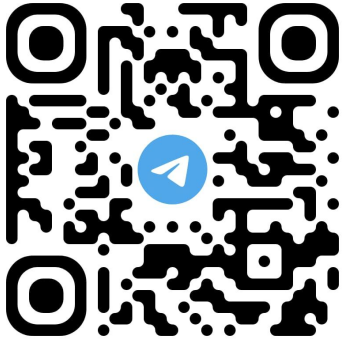


ENT

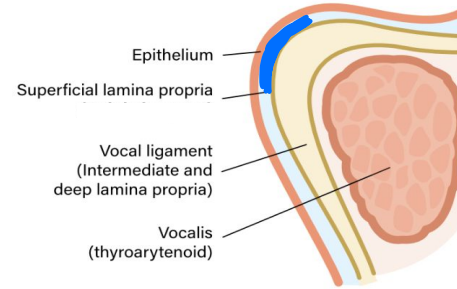
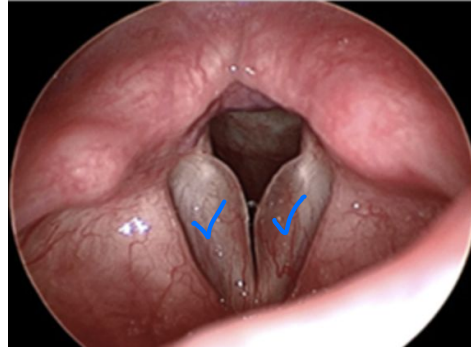
Telegram Group



Marwahmedicine

1. 45-year-old female presents with progressive hoarseness for 6 months. She is a chronic smoker. Voice is described as deep and husky. Video Laryngoscopy image is shown below. What is the most likely diagnosis?

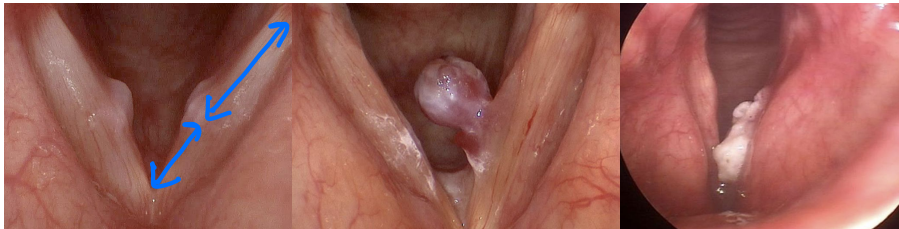
- a. Vocal cord nodules
- b. Vocal cord polyp
- c. Reinke edema
- d. Laryngeal carcinoma



A

B

C



2. A 45-year-old hypertensive patient comes with epistaxis. BP on admission is 180/120 mm Hg. Which is first step in management of this patient?

- a. Lower SBP to < 160 mm Hg with labetalol
- b. Perform nasal packing with foley's catheter
- c. Urgent chemical cauterization
- d. Endoscopic sphenopalatine artery ligation



POST EPISTAXIS

WOODRUFF plexus

→ Trotter position + ice pack

→ Topical oxymetazoline

(ENT) → visible bleeding: silver nitrate

Nasal packing: MEROCEL

A > P
=

✓ Assessment ← *

- Step 1 → Sit upright + lean forward
Pinch soft nose (Trotter's method) + ice pack
- Step 2 → If hypertensive → give antihypertensives FIRST
(Labetalol IV / oral)
Because high BP = packing will fail anyway
- Step 3 → Topical vasoconstrictor
(Oxymetazoline)
- Step 4 → Cauterization
(Silver nitrate / electrocautery)
- Step 5 → Anterior nasal packing
(BIPP / Merocel)
- Step 6 → Posterior nasal packing
(Foley / Brighton balloon / Epistat)
- Step 7 → Endoscopic sphenopalatine artery ligation
/ Angioembolization
- Step 8 → External carotid artery ligation
(last resort)

3. In the OT multiple attempts were made by the resident doctor to intubate the patient. He subsequently develops inspiratory stridor after extubation. What is the most likely site of injury for this presentation?

- a. Glottic narrowing
- b. Supraglottic narrowing**
- c. Subglottic narrowing
- d. Bronchomalacia

Region	Stridor Type	Voice
Supraglottic <u> </u>	inspiratory	Muffled or normal
Glottic	Biphasic I+E	Hoarseness, aphonia
Subglottic	Biphasic	Barking cough
Trachea bronchus	Expiratory Biphasic	Normal

4. 42-year-old woman presents with gradually progressive hearing loss in the right ear for 8 months, along with occasional imbalance while walking. On examination, Rinne's test is positive in the right ear and Weber's test lateralizes to the left ear. Which of the following is correct about the diagnosis?

a. Hypointense focus around oval window

OS: CHL

b. Internal auditory canal showing enhancement of auditory nerve

VESTIBULAR NEURITIS

c. Internal auditory canal showing SOL

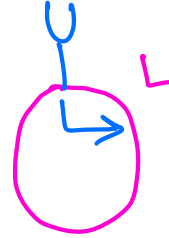
R: Rinne +: AC > BC

d. Opacification of mastoid air cells

CSOM: CHL

Normal, SNHL

Rt. SNHL: ? V. schwannoma

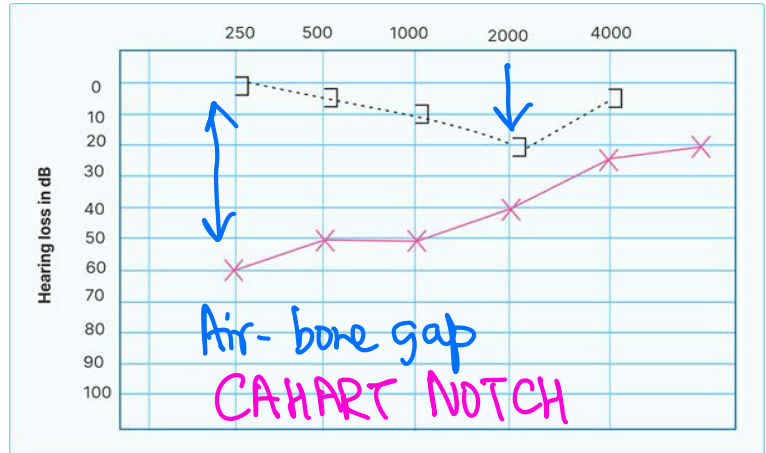


“Conductive COMES, Sensorineural SHIFTS” for Weber based localization

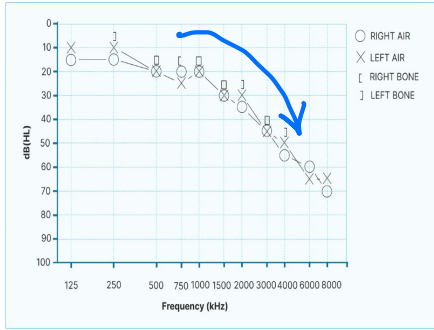
- Conductive: Weber comes to diseased ear
- Sensorineural: Weber Shifts to normal ear

5. The following Audiogram would be seen in which of the following conditions?

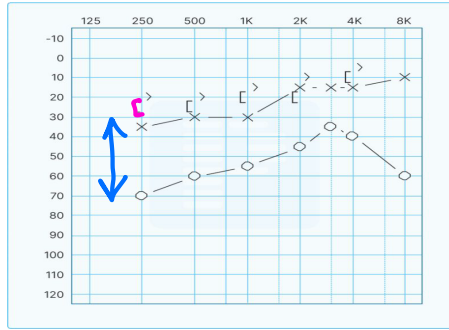
- a. Otosclerosis
- b. Presbycusis
- c. Safe CSOM
- d. Meniere's disease



Presbycusis

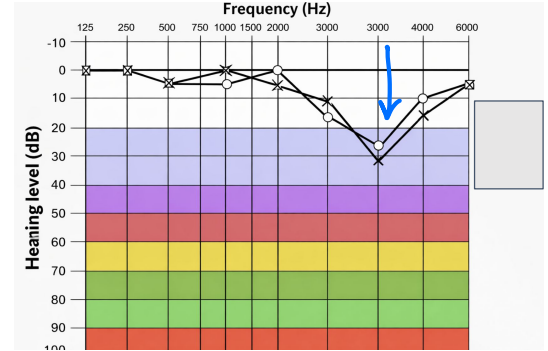


Right sided CHL



Noise induced hearing loss

Jan 2026




✓
ROLEX: Right o and left X

6. Onion peel appearance on X-ray of skull is seen in -

- a. Otosclerosis
- b. Glomus jugulare tumor
- c. Cholesteatoma
- d. Meningioma

↓
dural Tail
Sign



- XRay long bone
 - BV
 - bile duct
 - nerve
 - XRay skull
- | |
|---------------|
| Ewing sarcoma |
| Malignant HTN |
| PBC |
| CIDP |
| cholesteatoma |

7. 3-day-old term neonate born by vaginal delivery undergoes routine newborn hearing screening before discharge from the hospital. The baby has no history of birth asphyxia, neonatal sepsis, or NICU stay. On screening, the baby fails the Otoacoustic Emission (OAE) test in both ears. Further evaluation is performed using Brainstem Evoked Response Audiometry, which shows normal auditory brainstem responses bilaterally. Which of the following is the most likely explanation for this finding?

