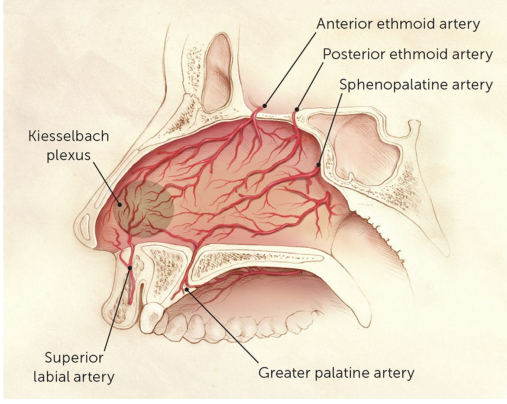
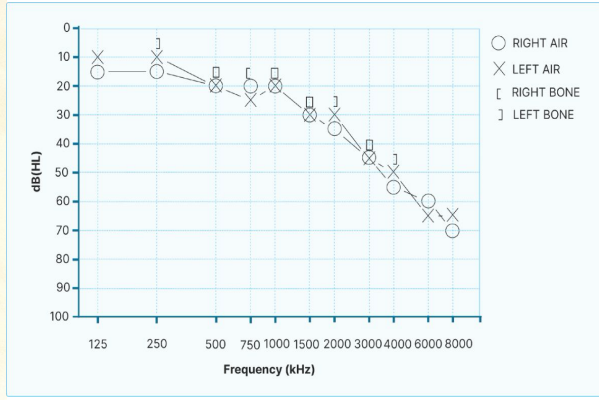
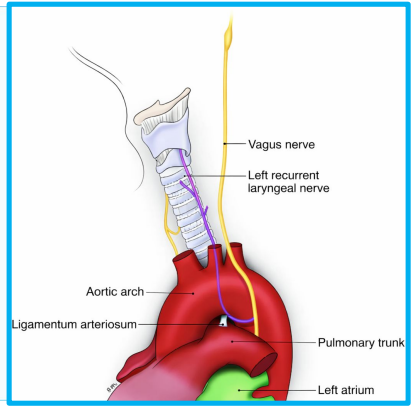
ENT


Anterior ethmoid artery
Posterior ethmoid artery
Sphenopalatine artery
Kiesselbach plexus
Superior labial artery
Greater palatine artery


dB(HL)
0
10
20
30
40
50
60
70
80
90
100
125
250
500
750
1000
1500
2000
3000
4000
6000
8000
Frequency (kHz)
RIGHT AIR
LEFT AIR
RIGHT BONE
LEFT BONE


Vagus nerve
Left recurrent laryngeal nerve
Aortic arch
Ligamentum arteriosum
Pulmonary trunk
Left atrium

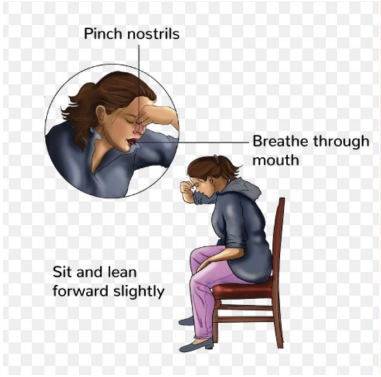
1. A 45-year-old hypertensive patient comes with epistaxis. BP on admission is 180/120 mm Hg. Which is first step in management of this patient?

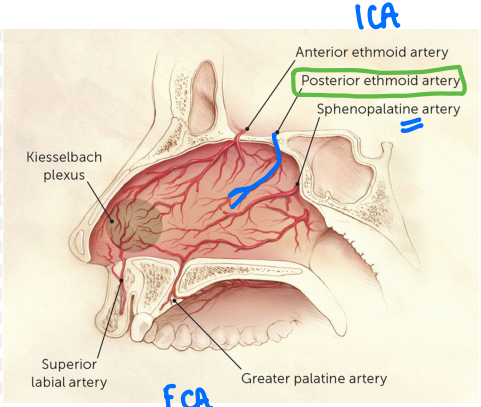
a. Lower SBP to < 160 mm Hg with labetalol

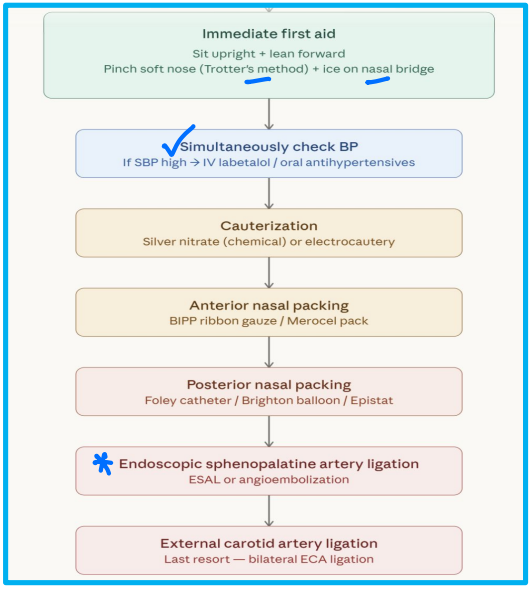
b. Perform nasal packing with foley's catheter

c. Place ice pack on nasal bridge

d. Endoscopic sphenopalatine artery ligation







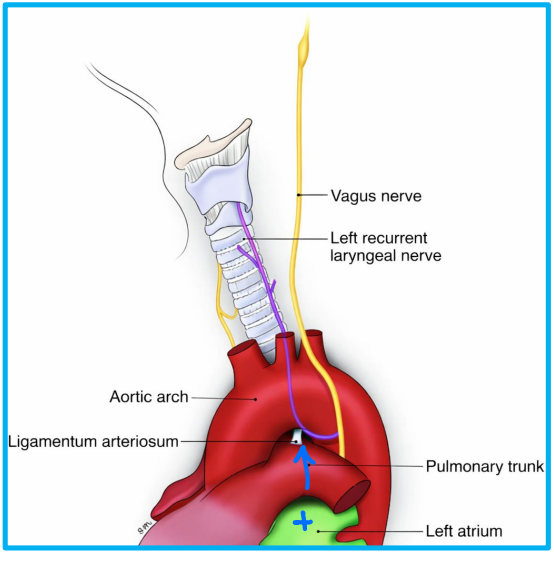
2. Which of the following causes is unlikely to cause right recurrent laryngeal nerve palsy?

