricoarytenoid muscle
- e. Posterior cricoarytenoid

3. A 2 year old child came to the emergency department with dyspnea, high grade fever and drooling of saliva for the last 2 days. On examination of the oropharynx, there was hyperemic and congested mucosa of the pharynx and epiglottis. It was diagnosed as epiglottitis. Which organism is responsible for this condition?

- a. Staphylococcus epidermidis
- b. E-coli
- c. Moraxella catarrhalis
- d. Streptococcus pneumoniae
- e. Influenza type-B

4. A 50 year old male, came to ENT department with hoarseness of voice and cough for the last 5 months. He is a trumpet player by profession. On examination of the ear, nose and head & neck shows a reducible swelling on the right side of the neck which was increasing in size on coughing and performing Valsalva maneuver. What is your likely diagnosis?

- a. Thyroglossal cyst
- b. Laryngocele
- c. Local Cord Polyp
- d. Thyroid nodule
- e. Laryngeal papillomatosis

5. A one-year-old child with stridor that increases on crying. Direct laryngoscopy shows an elongated epiglottis, curled upon itself and short aryepiglottic folds. What is your diagnosis?

- a. Congenital vocal cord paralysis
- b. Laryngeal web
- c. Laryngomalacia
- d. Laryngeal cyst
- e. Laryngocele

6. A 4 years child presented with hoarseness of voice and difficulty in breathing with inspiratory stridor. It was diagnosed as juvenile laryngeal papillomatosis. Which virus is most commonly involved in this disease?

- a. EBV
- b. HPV 11
- c. CMV
- d. VZV
- e. Herpes simplex virus

7. A 40 years old male patient presented to ENT department with hoarseness of voice, painful swallowing, and a cough associated with blood staining in the sputum for the past 1 month. On biopsy from the larynx, it was diagnosed as TO of the larynx; which part of the larynx is most affected by tuberculosis?

- a. Supraglottis
- b. Anterior part of the larynx
- c. Subglottis
- d. Posterior part of the larynx
- e. Anterior commissure

8. A 3-year-old boy who presented to the emergency room with sudden acute respiratory distress, spasmodic cough, cyanosis, and use of accessory respiratory muscles. What is the most likely diagnosis?

- a. Acute epiglottitis
- b. Foreign body inhalation tracheobronchial tree
- c. Croup
- d. Laryngomalacia
- e. Subglottic stenosis

9. A 30-year-old teacher presented to the ENT OPD complaining of hoarseness of voice for three months. No improvement with medications. On examination of the larynx, there was a small lesion on the anterior 1/3rd of the left vocal cords. What is your most likely diagnosis?

- a. Chronic laryngitis
- b. Reinke's edema
- c. Vocal cord hemangioma
- d. Vocal cord nodule
- e. Chronic laryngitis

10. 2-year-old male child presented to the emergency department with a barking cough, difficulty in breathing, malaise, and fever for 2 days. He was having biphasic stridor associated with cyanosis and recession of the suprasternal and intercostal spaces. It was diagnosed as laryngotracheobronchitis. Which virus is most likely responsible for this disease? 2

- a. Parainfluenza type 11
- b. Parainfluenza type 1
- c. Respiratory syncytial virus type A
- d. Respiratory syncytial virus type B
- e. Rhinovirus

11. A post-thyroidectomy patient on her first post-operative day of surgery in the ENT ward complained of coughing while she was taking liquid. On examination both vocal cords were mobile. Which nerve is responsible for this condition?

- a. Recurrent laryngeal nerve
- b. External branch of Superior laryngeal nerve
- c. Internal branch of Superior laryngeal nerve
- d. Glossopharyngeal nerve
- e. Trigeminal nerve

12. A 12-year-old boy presented with anterior neck swelling for the last one year. On examination, there was a small right thyroid lobe nodule on palpation,

and FNAC shows suspicious for thyroid cancer. What thyroid malignancy is common in children?

- a. Follicular carcinoma
- b. Medullary CA
- c. Papillary CA
- d. Anaplastic CA
- e. Squamous cell carcinoma

13. A 4 year-old child presented to ENT OPD with toxic appearance, painful swallowing, drooling of saliva, difficulty in breathing and with high grade fever 101F. On examination of the pharynx in the operation theater in the presence of a skilled Anesthetist, the throat and epiglottis was congested and the patient got relief with IV antibiotics, Racemic Epinephrine Nebulization, IV steroid and Hydration and O2 inhalation. What is the most likely diagnosis?

- a. Acute laryngitis
- b. Acute tracheitis
- c. Acute pharyngitis
- d. Acute Epiglottitis
- e. Acute Laryngotracheobronchitis

14. A 65 year old male, motor mechanic profession presented to the ENT Outpatient Department with Hoarseness of voice for 4 months. He has been a chain smoker for the last 20 years, On Examination, a reddish area of mucosal Irregularity over the surface of Right vocal cord. In management of such a patient what will be your first step for diagnosis?

- a. Cessation of smoking
- b. Right cordectomy
- c. Direct laryngoscopy and Biopsy
- d. CT scan of NECK
- e. Regular Follow up

15. A 2 year-old child came to the Emergency department with difficulty in breathing and later, he was diagnosed as a case of Juvenile laryngeal papillomatosis. Which organism is responsible for this condition of the patient?

- a. Haemophilus Influenzae
- b. Human Papilloma virus
- c. Adenovirus
- d. Epstein Barr Virus
- e. Herpes Simplex Virus

16. A 3 year-old child presented to ENT Emergency department with history of coughing, choking and gagging for the last 2 days. On auscultation, his breathing sounds were reduced on right side of chest and there was unilateral wheeze on the same side. On the X Ray chest, there was a right hyper inflated chest shadow with the trachea deviated to the opposite side. What is your most likely diagnosis?

