

ENT MCQ SUPPLY 2010

- Where is Killian's region located in
 a) Between the thyroepipharyngeal & cricopharyngeal muscle
 b) Between the cricopharyngeal & oblique muscle
 c) Between the oblique and transverse fibers of the cricopharyngeal muscle

- b) Between the fibers of inferior constrictor muscle

I-constrictor



T-constrictor

C.R (normal) GERD

GERD

Esophageal reflux disease

Esophageal acid reflux

Middle constrictor muscle

- Q38 A male 50 years of age with a history of Gastro esophageal reflux disease and Barrett's esophagus is initially seen with rapidly progressive solid food dysphagia. He is found to have a neoplastic lesion in the distal esophagus at the gastro esophageal junction. Biopsy of this lesion is most likely to reveal which of the following:

- a) Lymphoma
 b) Adenocarcinoma
 c) Squamous cell carcinoma

- d) Lymphoma
 e) Sarcoma

- Q39 In the Rinne's test the false negative response in the right ear indicates:

- a) Conductive hearing loss in the right ear
 b) Conductive hearing loss in the left ear
 c) Sensorineural hearing loss in the right ear

- d) Sensorineural hearing loss in the left ear
 e) Functional hearing loss in the right ear

$AC > BC$ → but fake

- Q40 In the bony labyrinth, utricle is housed in the:

- a) Cochlear recess
 b) Elliptical recess
 c) Spherical recess

- a) Processus cochleariformis
 c) Vestibular crest

- Q41 A female 40 years of age has developed pain in left ear which is aggravated by movements of jaw for last two days. Examination reveals a red, tender swelling in the cartilaginous portion of the auricle. Her diagnosis is:

- a) Furunculosis
 b) Impetigo
 c) Crustipodias

- d) Otomycosis
 e) Keratosis obturans

- Q42 A female 50 years of age presented with generalized swelling of the pinna later with formation of raised areas. She is diagnosed as a case of perichondritis. The usual causative organism of perichondritis of the auricle is:

- a) Streptococcus
 b) Pseudomonas
 c) Proteus

- d) Haemophilus
 e) E. coli

Perichondritis
 → Pseudomonas.

- Q43 Vertigo presenting in response to loud sounds is because of:

- a) Benign paroxysmal positional vertigo
 b) Cholesteatoma, hypofunction
 c) Tinnitus

- d) Tullio phenomenon
 e) Ototoxicity

- Q44 A girl 10 years of age received a slap on her right ear. She is expected to have a perforation in the right tympanic membrane. It would be located in:

- a) The anterosuperior quadrant
 b) The anteroinferior quadrant
 c) The posteroanterior quadrant

- d) The posterosuperior quadrant
 e) The pars flaccida

- Q45 A boy 15 years of age is having left chronic suppurative otitis media since childhood. Ear discharge is foul smelling, scanty in amount, thick sometimes blood stained. He is expected to have a perforation in the:

- a) The anterosuperior quadrant
 b) The anteroinferior quadrant
 c) The posteroanterior quadrant

- d) The pars flaccida
 e) Major portion of the pars tensa

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E P S

- Q.11 In audiology testing tone decay is seen in:
 a) Meniere's disease
 b) Acoustic neuroma
 c) Serous otitis media
- Q.12 The normal response to warm stimulation of the right ear is:
 a) Nystagmus to the left
 b) No Nystagmus
 c) Pendular Nystagmus
- Q.13 The most common cause of septal perforation is:
 a) Congenital
 b) Chronic infection
 c) Operative trauma
- Q.14 Lupus vulgaris is caused by:
 a) Mycobacterium leprae
 b) Corynebacterium diphtheriae
 c) Rhinococcidioides seeberi
- Q.15 The front sinus drains into:
 a) Superior meatus
 b) Inferior meatus
 c) Middle meatus
- Q.16 After the nasal bone the most easily fractured craniofacial bone is:
 a) Zygomatic bone
 b) Mandible
 c) Maxilla
- Q.17 A male 6 years of age presents with facial pain for last six months which comes in paroxysms lasting only for minutes triggered off by water applied to the face for washing. The pain is severe during the attack with dull ache persisting in between the attacks. The likely cause of this pain is:
 a) Acute sinusitis
 b) Trigeminal neuralgia
 c) Migraine
- Q.18 Herniation of brain tissue with its dural coverings into the nasal cavity is called:
 a) Neurofibromatoma
 b) Neurinoma
 c) Encephalocele
- Q.19 The choana is the posterior opening of the nose and the lateral boundary of the choana is formed by:
 a) Medial pterygoid plate
 b) Vomer bone
 c) Palatine bone
- Q.20 In severe epistaxis, the pterygopalatine fossa may be entered surgically to ligate the:
 a) Posterior ethmoidal artery
 b) Internal maxillary artery
 c) External maxillary artery
- Q.21 Conductive deafness of 60 dB would be seen in a patient with:
 a) Perforation in the anterosuperior quadrant
 b) Perforation in the posterosuperior quadrant
 c) Perforation in the anteroinferior quadrant
- Q.22 The following allows access to the middle ear from the mastoid without disruption to the tympanic membrane:
 a) The angle between the labyrinthine and the tympanic parts of the facial nerve
 b) The angle between the tympanic and mastoid part of the facial nerve
 c) The angle between the tegmen and sinus tympani
- Q.23 The conduction of the stapedius muscle by a sound of 80 dB above threshold in a normal person is picked up by:
 a) Pure tone audiometry
 b) Brain stem audiometry
 c) Play audiometry
- d) Tympanometry
 e) Visual reinforcement audiometry
- CPMC BOOK SHOP.**

Q.20 A newly born baby finds difficulty in feeding and when started sucking milk, baby turns to become bluish and leave the feed. Anterior rhinoscopy shows some discharge in both nostrils. What do you suspect in this baby:

- a) Bilateral choanal atresia ✓
- b) Unilateral choanal atresia
- c) Hypertrophied adenoid
- d) Maxillary aplasia
- e) Congenital velopharyngeal insufficiency

Q.21 The inhaled foreign body is usually directed and impacted in right main bronchus. This extra ordinary tendency is because of:

- a) Smaller diameter of right main bronchus than left
- b) Bigger diameter of right main bronchus than left
- c) Larger length of right main bronchus than left
- d) Steep position of right main bronchus than left
- e) More horizontal position of right main bronchus

Q.22 During tonsillectomy operation, tonsillar bed is exposed and can be traumatized by clumsy operation. This tonsillar bed is formed by:

- a) Superior constrictor muscle
- b) Inferior constrictor muscle
- c) Middle constrictor muscle
- d) Platopharyngeus muscle
- e) Sternocleidomastoid muscle

Q.23 A 50 years old person presented with dysphagia which is gradually progressing for the solid food stuff. His Hb is 8 mg %, glucosuria is positive. Barium swallow skiagram is consistent with Rat-tail appearance, ESR is also raised. Most probable diagnosis is:

- a) Scleroderma
- b) Plummer Vinson's syndrome
- c) Malignant oesophageal stricture
- d) Hiatus hernia
- e) Oesophageal pouch

Q.24 A young female of 30 years reports to ENT consultant with the complaint of weak voice and difficulty in respiration which gets worsened on physical exertion. She had total thyroidectomy operation one month ago. The flexible laryngoscopic examination would correspond to:

- a) Unilateral vocal cord paralysis
- b) Unilateral superior laryngeal nerve paralysis
- c) Bilateral superior laryngeal nerve paralysis
- d) Bilateral abductor paralysis with vocal cords assuming paramedian position
- e) Intubation granuloma

Q.25 A male of 40 years of age, presents with enlarged lymph node on left side of neck. There is H/O nose bleeding off and on. Posterior rhinoscopy shows some suspicions. Which of the following site is more vulnerable and should be checked more and even biopsy should be taken:

- a) Fossa of Rosen Muller
- b) Posterior border of nasal septum
- c) Posterior border of inferior turbinate
- d) Rathke's pouch
- e) Eustachian tube opening

Q.26 A young baby has developed a mass just in antero anterior region of left sided pinna. This mass is non tender and mobile. Which of the following tumour is commonly encountered in this region:

- a) Warthin's tumour
- b) Oncocytoma
- c) Pleomorphic adenoma
- d) Neurofibroma
- e) Haemangioma

Q.27 Syringing the ear in an attempt to remove the wax in patient with heart disease can result in a serious complication in the form of:

- a) Cardiac arrest
- b) Bleeding from ear
- c) Total deafness
- d) Vertigo
- e) Tinnitus

Q.28 An old man was diagnosed a case of carcinoma nasopharyngeal with bilateral neck lymphadenopathy. Recently he developed severe deafness. Tympanometry was done and there was flat curve graph. As a management what would you do to improve his hearing:

- a) Hearing aid
- b) Middle ear implant
- c) Cochlear implant
- d) Grommet insertion
- e) Brain stem implant

Q.29 A young adult male presents with severe pain in his right ear and serosanguineous discharge. Otoscopy shows crops of haemorrhagic bullae on the surface of tympanic membrane and deep in External Auditory Meatus (EAM). This clinical picture is consistent with:

- a) Acute Otitis media
- b) Acute Otitis externa
- c) Ramsay Hunt syndrome
- d) Herpes zoster oticus
- e) Myringitis bullosa haemorrhagica ✓

Q.30 A female patient has undergone rigid oesophagoscopy and bouginage for stricture oesophagus. Post operatively, patient developed retrosternal pain and respiratory difficulty. Pulse rate started increasing gradually and patient became restless. What has happened to this patient:

- a) Pneumonia
- b) Myocardial infarction
- c) Oesophageal perforation
- d) Laryngitis
- e) Laryngo bronchitis ✓

- Q.23** A 20 year old lady complains of unilateral facial weakness for the last two days. On examination she has lower motor neurone paralysis of facial nerve. Otoscopy was normal. The likely cause is:
 a) Herpes zoster oticus
 b) Idiopathic
 c) Bell's palsy
 d) Cholesteatoma
 e) Parotid tumour
- Q.24** The patient had stapedectomy operation for otosclerosis. She complains of fluctuating hearing loss and vertigo. The reason for this is:
 a) Long prosthesis
 b) Short prosthesis
 c) Infection
 d) Hematoma
 e) Granuloma
- Q.25** In allergic rhinitis during desensitisation which antibodies are produced to block IgE?
 a) IgA
 b) IgG
 c) IgM
 d) Leukotrienes
 e) Prostaglandins
- Q.26** A young patient had nasal polypectomy for the second time. Postoperatively he complained blood stained watery fluid dripping from his right nostril on bending. The diagnosis is:
 a) Infection
 b) Haemorrhage
 c) Recurrence of polyp
 d) CSF leak
 e) Fungal sinusitis
- Q.27** A young boy of 16 years age complains of nasal bleeding, headache and nasal blockage. On examination he had perforation in cartilaginous part of the septum. The cause is:
 a) Sarcoidosis
 b) Syphilis
 c) Leprosy
 d) Tuberculosis
 e) SMR
- Q.28** The patient may develop oro-antral fistula after tooth extraction. Which tooth extraction is responsible for it?
 a) Canine
 b) Lower first molar
 c) Incisor
 d) Upper 2nd premolar
 e) Lower premolar
- Q.29** The treatment of choice for septal abscess is:
 a) Antibiotics
 b) Incision and drainage
 c) Anti-inflammatory drugs
 d) Nasal packing
 e) Septoplasty
- Q.30** A fifty year old shy lady complains of nasal obstruction. On examination she smells bad from her nose which is full of crusts. What is the best treatment for her?
 a) Alkaline douches
 b) Young's operation
 c) Paraffin drops
 d) Glycerine drops
 e) SMR
- Q.31** Which nerve passes through cavernous sinus?
 a) Olfactory
 b) Optic nerve
 c) Vagus
 d) Trochlear
 e) Maxillary
- Q.32** A forty year old male woke up early morning with severe vertigo associated with nausea and vomiting. He has to lie still to prevent vertigo. He had no associated audiological symptoms. The likely diagnosis is:
 a) Impending meningitis
 b) Labyrinthitis
 c) Vestibular neuritis
 d) Perilabyrinthine fistula
 e) Chronic SOM
- Q.33** The Henebert sign is seen in:
 a) Perilabyrinthine fistula
 b) Long prosthesis during stapedectomy
 c) Cholesteatoma
 d) Labyrinthitis
 e) Syphilis Meier's disease
- Q.34** A forty year old patient had nasal polyps along with dry inspissated mucin in nose. The CT scan showed double density sign in sinuses. The diagnosis is:
 a) Mucormycosis
 b) Fungal granulomas
 c) Allergic fungal sinusitis
 d) Carcinoma of sinuses
 e) Potts puffy tumour
- Q.35** The fatal complication which can arise from boil nose is:
 a) Septal abscess
 b) Vestibular abscess
 c) Blindness
 d) Cavernous sinus thrombosis
 e) Saddling of nose