a. Mitral stenosis

b. Pancoast tumor

c. Thymoma

d. Thyroid surgery



3. A 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 the correct possible diagnosis?

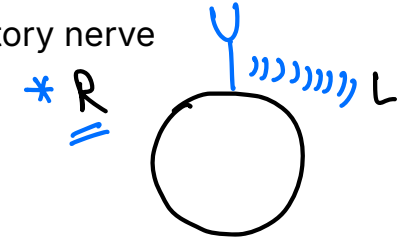
a. Hypointense focus around oval window

b. Internal auditory canal showing enhancement of auditory nerve

c. Internal auditory canal showing SOL

d. Opacification of mastoid air cells

OS → VESTIBULAR NEURITIS



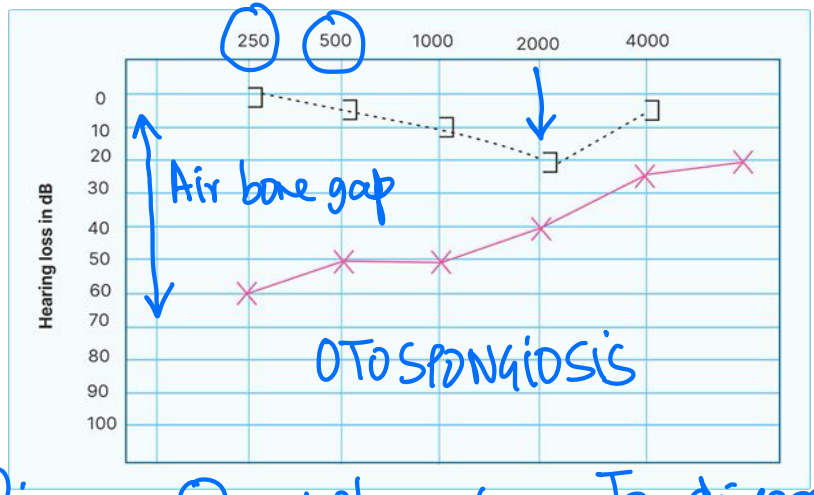
R (+): AC > BC: (N), SNHL

Weber: comes to diseased ear = CHL
Shift To normal ear = SNHL

Rt SNHL : Vestibular schawannoma

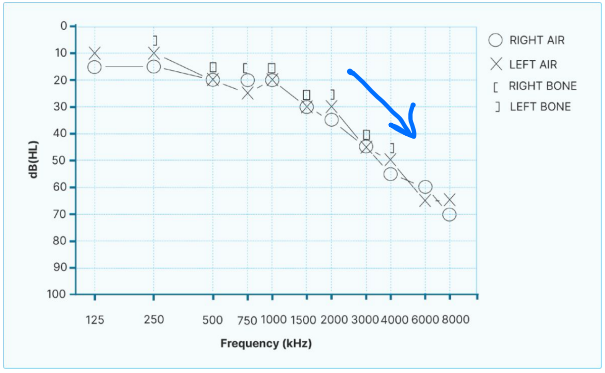
4. The following Audiogram would be seen in which of the following conditions?

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

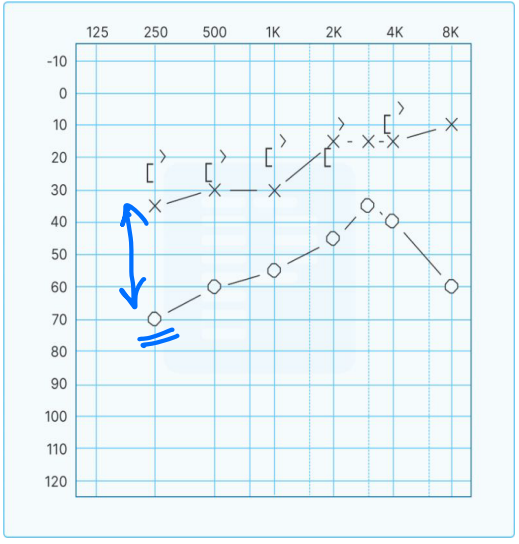


CHL ⇒ Rinne : ⊖ , weber comes To diseased ear
Paracusis wili , otoscopy = flamingo pink

PRESBYCUSIS



Rt CHL



ROLEX: Right o and left X

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

a. Otosclerosis

b. Glomus jugulare tumor

c. Cholesteatoma

d. Meningioma

malignant HTN → >180/120 + fundus papilledema

Onion peel
- bile duct : PSC
- BV : Malignant HTN
- X Ray : diaphysis : EW
- nerves : C.I.D.P [> 9 wks]
- skull : cholesteatoma

6. A 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?

OAE : X

BERA: Normal

a. Sensorineural hearing loss

b. Middle ear effusion

c. Auditory neuropathy spectrum disorder

d. Cochlear nerve agenesis

7. 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

I.S.P

Inf VN ⇒ Saccule, Post SCC

UTRICLE : UBER : HORIZONTAL acceler N

SACCULE : VERTICAL ACCN : LIFT

Ant SCC : YES : head nodding] SVN

LAT SCC : NO

Post SCC : HEAD TO shoulder] IVN

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

8. Comment on the test being performed in the patient

Siegel

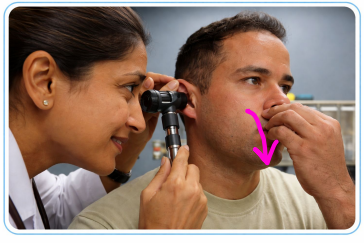
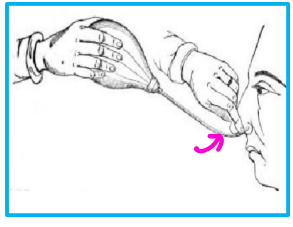
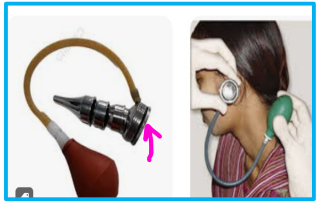
a. Used to assess Eustachian tube patency.

b. Used to detect auditory nerve function

c. Used to test the mobility of the tympanic membrane.

d. Used to detect perilymph fistula.

cholesteatoma: lat SCC labyrinthine fistula

Valsalva	Toynbee	Politzer	Siegel
Breath out with pinched nose Positive pressure in OP 	Swallowing with pinched nose Negative pressure in OP 	Doctor does steps to restore ET patency that was affected due to diving or air travel 	

9. 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?

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

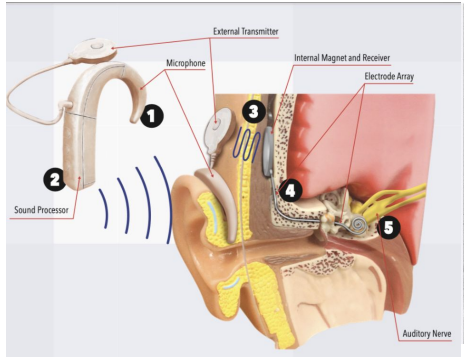
10. Electrode array of cochlear implant is placed in:

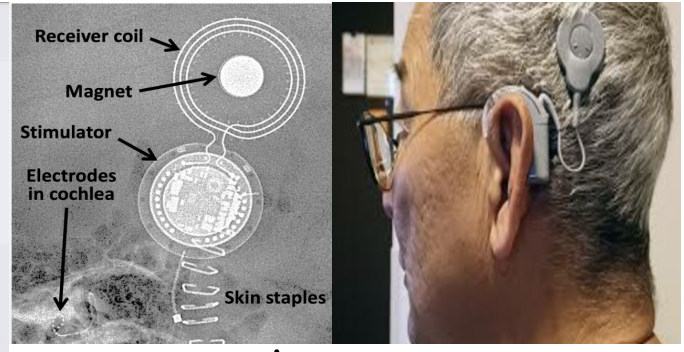
a. Scala vestibuli

b. Scala media

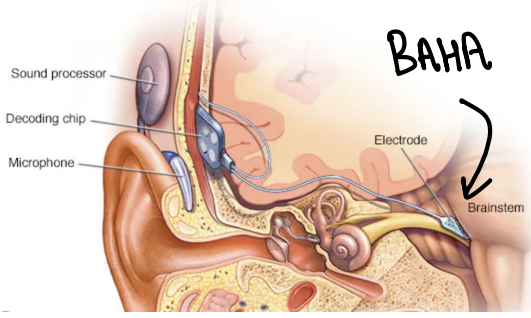
c. Scala tympani

d. Above the skin





STENVER VIEW



BAHA

11. The 35-year-old man 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?

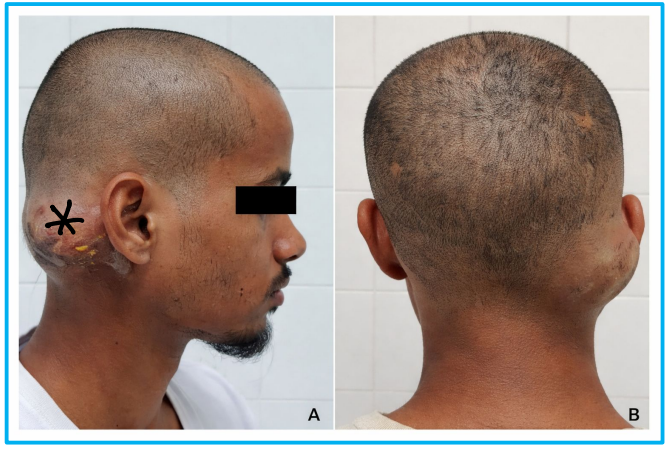
CSOM

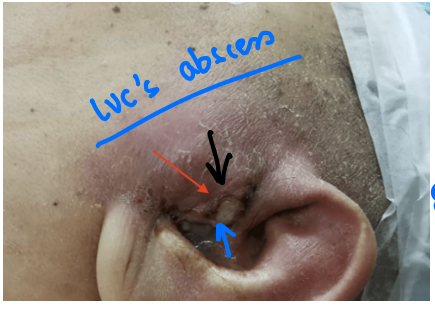
a. Bezold abscess

b. Citelli's abscess

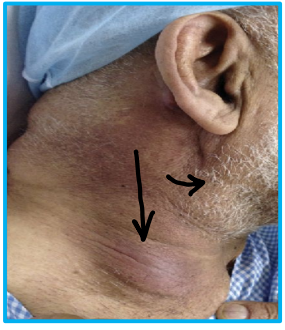
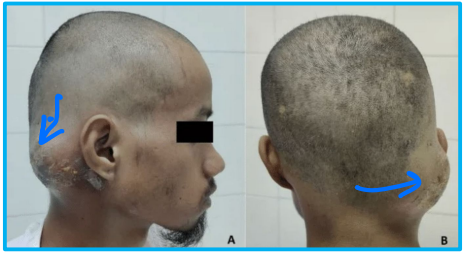
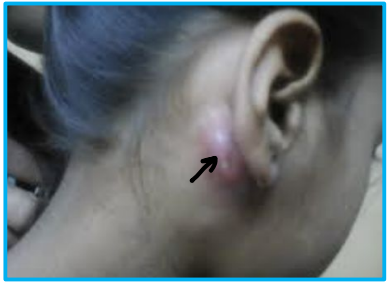
c. Post-auricular abscess

d. Zygomatic abscess





EAC

Bezold abscess	Citelli abscess	Posterior auricular abscess
		

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

b. Furunculosis of external auditory canal

c. Serous otitis media

d. Malignant otitis externa

13. A 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?

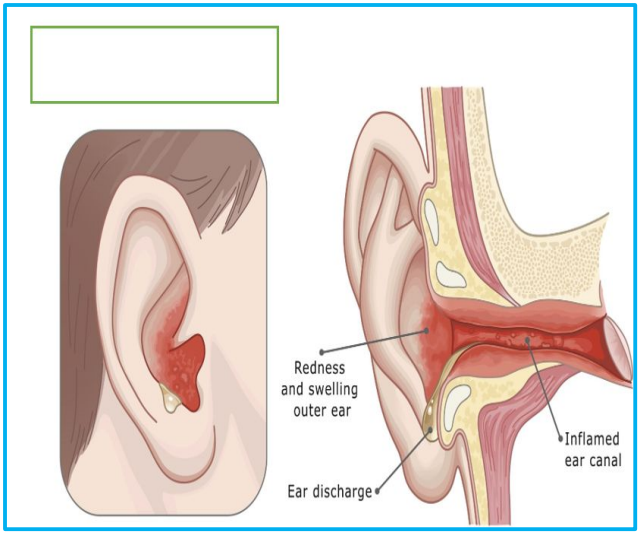
a. Chronic suppurative otitis media

b. Malignant otitis externa

Pseudomonas : CEFTAZIDIME

c. Bezold abscess

d. Mastoiditis


Redness
and swelling
outer ear
Ear discharge
Inflamed
ear canal

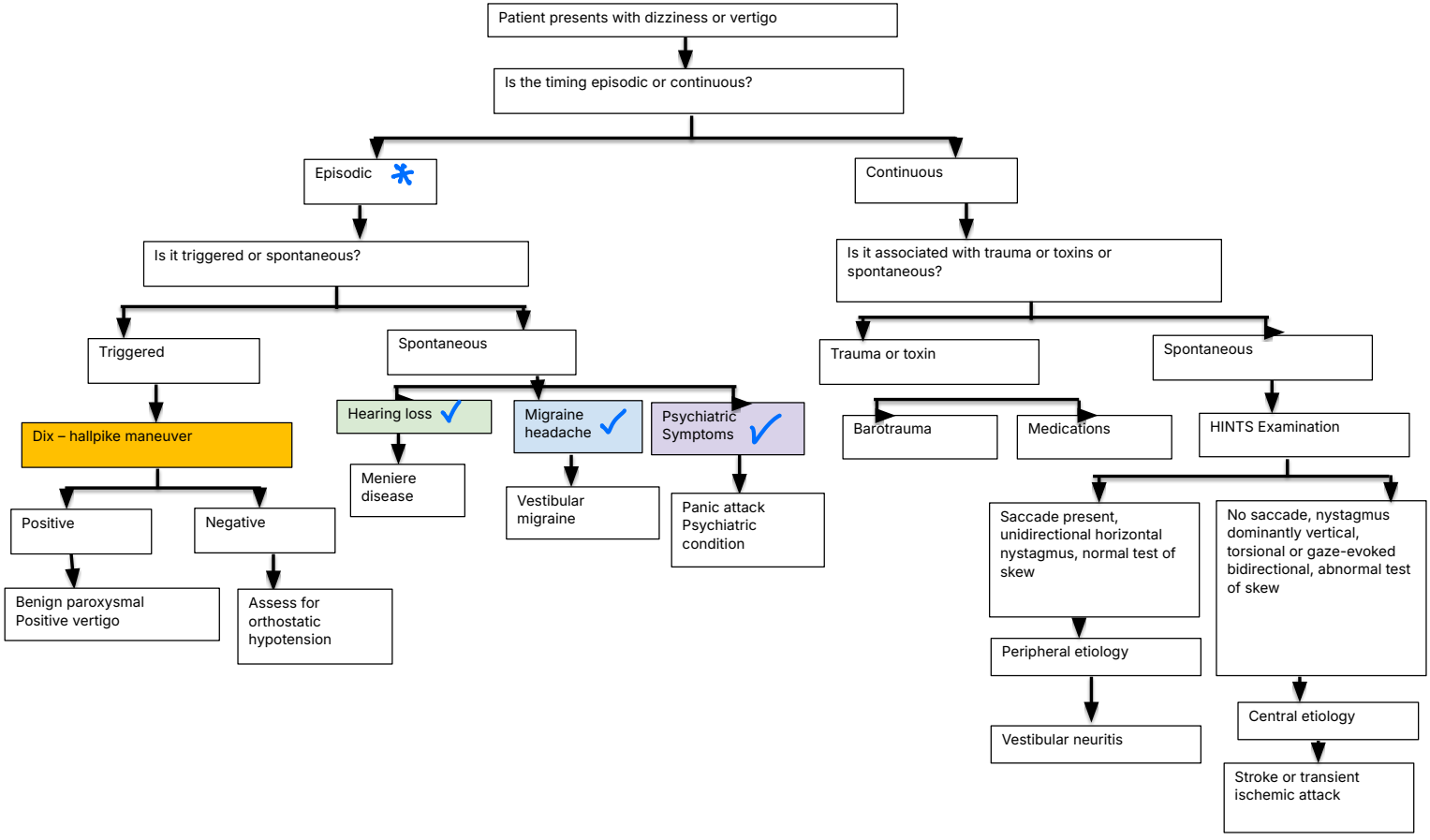
14. A 58-year-old postmenopausal woman with a history of osteoporosis presents with complaints of brief episodes of vertigo lasting a few seconds, occurring when she turns her head to the right side while getting out of bed. There is no hearing loss or tinnitus. Neurological examination is normal. Which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