- a. Acute Bronchiolitis
- b. Acute Bronchial Asthma
- c. Bronchiectasis
- d. Foreign Body in the Right Bronchus
- e. Acute respiratory Distress syndrome

17. A 30 year-old singer developed hoarseness of voice for the last 2 months. On laryngoscopic examination small nodules were observed on both vocal cords. Treatment of choice for this condition is;

- a. Antibiotics
- b. Wait and see
- c. Speech therapy
- d. Microlaryngoscopy excision & Speech therapy
- e. Microlaryngoscopy excision

18. A 3-year-old child presented to the Emergency department with a stridor for a day. On the posterior-anterior view of the X-ray neck, there was a steeple sign? What will be your most probable diagnosis?

- a. Acute Epiglottitis
- b. Acute Laryngitis
- c. Acute Laryngotracheobronchitis
- d. Diphtheritic Laryngitis
- e. Juvenile Laryngeal papillomatosis

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19. A 40-year-old trumpet blower presented with hoarseness of voice for the last 2 months. He was also coughing intermittently. On examination of the neck, he was having swelling on the right side of the neck, which is reducible on Valsalva maneuver. What is your most likely diagnosis?

- a. Laryngeal Trauma
- b. Laryngeal Tumor
- c. Cervical Lymphadenopathy
- d. Thyroglossal cyst
- e. Laryngocele

20. A 50-year-old patient had hoarseness of voice and coughing on fluid intake for three months. On endoscopic examination, the right vocal cord was in the cadaveric position. Which nerves are involved in this condition?

- a. Right superior laryngeal nerve
- b. Right internal laryngeal branch of superior laryngeal nerve
- c. Right recurrent laryngeal nerve of vagus nerve
- d. Recurrent and superior laryngeal branches of vagus nerve
- e. Non-recurrent laryngeal nerve

21. A 5-year-old child came to the ENT department with an inspiratory stridor, difficulty in breathing, odynophagia, drooling of saliva and high grade 101°F temperature. He was diagnosed with acute epiglottitis. Which organism is responsible for causing this disease?

- a. Streptococcus pneumoniae
- b. Streptococcus pyogenes
- c. H-influenzae type B
- d. Moraxella catarrhalis
- e. E-coli

22. A 6-month-old male child was brought to ENT OPD with history of stridor. Stridor increases with crying but subsides on placing the child in a prone position and his cry is normal. Direct laryngoscopy

shows an omega-shaped epiglottis. What is the most probable diagnosis?

- a. Subglottic stenosis
- b. Laryngeal web
- c. Vocal cord palsy
- d. Laryngomalacia
- e. Acute epiglottitis

23. During thyroidectomy, care should be taken to preserve the superior laryngeal nerve along with the recurrent laryngeal nerve. Which of the following muscles is innervated by the superior laryngeal nerve?

- a. Cricothyroid
- b. Lateral cricoarytenoid
- c. Posterior cricoarytenoid
- d. Transverse arytenoid
- e. Interarytenoid

24. A 60-year-old male patient is diagnosed with squamous cell carcinoma of the larynx with involvement of the thyroid cartilage, and it is staged as T4N0M0. What will be the best treatment?

- a. Radiotherapy
- b. Chemotherapy
- c. Total laryngectomy
- d. Total laryngectomy with radiotherapy
- e. Neck dissection

NWSM 2023

1. A 5-week-old child is brought to your clinic with high-pitched noise during inspiration and improves with proning. The child appears distressed, and you observe retractions in the suprasternal notch and between the ribs. What is the most likely condition causing these symptoms?

- a. Croup (viral laryngotracheitis)
- b. Epiglottitis
- c. Laryngomalacia [T]
- d. Foreign body aspiration
- e. Vocal cord nodules

2. A 35-year-old teacher complains of a persistently hoarse voice for the past few weeks. There is no associated pain or cough. What is the most likely cause of hoarseness in this patient?

- a. Gastroesophageal reflux disease (GERD)
- b. Acute laryngitis
- c. Vocal cord nodules [T]
- d. Laryngeal carcinoma
- e. Bilateral vocal cords palsies

3. A 60-year-old patient presents with dysphagia, weight loss, and a painless lump in the neck. Examination reveals an enlarged thyroid gland. Fine-needle aspiration cytology shows differentiated thyroid carcinoma. Which subtype is most common?

- a. Papillary carcinoma [T]
- b. Follicular carcinoma
- c. Medullary carcinoma
- d. Anaplastic carcinoma
- e. Hurthall cell carcinoma

4. A 55-year-old male smoker presents with hoarseness and a progressively worsening cough. He also complains of difficulty swallowing.

Laryngoscopy reveals a lesion involving the right vocal cord with irregular borders and areas of ulceration. What is the most appropriate next step?

- a. Empiric antibiotic therapy
- b. Immediate surgical excision
- c. Chest X-ray to evaluate for metastasis
- d. Biopsy of the lesion [T]
- e. High-dose corticosteroid therapy

WMC 2023

1. Early glottic carcinoma is best treated by:

- a. Radiotherapy
- b. Total laryngectomy
- c. Antibiotics
- d. Cryosurgery
- e. Anticancerous therapy

2. On tracheostomy, apnea developed after incising the trachea is due to:

- a. Sudden wash of CO₂ in the trachea
- b. Sudden release of the pressure in the trachea
- c. Reflex vagal stimulation
- d. None of the above
- e. Sudden wash of O₂

3. Stridor means

- a. Difficult expiration
- b. Difficult inspiration
- c. Both
- d. Dyspnea
- e. Dysphagia

4. F.B bronchus is treated by

- a. Esophago scopy
- b. Direct laryngoscopy
- c. Tonsillectomy
- d. Bronchoscopy
- e. Indirect laryngoscopy

5. Laryngoscleroma is characterized by

- a. Subglottic stenosis
- b. Vocal cord paralysis
- c. Mouth ulceration
- d. Cervical lymph node
- e. Ca larynx

6. Stridor in children can be caused by

- a. Chronic tonsillitis
- b. Acute rhinitis
- c. Deviated nasal septum
- d. Inhaled foreign body
- e. Chronic laryngitis

7. Recurrent laryngeal nerve is motor to all of the intrinsic muscles of the larynx except

- a. Vocal muscle
- b. Posterior cricoarytenoid muscle
- c. Lateral cricoarytenoid muscle
- d. Cricothyroid muscle
- e. Interarytenoids