- Q.9** Caldwell Luc's operation is the way to approach to maxillary antrum. By using the technique FESS, the critical natural approach is through:
a) Inferior meatus ✓
b) Canine fossa ✓
c) Superior meatus
d) Middle meatus
e) Incisive fossa
- Q.10** For an operation on mastoid (mastoidectomy), the most important superficial landmark for doing the operation is:
a) Triple-S-triangle
b) Trautman's triangle
c) Macewen's triangle ✓
d) Solid angle
e) Sinudural angle
- Q.11** A 13 years old boy gives history of recurrent attacks of epistaxis. Examination reveals nasal obstruction, fullness of cheek and anterior displacement of soft palate. Which of the following investigation is more appropriate:
a) Conventional x-ray PNS
b) Digital x-ray PNS
c) Conventional x-ray of soft tissues of neck
d) Digital x-ray of neck
e) CT scan with i/v contrast
- Q.12** A 60 year old woman experiences recurrent episodes of vertigo, lasting for variables duration and associated with tinnitus and hearing loss. To confirm it as a case of menier's disease which of the following audiological test provide significant available information:
a) Electrocochleography ✓
b) Auditory evoked response audiometry
c) Pure tone audiometry
d) Tympanometry
e) Bekesy's audiometry
- Q.13** CT scan of a 35 years old male patient shows extensive erosion of bone around mastoid antrum and soft tissue mass in this region. Which of the following procedure is considered most appropriate (preoperative decision):
a) Atticotomy
b) Myringotomy
c) Cortical mastoidectomy ✓
d) Extended mastoidectomy
e) Radical mastoidectomy
- Q.14** A young swimmer develops itching and mild pain in right ear. On examination there is fluffy greyish debris in External Auditory Meatus (EAM). The most probable clinical diagnosis could be:
a) Keratosis obturans
b) Otomycosis ✓
c) Wax
d) Foreign body
e) Accumulated middle ear discharge
- Q.15** A 30 years old diabetic male, develops pain and ear discharge in left ear for the last two years. He also noticed facial weakness. Otoscopic examination reveals granulation in External Auditory Meatus (EAM). Some bare bone is also visible in this origin. The pain is now getting worsened what do you think about this case:
a) Boll ear
b) Acute diffuse Otitis externa
c) Malignant Otitis externa
d) Osteoma of EAM
e) Keratosis
- Q.16** A young girl of 20 years presented with right sided nasal obstruction and nasal discharge. Her right eye is proptosed. There is a history of nasal surgery twice in the past. What you consider the best treatment option:
a) Injectable steroid therapy
b) Intra nasal polypectomy
c) Intra nasal ethmoidectomy
d) External ethmoidectomy
e) Antibiotic and antihistaminic therapy
- Q.17** A child of 5 years of age is brought to ENT emergency department with complaint of sore throat, fever 100°F and mild respiratory difficulty. Throat exam shows grayish white membranes on right tonsil extending on to the anterior faucial pillar and soft palate. Neck lymph nodes are tender and palpable. Your diagnosis is:
a) Acute membranous tonsillitis
b) Acute diphtheria ✓
c) Infectious mononucleosis
d) Vincent's angina
e) Ludwig's angina
- Q.18** A 65 years old female comes with the complaint of severe hearing loss bilaterally. There is no pain, no otorrhoea. Tympanic membrane is intact and shows translucency. This condition corresponds with:
a) Ototoxicity
b) Tympanosclerosis X
c) Otosclerosis
d) Presbyacusis
e) Noise induced hearing loss
- Q.19** Septal haematoma is an ENT emergency and needs immediate surgical intervention. If such treatment is not instituted in time, then this can result in:
a) Broadening of nose
b) Deflected nasal septum
c) Nasal adhesion
d) Saddle nose
e) Septal perforation

- Q.31** A medical student started having sneezing, itching-and-watery rhinorrhoea, a day before appearing in the practical examination. He became upset with heaviness due to persistent stuffy nose. His ailment is:
a) Infective rhinitis
b) Allergic rhinitis
c) Vasomotor rhinitis ✓
Q.32 The natural drainage of posterior ethmoidal cell is by means of its ostia which is situated:
a) In the superior meatus anterior to ostium of sphenoid sinus
b) In the superior meatus posterior to ostium of sphenoid sinus
c) In the middle meatus posterior to the opening of the anterior ethmoidal cells
d) In middle meatus posterior to the opening of the anterior ethmoidal cells
e) In the inferior meatus
- Q.33** In antroscopic rhinitis, 25% glucose in glycerine is used as nasal drops and this preparation is used in order to:
a) Remove black crust from the nose
b) Increase the blood supply to nose mucous
c) Decrease the foul smell from nose
d) Freshen the surface of the nasal mucous
e) Inhibit the proteolytic organism
- Q.34** The inverted papilloma of nose is considered dangerous because:
a) It is locally invasive
b) More radical operation is required for its removal
c) It recurs and may transform into malignancy ✓
- Q.35** An old diabetic person developed an ulcerative lesion in nose. It started causing more destruction and progression into the surrounding tissue. Before you carry out biopsy, which of the following disease comes into your mind in this case:
a) Wegener's granuloma ✓
b) Stewart's granuloma
c) Tuberculous granuloma
d) Fungal granuloma
e) Sarcoidosis
- Q.36** Which of the following typical signs should be sought in a patient having blow out fracture, which provide you clinical diagnosis:
a) Exophthalmos and red eye
b) Periorbital swelling and pain
c) Enophthalmos and diplopia ✓
d) Trismus and diplopia
e) Malocclusion and diplopia
- Q.37** Recurrent and severe nose bleeding in patient with Osler-Weber-Rendu syndrome, necessitates a surgical procedure which is known as:
a) Septoplasty
b) Rhinoplasty
c) Septorhinoplasty
d) Septodermoplasty
e) Columella plasty
- Q.38** Which of the following nasal pathology calls for vidian neurectomy operation, and it proves worth while as it diminishes the morbidity state of the patient having:
a) Vasomotor rhinitis not being controlled medically
b) Allergic rhinitis not being controlled medically
c) Rhinitis medicamentosa, not being controlled medically
d) Simple nasal polypectomy done many times and recurrence unavoidable
e) Fungal nasal polyposis showing recurrence
- Q.39** A young boy of 18 years received a hit in mid facial region five days ago and now he has developed total bilateral nasal obstruction and headache and fever about 102°F and nothing else. Your strong suspicion in this case is towards:
a) Septal haematoma
b) Septal abscess
c) Infective rhinitis
d) Infective naso pharyngitis
e) CSF rhinorrhoea and meningitis
- Q.40** Which of the following area of larynx is considered to give rise to laryngocoele when subjected to persistent intra laryngeal pressure:
a) Aryepiglottic fold
b) Saccule of the larynx
c) Reinke's space
d) Pre epiglottic space ✓
e) Para glottic space
- Q.41** Pharyngo oesophageal diverticula tends to occur:
a) In young patient and on left side
b) In children and on right side ✓
c) In elderly patient and always on left side
d) In elderly patient and on right side
e) In elderly patient and in mid line

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Q.25 A 24 year old, otherwise healthy man is seen with a 3 day history of sore throat, low grade fever, nasal congestion, and a nonproductive cough. The oropharynx is red with erythema on examination. Which of the following is the most likely diagnosis?
 a) Common cold
 b) Group A - streptococcal pharyngitis
 c) Viral pharyngitis

- (a) Allergic rhinitis
 (b) Viral pharyngitis

Q.26 The superior laryngeal nerve supplies motor fibers to the:
 a) Interarytenoid muscle
 b) Cricothyroid muscle
 c) Thyroarytenoid muscle