a. Ménière's disease

b. Vestibular neuritis

c. Benign paroxysmal positional vertigo

d. Acoustic neuroma


Patient presents with dizziness or vertigo
Is the timing episodic or continuous?
Episodic *
Continuous
Is it triggered or spontaneous?
Triggered
Spontaneous
Dix – hallpike maneuver
Positive
Negative
Benign paroxysmal Positive vertigo
Assess for orthostatic hypotension
Hearing loss ✓
Migraine headache ✓
Psychiatric Symptoms ✓
Meniere disease
Vestibular migraine
Panic attack Psychiatric condition
Is it associated with trauma or toxins or spontaneous?
Trauma or toxin
Spontaneous
Barotrauma
Medications
HINTS Examination
Saccade present, unidirectional horizontal nystagmus, normal test of skew
No saccade, nystagmus dominantly vertical, torsional or gaze-evoked bidirectional, abnormal test of skew
Peripheral etiology
Vestibular neuritis
Central etiology
Stroke or transient ischemic attack

15. Which is correct about eustachian tubes?

a. Lateral part is fibrocartilaginous and medial part is bony data swap

b. Levator palati opens the tube ← Tensor veli palati

c. Gerlach tonsil keeps the tube closed

d. Ostmann pad of fat prevents reflux of nasopharyngeal contents into middle ear

16. Name the ENT instrument

a. Boyce Davis

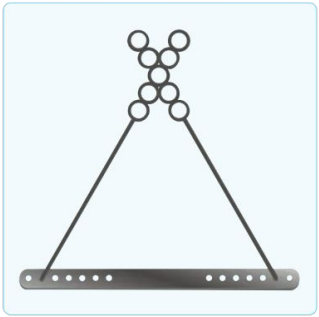
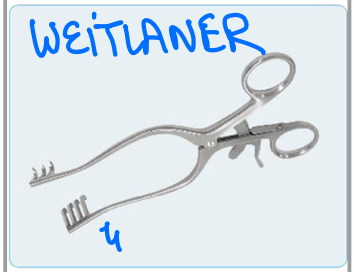
b. Draffin bipods

c. Mollison mastoid retractor

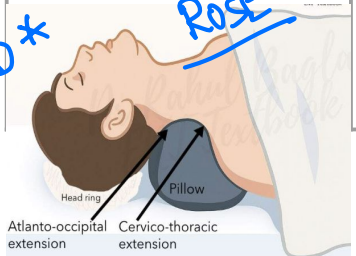
d. Tonsillar snare

Boyce davis mouth gag

* depresses Tongue
* Teeth guard Rests on upper incisors
* Ratchet retains self

A	B	Mollison mastoid retractor	D
		 	

AAD *



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

P.T. Abscess

Quinsy

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

- dilated BV : handle of malleus
- 
- bulging
- PERFN
- sagging of post inf wall

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

a. Antero-superior

b. Antero-inferior

SOM: GROMMET

c. Postero-inferior

d. Postero-superior

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
  Asc. Pharyngeal A.

* Tracheostomy → Jugular vein
  → Innominate A (rare)

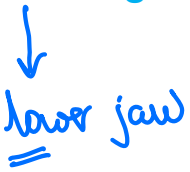
21. Which of the following is correct about Ludwig angina?

a. Cellulitis of parotid space

b. Cellulitis of submandibular space

c. Cellulitis of soft palate

d. Cellulitis of gingiva



22. A 32-year-old man with GBS is on ventilatory support for 10 days shows no signs of spontaneous recovery. The ICU team plans a tracheostomy and gives an ENT call. You are assisting the ENT resident and note brisk bleeding occurs from a structure crossing anterior to the trachea at the operative level. Which of the following structures is most likely responsible for the bleeding?

a. Thyroid ima artery

b. Thyroid isthmus

c. Inferior thyroid veins

d. Brachiocephalic (innominate) artery

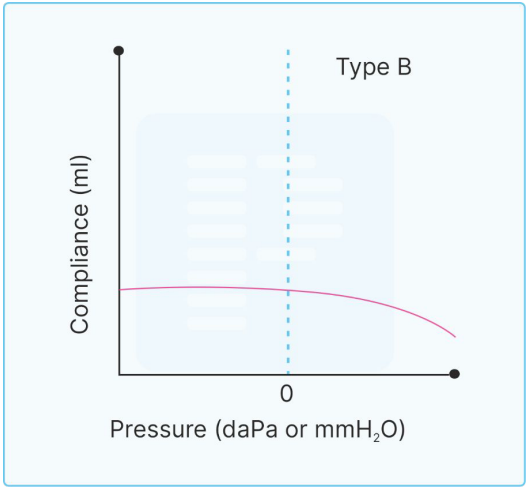
23. Which of the following conditions will cause this curve in impedance audiometry

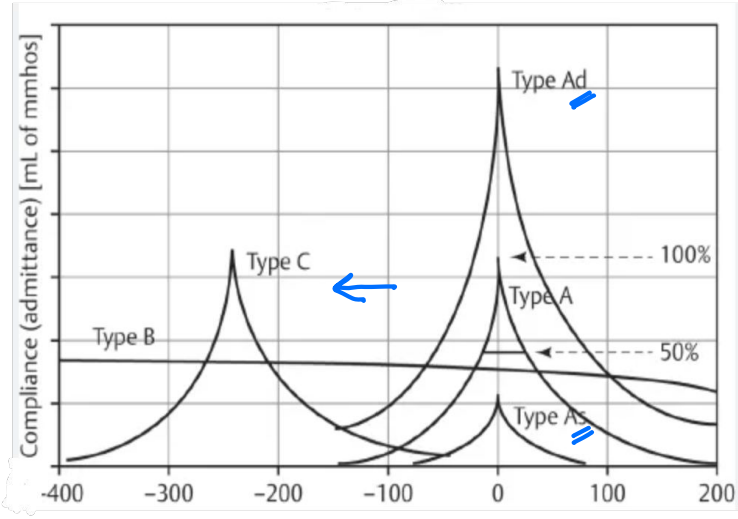
a. Secretory otitis media

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)