8. The only abductor muscle in is

- a. Sternothyroid muscle
- b. Lateral cricoarytenoid muscle
- c. Cricothyroid muscle
- d. Posterior cricoarytenoid muscle
- e. Vocalis

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9. The best position after tracheostomy

- a. Sopine
- b. Semi-sitting
- c. Standing
- d. On one side
- e. Sitting

10. Laryngeal lesions are investigated by

- a. CT
- b. MRI
- c. Endoscopy and Biopsy
- d. All of the above
- e. None of the above

11. Which is true about laryngeal carcinoma

- a. Commoner in males
- b. The commonest type is squamous cell carcinoma
- c. Is predisposed by smoking
- d. All of the above
- e. None of the above

12. The site of singer's nodule is

- a. At the epiglottis
- b. At the junction of the anterior 1/3 With posterior 2/3 of VC
- c. At the arytenoids
- d. None of the above
- e. Anterior Cammissure

13. Leucoplakia of the larynx is

- a. Epithelial hyperplasia
- b. Epithelial Hypertrophy
- c. Epithelial degeneration
- d. No histological changes
- e. Only redness of the larynx

5. INSTRUMENTS

WMC 2022

1. All of the following are complications of tracheostomy except

- a. Subcutaneous emphysema
- b. Subglottic stenosis
- c. Pneumothorax
- d. Apnea
- e. Intubation granuloma

54. Crescentic hair line is an otoscopic finding in:

- 2. Otomycosis.
- b. Otosclerosis.
- c. Secretory otitis media,
- d. Acute otitis media.
- e. C SOM

GMC 2023

1. Most common complication of Tracheostomy is?

- a. Stenosis
- b. Infection
- c. Pneumonia
- d. Respiratory failure
- e. Death

2. A tracheostomized patient, with a portex tracheostomy tube, in the ward, developed sudden complete blockage of the tube. Which of the following is the best next step in the management?

- a. Immediate removal of the tracheostomy tube
- b. Suction of tube with sodium bicarbonate
- c. Suction of tube with saline
- d. Jet ventilation
- e. Observation only

3. After a long-standing tracheostomy patient developed almost complete stenosis of trachea, treatment is?

- a. Tracheal dilation
- b. Laser with stent
- c. Surgery
- d. Removal of stenosed part with anastomosis
- e. Observation only

4. Emergency tracheostomy is not indicated in?

- a. Acute severe asthma.
- b. Foreign body in respiratory tract
- c. Laryngeal cancer producing stridor
- d. Bilateral vocal cord paralysis
- e. Tracheomalacia

KGMC 2023

1. A 50 year-old tracheostomized patient in the ward was suffered from sudden blockage of the Portex Tracheostomy tube and was having difficulty in breathing. What will be your first step in management of such a patient?

- a. Suction clearance of the tube
- b. Humidified O₂ inhalation
- c. Racemic Epinephrine Nebulization
- d. Use of Soda Bicarbonate and suction clearance
- e. Immediate removal of the tracheostomy tube

6. NOSE

WMC 2022

1. To the surface of which of the cells IgE is attached

- a. Small lymphocyte
- b. Eosinophils
- c. Plasma cells
- d. Mast cells
- e. Large lymphocytes

2. Nasal polyps are most likely present as

- a. Unilateral and single
- b. Bilateral and multiple
- c. Unilateral and multiple
- d. Bilateral and single
- e. Mainly in children

3. The histological lining of nasal vestibule is

- a. Stratified columnar epithelium
- b. Cuboidal epithelium
- c. Ciliated columnar epithelium
- d. Stratified squamous epithelium
- e. Ciliated squamous epithelium

4. Bilateral choanal atresia needs immediate management because newborns are

- a. Obligate mouth breather
- b. Obligate nose breather
- c. Obligate mouth and nose breather
- d. No treatment needed
- e. None of above

5. Risk factors with squamous cell carcinoma of paranasal sinuses include all except

- a. Nickel and chromium Industry
- b. Leather Industry
- c. Polycyclic hydrocarbons
- d. Mustard gas
- e. Furniture Industry

6. In nasal smear number of eosinophils is increased in

- a. Viral rhinitis
- b. Rhinitis medicamentosa
- c. Vasomotor rhinitis
- d. Non allergic eosinophilic rhinitis
- e. Both b and d

7. The most important management for antrochoanal polyp in children is

- a. Caldwell luc operation
- b. Intranasal polypectomy
- c. Corticosteroids
- d. Wait and watch
- e. Antrostomy

8. A 4 year old child present bleeding from right side of nose he also gets purulent discharge from the same side. the likely diagnosis is

- a. Septal deviation with right maxillary sinusitis
- b. Unilateral choanal atresia
- c. Antrochoanal polyp
- d. Foreign body
- e. Acute rhinitis

9. Watery fluid in the maxillary sinus indicates:

- a. Suppurative inflammation with irreversible mucosal
- b. Suppurative inflammation with reversible pathology
- c. Allergic sinusitis.
- d. Charrhal inflammation
- e. Fungal sinusitis

GMC 2023

1. For antral wash out Cannula is inserted in?

- a. Natural ostium of maxillary sinus
- b. Middle meatus
- c. Inferior Meatus
- d. Superior meatus
- e. Septum

2. The most common type of acute sinusitis in children is?

- a. Ethmoiditis
- b. Sphenoiditis
- c. Maxillary
- d. Frontal sinusitis
- e. Unilateral frontal sinusitis

3. The best treatment for septal haematoma is?

- a. Antibiotics and nasal decongestants
- b. Needle aspiration
- c. Incision drainage and pressure dressing
- d. Observation
- e. Septoplasty

4. Investigation of choice for nasopharyngeal angiofibroma is?

- a. MRI
- b. CEIT
- c. Helical CT
- d. Angiography
- e. XRAY

5. Causes of posterior soft tissue nasopharyngeal mass include all EXCEPT?

- a. Plasmacytoma
- b. Choanal atresia
- c. Thornwaldt's Cyst
- d. Aneurysm of the carotid artery
- e. Chordoma
- e. Strep aureus

