

**Time: Three Hours****Max. Marks: 100****OTORHINOLARYNGOLOGY (RS-4)****Q.P. CODE: 1034****(QP contains two pages)**

Your answers should be specific to the questions asked

Draw neat, labeled diagrams wherever necessary

**LONG ESSAYS****2 x 10 = 20 Marks**

1. Discuss the etiology, clinical features and management of Deviated nasal septum
2. A mother brought a 1 year old child complaining that child is not feeding since two days and had recently developed noisy breathing. On examination child was febrile and there was a unilateral bulge on the posterior pharyngeal wall. X-ray of the neck shows significant pre vertebral widening
  - a) What is the most probable diagnosis?
  - b) Explain the etiopathogenesis of the condition.
  - c) How do you investigate and treat this condition?
  - d) What are the possible complications that might develop if this condition is not treated?

**SHORT ESSAYS****8 x 5 = 40 Marks**

3. Explain clinical features, investigations and treatment of atrophic rhinitis
4. Anatomy of laryngeal cartilages
5. A 25 year old female presented with acute onset of pain and difficulty in swallowing. On examination right tonsil was enlarged, congested and pushed medially. Trismus was present
  - a) What is the most probable diagnosis?
  - b) How do you manage this condition?
  - c) What are the possible complications of this condition?
6. A 60 year old male farmer hailing from a coastal region presented with nasal obstruction and epistaxis. On examination there was a red strawberry like mass filling right nasal cavity
  - a) Write the most appropriate diagnosis
  - b) Describe etiopathogenesis of the condition
  - c) How do you manage this condition?
7. Differences between adult and infant larynx
8. Acute mastoiditis
9. Benign Paroxysmal positional vertigo
10. Explain clinical features and management of vocal cord nodules

**SHORT ANSWERS****10 x 3 = 30 Marks**

11. Epleys manoeuvre
12. Rhinoscleroma
13. Rigid oesophagoscopy
14. Horner's syndrome
15. Three uses of Brainstem Evoked Response Audiometry
16. Stapedial reflex pathway
17. Write any three complications of adenotonsillectomy
18. LUDWIG's angina
19. Mention at least five complications of FESS
20. Consent for mastoidectomy

**Multiple Choice Questions****10 x 1 = 10 Marks**

- 21 i) Voice is good in  
A. Unilateral recurrent laryngeal nerve paralysis  
B. Bilateral recurrent laryngeal nerve paralysis  
C. Bilateral superior laryngeal nerve paralysis  
D. Unilateral high vagal nerve paralysis
- 21 ii) Siegelization is useful in following conditions EXCEPT  
A. To check for tympanic membrane mobility  
B. To elicit fistula test  
C. To remove foreign bodies in external ear  
D. To instill topical ear medicines
- 21 iii) Sialolithiasis is most commonly seen in  
A. Parotid gland  
B. Submandibular salivary gland  
C. Sublingual salivary gland  
D. Other minor salivary glands
- 21 iv) Sagging of the external auditory canal is seen in  
A. Acute labyrinthitis  
B. Perichondritis  
C. Acute mastoiditis  
D. Temporal bone fracture
- 21 v) Differential diagnosis for fluctuating hearing loss includes all EXCEPT  
A. Ear wax  
B. Meniere's disease  
C. Perilymph fistula  
D. Presbycusis
- 22 i) Concha bullosa is  
A. Enlarged inferior turbinate  
B. Enlarged supraorbital cell  
C. Pneumatized middle turbinate  
D. Enlarged Haller cell
- 22 ii) Rhinitis Medicamentosa is treated with  
A. Topical alpha-adrenergic compounds  
B. Topical steroids  
C. Cetirizine  
D. Antibiotics
- 22 iii) Following statements are true regarding Carhart's notch EXCEPT  
A. Dip at 2000Hz in BC curve  
B. Disappears after successful stapes surgery  
C. Highly specific for otosclerosis  
D. Said to be caused by ossicular inertia
- 22 iv) Early presentation of Glottic cancer is  
A. Stridor  
B. Hoarseness of voice  
C. Metastatic lymph node  
D. Dysphagia
- 22 v) Pyramid is present in the following wall of the middle ear  
A. Posterior  
B. Anterior  
C. Lateral  
D. Medial

\*\*\*\*\*