24. 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

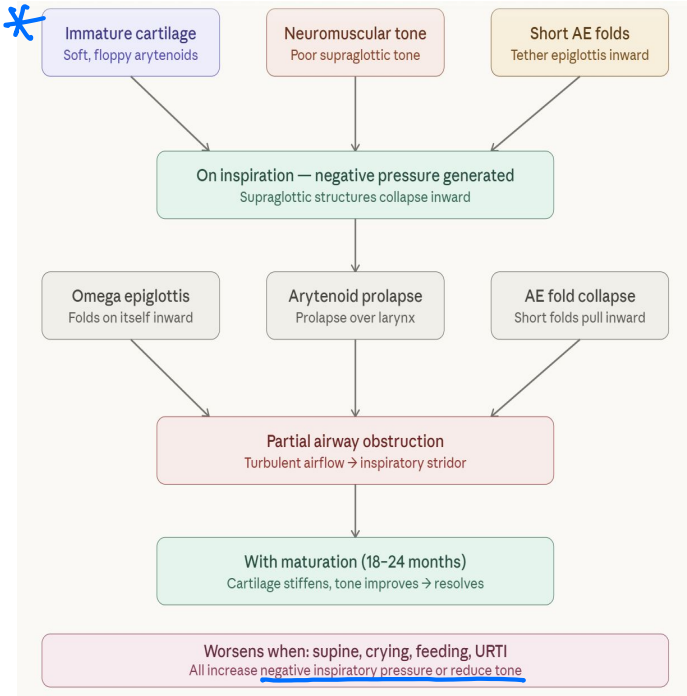
laryngomalacia

a. 1 only

b. 1,2,4

c. 1,2,3

d. 1,2,3,4



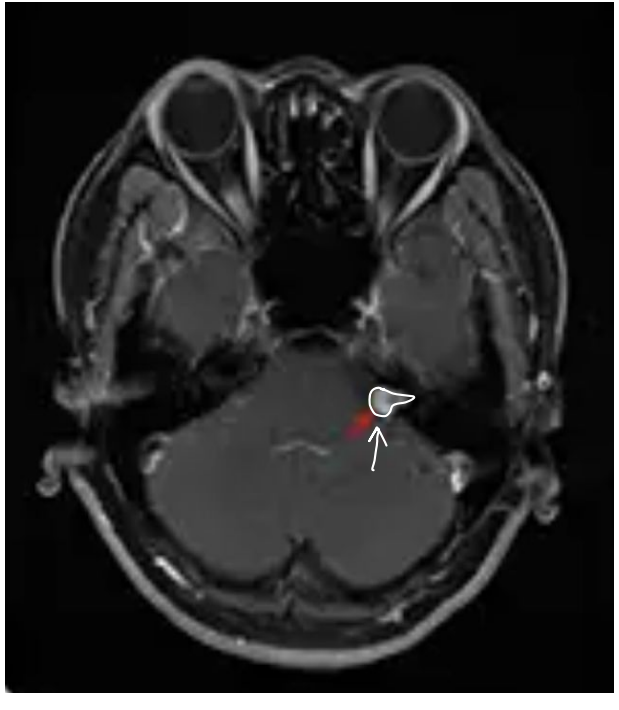
25. Which of the following is correct about the earliest presentation of this case based on MRI report?

a. Vertigo that gradually resolves due to CNS compensation BPPV

b. Unilateral Facial nerve palsy

c. Progressive unilateral conductive hearing loss

d. Unilateral Tinnitus



26. Most common malignant tumor of the parotid gland –

a. Mucoepidermoid carcinoma

b. Adenoid cystic carcinoma → PERINEURAL spread : CRN: 7

c. Pleomorphic adenoma benign

d. Acinic cell carcinoma

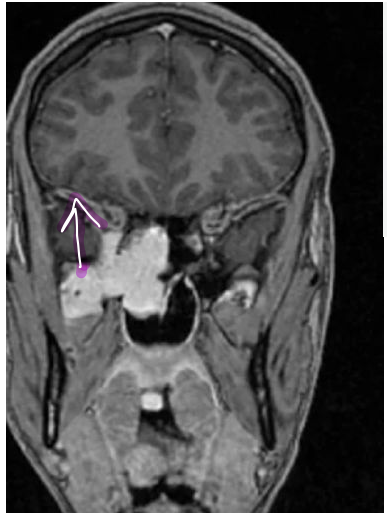
27. Most common site of origin of nasopharyngeal angiofibroma is sphenopalatine foramen. It spreads to all of the following sites except?

a. Infratemporal fossa 2

b. Pterygopalatine fossa 1

c. Middle cranial fossa 3

d. Anterior cranial fossa



FROG-FACE

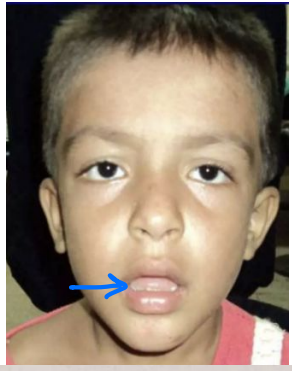
28. Commonest cause of bilateral nasal obstruction in a child is –

a. Deviated nasal septum

b. Hypertrophied inferior turbinate

c. Adenoid hypertrophy

d. Choanal atresia



29. Most common lesion of larynx in adults is

a. Vocal nodule

b. Vocal polyp

c. Papilloma

d. Cyst

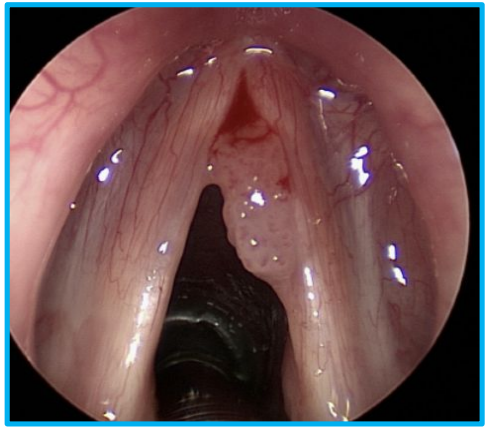
30. Which is not correct about the lesion seen in video-laryngoscopy of 30-year-old patient with sore throat?