6. Regarding AC Polyp all are false except?

- a. Arises from lateral wall of maxillary sinus
- b. Can become malignant
- c. Antral wash out is the treatment of choice
- d. Give good Response-local steroids & antibiotics
- e. Surgery is never the treatment

7. Which Implant is used in nasopharyngeal carcinoma?

- a. Caesium
- b. I-131
- c. Gold
- d. Iridium
- e. Gold 99

8. Mucosal atresia is seen in?

- a. Atrophic rhinitis
- b. Allergic rhinitis
- c. Ethmoidal polyposis
- d. Wegener's granulomatosis
- e. Chronic rhinitis

9. The surgical procedure currently recommended for ethmoidal polyposis is?

- a. Functional endoscopic sinus surgery
- b. Caldwell-Luc's procedure
- c. Sinoscopy
- d. Antral lavage
- e. Septoplasty

KGMC 2023

1. A 28-year-old female patient presented with recurrent nasal bleeding. On examination, there was septal perforation with crusting. Which one of the following is not the usual cause of septal perforation?

- a. Upper respiratory tract infection
- b. Syphilis
- c. Lupus
- d. Wegner's granulomatosis
- e. Tuberculosis

2. A 20-year-old male patient underwent surgery for a deviated nasal septum, and the most likely cause of postoperative saddle nose deformity with supra-orbital depression was:

- a. Submucosal resection
- b. Medial maxillectomy
- c. Septoplasty
- d. Functional endoscopic sinus surgery
- e. Cautery of the septum

3. A 25 years old male patient presented with 2 days history of bilateral nasal obstruction, after trauma to his face. Examination reveals smooth rounded swelling of the septum in both nasal fossae that is soft & fluctuant. What is the most probable diagnosis?

- a. DNS
- b. Ac polyps
- c. Septal hematoma
- d. Choanal atresia
- e. Septal perforation

4. A 22 years old female patient presented with bleeding from the right side of the nose for the last 2 days. On examination she was having a raw area on the right septum, What is the most common site of epistaxis?

- a. Middle turbinate
- b. Inferior turbinate
- c. Little's area -
- d. Posterior septum
- e. Diffuse

5. A 7 years male child presented to ENT OPD with a foul smelling discharge from right nostril. On examination the diagnosis of rhinolith was confirmed. What is the best treatment of choice for rhinolith?

- a. Antibiotics
- b. Steroids
- c. Endoscopic surgery
- d. Caldwell -luc operation
- e. Intranasal polypectomy

6. A 3 year old child put a button battery in the nose 6 hours back. He is now having nasal obstruction and nasal discharge. On examination; anterior rhinoscopy revealed no foreign body. The left nostril shows reduced patency on cold spatula test.. X-ray nose AP and lateral views confirm the presence of foreign body. While you are working in a tertiary

care hospital, what is the preferred choice for removal of this foreign body?

- a. Wrap the child in a towel and remove with a hook
- b. Wrap the child in a towel and remove with hook and endoscope
- c. Remove with hook under rigid endoscopic control under LA
- d. Intubate the child and remove using blunt hook under GA
- e. Intubate the child and remove using endoscope under GA

7. A 5 years old car mechanic presented with headaches. ENT examination was normal while a CT scan of the paranasal sinuses revealed a sinonasal osteoma. Which of the following sinus is the most common site for osteoma?

- a. Frontal Sinus
- b. Maxillary sinus
- c. Anterior Ethmoid sinus
- d. Sphenoid sinus
- e. Posterior Ethmoid sinus

8. A 25-year-old male patient has complained of nasal obstruction for the last 7 years despite the continuous use of a nasal spray. Which of the following drug is linked with rhinitis medicamentosa?

- a. Intranasal steroid spray
- b. Ipratropium bromide
- c. Xylometazoline
- d. Cocaine
- e. Antihistamine

9. A 4-year-old child complains of bleeding and a foul odor from the right side of his nose. He also experiences purulent discharge on the same side. The likely diagnosis is:

- a. Septal deviation with right maxillary sinusitis
- b. Unilateral choanal atresia
- c. Antrochoanal polyp
- d. Nasal Foreign body
- e. Hematoma

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10. A 60-year-old male patient presented with a history of recurrent epistaxis for the last one month. On nasal examination a reddish mass was visible. Biopsy of the mass confirmed Squamous Cell Carcinoma. Which of the paranasal sinus is most commonly involved in malignancy?

- a. Maxillary
- b. Anterior Ethmoid
- c. Frontal
- d. Sphenoid
- e. Posterior Ethmoid

11. An adult male patient presented to the ENT department with nasal obstruction and unilateral conductive hearing loss. A nasal swab showed Epstein-Barr virus in the report. Which of the following tumors is related to this virus?

- a. Carcinoma of tongue
- b. Nasopharyngeal carcinoma
- c. Postcricoid growth
- d. Parotid tumour
- e. Supraglottic tumours

12. A 17-year-old boy visited the Ear, Nose, and Throat Department with a history of persistent nasal obstruction and recurrent epistaxis for the last 5 months. To exclude angiofibroma, what will be the investigation of choice?

- a. Carotid angiography
- b. CT Scan of nose and paranasal sinuses with contrast
- c. MRI of nose and paranasal sinuses
- d. X Ray Paranasal sinuses
- e. X Ray neck lateral view

13. A 35-year-old man gives a history of unilateral clear discharge from the nose for the last 6 months, which increases on bending the head forward. He had history of road traffic accident and remained unconscious for some time. To rule out CSF rhinorrhea, which of the following laboratory test is specifically recommended?

- a. CSF sugar
- b. Serum electrolytes
- c. Serum albumin
- d. B2 transferrin
- e. Blood sugar

14. An adult patient presented with a painful swelling at the tip of his nose and fever for two days. On examination, the nasal vestibule was erythematous and tender to touch. The condition was diagnosed as nasal furunculosis. Which one of the following pathogens is involved in this condition?