- a. Sensorineural hearing loss
- b. Middle ear effusion
- c. Auditory neuropathy spectrum disorder
- d. Cochlear nerve ~~agenesis~~

BERA abn

OAE: (i) false flag
BERA: (N) auditory NERVE
(n)

BERA abn

8. Inferior vestibular nerve supplies which of the following structures?

- a. Posterior semicircular canal *
- b. Superior semicircular canal
- c. Lateral semicircular canal
- d. Anterior semicircular canal

UTRICLE
UBER
line of acceleration

ISP

S | Saccule : VERTICAL: elevator
Ant SCC : YES
lat SCC : NO
Post SCC : Head To shoulder

Branch	Structures supplied
Superior vestibular nerve	Utricle superior (anterior) semi-circular canal, Lateral semi-circular canal
Inferior vestibular nerve	Saccule, Posterior semi-circular canal

Utricle	Horizontal linear acceleration	Car movement
Saccule	Vertical linear acceleration	Elevator
Anterior SCC	Head nodding	Yes
Lateral SCC	Head shaking	NO
Posterior SCC	Head tilt	Ear to shoulder

9. Comment on the test being performed in the patient

- a. Used to assess Eustachian tube patency.
- b. Used to detect auditory nerve function
- c.** Used to test the mobility of the tympanic membrane.
- d. Used to detect perilymph fistula.



Siegel speculum
pneumatic otoscopy

Valsalva

1



FORCED
Expiration

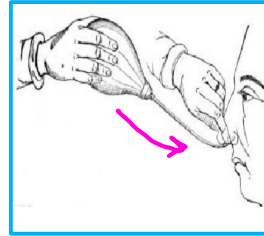
Toyndee

2

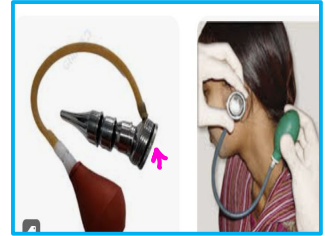


↓
open E.T.

Politzer



Siegel



Test	How it is Done	What happens	What it tests	Key logic
Valsalva test	Patient blows with nose closed	Air forced from nasopharynx → middle ear	ET patency	Positive pressure pushes TM outward
Toynbee test	Patient swallows with nose closed	Negative pressure transmitted to middle ear	ET opening during swallowing	Tensor veli palatini opens ET
Politzer test	Air blown into nose while patient swallows	Air enters middle ear	ET patency	Air forced through ET
Siegel test	Pressure applied in external auditory canal with pneumatic otoscope	TM moves in or out	TM Mobility	Tests middle ear fluid

10. You are performing Fitzgerald Hallpike test on a patient admitted to ICU. The patient is brain dead due to intracerebral haemorrhage. Which are the correct findings seen in this patient? *

→ COWS




- a. Cold water causes nystagmus to opposite side and warm water to same side
- b. Cold water causes nystagmus to same side and warm water to opposite side
- c. Cold water causes nystagmus to same side and warm water causes no response
- d. Cold water causes nystagmus no response and warm water causes no response

CSOM

11. The 35-year-old woman presents with gradually increasing swelling associated with fever and ear discharge for the past two weeks. On examination, 8 × 8 cm tender and fluctuant swelling is shown below. Otoscopy reveals a perforated tympanic membrane with purulent discharge. Which of the following best describes the underlying pathology?

- a. Bezold abscess
- b. Citelli's abscess
- c. Post-auricular abscess
- d. Zygomatic abscess

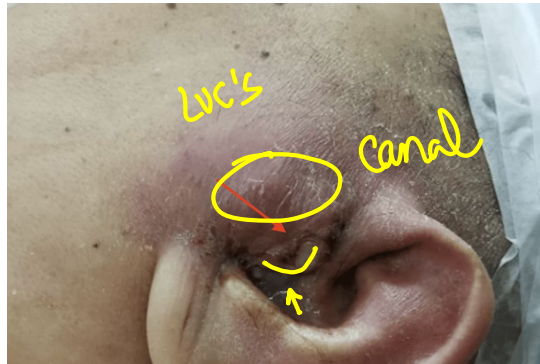


Bezold abscess	Citelli abscess	Posterior auricular abscess
		

BEZOLD

CITELLI

POST AURICULAR



Abscess type	Path of Spread	Site of swelling	Clinical Description
Postauricular abscess	Pus bursts through the lateral wall (outer cortex) of mastoid bone	Behind the ear, over mastoid region	Ear pushed outward and forward; postauricular sulcus obliterated
Zygomatic abscess	Infection spread through the root of the zygomatic process into temporal fossa	Temporal or upper cheek region	Swelling above and in front of the ear
Bezold's abscess	Pus escapes through the tip of the mastoid into the digastric triangle, along sternocleidomastoid sheath	Upper part of the neck, deep to sternocleidomastoid	Deep, tender neck swelling below mastoid tip
Citelli's abscess	Infection spreads through the medial surface of mastoid to occipital region	Posterior to sternocleidomastoid, near occipital area	Posterior neck swelling behind mastoid
Parapharyngeal abscess (Otogenic extension)	Pus tracks medially from petrous part of temporal bone into parapharyngeal space	Lateral pharyngeal wall	Bulge seen in oropharyngeal wall, dysphagia, trismus possible

12. A 25-year-old woman presents with severe pain in the right ear for 3 days. The pain increases on chewing and pulling the pinna. She also complains of mild fever and decreased hearing. On otoscopic examination, the external auditory canal appears swollen and tender, obscuring the tympanic membrane. Which of the following is the most likely diagnosis?

a. ~~Otitis media~~

Pus: TM

b. Furunculosis of external auditory canal

c. Serous otitis media

d. Malignant otitis externa

DM

EAC swelling

13. 55-year-old man presents with severe, deep-seated ear pain for 2 weeks associated with purulent *foul-smelling discharge. On examination, there is *granulation tissue at the floor of the external auditory canal near the junction of the cartilaginous and bony parts. Cranial nerve VII palsy is also noted. His wife says that recently he was diagnosed as having type 2 DM. Which of the following is the most likely diagnosis? *

a. Chronic suppurative otitis media

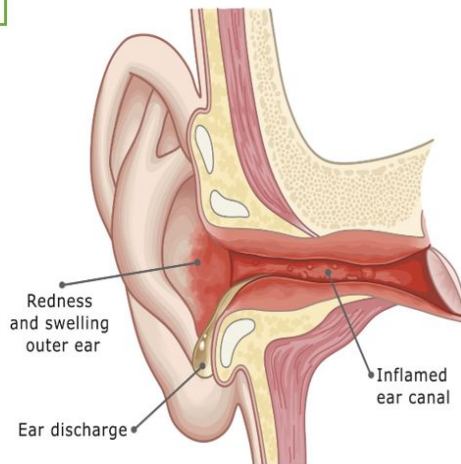
b. Malignant otitis externa

c. Bezold abscess CSOM

d. Mastoiditis CSOM

PERFORATION in TM : pus dls

MOE



Pseudomonas
++

14. A 58-year-old postmenopausal woman with a history of osteoporosis presents with complaints of brief episodes of vertigo lasting a few seconds, occurring when she turns her head to the right side while getting out of bed. There is no hearing loss or tinnitus. Neurological examination is normal. Which of the following is the most likely diagnosis?