- (d) Lateral cricoarytenoid muscle
 (e) Posterior cricoarytenoid muscle

Q.27 Ludwig's angina is an infection of the Ludwig's space.
 a) Submandibular space
 b) The mediastinal space
 c) The peritonsillar space

submaxillary

- (d) Recurrent laryngeal nerve
 (e) Peritonsillar space

Q.28 A grayish white true membrane on both tonsils suggests:
 a) Vincent's angina
 b) Extra-heamolytic tonsillitis
 c) Nocardiosis

- (d) Sphinctosis
 (e) Infectious mononucleosis

Q.29 A boy 15 years of age had tonsillectomy by dissection method. He was noted to have bleeding from left tonsillar fossa 2 hours after surgery. This hemorrhage would be labeled as:
 a) Primary hemorrhage
 b) Reactionary hemorrhage
 c) Secondary hemorrhage

- (d) Concealed hemorrhage
 (e) Visceral hemorrhage

Q.30 The aphonic patient whose vocal cords approximate when asked to cough suggests:
 a) Adductor vocal cord paralysis
 b) A functional disorder
 c) Hypothyroidism

- (d) Hypothyroidism
 (e) Recurrent laryngeal nerve palsy

Q.31 A male 60 years of age presents with growth left vocal cord extending upto anterior commissure and significantly upwards and downwards with fixed left vocal cord. There are no neck nodes or distant metastases. Direct laryngoscopy and biopsy reveals it to be squamous cell carcinoma of larynx. This would be staged as:
 a) T1N0M0
 b) T2N0M0
 c) T3N0M0

- (d) T3N1M1
 (e) T3N1M0

Q.32 Cricohyrotomy is:
 a) Used to relieve pressure in thyroid
 b) A reconstructive procedure following laryngeal trauma
 c) Used to relieve small laryngeal neoplasm

- (d) Used in place of tracheostomy for extreme emergencies
 (e) Airway obstruction at laryngeal level

Q.33 A 4 year old child aspirated a small metal tack documented by chest radiography 2 hours before his referral to you for endoscopic removal. On examination he appears in no distress but had been coughing during transit to your hospital:
 a) Obtain a repeat chest radiograph
 b) Wait 24 hours and monitor cough
 c) Emergency endotracheal intubation

- (d) Obtain pulmonary function studies
 (e) Give a cough suppressant before administering general anaesthesia

Q.34 A male 40 years of age had a mass neck in the right posterior triangle. He underwent biopsy of the neck mass under local anaesthesia. After surgery he is not able to shrug his right shoulder. The nerve likely to be damaged is:
 a) Facial nerve
 b) Glossopharyngeal nerve
 c) Vagus nerve

- (d) Accessory nerve
 (e) Hypoglossal nerve

Q.35 Zinc shaped batteries pose a threat to a patient when ingested because:
 a) Their shape makes their removal difficult
 b) They will become permanently lodged in the postcricoid region
 c) They create an electromagnetic field that can cause arrhythmias

- (d) They induce an electrolyte reaction responsible of inducing a cardiac esophageal burn
 (e) They are coated with a corrosive substance that can perforate gastric mucosa

Q.36 Nerve which may be injured in superficial parotidectomy:
 a) Facial nerve
 b) Lingual nerve
 c) Accessory nerve

- (d) Vagus nerve
 (e) Hypoglossal nerve

- Q.25 Which is the best treatment for a patient with allergy to dog dander?
- Cromic
 - Avoid
 - Antihistamine drugs
 - Sedormethasone
 - Prednisone

- Q.26 Nasal miosis is:
- Fungal infection of the nose
 - Bacterial infection of the nose
 - Viral infection of the nose
 - Infestation of the nasal cavities by the larvae of a fly
 - Chlamydial infection of the nose

- Q.27 Ohngren line is useful in:
- Locating the infra orbital foramen
 - Assessing the prognosis of maxillary sinus carcinoma
 - Aligning the teeth for intermaxillary wiring
 - Locating the sphenoid sinus ostium
 - Judging the degree of orbital floor depression

- Q.28 An alternative to submucous resection for correction of deviated nasal septum is:
- Submucous resection of turbinate
 - Septoplasty
 - Septal rhinoplasty
 - Lateral rhinotomy
 - Rhinoplasty

- Q.29 Weber Fergusson incision is used for:
- Repair of Le Forte II fracture
 - Radical maxillectomy
 - External ethmoidectomy
 - Shenoidotomy
 - Cald Well Luc's operation

- Q.30 Pott's puffy tumor refers to:
- Mucocoele of the frontal sinus
 - Tuberculosis of the vertebrae
 - Retrobulbar tumor producing exophthalmos
 - Edema of the forehead seen with the osteomyelitis of the frontal bone
 - Posterior choanal polyps

- Q.31 An effective surgical procedure for controlling the nose bleeds of hereditary hemorrhagic telangiectasia is:
- Septal rhinoplasty
 - External carotid ligation
 - Internal carotid ligation
 - Intranasal cartilage implants
 - Anterior ethmoidal artery ligation

- Q.32 Ludwig's angina is an infection of the:
- The infratemporal space
 - The prepharyngeal space
 - The retropharyngeal space
 - Submaxillary space
 - Peritonsillar space

- Q.33 A 24 year old, otherwise healthy man is seen with a three day history of sore throat, low grade fever, nasal stuffiness, and a non-productive cough. The oropharynx has a mild erythema on examination. Which of the following is the most likely diagnosis?
- Laryngeal pharyngeal reflux
 - Viral pharyngitis
 - Group A-alpha haemolytic streptococcus
 - Fungal pharyngitis
 - Allergy exacerbation

- Q.34 Which antibiotic is currently considered the first choice for treatment of acute pharyngitis caused by group A-beta-Haemolytic Streptococcus?
- Erythromycin
 - Clindamycin
 - Penicillin
 - Tetracycline
 - Azlyhromycin

- Q.35 A 25-year old man with a history of intravenous drug use is seen with a 3-day history of sore throat, tachycardia, high fevers and headaches. Which diagnostic test should be performed to evaluate for acute retroviral syndrome?
- ELISA for HIV
 - CD 4 count
 - Western Blot for HIV
 - Throat culture
 - Quantitative plasma HIV-1 RNA level

- Q.36 A 19-year old man with a history ofogenital contact presents with a 5-day history of a painless ulcer in the left tonsil. What is the most likely diagnosis?
- Gonococcal pharyngitis
 - Primary syphilis
 - Secondary syphilis
 - Chlamydial pharyngitis
 - Infectious mononucleosis

- Q.37 A child 2 years of age presents with rapid onset of high fever, toxicity, agitation, stridor, dyspnea, muffled voice and painful swallowing. The child sits leaning forward with mouth opened and drooling. The diagnosis is:
- Laryngeal tracheobronchitis
 - Epiglottitis
 - Peritonsillar abscess
 - Peritonsillar abscess
 - Laryngomalacia