- a. Streptococcus viridans
- b. Staphylococcus aureus
- c. Pneumococcus
- d. E. coli
- e. B. proteus

WMC 2023

1. Bulla ethmoidalis is present in

- a. Inferior nasal meatus
- b. Middle nasal meatus
- c. Superior nasal meatus
- d. Nasopharynx
- e. Ethmoid sinus

2. Juvenile nasopharyngeal angiofibroma is characterized by the following except

- a. Affects teenagers
- b. Causes nasal obstruction
- c. Very vascular tumor
- d. Affects only female
- e. Profuse epistaxis

3. Nasopharyngeal carcinoma is treated by

- a. Antibiotics
- b. Surgery
- c. Radiotherapy
- d. None of above
- e. Chemotherapy

4. A patient with epistaxis showing a bleeding point in Little's area is best managed by
- Cautery
 - Anterior nasal pack
 - Posterior nasal pack
 - Coagulants
 - Ligation of feeding vessels
5. Primary atrophic rhinitis is characterized by all of the following except
- Recurrent epistaxis
 - Anosmia
 - Bad odor smell by the neighbors
 - Affects male only
 - Affects female only
6. Unilateral watery nasal discharge is most likely to suggest a diagnosis of
- | | |
|-------------------------|-------------------|
| a. Acute viral rhinitis | b. CSF rhinorrhea |
| c. Allergic rhinitis | d. Rhinoscleroma |
| e. Vasomotor Rhinitis | |
7. Antro-choanal polyp arises from
- | | |
|-----------------------|---------------------|
| a. Ethmoid sinus | b. Sphenoid sinus |
| c. Maxillary sinus | d. Middle turbinate |
| e. Inferior turbinate | |
8. Unilateral offensive nasal discharge may suspect
- | | |
|-------------------|--------------------|
| a. Acute rhinitis | b. Nasal polyposis |
| c. Epistaxis | d. Nose F.B |
| e. Magotts nose | |
9. Trotter's Triad is a clinical diagnosis of
- Nasopharyngeal angiofibroma
 - Nasopharyngeal cyst
 - Petrositis
 - Nasopharyngeal carcinoma
 - Antrochoanal polyps
10. The best treatment of attic-antrol disease
- Systematic antibiotics
 - Topical antibiotics

- Mastoidectomy
- Both topical and systematic antibiotics
- Treated with analgesics only

11. The following paranasal sinuses open in the middle meatus except
- Sphenoid sinus
 - Maxillary sinus
 - Frontal Sinus
 - Anterior ethmoid air cells
 - Middle ethmoid air cells

12. Posterior nasal packing is indicated in all of the following situations except
- Sever posterior epistaxis
 - Antro-choanal polyp
 - Reactionary post adenoidectomy bleeding
 - After removal of nasopharyngeal angiofibroma
 - Uncontrolled Epistaxis

13. Anterior septal perforation may be caused by
- Polypectomy
 - Adenoidectomy
 - Rhinoscleroma
 - Bilateral cautery for epistaxis
 - Nasal packing

14. All of the following are possible complications of acute sinusitis except
- Temporal lobe brain abscess
 - Cavernous sinus thrombosis
 - Orbital cellulitis
 - Osteomyelitis
 - Frontal lobe abscess

15. An infant with bilateral choanal atresia will present by
- Conductive deafness
 - Epistaxis
 - Postnasal discharge
 - Respiratory distress
 - Dysphagia

16. Allergic rhinitis is characterized by all the following except
- Attacks of sneezing
 - Watery or mucoid rhinorrhea
 - Antrochoanal polyp
 - Pale or bluish nasal mucosa
 - Watering eyes
17. Nasopharyngeal angiofibroma is characterized by all the following except
- Lower motor facial nerve paralysis
 - Recurrent severe epistaxis
 - Occurs in adolescent boys
 - May cause frog face deformity
 - Severe anemia
18. The value of functional endoscopic sinus surgery is to
- Restore sinonasal function
 - Preserve sinus drainage through natural ostia
 - Avoid external scars
 - All of the above
 - None of the above
19. Septal hematoma is treated by
- Antibiotics
 - Antihistaminic
 - Drainage and pack 10
 - Septal perforation
 - Severe Anemia
20. Nasal septal perforation is caused by all the following except
- Bilateral cautery for epistaxis
 - Allergic rhinitis
 - Syphilis
 - T.B
 - Lethal granuloma
21. Hump nose is managed by
- Reduction rhinoplasty
 - Augmentation rhinoplasty
 - Nasal tip reconstruction
 - All of the above
 - None of the above
22. Unilateral nasal obstruction can be the result of the following except
- Unilateral choanal atresia
 - Antro-choanal polyp
 - Marked septal deviation
 - Septal perforation
 - F.B nose
23. Rhinoscleroma is treated by the following except
- Streptomycin
 - Rifampicin
 - Radiotherapy
 - Puncture and lavage
 - Chemotherapy
24. Nasopharyngeal angiofibroma is treated by
- Antibiotics
 - Nasal packing
 - Surgical excision
 - None of the above
 - All of the above
25. The causative agent of Vincent's agent
- Boreli vencent
 - Candida albicans
 - Barr-epestin virus
 - Streptococci
 - Staphylococci
26. The most common site of Quinsy
- Superior to tonsils
 - Lateral to tonsil
 - Posterior to tonsil
 - Inferior to the tonsil
 - Medial to tonsil

7. ESOPHAGUS

GMC 2023

1. Indications for tracheostomy are all EXCEPT ?
 - a. Acute epiglottitis
 - b. Maxillofacial trauma
 - c. Laryngeal malignancy
 - d. Extensive consolidation of lung
 - e. ICU patient

2. A male aged 60 years has foul breath; he regurgitates food that was eaten 3 days ago. Likely diagnosis is.
 - a. Zenker's diverticulum
 - b. Meckel's diverticulum
 - c. Scleroderma
 - d. Achalasia cardia
 - e. Esophageal carcinoma