a. Ménière's disease

b. Vestibular neuritis

c. Benign paroxysmal positional vertigo

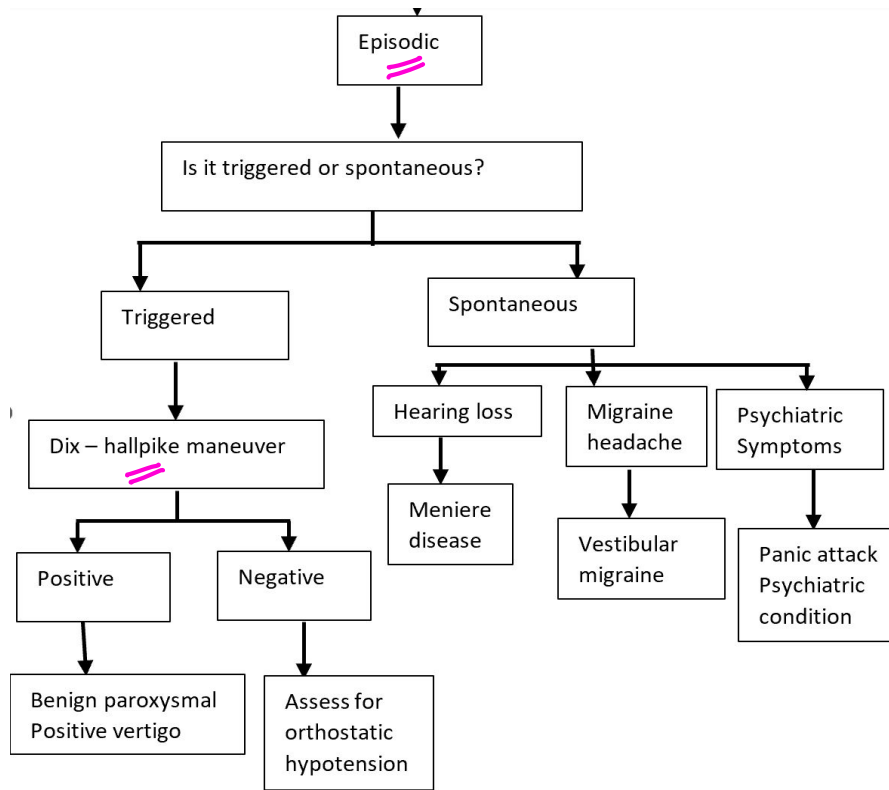
d. Acoustic neuroma

D.V.T

URTI → VERTIGO, TINNITUS

CRN palsies SNHL





15. Which is **correct** about eustachian tubes?

a. Lateral part is fibrocartilaginous and medial part is bony ✗

b. Levator palati opens the tube → * TENSOR VELI PALATINI

c. Gerlach tonsil keeps the tube closed

d. Ostmann pad of fat prevents reflux of nasopharyngeal contents into middle ear +
Opens Tube: yawning
Chewing +
Swallow

16. Name the ENT instrument

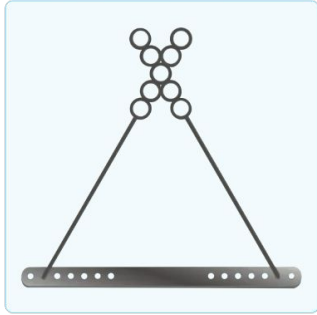
- a. Boyle Davis
- b. Draffin bipods
- c. Mollison mastoid retractor
- d. Tonsillar snare



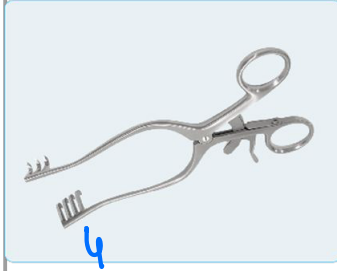
A



B



Mollison mastoid retractor C



D

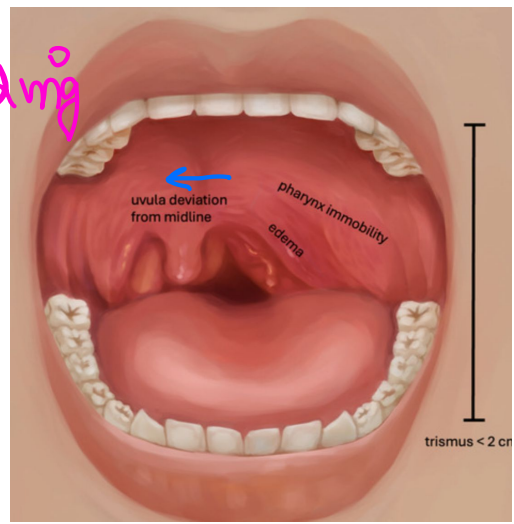
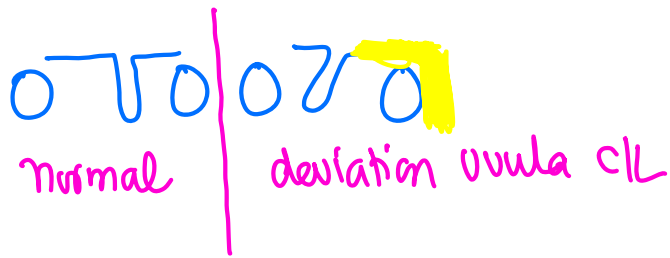


Quinsy: PERITONSILLAR Abscess

17. A 23-year-old man presents with high grade fever and a change in voice for 3 days. On examination he has foul breath, soft palate congestion with uvula deviated to the opposite side. Bilateral tonsils are normal size with congestion. Which of the following is most appropriate management?

- a. Oral amoxicillin + clavulanic acid
- b. IV amoxicillin + clavulanic acid
- c. IV amoxicillin + clavulanic acid with ~~tonsillectomy~~
- d. IV amoxicillin + clavulanic acid with incision and drainage

↑ Post-OP bleeding

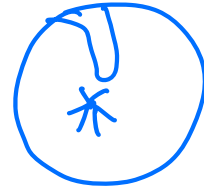


Patient has peritonsillar abscess. *Vagus lifts the veil*": Levator veli palatini prevents nasal regurgitation

18. A 10-year-old child presents with ear pain and fever for 2 days. Otoscopic examination reveals a congested and bulging tympanic membrane showing a radiating vascular pattern resembling a cartwheel. There is no perforation or discharge yet. Which of the following is the most likely diagnosis?

- a. Otitis media with effusion
- b. Acute suppurative otitis media — stage of congestion**
- c. Acute suppurative otitis media — stage of suppuration
- d. Chronic suppurative otitis media

ASOM

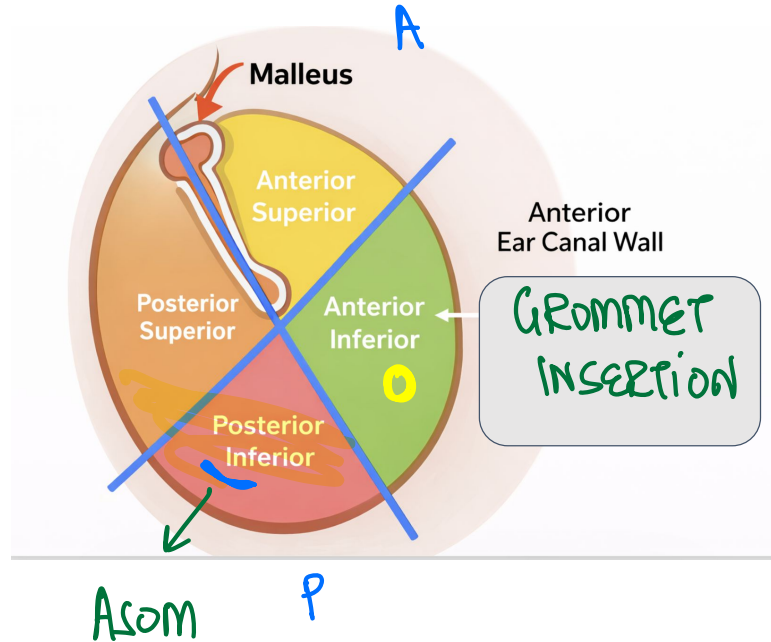


Stage	TM Findings	Key Feature
1. ET Occlusion	Retracted	Landmarks prominent, cone of light displaced
2. Hyperemia	Red, injected	CART wheel pattern Pus point, CONE OF light is lost
3. Suppuration	Bulging, red	
4. Resolution	Normalizing	Pus resorbs OR perforates
5. Perforation	Perforated	Pain relief, mucopurulent discharge

19. In myringotomy for ASOM, the incision is made in which of the following quadrants of TM?

- a. Antero-superior
- b. Antero-inferior
- c. Postero-inferior
- d. Postero-superior

Pim



Quadrant	Important structure	Surgical implication
Anterosuperior	Opening of Eustachian tube	Avoid incision
Posterosuperior	Ossicles (incus, stapes)	Avoid
Anteroinferior	Relatively safe	Used for grommet insertion sometimes
Posteroinferior	Safest & most dependent	Myringotomy incision site

*

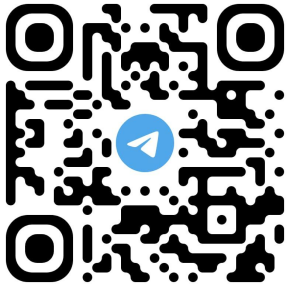
20. Main source of bleeding during tonsillectomy

- a. Para-tonsillar vein
- b. Facial artery branches
- c. Lingual artery
- d. Maxillary artery