- Q.37** A 4 year old child aspirated a small metal tack documented by chest radiography two hours before his referral to you for endoscopic removal. On examination he appears in no distress but had been coughing during transit to your hospital:
 a) Wait 24 hours and monitor cough
 b) Begin corticosteroid treatment
 c) Obtain pulmonary function studies
 d) Obtain a repeat chest radiograph
 e) Give a cough suppressant before administering general anaesthesia
- Q.38** Disc shaped batteries pose a threat to a patient when ingested because:
 a) They induce an electrolyte reaction capable of inducing a caustic esophageal burn
 b) Their shape makes their removal with forceps technically difficult
 c) They often become permanently lodged in the posterior tracheobronchial region
 d) They create an electromagnetic field that can cause arrhythmias
 e) They are coated with a corrosive substance that can perforate gastric mucosa
- Q.39** A 15 year old boy is hit in the neck by a clothes line while riding a motor bike is mildly dyspneic. Physical examination reveals marked subcutaneous emphysema and bilateral true vocal fold paralysis. The airway is best managed in this case by:
 a) Cricothyrotomy
 b) Nasotracheal intubation
 c) Oral cricothyrotomy
 d) Tracheostomy
 e) Observation
- Q.40** A male 6 years of age presents with growth left vocal cord extending onto anterior commissure and significantly upwards and downwards with fixed left vocal cord. There are no neck nodes or distant metastases. Direct laryngoscopy and biopsy reveals it to be squamous cell carcinoma of larynx. The tumor would be staged as:
 a) T1N0M0
 b) T2N0M0
 c) T3N0M0
 d) T3N0M1
 e) T3N1M0
- Q.41** All of the following are true regarding a patient who is seen in the emergency department after ingestion of a strong alkali chemical EXCEPT:
 a) Upper endoscopy should be performed during the first 24 to 48 hours after ingestion
 b) The patient will have an estimated 10-fold increase in the risk of squamous cell carcinoma of the esophagus
 c) The patient may complain of oropharyngeal, retrosternal or epigastric pain
 d) The esophageal injury is the result of a coagulative necrosis
 e) The patient should be examined for evidence of oropharyngeal injury
- Q.42** Where is the Killian-Jamieson's region located?
 a) Between the oblique and transverse fibers of the cricopharyngeal muscle
 b) Between the cricopharyngeal and inferior constrictor muscle
 c) Between the cricopharyngeal and most superficial esophageal circular muscle
 d) Between the fibres of inferior constrictor muscle
 e) Between the fibres of inferior constrictor and middle constrictor muscle
- Q.43** Which diagnostic test should be obtained to evaluate a patient suspected of having an esophageal diverticulum?
 a) Chest X-Ray
 b) Computed tomographic scan
 c) Barium swallow
 d) Esophagogastroduodenoscopy (EGD)
 e) Rigid Endoscopy
- Q.44** Laryngospasm is more likely to occur in a patient who is:
 a) Hypoventilating
 b) Hypercarbic
 c) Lightly anesthetized
 d) Acidotic
 e) Deeply anesthetized
- Q.45** The most common cause of unilateral vocal fold paresis is:
 a) Thyroid surgery
 b) Thoracic surgery
 c) Idiopathic
 d) Stroke
 e) Arnold-Chiari malformation

CPMC
BOOK SHOP

- Actually Mcq were made From Logan Book (by dr.tariq) so mostly mcq were not in Dhingra. Good luck. Mcq May contain Mistakes
- 1.laryngomalacia baby .1 year. .Confirmed
 - 2.As type. otosclerosis .Confirmed
 - 3.2000hz. carhart notch .Confirmed
 - 4.vidian nerve .Confirmed
 - 5.~~toxic shock syndrome after septoplasty~~ .Confirmed
 - 6.meniers disease .Confirmed
 - 7.quinsy scenario,treatment=incision drainage. confirmed
 8. footplate. stapedotomy. (confirmed)
 - 9.sudden hearing loss. Idiopathoc. confimed
 - 10.hemangioma. (confirmed)
 - 11.necrotizing otitis media .Confirmed
 - 12.septal hematoma post SMR 1 week,no fever, bilateral obstruction .Confirmed
 - 13.dead ear= total labyrinthectomy. confimed
 - 14.nerve to anethisa. at nose cartilage and nose. external nasal. confiremd by dr.tariq
 - 15.caldwell luc operation-polypectomy. poly surgery. confirmed.
 - 16.voice rest teacher with vocal nodule... confirmed..
 - 17.type 3 . confirmed
 - 18.unilateral foul smelling discharge. FB in child. confirmed.
 - 19.dust mite. . confirmed by dr.tariq
 - 20.BERA(asked the cochlear leasion. and all other were concitive deafness test)Confirmed
 - 21.cavitated lesions+night seats=tb. confirmed
 - 22.hoarseness-vagus. confirmed
 - 23.grommet insertion. . confirmed.
 - 24.frusemide. ototoxic. confirmed.
 - 25.trasnasal or extra nasal. Approach (not confiremd)
 - 26.secondary haemorrhage treatment. Adrenaline. Confirmed
 - 27.Cry cyanosis ka CHOANAL ATRESIA . confirmed
 - 28.kaposi sarcoma. aid . purple patch. confimed
 - 29.keisselbach triangle. pinch on epistaxis. confiremd.
 30. .atrophic rhinitis in young operatio. confirmed
 - 31.acute tonsillitis. yellow membrane over tonsil,acute symptomms. confirmed.
 - 32.most dreadful complication of sleep apnea. corpulmonale. confirmed
 - 33.tuberculosis(retrophrunginal pouch). confiremd
 - 34.t3n2bm1. staging . confimed.
 35. ludwing angina. most common organis. diabetes. psudomonas. confirmed.
 - 36.Laryngeal carcinoma radiotherapy. confirmed
 - 37.Acustic neuroma. mri with contrast. confirmed
 38. perichondritis in pinna. psudomonas. confirmed
 39. septal perforation. surgery(acc to dhingra)(may be cocaine) not confirmed.
 - 40.bike accident hemotympanum. longitudinal. (not confiremd)
 - 41.Arrhythmia in diphtheria. sudden death. Confirmed
 42. septoplasty. dns method below 17. confirmed
 - 43.vertical part of facial/2nd genu. c complication of cortical mastoidectomy (not confirmed)
 44. right posterior. semicircular canals. personal nystagmus seeing upwards (confirmed)
 - 45.ent surgeon comes after 21 days in road side accident induced comma ,tracheostomy.