3. Lower esophageal sphincter?
 - a. Has no tonic activity
 - b. Has a tone which is provided by the sympathetic system
 - c. Relaxes on increasing abdominal pressure
 - d. Relaxes ahead of the peristaltic wave
 - e. Is always relaxed

4. A young patient presents with a history of dysphagia more to liquids than solids. The first investigation you will do is?
 - a. Barium swallow
 - b. Esophagoscopy
 - c. Laryngoscopy
 - d. CT chest
 - e. MRI

5. "Rat-tail" appearance on barium swallow examination is seen in?
 - a. Achalasia cardia
 - b. Carcinoma esophagus
 - c. Hiatus hernia
 - d. Diffuse esophageal spasm
 - e. Esophagitis

6. Dysphagia lusoria is due to?
 - a. Esophageal diverticulum
 - b. Aneurysm of aorta
 - c. Esophageal web
 - d. Compression of esophagus by aberrant
 - e. Esophagitis

7. Barrett's oesophagus is?
 - a. Lower oesophagus lined by columnar epithelium
 - b. Upper oesophagus lined by columnar epithelium
 - c. Lower esophagus lined by ciliated epithelium
 - d. Lower esophagus lined by pseudostratified epithelium
 - e. Means esophagitis

8. The toughest layer of the esophagus is the?
 - a. Mucosa
 - b. Submucosa
 - c. Muscularis
 - d. Adventitia
 - e. All of the above

9. Most common site for squamous cell Carcinoma esophagus is?
 - a. Upper third
 - b. Middle third
 - c. Lower third
 - d. Gastro esophageal junction
 - e. Whole of esophagus

10. A male aged 60 years has foul breath; He regurgitates food that is eaten 3 days ago. A gurgling sound often heard on swallowing. Likely diagnosis is?
 - a. Zenker's diverticulum
 - b. Meckel's diverticulum
 - c. Scleroderma
 - d. Achalasia cardia
 - e. Esophagitis

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11. All are true regarding Plummer Vinson syndrome, except?

- a. Oesophageal web
- b. Predisposes to malignancy
- c. Kollonichia
- d. Common in elderly males
- e. Seen in esophagitis

12. The following are predisposing factors for Esophageal carcinoma except?

- a. Plummer-Vinson syndrome
- b. Tylosis palmaris
- c. Chronic Achalasia
- d. Benzene therapy
- e. Alcohol

13. The commonest side effect of cisplatin in a patient using it for esophageal carcinoma is?

- a. Acute tubular necrosis
- b. Thrombocytopenia
- c. Hepatic failure
- d. Cardiomyopathy
- e. Esophagitis

14. Constrictions normally present in esophagus are all EXCEPT?

- a. 10 cm from the incisor teeth
- b. 15 cm from the incisor teeth
- c. 25 cm from the incisor teeth
- d. 40 cm from the incisor teeth
- e. 39-40 cm from the incisor teeth

KGMC 2023

1. A 22 year old girl presented with a sore throat, foreign body sensation and occasional episodes of hoarseness for the past 3 years. The symptoms get worse whenever she has to appear in exams. On examination; The tonsillar area and posterior pharyngeal wall are congested. Endoscopic direct laryngoscopy shows no pooling of saliva, congested but mobile vocal cords with signs of acute inflammation in the interarytenoid area, X-ray neck lateral view shows normal soft tissue density. Her

Hb level is 12.4 gm% and white cells count is normal. What is the most probable diagnosis?

- a. Acute laryngitis.
- b. Globus Pharyngis
- c. Plummer-Vinson's syndrome
- d. Gastro-oesophageal reflux disease
- e. Intubation granuloma

ENT MCQs IN NWSM EVE

1. 35 Years old male patient came with his son with the history of headache, picket-fence fever pattern associated with rigors and chills. The patient is also having tenderness and edema over the mastoid region. Which of the following is the most suitable matching option.

- a. Acute meningitis
- b. Chronic otitis media
- c. Lateral sinus thrombosis
- d. Subdural abscess
- e. Otitic hydrocephalus

2. A 27 years old male presented with complaints of vertigo and dizziness from the last 3 days. He has history of right chronic ear discharge from the last 4 years. O/E of right ear, there is attic erosion with cholesteatoma and discharge. His vertigo is mainly because of:

- a. Extradural abscess
- b. Labyrinthitis
- c. Mastoiditis
- d. Petrositis
- e. Sigmoid sinus thrombosis

3. What would be the appropriate management of a 5 year old child presenting with right foul smelling ear discharge, fever and otalgia. On examination his right pinna is pushed forward.

- a. Topical Antibiotic drops
- b. Topical steroid drops
- c. Oral antibiotics
- d. IV antibiotics with or without cortical mastoidectomy
- e. Watch and wait

4. A 20-year-old patient presents with a feeling of pressure and fullness in both ears, particularly when traveling in an airplane. Examination reveals normal tympanic membranes. Which of the following conditions is the likely cause of these symptoms?

- Acute otitis media
- Eustachian tube dysfunction
- Serous otitis media
- Otitis externa
- Meniere's disease

5. A 60 years old male presented with complaints of unilateral tinnitus and hearing loss from the last 5 years. According to the patient, he is having progressively worsening tinnitus and decreased hearing on the left side with occasional episodes of dizziness. O/E left tympanic membrane is intact and audiogram shows high frequency sensorineural hearing loss on left side. The patient is having reduced caloric response on the left side too. The attending surgeon is suspecting acoustic neuroma. The investigation which should be requested is:

- Contrast enhanced CT scan
- MRI with gadolinium enhancement
- Nerve conduction scan
- PET scan
- Ultrasound scan

6. You are sitting in doctor lounge, a staff nurse calling you for help in decannulated post tracheostomy patient. You see the patient is fully cyanotic. There is no suction machine and oxygen at bed side. You put a tracheostomy tube but the patient is still cyanotic obvious on her face. What would you do to save the patient.

- Wait to bring oxygen unit.
- Wait to bring the suction machine
- Provide neck extension
- Forceful stoma breathing
- Sit the patient in propped up position

7. A 56 years old woman complains of throat pain and progressive dysphagia and weight loss over 3 months. Blood tests show Iron deficiency anemia.