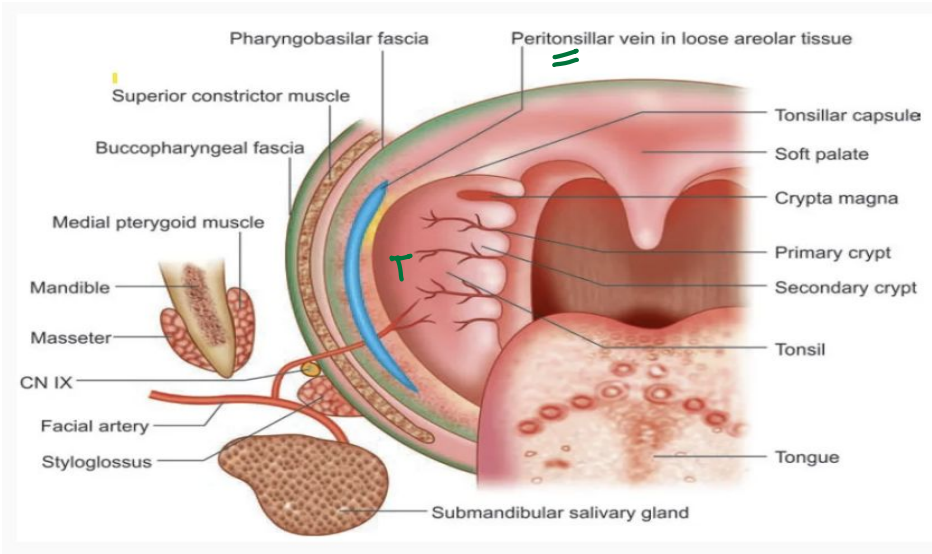
Adenoidectomy : → Ascending pharyngeal A

7		1
5		2
3		3

The policy level for the recommendation about documenting recurrent throat infection was an option: (1) Clinicians may recommend tonsillectomy for recurrent throat infection with a frequency of at least 7 episodes in the past year, at least 5 episodes per year for 2 years, or at least 3 episodes per year for 3 years ...



The adenoids (pharyngeal tonsil) lie on the roof and posterior wall of the nasopharynx. Their major arterial supply comes from branches of the ascending pharyngeal artery, which is a branch of the external carotid artery



21. Which of the following is correct about Ludwig angina?

- a. Cellulitis of parotid space
- b. Cellulitis of submandibular space
- c. Cellulitis of soft palate
- d. Cellulitis of gingiva

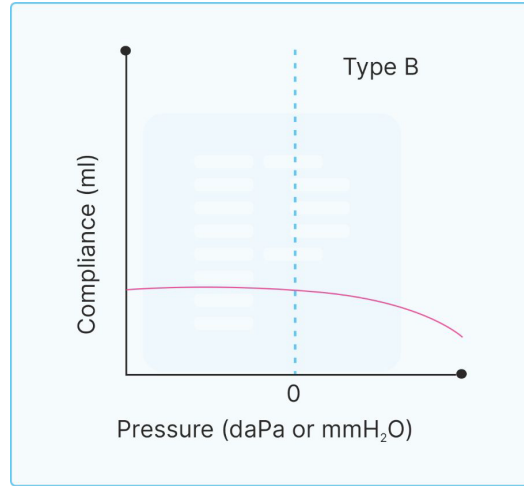
Lower jaw

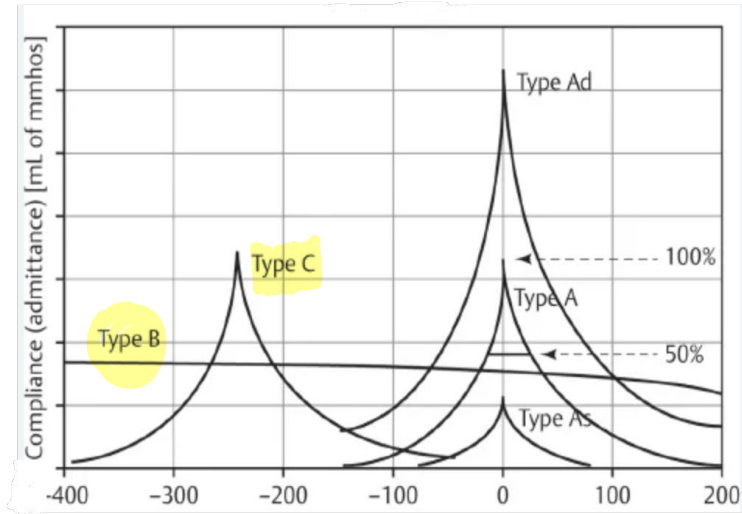
→ Vincent Angina

- Ludwig= Lower jaw
- Vincent angina (Vincent infection) = Acute necrotizing ulcerative tonsillitis / ulcerative gingivitis caused by fusospirochetal infection.

22. Which of the following conditions will cause this curve in impedance audiometry

- a. Secretory otitis media
- b. ASOM
- c. CSOM
- d. Otitic barotrauma





B= Flat = middle ear effusion (Blocked middle ear)

C= Left negative shift = Eustachian tube dysfunction (collapsed ear= TM pulled in due to ETD)

Type	Peak location	Compliance	Classic diagnosis
A	0 daPa	Normal (0.3-1.6 ml)	Normal middle ear
As	0 daPa	Low (<0.3 ml)	Otosclerosis, tympanosclerosis
Ad	0 daPa	High (>1.6 ml)	Ossicular discontinuity
B	No peak	Flat/low	SOM / Glue ear, ASOM
C	Negative (-100 to -200)	Normal height	ETD, otitic barotrauma

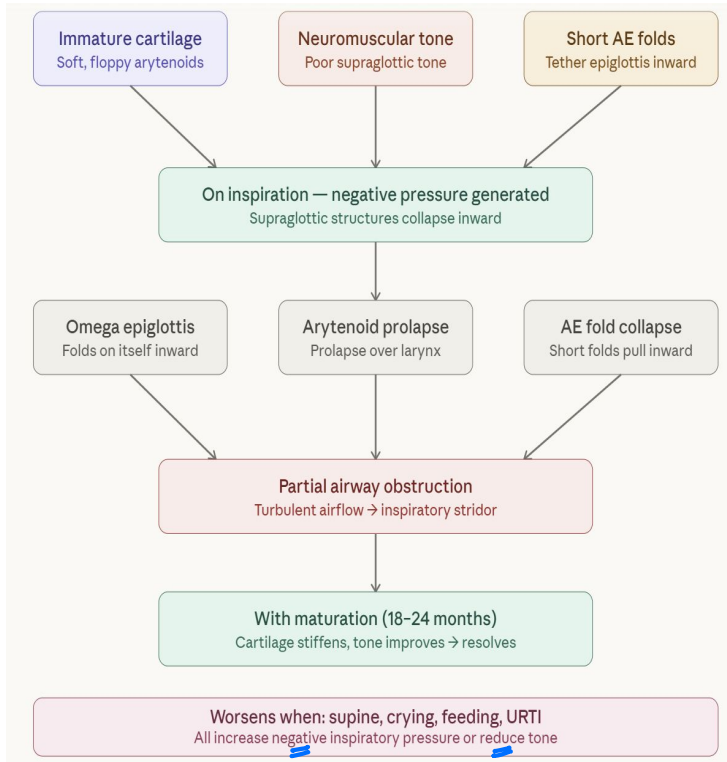
23. A 6-week-old male infant is brought by his mother for a routine visit. She reports a high-pitched noisy breathing that started at 2 weeks of age. On examination, the child is pink, alert, and active. Noise is inspiratory, low-pitched and fluttering, SaO₂ on room air is 99% on room air. Which of the following will cause worsening of this condition? =

- 1. Supine ✓
- 2. URTI ✓
- 3. Crying ✓
- 4. Feeding ✓

- a. 1 only
- b. 1,2,4
- c. 1,2,3
- d. 1,2,3,4

LARYNGOMALACIA
Omega shaped glottis

Diagnosis is Laryngomalacia that has omega shaped glottis.



24. Which of the following is correct about the earliest presentation of this case based on MRI report?

- a. Vertigo that gradually resolves due to CNS compensation
- b. Unilateral Facial nerve palsy
- c. Progressive unilateral conductive hearing loss
- d. Unilateral Tinnitus

↳ BPPV

ACOUSTIC NEUROMA
1. TINNITUS U/L
2. SNHL



25. Most common malignant tumor of the parotid gland –

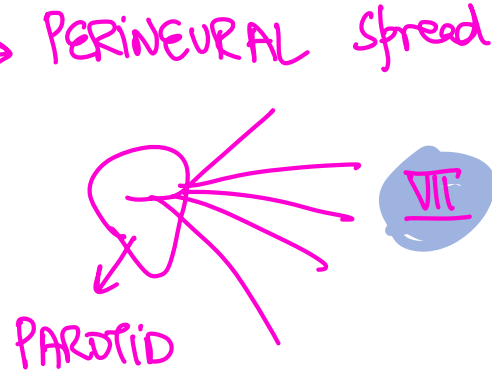
a. Mucoepidermoid carcinoma

b. Adenoid cystic carcinoma

c. Pleomorphic adenoma

d. Acinic cell carcinoma

benign



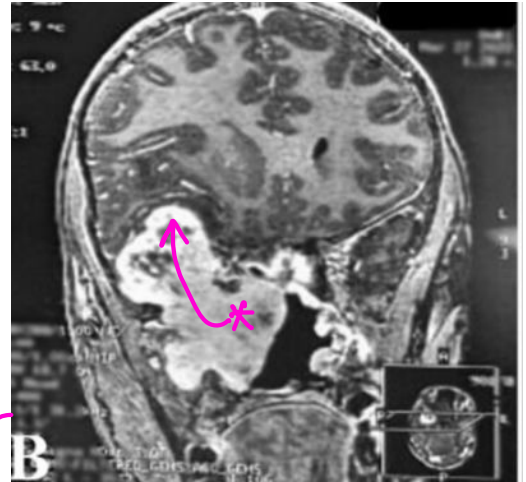
JNA

26. Most common site of origin of nasopharyngeal angiofibroma is sphenopalatine foramen. It spreads to all of the following sites except?