a. Caused by HPV 16 6, 11

b. Malignant potential ✓

c. Sessile lesion ✓

d. CO2 laser excision ✓



Papillome

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

a. Levator palati

b. Tensor veli palatini

c. Salpingopharyngeus

d. Superior constrictor

32. The earliest symptom of carcinoma larynx is

a. Dysphagia

b. Hoarseness of voice

c. Pain in throat

d. Cough

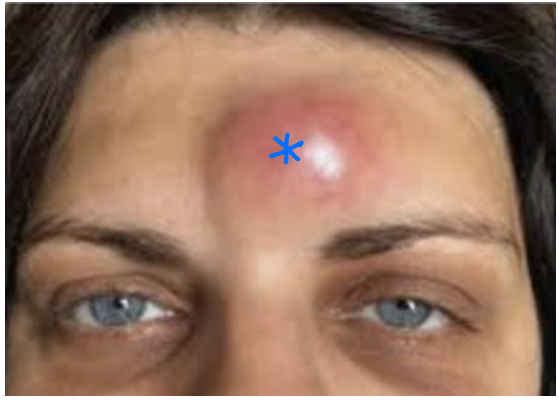
33. Which of the following is the commonest site of sinusitis leading to Pott's puffy tumour? OSTEOMYELITIS

a. Frontal sinus

b. Sphenoid sinus

c. Maxillary sinus

d. Ethmoid sinus



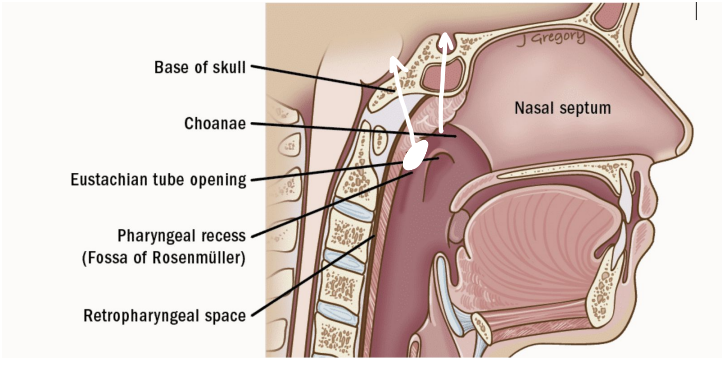
34. Commonest nerve involved in nasopharyngeal carcinoma

a. Facial nerve

b. Abducens nerve

c. Trigeminal nerve

d. Glossopharyngeal nerve



Location of NPC	Fossa of Rosenmüller (lateral wall of nasopharynx)
Spread	Directly through **foramen lacerum** → middle cranial fossa
Trigeminal	Branches accessible at **skull base** → earliest nerve involved
Most common presentation	**Facial pain/numbness** — V2 (maxillary) most commonly affected

35. Typical features of Meniere's disease?

a. Continuous vertigo

b. Episodic vertigo with fluctuating hearing loss

c. Sudden complete deafness

d. Positional vertigo

Mnemonic: F-LET

F - Fluctuating hearing loss
L - Low frequency SNHL
E - Ear fullness , endolymphatic hydrops
T: Tinnitus roaring

Rx

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

36. Which is not correct about safe CSOM?

a. Odourless intermittent discharge

b. Central perforation

c. Cholesteatoma

d. Pale polyps

* Residual cholesteatoma
Sinus Tympani

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

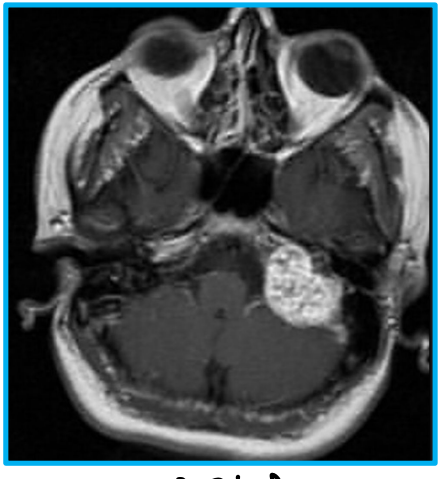
a. Safe CSOM

b. Acute mastoiditis

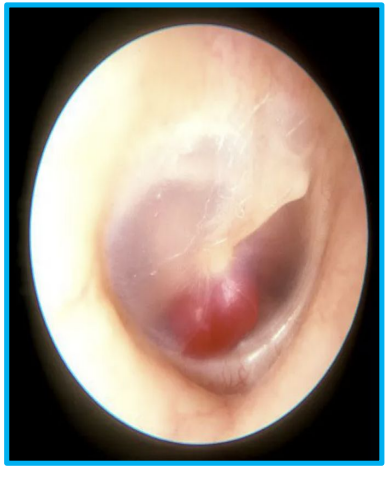
c. Glomus jugulare

d. Naso-pharyngeal carcinoma

SALT & PEPPER app



MRi head



Rising sun sign

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

a. Acoustic neuroma

b. Cholesteatoma

c. Endolymphatic hydrops

d. Otosclerosis

Sound → vestibular activation

* True Tulio = sup. SCC dehisence
* Tulio like = Endolymphatic hydrops

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

a. Atrophic rhinitis

b. DNS

c. Rhinosporidiosis

d. Meniere disease

Swimmer, protozoa, strawberry nose

MERCIFUL ANOSMIA
ROOMY NOSTRILS

K. ozaenae

alkaline douche

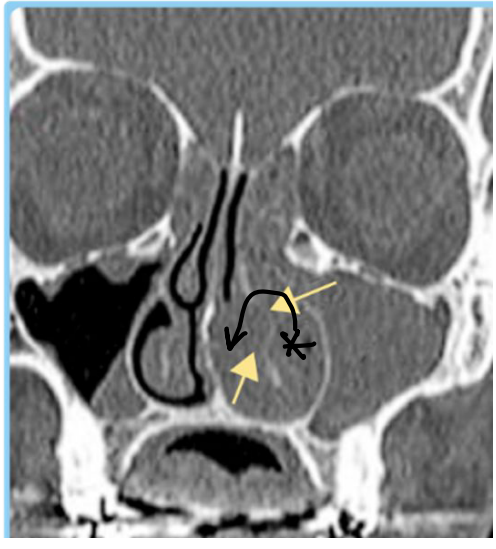
40. Which of the following is not correct about the condition shown below?

a. Caused by allergy

b. FESS is treatment of choice

c. Arises from maxillary sinus

d. Solitary and muti-lobed



41. 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?

Δ: → CSF Rhinorrhee

a. Halo sign

b. CSF glucose levels *

c. CSF beta 2 transferrin levels

d. CT scan > CT CISTERNOGRAPHY

COTTLE TEST

42. 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

Causes of Nasal Obstruction – Diagnosis	
Cause	**Diagnostic feature**
External valve collapse	Cottle's test positive
DNS	Anterior rhinoscopy
Inferior turbinate hypertrophy	Nasal endoscopy
Adenoid Hypertrophy	Lateral X ray nasopharynx
Nasal Polyp	CT PNS
Antrochoanal polyp	CT PNS –unilateral

43. 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

* SLUDER NEURALGIA
SPG : parasym input
lacrimal gland
: V_1
: V_2

44. 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?