- Q.11 A patient developed severe vertigo during ear syringing. Which mistake has been committed by the doctor?
 a) Too cold water has been used
 b) Water at body temperature has been used
 c) Water has been directed on ear drum
 d) Too much force has been used
 e) Poor technique has been used
- Q.12 A patient had common cold which was followed by severe bilateral otalgia with vertigo. Later there was blood stained watery discharge from both ears. What is the likely cause?
 a) Acute otitis media
 b) Chronic otitis media
 c) Otitis externa haemorrhagica
 d) Drum perforation
 e) Eczematous otitis externa
- Q.13 An old lady complains of severe earache for last three weeks. On examination she had granulation along floor of the ear canal. Her random blood sugar is 450 Mg%. Which organism is responsible for her condition?
 a) Streptococci
 b) E. coli
 c) Staphylococci
 Malignant OE: d) Pseudomonas
 e) Klebsiella
- Q.14 A young boy has developed Bezold's abscess as a complication of acute suppurative otitis media. The pus in this case accumulates along which muscle?
 a) Posterior belly of digastric muscle
 b) Anterior border of trapezius muscle
 ✓ c) Sternomastoid muscle
 d) Zygomaticus major muscle
 e) Temporalis muscle
- Q.15 A thirteen year old male complains of lump in upper part of neck on the right side. He also gives history of minor nose bleeds. On examination there is ulcerative lesion in nasopharynx and middle ear effusion on the same side. The causative factor in this case includes:
 ✓ a) Radiation
 b) Thalidomide
 c) Chronic adenoiditis
 d) Tuberculosis
 ✓ e) Epstein Barr virus
- Q.16 Which one of these is a pre-malignant condition?
 a) Oral lichen planus
 b) Metaplasia
 ✓ c) Submucous fibrosis
 ✓ d) Aphous ulcer
 e) Marjolin ulcer
- Q.17 A two year old child suffers from unilateral foul smelling nasal discharge for the last three months. What kind of foreign body you expect to find in him?
 ✓ a) Plastic bead
 b) Button battery
 c) Rubber eraser
 ✓ d) Plant seed
 e) Metal bead
- Q.18 A young boy complains of hoarseness after tonsillectomy. IDL showed bilateral granulomas on posterior part of vocal cords. This occurred due to:
 a) Voice abuse
 b) Chronic laryngitis
 c) Syphilis
 d) Open pulmonary tuberculosis
 ✓ e) Intubation trauma
- Q.19 A sixty year old, chain smoker has developed hoarseness, cough with haemoptysis and IDL shows left vocal cord paralysis. What is the diagnosis unless proven otherwise?
 a) Glottic carcinoma
 b) Subglottic carcinoma
 c) Thyroid carcinoma
 ✓ d) Bronchogenic carcinoma
 e) Tuberculosis
- Q.20 Thoraxpiratory emphysema and mediastinal shift to opposite side in a child occurs due to:
 ✓ a) Incomplete blockage of bronchus by foreign body
 b) Complete blockage of bronchus by foreign body
 c) Pneumothorax
 d) Haemothorax
 e) Basal lung collapse
- Q.21 A 4 year old child has fever, respiratory difficulty and bull's neck. He did not have proper vaccination. Which test will you do to confirm the diagnosis?
 a) Stick test
 b) Paull funnel test
 c) Differential white cell count
 d) Chest X-ray
 e) Throat swab for Gram staining
- Q.22 The patient has been diagnosed of tubotympanic chronic suppurative otitis media. His ear is dry. What is the best treatment option?
 a) Cortical mastoidectomy
 b) Combined approach mastoidectomy
 ✓ c) Tympanoplasty
 d) Ossiculoplasty
 e) EUM under GA

CSOM

Q.36) A twelve year old child complains of unilateral nasal obstruction. On examination he has white glistening mass in the nostril which is insensitive to touch. The CladWell Luc operation is not advised in this case due to:

- a) Risk to premolar teeth
- b) Shallow canine fossa
- c) Oroantral fistula
- d) Hemorrhage
- e) Anesthesia on face

Q.37) A twenty year old married girl complains of recurrent sore throat. On examination during an attack she was noted to have multiple small ulcers with red margins distributed along floor of mouth and lateral borders of tongue. These ulcers are due to:

- a) Tuberculosis
- b) Syphilis
- c) Behcet's syndrome
- d) Aphthous stomatitis
- e) Malignancy

Q.38) A seven year old boy has severe deflection of nasal septum. He finds lot of difficulty in breathing through his nose along with recurrent episodes of acute sinusitis. Which treatment is best for him?

- a) Wait till he gets 16 years old
- b) SMR
- c) Antral wash out

FESS Functional Endoscopic Sinus Surgery
Septoplasty

Ethmoidal polyp

paper, mucus, clapped in

Q.39) The contents of middle ear include:

- a) Cochlea
- b) Saccule
- c) Facial nerve
- d) Chorda tympani nerve
- e) Tensor tympani muscle

Q.40) A sixty year old male patient complains of hoarseness for last six months. IDL reveals reddish looking and ragged left vocal cord. The best investigation for diagnosis is:

- a) CT scan
- b) Chest X-ray
- c) Direct laryngoscopy.
- d) Biopsy of the cord
- e) Flexible laryngoscopy

Cancer

Q.41) A twenty five year old patient complains of constant catarrh, nasal obstruction and hyposmia for last one year. He is asthmatic also. What will you find on anterior rhinoscopy?

- a) Foreign body
- b) Rhinolith
- c) Tumor
- d) Enlarged turbinates
- e) Polyps

Q.42) A young boy has developed very prominent Adam's apple. This is due to:

- a) Cricoid cartilage
- b) Acute angle of thyroid cartilage alae
- c) Hypertrophied neck muscles
- d) Corniculate cartilage
- e) Testosterone surge

Q.43) Anterior faecal pillar is made up of:

- a) Palatopharyngeus muscle
- b) Oral mucosa only
- c) Palatoglossal muscle
- d) Anterior pillar of tonsil
- e) Fibrous tissue only

Q.44) A child is born with right sided complete cleft palate. The most likely functional disability faced by infant will be:

- a) Otitis media with effusion
- b) Speech difficulty
- c) Nasal regurgitation
- d) Recurrent chest infections
- e) Feeding difficulty

Q.45) A young girl has developed hard swelling in submental region. She is pyrexial and her WBC count is 13000. What is the treatment?

- a) Intravenous Penicillin
- b) Incision and drainage
- c) Tracheostomy
- d) Cricolaryngotomy
- e) Antipyretics

- Q.42 A one year old child is presented with inspiratory stridor and this stridor tends to increase while sleeping and not much increase while weeping. The clinical suspicion is that of:
a) Tracheomalacia
 b) Laryngomalacia ✓
c) Laryngeal cyst
d) Subglottic stenosis
e) Vocal cord paralysis
- ✓ Q.43 A young lady presented with multiple, painful small ulcerative lesion in oral cavity and many were in gingivobuccal sulcus. There small ulcers were shallow and surrounded by red areola with white patches inside. This clinical picture is in favour of:
a) Herpes zoster
b) Herpes Simplex
 c) Aphthus ulcers (stomatitis)
d) Pemphigus
e) Vincent's angina
- Q.44 A 50 years old diabetic patient developed a brawny indurated swelling in submental region for the last seven days. Patient was febrile and progressive towards toxicity. His clinical scenario is consistent with the diagnosis of:
 a) Vincent's angina ✓
b) Ludwigs angina
c) Infected ranula
d) Carcinoma of floor of mouth
e) Cellulitis in submental region
- Q.45 A patient started feeling submandibular swelling at meal time. The swelling is often painful and now has become a constant feature for the last one month. What investigation you think can help more to diagnose the actual disease:
 a) Plain x-ray of submandibular region
b) Plain CT screening of this region
c) Plain MRI
d) Sialography
e) Angiography