- a. Infratemporal fossa ✓
- b. Pterygopalatine fossa ✓
- c. Middle cranial fossa ✓
- d. Anterior cranial fossa

* NPC: Fossa of Rosenmuller

ethmoidneuroblastoma



27. Commonest cause of bilateral nasal obstruction in a child is –

- a. Deviated nasal septum
- b. Hypertrophied inferior turbinate
- c. Adenoid hypertrophy**
- d. Choanal atresia



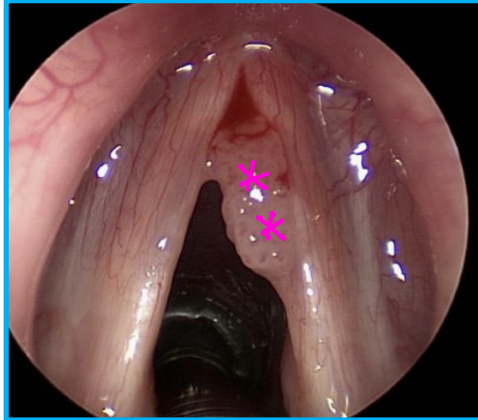
→ Mouth breathing!
Snoring

28. Most common lesion of larynx in adults is

- a. Vocal nodule *SINGER, TEACHER, SHOPKEEPER*
- b. Vocal polyp**
- c. Papilloma *HPV: 6,11*
- d. Cyst

29. Which is not correct about the lesion seen in video-laryngoscopy of 30-year-old patient with sore throat?

- a. Caused by HPV 16 6,11
- b. Malignant potential ✓
- c. Sessile lesion ✓
- d. CO2 laser excision ✓



30. The muscle that does not originate from cartilaginous wall of eustachian tube?

a. Levator palati ✓

b. Tensor veli palatini ✓

c. Salpingopharyngeus ✓

d. Superior constrictor

Esophagus

31. The earliest symptom of carcinoma larynx is

glottis

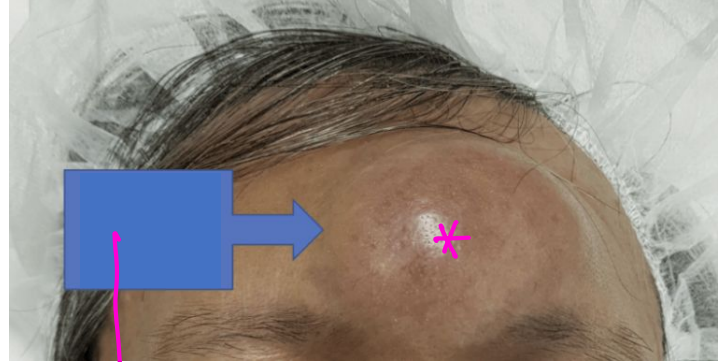
- a. Dysphagia
- b. Hoarseness of voice
- c. Pain in throat
- d. Cough

HPV 1, 2 = WARTS

HPV 6, 11 = ANOGENITAL WART
Condylome acuminata

32. Which of the following is the commonest site of sinusitis leading to Pott's puffy tumour?

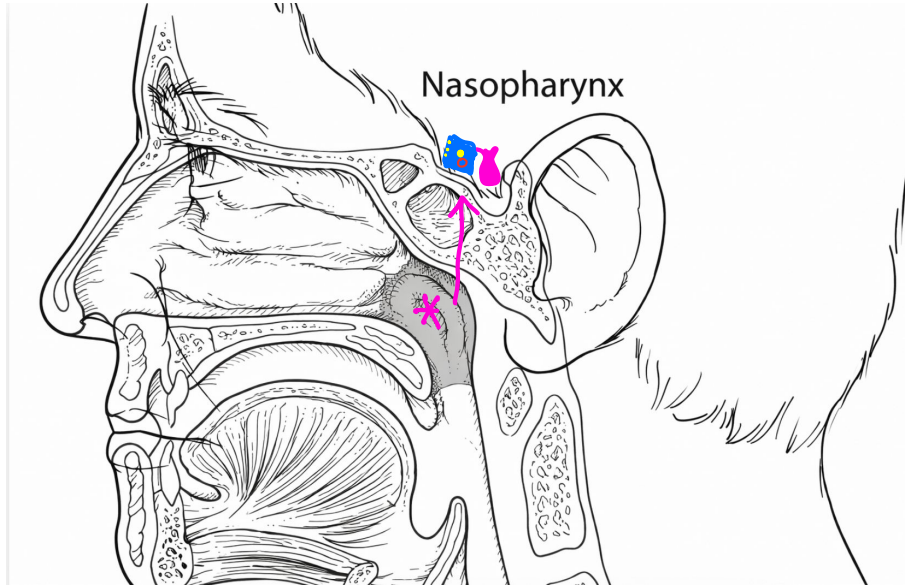
- a. Frontal sinus
- b. Sphenoid sinus
- c. Maxillary sinus
- d. Ethmoid sinus

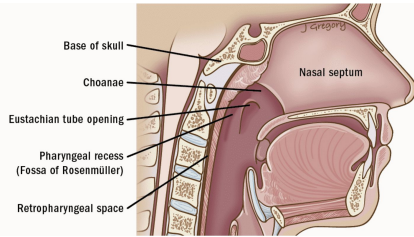


↓ OSTEOMYELITIS : Frontal Bone

33. Commonest nerve involved in nasopharyngeal carcinoma

- a. Facial nerve
- b. Abducens nerve**
- c. Trigeminal nerve
- d. Glossopharyngeal nerve





The Cavernous sinus lies just above and lateral to the nasopharynx. When an NPC invades the skull base. It can reach the cavernous sinus either via directly through foramen lacerum or indirectly via petrous apex osteitis

34. Typical features of Meniere's disease?

- a. Continuous vertigo *ACOUSTIC NEUROMA*
- b.** Episodic vertigo with fluctuating hearing loss
- c. Sudden complete deafness
- d. Positional vertigo *BPPV*

Endolymphatic HYDROPS

DVT
↓
fluctuations

Mnemonic: THE FLOW

- T - Tinnitus (roaring) ✓
- H - Hydrops (endolymphatic) = pathology
- E - Ear fullness (aural) ✓
- F - Fluctuating hearing loss * ✓
- L - Low frequency SNHL
- O - Oh no! Episodic Vertigo attacks!

Rx

- ACUTE: Prochlorperazine ✓
- LONG TERM to reduce attacks: Betahistine + Low salt + Diuretics ✓
- FAILED MEDICAL: Intratympanic Steroids *
- ABLATIVE: Intratympanic Gentamicin *
- SURGICAL TOC: Endolymphatic sac decompression
- LAST RESORT: Labyrinthectomy

35. Which is not correct about safe CSOM?

- a. Odourless intermittent discharge
- b. Central perforation
- c. Cholesteatoma *UNSAFE CSOM*
- d. Pale polyps



36. Pulsatile bloody discharge from the ear can be seen in which of the following conditions?

- a. ~~Safe~~ CSOM
- b. Acute mastoiditis
- c. Glomus jugulare
- d. Naso-pharyngeal carcinoma

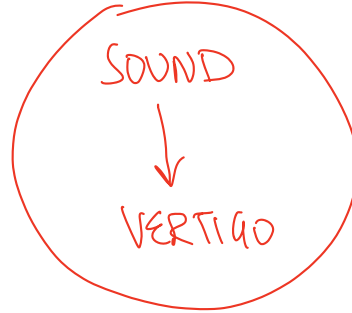
Jugular foramen
CRN
9
10
11



SALT & PEPPER

37. Tulio like reaction is seen in which of the following conditions?

- a. Acoustic neuroma
- b. Cholesteatoma
- c. Endolymphatic hydrops
- d. Otosclerosis