- Post cricoid carcinoma
- Pharyngeal pouch
- Esophageal achalasia
- Foreign body
- Globus pharyngeus

8. A 30 years old male was involved in a road traffic accident 5 days back. He received trauma to the right side head and face. He now complains of decreased hearing right side since the impact. O/E, right tympanic membrane is intact, tuning fork tests show right conductive hearing loss which was confirmed on audiogram showing an air bone gap of 50 db. The likely cause of hearing loss in this case is:

- Chorda tympani damage
- Horizontal canal fistula
- Ossicular dislocation
- Stapes subluxation
- Tympanosclerosis

9. 25 Years old male patient came from Afghanistan with the history of hard-of-hearing and painless foul smelling ear discharge for the last 6-7 months. On otoscopy the tympanic membrane has multiple small perforations and pale granulations in the middle ear cavity. What do you expect of the following?

- Aero-otitis media
- Chronic otitis media
- Recurrent acute otitis media
- Syphilitic otitis media
- Tubercular otitis media

10. A 37 years old woman describes a long history of dysphagia and cramping pains in the chest. Barium swallow shows a dilated tapering esophagus.

- Post cricoid carcinoma
- Pharyngeal pouch
- Esophageal achalasia
- Foreign body
- Globus pharyngeus

11. Benign paroxysmal positional vertigo (BPPV) can be successfully treated by

- a. Unterberger's Test
- b. Romberg's Test
- c. Epley's Manoeuvre
- d. Betahistine
- e. Intratympanic gentamicin injection

12. A 50 years old male was involved in a road traffic accident 2 weeks back. He received trauma to left side of face and temporal bone. He had a concussion and was unconscious for 2 days which he spent in ICU. When he regained consciousness, the attending doctors noted asymmetry of his left side of face. The patient had a left facial palsy and even after 12 days, there was no improvement in his facial function. The test that would best indicate the chances recovery of facial nerve at 2 weeks would be:

- a. Electromyography
- b. Electroneuronography
- c. Minimal nerve excitability test
- d. Maximal nerve stimulation test
- e. Tympanogram

13. A 15 years old female presented with right post auricular swelling from the last 5 days. She has a history of chronic discharge from right ear for the last 4 years. o/e patient is febrile with right ear discharge and tender swelling in the right post auricular area which is fluctuant. The next step should be:

- a. Broad spectrum antibiotics conservative management
- b. Incision and drainage of abscess
- c. Examination under a microscope
- d. Right mastoid exploration

14. Pinna of the human ear is a corrugated structure that is the integral part of hearing system. You think the most significant feature of Pinna is;

- a. Frost bite is more common on medial aspects of the pinna
- b. Hearing
- c. Incisura terminalis for Wilde's Incision
- d. Looking normal
- e. Tragal cartilage can be used in rhinoplasty

15. A 30-year-old female presents with recurrent episodes of severe vertigo associated with hearing loss and tinnitus. Patient suddenly falls on the ground without loss of consciousness. What is the most likely diagnosis?

- a. Vestibular neuritis
- b. Meniere's disease
- c. Benign paroxysmal positional vertigo (BPPV)
- d. Acoustic neuroma
- e. Labyrinthitis

16. A 25 years old male presented with the complaints of decreased hearing from the last 3 months. O/E right tympanic membrane was dull and retracted, left tympanic membrane was unremarkable. Tuning fork tests revealed a negative Rinnies on the right and a positive Rinnies on the left side. Webers lateralized towards the right ear. This patient has

- a. Conductive deafness left side
- b. Conductive deafness right side
- c. Sensorineural deafness left side
- d. Sensorineural deafness right side
- e. Mixed deafness

17. A 4 years old female child presented with complaints of delayed speech and decreased hearing since childhood. O/E both tympanic membranes looked normal. She was investigated and found to have a sensorineural hearing loss of 95db. She was put in the cochlear implant surgery program. Before embarking on surgery, which investigation should be ordered

- a. Brain stem evoked response audiometry
- b. CT scan to rule out inner ear anomalies

- c. Midbrain evoked potentials
- d. MRI to rule out brain pathology
- e. PET scan for viable audiological pathways

18. A 35-year-old teacher complains of a persistently hoarse voice for the past few weeks. There is no associated pain or cough. What is the most likely cause of hoarseness in this patient?

- a. Gastroesophageal reflux disease (GERD).
- b. Acute laryngitis
- c. Vocal cord nodules
- d. Laryngeal carcinoma
- e. Bilateral vocal cords palsies

19. A 55 years old female presented with the complaints of bilateral tinnitus and hearing loss from the last 8 years. she complained of occasional vertigo along with it. On further investigating the patient, she was found to have bilateral acoustic neuromas. The attending surgeon wanted to screen her for a gene mutation. The genetic analysis should include:

- a. Cystic fibrosis gene
- b. MEN 1 gene
- c. Neurofibromatosis 2 gene
- d. RET proto oncogene
- e. P53 gene

20. 35 years old female patient presented in OPD with the history of anterior neck swelling for the last 4-5 years. She is known diabetic and normotensive. The swelling moves with deglutition and doesn't move with tongue protrusion. What is the most likely diagnosis?

- a. Branchial cyst
- b. Dermoid cyst
- c. Goitre
- d. Pharyngeal pouch
- e. Thyroglossal duct cyst

21. A 54-year-old woman presents to clinic with a one-year history of hoarseness. She has been a long-

term regular smoker. On examination she has bilateral swollen vocal cords.

- a. Chronic laryngitis
- b. Vocal cord nodule
- c. Vocal cord granuloma
- d. Reinke's edema
- e. Vocal cord palsy

22. A 3 years old boy presents with a 24 hours history of cough and stridor with flu like symptoms. On examination the child looks comfortably and is mildly pyrexial.