.... UH-III / 12 (Copyright protected material of Unacademy Services)



17 ✓
24 ?
18 ✓

CIVIL MEDICAL KEY 2010

1. Bloody discharge not seen: Allergic rhinitis
2. Stapedectomy: Perilymph Fistula
3. Vomiting: Subdural Abscess
4. Benign tumor : Inverted papilloma
5. Sweating : Frey's Syndrome
6. Proptosis, otorrhea: Gradenigo syndrome
7. Choanal atresia: 18 months - 19 half year
8. Otosclerosis: Gestation
9. Temporal fascia : easily available
10. Recurrent polyp : Caldwell luc
11. > 12 yr : Caldwell luc
12. Wax: sebaceous + ceruminous+keratin
13. Trumpet: laryngocoele
14. Laryngocoele : saccule
15. Polyposis : cystic fibrosis
16. Swelling: sialography
17. T3 : Total laryngectomy
18. Salivary gland: hard palate
19. Post cricoid mass:
laryngopharyngoesophagectomy
20. Cricothyroid Muscle : External laryngeal
21. Superior laryngeal nerve paralysis
22. Post tongue : squamous cell carcinoma
23. Koplik spots : measles
24. Trauma : hematoma
25. Cervical lymphadenopathy

ERRORS & OMISSIONS EXCEPTED

26. Perforation : SMR
27. Ear irritation : otomycosis
28. MOE : diabetic + elderly
29. Bezold abscess : sternocleidomastoid
30. Boy : Aphthous ulcers
31. Abscess : par oral drain
32. Above middle turbinate : post ethmoid
33. Tumor : pleomorphic adenoma
34. Otitis externa : scratching
35. Tonsils: respiration and deglutition
36. Horner syndrome : CA nasopharynx
37. Foreign body : Bronchus
38. Vesicles : Ramsay hunt syndrome
39. Hemangioma : Electrocautery/ant packing?
40. CSF rhinorrhea : beta transferrin
41. Kidney : Wegners
42. Menieres' : Nystagmus
43. Atticoantral : radical mastoidectomy
44. Pinkish TM : ASOM?
45. Emergency : Laryngotomy / ETT?

PREPARED BY:

MUHAMMAD KAMRAN MEHWAR

The most common cause of septal perforation is:

- Cocaine
- Chronic infection
- Inhaler abuse

Septal hematoma, if not detected and treated properly

- Excessive cocaine epithelial
- Nosebleed
- Prolonged anticoagulation

Q.14 Allergic Rhinitis is indicated by:

- Allergen-specific IgE
- Immunoglobulin G
- Immunoglobulin M

Q.15 A rhinolith is:

- Foreign body in the nose
- Nasal polyp
- Foreign body in the nose

Q.16 Cold Well Luc procedure is indicated in:

- Recurrent antrochoanal polyp more than 12 years of age
- Bleeding polyp of the nasal septum
- Acute maxillary sinusitis

not sure

Q.17 The primary and most significant alteration in pathophysiology that contributes to sinusitis is:

- Hypoplasia of the sinus
- Mucosal edema in and around the sinus
- Osseous
- Alterations in the secretions from viscous to more liquid

- Improvement in nasal ciliary function
- Improvement in local host resistance factors

Q.18 The most common complication associated with acute ethmoiditis in children is:

- Epidual or subdural abscess
- Orbital cellulitis
- Osteomyelitis of the frontal bone

- Cavernous sinus thrombosis
- Orbital apex syndrome and complete ophthalmoplegia

Q.19 In Cold Well Luc's operation safe entry into the antrum is gained through the

- Pyriform aperture
- Maxillary alveolus
- Canine fossa

- Incisive fossa
- Molar eminence

Q.20 The most common malignancy of nose and paranasal sinuses is:

- Adenocarcinoma
- Squamous cell carcinoma
- Rhabdomyosarcoma

- Esthesioneuroblastoma
- Melanoma

Q.21 A male 50 years of age presents with unilateral fleshly mass. The histopathology on biopsy reveals it to be inverted papilloma. Its treatment should be:

- Maxillary surgery
- Radical maxillectomy
- Partial maxillectomy

- Lateral rhinotomy
- Chemotherapy
- Radiotherapy

Q.22 A small osteoma is incidentally found in the left frontal sinus on radiography. The patient should be advised:

- To undergo CT scanning and biopsy
- To undergo MRI imaging
- To undergo surgical excision

- To undergo chemotherapy
- That this is a benign lesion and might be observed

Q.23 In a patient with epistaxis anterior ethmoidal artery is to be ligated. Incision required would be:

- Lynch Howarth
- Lateral rhinotomy
- Weber Ferguson

- Trans palatal
- Neck incision at the level of thyroid cartilage lateral border

Q.24 A child two years of age, after ten days is noted to have soft, cream yellow patches on the surface of oral mucous membrane which can easily be rubbed off and a red area of mucous remains. The likely diagnosis is:

- Aplithous ulceration

- Oral candidiasis
- Primary herpetic stomatitis

- Uchen planus

- Folifluga vulgaris

operative trauma
trauma

**MBBS THIRD PROFESSIONAL
Ear, Nose and Throat
(Multiple Choice Questions)**

Total Marks: 45

Time Allowed: 1 hour

MCQ Paper ID: B B F A 1 2 0 5 1 2 0 1 4

Signature of Candidate
Roll No.

Instructions:

- i. Read the instructions on the MCQ Response Form carefully.
- ii. Attempt all questions. Choose the Single Best Answer for each question.
- iii. Question Paper to be returned along with MCQ Response Form.
- iv. Candidates are strictly prohibited to give any identification mark except Roll No. & Signature in the specified columns only.