True Tullio Phenomenon



Superior canal dehiscence



Third mobile window created



Sound → perilymph moves



Vestibular activation



Vertigo + Nystagmus

Tullio – LIKE Reaction



Endolymphatic Hydrops



Excess endolymph



Sound → Distended membrane



Vestibular activation



VERTIGO + NYSTAGMUS

38. Young's operation is done for which of the following conditions?

- a. Atrophic rhinitis
- b. DNS
- c. Rhinosporidiosis
- d. Meniere disease

* MERCIFUL ANOSMIA
* ALKALINE DOUCHE

39. Which of the following is **not** correct about the condition shown below?

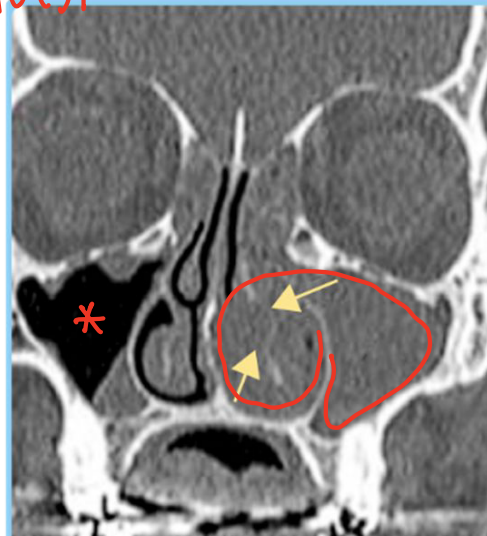
a. Caused by allergy **ETHMOIDAL POLYP**

b. FESS is treatment of choice ✓

c. Arises from maxillary sinus ✓

d. Solitary and multi-lobed ✓

* **Antrochoanal polyp**



40. A 30-year-old man develops watery discharge from nose after fall from bike. The fluid discharge persists in spite of attempts to sniff back. Which is

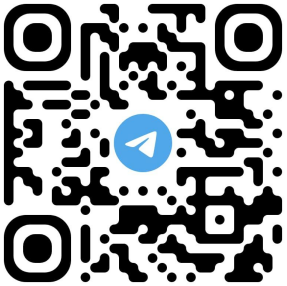
* best to diagnose this condition?

- a. Halo sign
- b. CSF glucose levels
- c. CSF beta 2 transferrin levels
- d. CT scan

extent of injury

CSF Rhinorrhoea
CRIBRIFORM plate

AP₂ Transferrin (+): CSF vs URTI
d/s

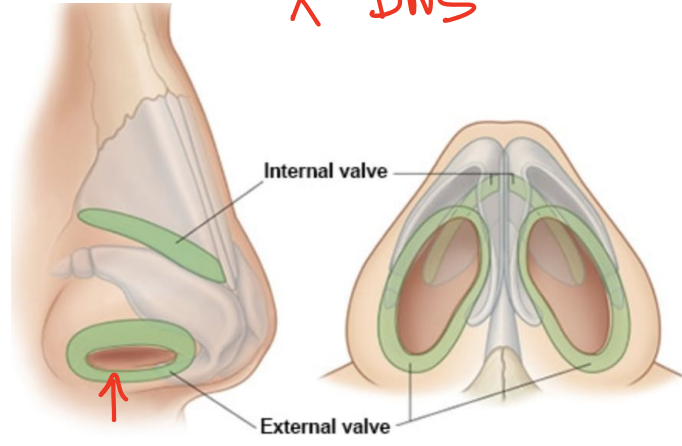


COTTLE'S TEST

41. A 25-year-old man complains of nasal obstruction that improves when he pulls the cheek laterally. Which of the following is tested by this manoeuvre?

- a. Deviated nasal septum
- b. Hypertrophied inferior turbinate
- c. Collapse of external nasal valve**
- d. Adenoid hypertrophy

X DNS



Component

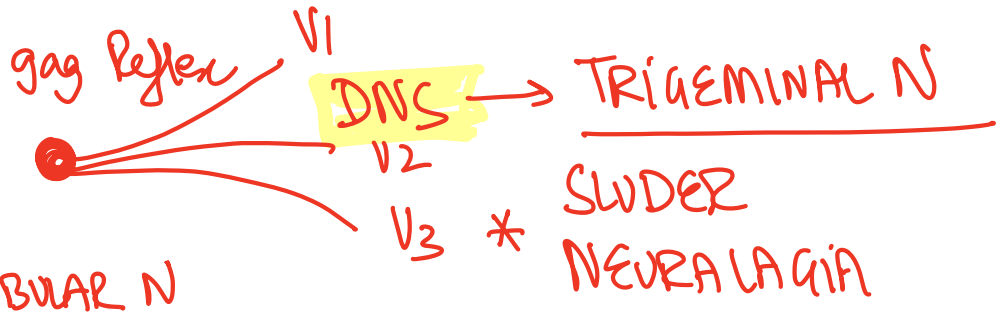
Detail

Bounded by

Alar cartilage (lateral crus), columella, nasal sill, nasal floor

42. A 40-year-old woman with DNS presents with unilateral facial pain, nasal congestion, and lacrimation. Pain radiates to the upper jaw and eye. Which nerve is implicated?

- a. Glossopharyngeal nerve
- b. Sphenopalatine ganglion
- c. Greater occipital nerve
- d. Trigeminal V3



V2 Trigeminal N
Trigger: Shaving, Cold Air
LANCINATING PAIN
Rx: - CBZ

Feature	Detail
Location	Pterygopalatine fossa
Also called	Pterygopalatine ganglion
Largest	Largest parasympathetic ganglion in head
Sensory root	CN V2 (maxillary)
Parasympathetic root	Greater petrosal nerve (VII)
Sympathetic root	Deep petrosal nerve
Controls	Lacrimal gland, nasal mucosa, palate

Sluder's Neuralgia — Features:

Feature	Detail
Pain location	Nose, eye, upper jaw, face
Associated	Lacrimation, rhinorrhoea, nasal congestion
Trigger	DNS, nasal pathology, sinusitis
Character	Burning, deep, severe
Treatment	SPG block (cocaine/lignocaine application)

43. A 45-year-old man complains of severe ear pain. On examination, the ear appears completely normal. He also complains of pain while chewing and clicking sound from his jaw. Which nerve is responsible for this referred pain to the ear?

- a. Facial nerve
- b. Auriculotemporal
- c. Jacobson
- d. Arnold nerve

MOTOR TO FACE

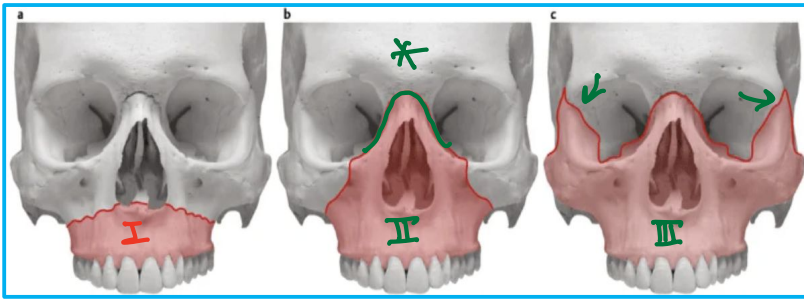
TMJ: OA → Referred pain
AURICULOTEMPORAL N

FLOOR of EAC

↓
Vagus

44. A patient with mid-facial trauma presents with pyramidal facial mobility, periorbital ecchymosis, and infraorbital nerve anaesthesia. The likely fracture pattern is:

- a. Le Fort I
- b. Le Fort II
- c. Le Fort III
- d. Zygomaticomaxillary fracture



FLOOR (LeFort II)

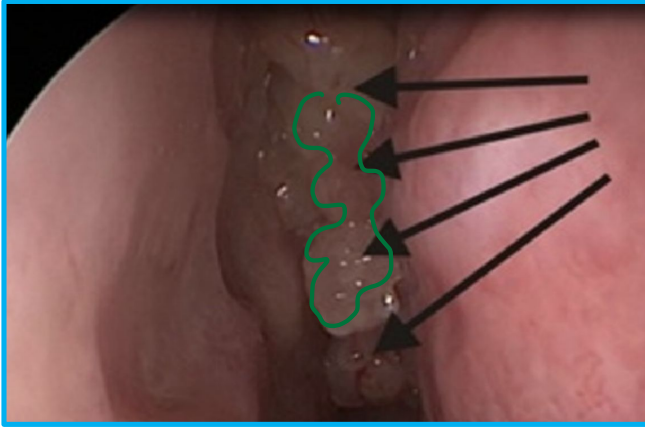
Orbital floor fracture ✓
Infraorbital nerve compressed

NUMB below eye
Cheek + Upper lip

45. The 50-year-old man presents with unilateral nasal obstruction and recurrent epistaxis. Nasal endoscopy shows this mass originating from lateral nasal wall. Clinical Diagnosis is?