- a. Asthma'
- b. Croup (acute laryngotracheal bronchitis)
- c. Respiratory papillomatosis
- d. Acute epiglottitis
- e. Inhaled foreign body

23. A 60 years old female presented to opd with complaints of suddenly decreased hearing in the right ear from the last 2 days. According to her, she has never had such an episode in the past and she was quite distressed by it. Examination of the right ear was normal with no vestibular signs. Audiogram confirmed moderate to moderately severe hearing loss in the right ear. She was diagnosed with idiopathic sudden sensorineural hearing loss. The next step in management would be:

- a. BERA
- b. Counsel and do nothing
- c. Contrast enhanced CT
- d. Hearing aid
- e. Short course of steroids

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24. A 25 years old male presented with the complaints of decreased hearing from the last 3 months. O/E right tympanic membrane was dull and retracted, left tympanic membrane was unremarkable. Tuning fork tests revealed a negative Rinnes on the right and a positive Rinnes on the left side. Webers lateralized towards the right ear. This patient has

- a. Conductive deafness left side
- b. Conductive deafness right side
- c. Sensorineural deafness left side
- d. Sensorineural deafness right side
- e. Mixed deafness

25. A 20 years old male presented with positional vertigo after receiving a slap injury to the right ear in a fist fight. He says his vertigo gets worse while turning the head to the right side. Dix halpike test is also positive on right ward gaze. Mechanism underlying his injury is:

- a. Damage to vestibulo cochlear nerve
- b. Dislodgement of otoliths from the macula
- c. Failure of sensory receptors in the right semicircular canals
- d. Oxidative stress due to inflammatory changes because of the impact
- e. Right cerebellar insufficiency

26. Eight years old male child brought by his uneducated parents with the history of severe sore throat, malaise, low grade fever with bilateral neck swellings. Examination reveals a toxic look with difficult breathing. He has dirty white grey membranes over the tonsils spreading to the soft palate and posterior pharyngeal wall. The membrane is tenacious and bleeds on scraping. The jugulo-digastric lymph nodes are enlarged and tender. What is the most likely diagnosis?

- a. Acute bacterial tonsillitis
- b. Diphtheria
- c. Infectious mononucleosis
- d. Moniliasis

e. Acute epiglottitis

27. A 35 years old male athlete was involved in contact sport. During his recent rugby match, he received a sharp blow to his right temporal bone. He was rushed off the field and to the emergency department. O/E, patient had developed a right facial paralysis, but rest of examination was normal. The attending surgeon planned him for facial nerve decompression. which segment of facial nerve carries a high risk of involvement in this case and should be decompressed immediately:

- a. Intracranial segment
- b. Labyrinthine segment
- c. Metal segment
- d. Tympanic segment
- e. Vertical segment

28. A 37 year old complains of persistent hoarseness. She has had a multiple previous ITU admissions for brittle asthma. Laryngoscopy reveals a benign looking red swelling on the right vocal cord.

- a. Chronic Laryngitis
- b. Vocal cord nodule
- c. Vocal cord granuloma
- d. Reinke's edema
- e. Vocal cord palsy

29. A 45 years old male was involved in a road traffic accident. He received trauma to the right temporal bone. In emergency he complained of decreased hearing right side. O/E, right tympanic membrane was normal. Audiogram revealed conductive deafness on the right side and increased compliance on tympanometry. The reason for his hearing loss is

- a. Discontinuity of ossicular chain
- b. Hemotympanum
- c. Otitis media with effusion
- d. Otosclerosis
- e. Tympanosclerosis

30. A 40 years old male presented with complaints of decreased hearing right side and fever. According to the patient, the fever is episodic and mostly comes at night with shivering. O/E there is extensive cholesteatoma in right ear. CT reveals erosion of tegmen plate and right sigmoid sinus thrombosis. The management option for this patient is

- Atticotomy
- Broad spectrum antibiotics:
- Conservative management
- Modified radical mastoidectomy
- Tympanoplasty

31. Which of the following is not a recognised complication of acute suppurative otitis media

- Intra cranial abscess
- Bartholin's abscess
- Facial nerve palsy
- Labyrinthitis
- Gradenegos syndrome

32. A 75 years old male presented to opd with history of right sided tinnitus, vertigo and hearing loss from the last 10 years. He has poorly controlled diabetes and also has history of cardiac bypass 5 years back. He was investigated and was found to have a right sided vestibular schwannoma of small to medium size. The best treatment option in this case would be

- Chemotherapy
- Embolization
- Labyrinthectomy
- Surgical resection
- Wait and watch

33. A 60-year-old patient presents with dysphagia, weight loss, and a painless lump in the neck. Examination reveals an enlarged thyroid gland. Fine-needle aspiration cytology shows differentiated thyroid carcinoma. Which subtype is most common?

- Papillary carcinoma
- Follicular carcinoma
- Medullary carcinoma

- Anaplastic carcinoma
- Hurthall cell carcinoma

34. A 45 years old male was involved in a road traffic accident 1 month. He received trauma to the right side temporal bone. He has been complaining of decreased hearing on that side since the impact. O/E tympanic membrane is normal but the tuning fork tests showed a right sensorineural hearing loss, the audlogram confirmed this showing a sensorineural hearing loss of 60db. CT scan showed a hairline fracture passing through the right labyrinth. The next step in management should be

- Cochlear implant
- Hearing aid
- Non verbal communication skills
- Reduction of fracture
- Short course of steroids

35. A 60 years old female presented to opd with complaints of suddenly decreased hearing in the right ear from the last 2 days. According to her, she has never had such an episode in the past and she was quite distressed by it. Examination of the right ear was normal with no vestibular signs. Audiogram confirmed moderate to moderately severe hearing loss in the right ear. She was diagnosed with idiopathic sudden sensorineural hearing loss. The next step in management would be:

- BERA
- Counsel and do nothing
- Contrast enhanced CT
- Hearing aid
- Short course of steroids

36. A 76 year old man presents with gradual onset hearing loss. The audlogram shows down sloping bilateral sensorineural hearing loss

- Presbycusis
- Meniere's disease
- Noise induced hearing loss
- Familial hearing loss
- Vestibular schwannoma (acoustic neuroma)