A 30 yr

- Q.1** A four months old baby is found to have stridor. Flexible endoscopic examination revealed a globular reddish mass under the vocal cords. What is the likely diagnosis?
 a) Vocal nodule d) Vocal polyp
 b) Laryngeal papilloma e) Subglottic stenosis
 c) Congenital subglottic haemangioma
- Q.2** The major portion of nasal cavity is lined by:
 a) Olfactory epithelium d) Columnar epithelium
 b) Ciliated columnar epithelium e) Skin
 c) Squamous epithelium
- Q.3** A young married lady complains of hearing difficulty. She also told that her symptom got worse during pregnancy. Otoscopy revealed reddish hue on ear drums. What finding on PTA will be diagnostic?
 a) Conductive hearing loss d) A dip at higher frequencies
 b) Mixed hearing loss e) Low frequency mixed hearing loss
 c) Carhart's notch
- Q.4** A 30 year old male patient complains of whitish looking cystic swelling in floor of mouth. It disappeared on puncturing but reappeared after few weeks. The diagnosis is:
 a) Ranula d) Sublingual gland tumour
 b) Mucous retention cyst e) Stalactasis
 c) Stone in submandibular gland duct
- Q.5** A young lady complains of recurrent swelling in upper part of neck which increases in size and becomes painful during eating. Which investigation will clinch the diagnosis?
 a) WBC count d) Fine needle aspiration cytology
 b) OPG (Orthopantomogram) e) Incision biopsy of salivary gland
 c) Occlusal x-ray of oral cavity
- Q.6** A six year old child is diagnosed suffering from acute otitis media. He is not improving inspite of adequate medical treatment. Where will you do the Myringotomy?
 a) Posteroinferior part d) In the centre
 b) Attic e) Along the annulus
 c) Anteroinferior part
- Q.7** An old lady complains of blocked ear. On examination a whitish material was noted in deep part of external auditory meatus which was very difficult to remove by suction and it also became very painful. The likely diagnosis is:
 a) Otomycosis d) Keratosis boturans
 b) Maggot e) Foreign body
 c) Cholesteatoma
- Q.8** Which of the following cartilages do not ossify in life time?
 a) Thyroid d) Arytenoids
 b) Epiglottis e) Quadrilateral
 c) Cricoid
- Q.9** Tensor tympani muscle curls around:
 a) Neck of malleus d) Process cochleariformis
 b) Handle of malleus e) Promontary
 c) Fallopian canal
- Q.10** A rugby player had trauma to his pinna which got swollen after few hours. On examination it was fluctuant swelling. What is the best treatment?
 a) Aspiration d) Incision and drainage with pressure bandage
 b) Repeated aspiration e) Otoplasty



**MBBS THIRD PROFESSIONAL
Ear, Nose and Throat
(Multiple Choice Questions)**

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S - 2012

- ✓ Q.1 A 20 years old person presented with severe trismus, odynophagia, and fever, matching with diagnosis of peritonsillar abscess. Best option of treatment in this case:

a) Antibiotic therapy only ✓

b) Steroid therapy only

c) Incision drainage of the abscess with 4% xylocaine gargles, Incision drainage

d) Incision drainage (I/D) and Injectable antibiotics

e) Incision drainage I/D, Injectable antibiotics and analgesic ✓
- ✓ Q.2 Boil in the ear usually occurs:

a) In middle 1/3rd of external auditory meatus (EAM)

b) In medial 1/3rd of the EAM

c) In outer 1/3rd of the EAM ✓

d) In concha of pinna

e) On lobule of the pinna
- ✓ Q.3 A 6 years old child was operated for adenolot (adenoidectomy). At an aftermath of this operation, the child can have:

a) Rhinolalia clausa

b) Rhinolalia aperta ✓

c) Cleft palate overt

d) Submucus cleft palate

e) Naso pharyngeal obliteration
- ✓ Q.4 A 35 year old lady presented with bilateral multiple nasal polyp causing nasal obstruction and loss of smell. CT scan of nose and PNS show soft tissue mass in nose and in ethmoid region, maxillary sinuses are clean. The most suitable treatment for this patient:

a) Conservative Rx with antibiotic and antihistamine

b) Conservative Rx with antibiotic and steroid

c) Bilateral nasal polypectomy with intra nasal ethmoidectomy

d) Caldwell Luc's operation

e) External Ethmoidectomy
- ✓ Q.5 A 30 years old teacher presented with hoarse voice for the last one year. She even lost her voice at the end of the lecture. She also does not want to quit her job. She is diagnosed as a case of typical singer's nodules. What you would suggest for this teacher:

a) Voice rest complete

b) Speech therapy ✓

c) Use of megaphone to deliver lecture

d) LASER therapy

e) Psychotherapy
- Q.6 In Rinn's test, the false negative response in the right ear indicates:

a) Conductive deafness in right ear

b) Profound sensorineural deafness in right ear

c) Sensorineural deafness in right ear

d) Mild Sensorineural deafness in right ear

e) Conductive deafness in left ear
- Q.7 When a person is exposed to a loud sound and he then experiences vertigo, this particular situation is known as:

a) Tullio phenomenon

b) Fistula sign

c) Menier's syndrome

d) Benign paroxysmal positional vertigo

e) Recruitment phenomenon
- ✓ Q.8 An 8 years old child is diagnosed as a case of acute secretory otitis media. He is also a catarrhal child and is found to have obliterated airway patency due to enlarged adenoid. This child requires:

a) Myringotomy with adenoidectomy

b) Adenoidectomy alone

c) Myringotomy alone

d) Mastoidectomy alone

e) Tonsillectomy and adenoidectomy

MBBS THIRD PROFESSIONAL
Ear, Nose and Throat
(Multiple Choice Questions)

Signature of Candidate

Total Marks: 45
 Time Allowed: 1 hour

Roll No.

MCQ Paper ID

B	B	F	B	1	3	4	5	8	6	2	3
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Instructions:

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 - ii.
 - iii.
 - iv.
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- Q.1** A male member located :
 a) The aero-superior quadrant
 b) The postero-inferior quadrant
 c) Major portion of the pars tensa
- Q.2** The primary mover in opening the Eustachian tube is:
 a) Tensor palatini muscle
 b) Palate haryngeus muscle
 c) Salpiropharyngeus muscle
- Q.3** In radical mastoidectomy the structure preserved is:
 a) Incus only
 b) Malleus only
 c) Tympanic membrane
- Q.4** The usual causative organism of otitis media is:
 a) Strep. coccus
 b) Staph. ococcus aureus
 c) Pseudomonas
- Q.5** The treatment of chronic suppurative otitis media with cholesteatoma in patient who had a neurosurgical procedure for the temporal lobe brain abscess is:
 a) Antibiotic ear drops
 b) A full course of antibiotics
 c) Radical mastoidectomy
- Q.6** Movements of the tragus and auricle are painful in:
 a) Otitis externa acute
 b) Chronic mastoiditis
 c) Purulent otitis media
- Q.7** The modified radical mastoidectomy of Bondy differ from the radical mastoidectomy in that the following structures are preserved:
 a) Stapes only
 b) Middle ear structures and the ear drum
 c) Incus only
- Q.8** Jerk nystagmus which occurs in the direction of fast component, neutral gaze and in the direction of slow component is called:
 a) First degree nystagmus
 b) Second degree nystagmus
 c) Optokinetic nystagmus
- Q.9** The most common site of ossicular damage in middle ear cholesteatoma is:
 a) The head of the malleus
 b) The stapes capitulum
 c) The stapes foot plate
- Q.10** Endolymphatic sac decompression is an option in the treatment of:
 a) Vestibular neuronitis
 b) Labyrinthitis
 c) Benign paroxysmal positional vertigo

S - 2013
 8 - 2013

d) Tensor tympani muscle
 e) Levatorpalatini muscle

d) Posterior canal wall
 e) Foot plate of the stapes

d) Proteus
 e) Haemophilus

d) Cortical mastoidectomy
 e) Tympanoplasty

d) Exudative otitis media
 e) Transudative otitis media

d) Malleus only
 e) Tympanic membrane only

d) Third degree nystagmus
 e) Perverted nystagmus

d) The body of the incus
 e) The long process of the incus

d) Disequilibrium of ageing
 e) Meniere's disease