- a. Angiofibroma
- b. Inverted papilloma
- c. Polypoidal rhinosinusitis
- d. Squamous cell carcinoma

CONVOLUTIONS



CEREBERIFORM app

46. A 45-year-old man presents with nasal obstruction, blood-stained discharge, and hearing loss. Examination reveals conductive deafness in one ear and cervical lymphadenopathy. MRI shows a mass in the nasopharynx extending into the parapharyngeal space. Biopsy reveals undifferentiated carcinoma positive for EBV DNA. What is treatment of choice:

- a. ~~Brachytherapy~~
- b. Chemotherapy
- c. Teletherapy
- d. ~~Wait and watch~~

local spread
? NPC = EBV

- * NUMBNESS face
- * PRESSURE on ET: CHL
- * CERVICAL LN x ⊕
- CRN: X: palate #



NPC: Trotter triad

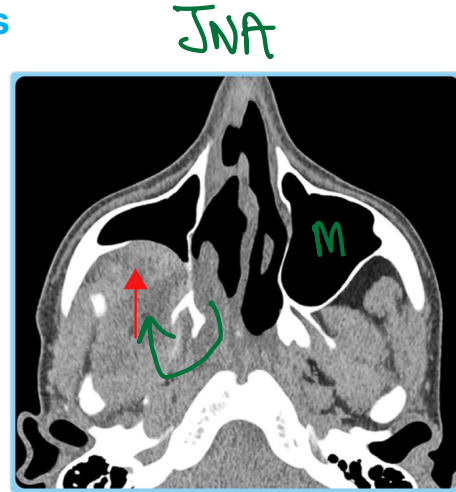
N	Numbness	CN V → facial numbness/pain
P	Pressure on ET	ET blocked → CHL → glue ear
C	CN <u>X</u>	Vagus → palatal <u>paralysis</u>

Later: Cervical LN + CN VI palsy (diplopia)

Overall stage	TNM	Treatment
Stage I	T1N0M0	RT Alone
Stage II	T1N1, T2N0, T2N1M0	RT ± chemo
Stage III	T1-3 N2 M0, T3N0-2 M0	Concurrent chemoRT
Stage IVA	T4 any NM0	Concurrent ChemoRT
Stage IVB	Any T any NM1	Palliative chemo

47. Correct about the condition shown below is

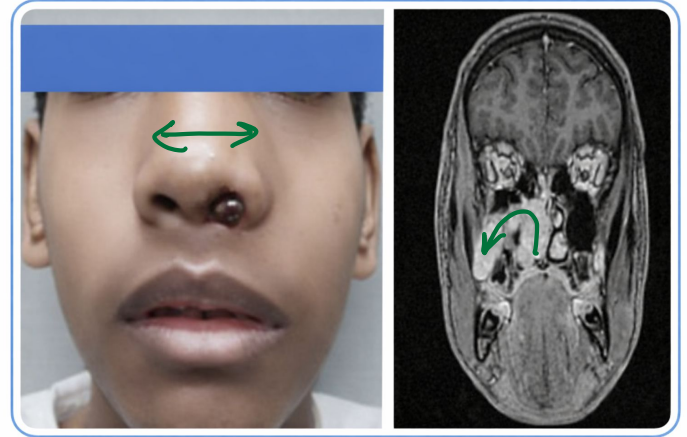
- a. Anterior bowing of posterior maxillary wall
- b. Posterior bowing of posterior maxillary wall
- c. Anterior bowing of anterior maxillary wall
- d. Posterior bowing of posterior maxillary wall



HOLMAN MILLER

48. Which of the following is correct about management of this condition which presented as recurrent episodes of profuse epistaxis? ♂

- a. Start Flutamide 3 months before surgery
- b. Perform IMA embolization 48 hours before surgery
- c. Start flutamide 3 months before and IMA embolization 48 hours before surgery **TESTOSTERONE**
- d. Start flutamide 3 months before and radiotherapy 48 hours before surgery



FROM FACE

49. A Young boy comes with complaints of anosmia , broad nasal bridge and cheek swelling. X ray shows a widened gap between the ramus of the mandible and maxillary body on the right side. CT with contrast shows a tumor. Which is best to manage this case? ✓

a. Embolization of feeder vessels

PRE-OP

JNA

b. Open surgical excision

c. Radiotherapy X

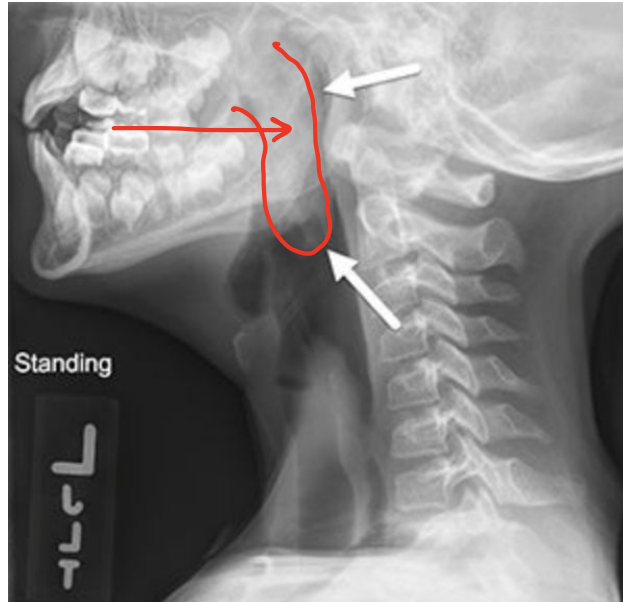
d. Chemoembolization with oxaliplatin

Colorectal Ca Mets To LIVER

Anosmia	Nasal cavity involvement
Broad nasal bridge	Mass expanding nasal bones
Cheek swelling	Cheek / maxillary involvement
Widened gap – ramus mandible + maxillary body	Pterygopalatine fossa widening
CT with contrast – tumour	Vascular enhancing mass

50. Dodd sign with crescent of air is seen in

- a. JNA
- b. Antro-choanal polyp
- c. Ethmoidal polyp
- d. Naso-pharyngeal cancer



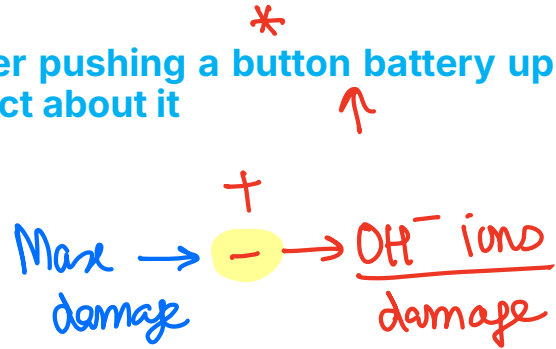
51. Tragus sign is seen in

- a. Otitis externa
- b. CSF rhinorrhoea
- c. CSF otorrhea
- d. Furunculosis

EAC narrowing

52. The child presents with excessive crying after pushing a button battery up the left nostril. Which of the following is not correct about it

- a. Risk of septal perforation ✓
- b. Maximum damage at positive pole of battery
- c. Urgent Endoscopic removal ✓
- d. Lodged below inferior turbinate in most cases ✓



53. Uvula deviation *towards* the side of the lesion is seen in:

- a. Glossopharyngeal nerve palsy
- b. Vagus nerve palsy
- c. Hypoglossal nerve palsy
- d. Peritonsillar abscess | Quinsy

WALDEYER Ring

54. Involvement of Waldeyer ring is seen in

- a. HL Cxal W ⊕
- b. NHL Abdominal W ⊕
- c. Nasopharyngeal cancer
- d. Juvenile nasopharyngeal angiofibroma

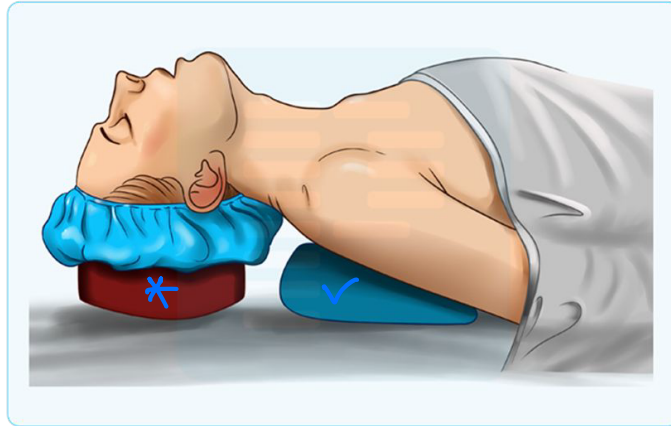
+ ≡

Tubal Tonsil
palatine Tonsil
lingual "

55. The following position is used for which of the following

ROSE POSITION

- a. Orotracheal intubation
- b. Nasopharyngeal intubation
- c. Tonsillectomy
- d. Tracheostomy