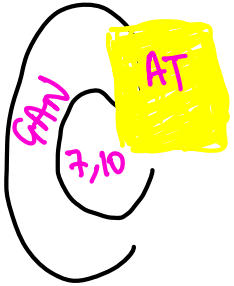
a. Facial nerve

b. Auriculotemporal

c. Jacobson

d. Arnold nerve

* TMJ malocclusion / arthritis



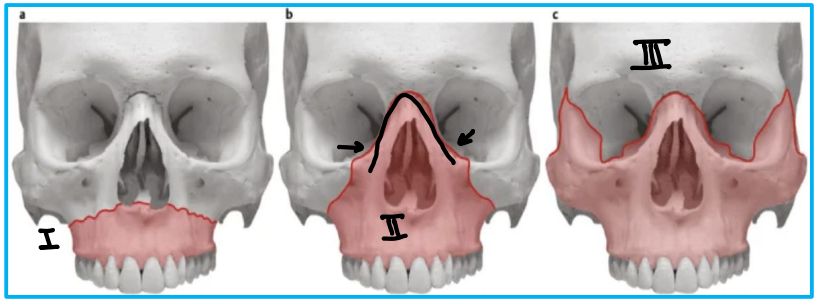
45. A patient with mid-facial trauma presents with pyramidal facial mobility, periorbital ecchymosis, and infraorbital nerve anaesthesia. The likely fracture pattern is:

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
Check + Upper lip

46. 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

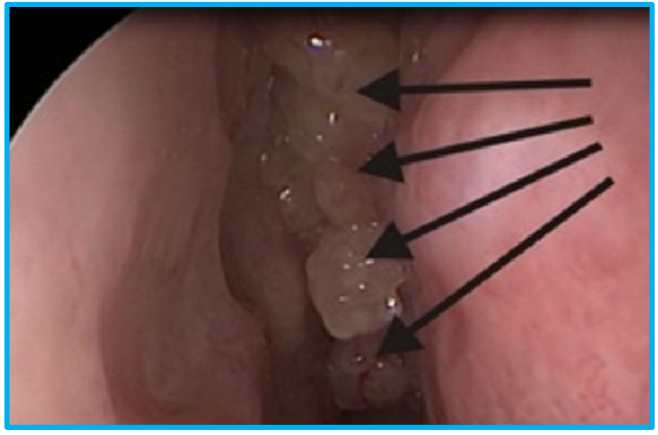
b. Inverted papilloma

c. Polypoidal rhinosinusitis

d. Squamous cell carcinoma

CEREBRIFORM TUMOR

RINGERTZ



* MENTRIER
* MYCOSIS FUNGOIDES

Notice the convoluted appearance of mass

Inverted papilloma	ENT	MRI convoluted cerebriform pattern
Sezary syndrome	Hematology	Cerebriform lymphocytes
Mycosis fungoides	Dermatology	Cerebriform nuclei
Menetrier disease	Gastroenterology	Cerebriform gastric folds
Proteus syndrome ✓	Dermatology	Cerebriform plantar nevus

47. 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

NPC

CHL #

$T_2 N_1 M_0$

NPC: Trotter triad

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

Earliest presentation
Cervical LN
CN VI palsy (diplopia)

ETIOLOGY: EBV + Salted fish + Chinese genetics

LOCATION: Fossa of Rosenmuller(lateral recess)

HISTOLOGY: WHO III = Undifferentiated Lymphoepithelioma

IMAGING: MRI = IOC

STAGING
T1: Confined
T2: Parapharyngeal
T3: Bone,
T4: Intracranial

48. Correct about the condition shown below is

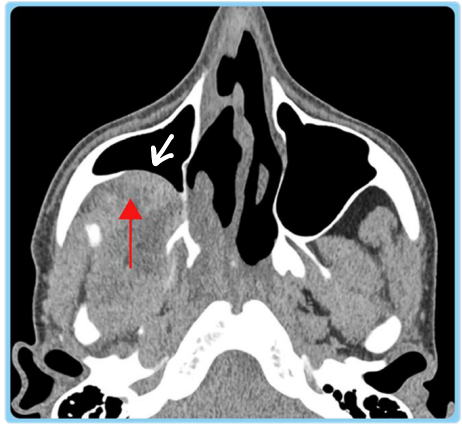
JNA Holman Miller

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



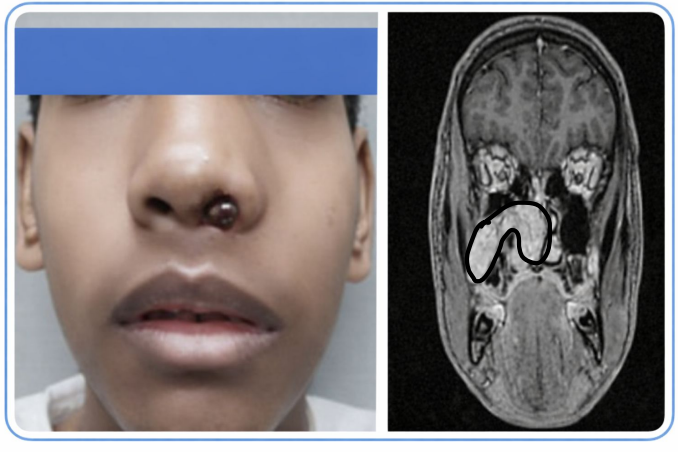
49. Which of the following is correct about management of this condition which presented as recurrent episodes of profuse epistaxis?

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

d. Start flutamide 3 months before and radiotherapy 48 hours before surgery



FROG FACE app

50. 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

b. Open surgical excision

c. Radiotherapy

d. Chemoembolization with oxaliplatin Colorectal CA

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

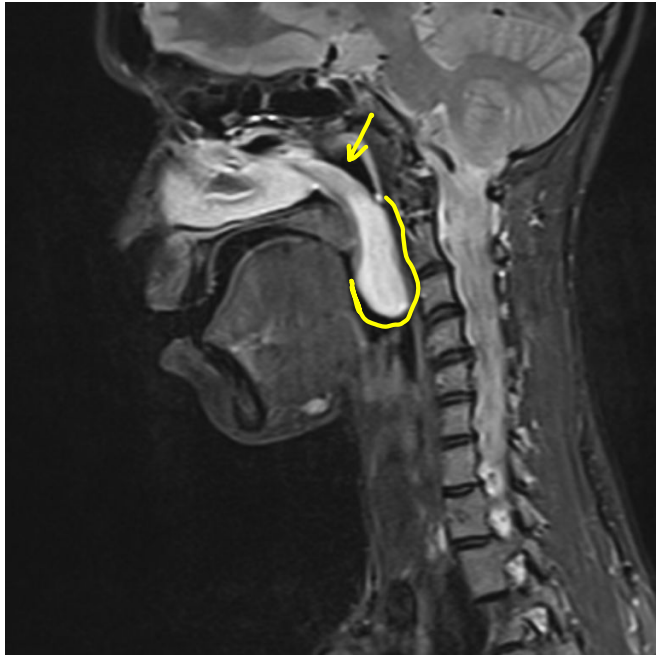
51. Dodd sign with crescent of air is seen in:

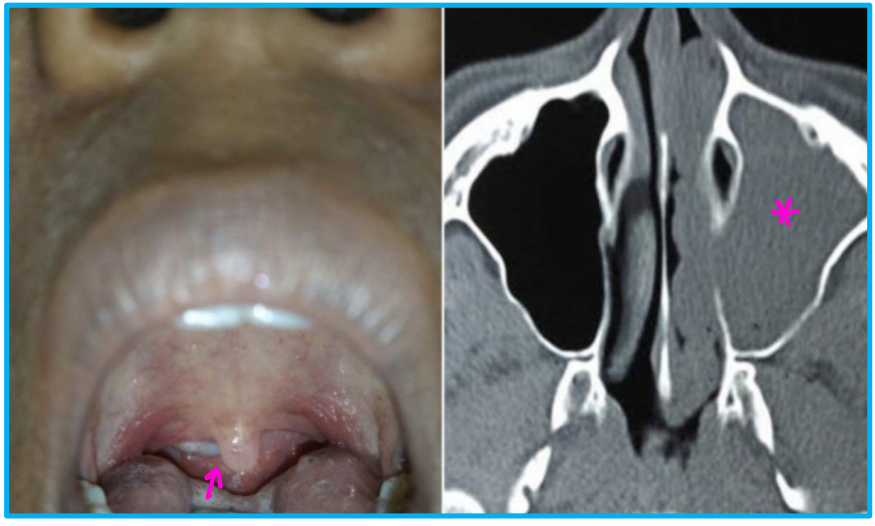
a. JNA

b. Antro-choanal polyp

c. Ethmoidal polyp

d. Nasopharyngeal cancer





52. Tragus sign is seen in:

a. Otitis externa

b. CSF rhinorrhoea

c. CSF otorrhea

d. Furunculosis

53. 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

negative: OH^-

c. Urgent Endoscopic removal ✓

d. Lodged below inferior turbinate in most cases ✓

STYLOPHYRANGEUS : ASYMETRY SOFT palate

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

a. Glossopharyngeal nerve palsy

b. Vagus nerve palsy — BULBAR PALSY : C/L deviation uvule.

c. Hypoglossal nerve palsy — I/L Tongue deviation.

d. Peritonsillar abscess — C/L deviation of uvula

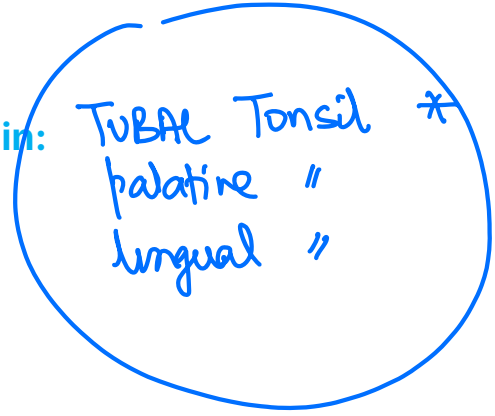
55. Involvement of Waldeyer ring is seen in:

a. HL

b. NHL

c. Nasopharyngeal cancer

d. Juvenile nasopharyngeal angiofibroma



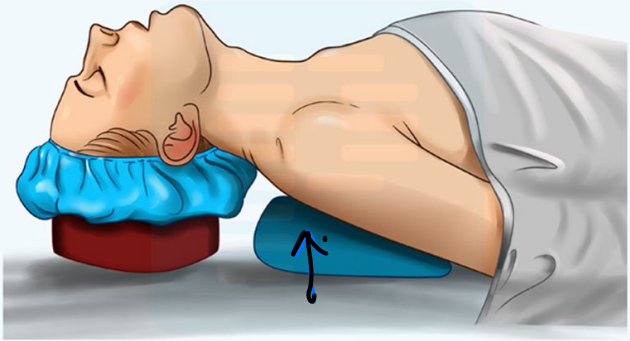
56. The following position is used for which of the following

a. Orotracheal intubation

b. Nasopharyngeal intubation

c. Tonsillectomy

d. Tracheostomy



* AAD ⇒ Rheumatoid ARTHRITIS
Down syndrome
CERVICAL SPONDYLOSIS

57. 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

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	Puberphonia, abnormally high-pitched voice
Type IV	Tension laryngoplasty	Low – Pitched voice, voice feminization

58. 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

Feature	Kashima procedure	Type II Thyroplasty (isshiki)
Surgical concept	Posterior cordotomy	Lateralization thyroplasty
Approach	Endoscopic (transoral) using CO2 laser	External neck surgery on thyroid cartilage
Structure modified	Posterior vocal cord + Vocal ligament near vocal process	Thyroid cartilage split in midline

59. 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

CRICOTHYROID #
EBSLN

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

a. Cricothyroid

b. lateral cricoarytenoid

c. Posterior cricoarytenoid

d. Thyroarytenoid

opening of Rima glottidis, abductica

61. A patient underwent a parotidectomy. Postoperatively, he complained of perspiration and flushing on the left side of his face near the cheeks and temple every time he eats, especially spicy food. No facial weakness is noted. 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

FREY SYNDROME

ATN #

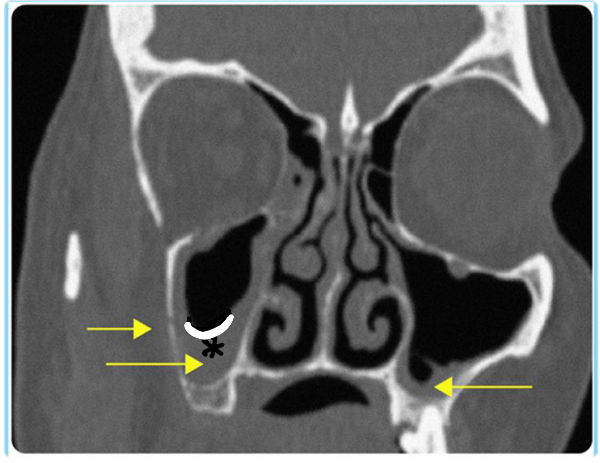
62. A diabetic male presents with facial pain and blackish discoloration in the nose. The CT image shows bone erosion and sinus involvement. What is the most likely diagnosis?

a. Acute bacterial sinusitis

b. Allergic fungal sinusitis

c. Nasal polyposis

d. Rhino-orbital-cerebral mucormycosis



IOC: nasal endoscopy + Bx
> MRI PNS

TOC: debridement

63. 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

ET collapse

- In the given clinical case, the diagnosis is **adenoid hypertrophy with glue ear**, also known as **otitis media with effusion (OME)**
- The test used in this case is tympanometry (impedance audiometry) or tympanogram

Type A	Normal
Type B (Flat)	Flat curve seen in glue ear (SOM)
Type C	Seen in ET dysfunction
Type As	Seen in otosclerosis
Type Ad	Seen in ossicular dislocation

64. 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

65. 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

66. Which of the following is the attachment of the superior tip of the uncinate process?

a. Middle turbinate

b. Inferior turbinate

c. Middle meatus

d. No attachment

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

a. Subglotis expiratory

b. Supraglottis

c. Glottis

d. Trachea

68. 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

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

a. Lung cancer

b. Oropharyngeal cancer

c. Stomach cancer H. Pylori

d. Oesophageal cancer

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

a. 10 seconds

b. 20 seconds

c. 30 seconds

d. 45 seconds

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

a. HPV 16,18

b. HPV 6,11

c. Smoking

d. Wood dust Ca maxilla

72. 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

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

a. Glottis

b. Subglottis

c. Supraglottis

d. Trachea

74. Which is the commonest site of intubation granuloma?

a. Arytenoids

b. Vocal folds

c. Sub-glottic narrowing

d. Epiglottis

75. Treatment of stage I carcinoma larynx is?

a. Endoscopic excision

b. EBRT

c. Concurrent chemoradiotherapy

d. Total laryngectomy

THANK YOU