56. Which is correct management of unilateral vocal cord paralysis

- a. Type I Thyroplasty
- b. Type II Thyroplasty
- c. Type III Thyroplasty
- d. Type IV Thyroplasty

1

* U/L = 1

* BIL = KASHIMA: CO₂ LASER

PR III
Relaxation
III
PUBEROPHONIA = 25yr man c̄
child voice

Types of Laryngoplasty (Isshiki Classification)

Type	Name/ Mechanism	Main indication (cause)
Type I	Medialization laryngoplasty * (Thyroplasty)	Unilateral vocal cord paralysis, glottic incompetence, breathy voice
Type II	Lateralization laryngoplasty	Adductor spasmodic dysphonia, hyperadduction of cords
Type III	Relaxation laryngoplasty * (shortening)	Puberphonia, abnormally high- pitched voice
Type IV	Tension laryngoplasty →	Low – Pitched voice, voice feminization

57. Kashima procedure is done for which of the following

- a. Left sided vocal cord palsy
- b. Right sided vocal cord palsy
- c. Bilateral vocal cord palsy
- d. Bovine cough

CO₂ LASER

* POST. CRICOTOMY

Widdowson glottic cricothyroid

58. The 38-year-old professional singer complains of loss of high-pitched voice and voice fatigue after prolonged speaking. She denies choking or aspiration. Indirect laryngoscopy shows normal vocal cord mobility but reduced tension of the affected cord. Which of the following nerves is most likely involved? ✓

- a. Recurrent laryngeal nerve
- b. Glossopharyngeal nerve
- c. Hypoglossal nerve
- d. External branch of superior laryngeal nerve

* inability to raise pitch voice
EBLN #

✓ POST THYROID SK

✓ SINGER

59. Safety muscle of the larynx is which of the following?

- a. Cricothyroid
- b. lateral cricoarytenoid
- c. Posterior cricoarytenoid
- d. Thyroarytenoid

PCA: only abductor of vocal cords

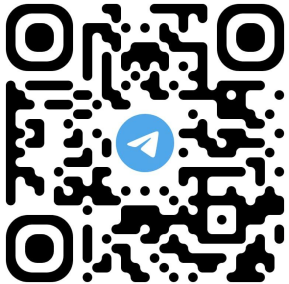
FRAY

60. A patient underwent a parotidectomy. Postoperatively, he is diagnosed with Frey syndrome. What is the most common symptom of his condition?

- a. Sweating with eating
- b. Tears during eating
- c. Ipsilateral facial weakness
- d. Pain while eating

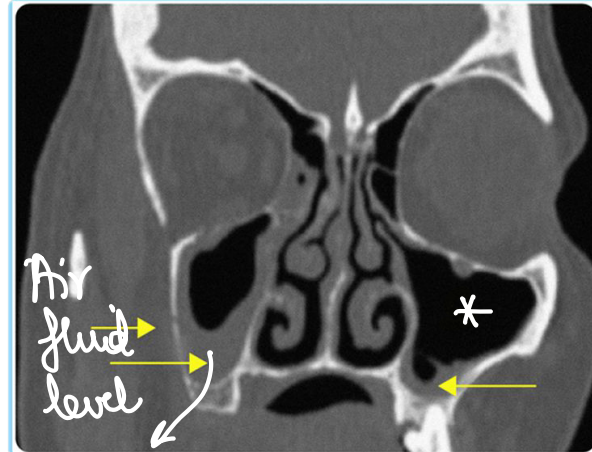
* AURICULO TEMPORAL NERVE #
↕
parasymp. branches of GAN
Sweating

CROWDIE TEARS
* chorde Tympani ↔ GPN (lacrimal)
greater petrosal N



61. A diabetic male presents with facial pain and blackish discoloration in the nose. The CT image shows bone erosion and sinus involvement. What is the most likely diagnosis?

- a. Acute bacterial sinusitis
- b. Allergic fungal sinusitis
- c. Nasal polyposis
- d. Rhino-orbital-cerebral mucormycosis



*

62. A 5-year child present with nasal obstruction, mouth breathing and hearing loss. Clinical examination suggests significant adenoid hypertrophy. Based on these findings, which type of tympanogram is most likely to be observed?

- a. Type A tympanogram
- b. Type B tympanogram
- c. Type Ad tympanogram
- d. Type As tympanogram

blockage of ET ←
SOM

*

63. A patient present with fish bone stuck in pyriform sinus. During its endoscopic removal, which of the following nerves is most susceptible to injury?

- a. Internal laryngeal nerve
- b. External laryngeal nerve
- c. Recurrent laryngeal nerve
- d. Glossopharyngeal nerve

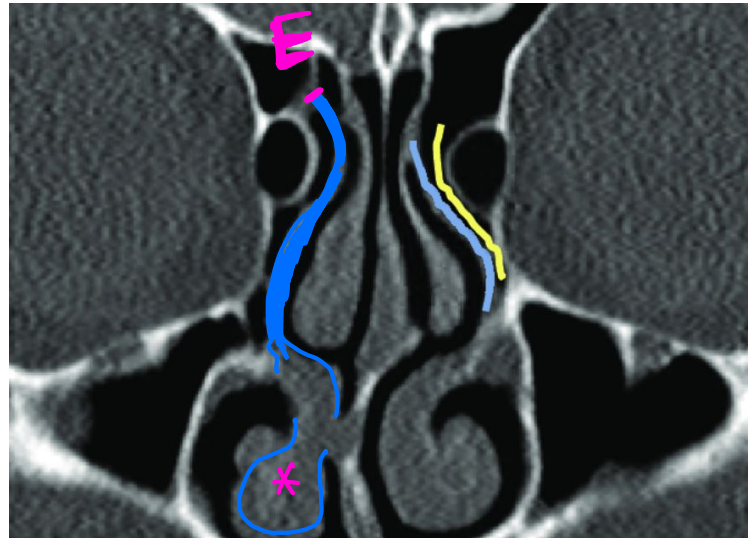
Adenoid HYPERTROPHY

64. A 5-yr child brought to the OPD by his mother with mouth breathing and poor school performance. Otoscopic examination shows a dull, retracted tympanic membrane with fluid behind it. What is the most likely diagnosis?

- a. Acute otitis media
- b. Otitis externa
- c. Otitis media with effusion
- d. Cholesteatoma

65. Which of the following is the attachment of the superior tip of the uncinete process.

- a. Middle turbinate
- b. Inferior turbinate
- c. Middle meatus
- d. No attachment



66. Which of the following level obstruction leads to inspiratory stridor?

- a. Subglottis
- b. Supraglottis
- c. Glottis
- d. Trachea

* multiple intubation attempts

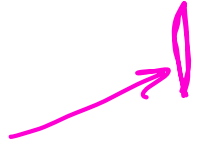
67. Cadaveric position of vocal cords is seen in which of the following?

a. SLN palsy

b. Left RLN palsy

c. Both SLN and RLN palsy

d. Right RLN palsy



68. HPV infection is most commonly associated with which type of cancer?

- a. Lung cancer
- b. Oropharyngeal cancer
- c. Stomach cancer
- d. Oesophageal cancer

69. Duration of suctioning of tracheostomy tube should be less than ?

- a. 10 seconds
- b. 20 seconds
- c. 30 seconds
- d. 45 seconds

vagus (+): ↓HR

70. Multiple sessile pedunculated papillomas on vocal folds that bleed on touch are caused by?

a. HPV 16,18

b. HPV 6,11 * malignancy risk +

c. Smoking

d. Wood dust

71. Verrucous carcinoma larynx is seen with which of the following?

a. HPV 6,11

b. HPV 16,18

c. HPV 16,31

d. HSV 1,2

72. Myers cotton staging is used for evaluating stenosis of which of the following areas:

- a. Glottis
- b. Subglottis
- c. Supraglottis
- d. Trachea

73. Which is the commonest site of intubation granuloma?

- a. Arytenoids
- b. Vocal folds
- c. Sub glottic narrowing
- d. Epiglottis

74. Treatment of stage I carcinoma larynx is?

- a. Endoscopic excision
- b. EBRT
- c. Concurrent chemoradiotherapy
- d. Total laryngectomy

NPC L: RT
advanced: chemo-RT

75. A patient with maxillofacial trauma cannot be intubated or ventilated. What is the next most appropriate airway intervention?

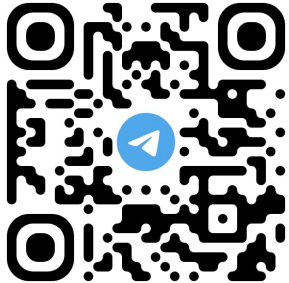
a. Insert a laryngeal mask airway

b. Insert a nasopharyngeal airway

c. Perform a tracheostomy

Time consuming

d. Perform a cricothyroidotomy



THANK YOU