

Total No. = 03 pages

Q.P. Code: MBN302

M.B.B.S. Final Prof. Part-I

(New Scheme w.e.f. 2019 admission onwards)

BF/2023/02

ENT

M.M. : 100

Time : 3 Hours(First 30 Min. for MCQs)

- Note: 1. **Use OMR Sheet to answer Multiple Choice Questions(MCQs).**
2. Attempt all questions. Illustrate your answers with suitable diagrams
3. **NO SUPPLEMENTARY SHEET SHALL BE ALLOWED/PROVIDED**
4. **The student must write O.P. Code in the space provided on OMR Sheet and the Title page of the Answer Book.**

Q.1 MCQs (Attempt on OMR sheet)

[1x20]

1. A new born presents with bilateral microtia and external auditory canal atresia. Corrective surgery is usually performed at:
 - a. <1 year of age
 - b. 5-7 years of age
 - c. Puberty
 - d. Adulthood
2. A 3 year old child presented with complain of bilateral profound hearing loss and plan for cochlear implantation. During surgery while doing posterior tympanotomy through the facial recess there are chances of injury to the following except:
 - a. Facial nerve horizontal part
 - b. Chorda tympani
 - c. Dislodgement of short process of incus from fossa incudes
 - d. Vertical descending part of facial nerve
3. Inferior and vertical postauricular incision in children less than 2 years old may cause damage to which cranial nerve
 - a. VIII
 - b. VII
 - c. VI
 - d. V
4. A 5 year old child develops parotitis following otitis externa. This could have happened through:
 - a. Cochlear aqueduct
 - b. Fissures of Santorini
 - c. Isthmus
 - d. Foramen of morgagni
5. A 38 year old gentleman reports of decreased hearing in the right ear for the last 2 years. On testing with a 512 Hz tuning fork, the Rinne test is negative on the right ear and positive on the left ear. With the Weber's test the tone is perceived as louder in the left ear. Most likely the patient has:
 - a. Right conductive hearing loss
 - b. Right severe sensorineural hearing loss
 - c. Left sensorineural hearing loss
 - d. Left conductive hearing loss
6. A 38 year old male presented with a suspected diagnosis of suppurate labyrinthitis. A positive Rinne test and positive fistula test was recorded on initial investigation. The patient refused treatment and returned to the emergency department after 2 weeks complaining of deafness in the affected ear. On examination, fistula test was observed to be negative. What is the likely expected finding on repeating the Rinne test.
 - a. True positive Rinne test
 - b. False positive Rinne test
 - c. True negative Rinne test
 - d. False negative Rinne test
7. A young man presents with loss of hearing in right ear following an accident. On otoscopic examination the tympanic membrane was normal. Pure tone audiometry shows an air bone gap of 55 dB in the right normal cochlear reserve. Which of the following will be the likely tympanometry finding?
 - a. As type tympanogram
 - b. Ad type tympanogram
 - c. B type tympanogram
 - d. C type tympanogram

Page 1 of 3

8. 37 year old male with history of fever for 4 days and sore throat. There is right peritonsillar swelling but no airway distress. The best management is ?
- IV antibiotics + possible incision and drainage
 - IV antibiotics + tracheostomy
 - IV antibiotics alone
 - Tracheostomy alone
9. 56 years old male with history of RTA, sustained laryngeal trauma, not in respiratory distress, he has subcutaneous emphysema and you feel cricoid fracture. Flexible scope done showed supra-glottic laceration, what should be done?
- Primary open repair and tracheotomy
 - Cricothyroidotomy and laryngoscope
 - Observation and steroid
 - Endoscopic exploration and stent
10. A post dental extraction patient presents with tender swelling in submental area with pain and fever. Most likely diagnosis is:
- Retropharyngeal abscess
 - Parapharyngeal abscess
 - Ludwig angina
 - Vincent angina
11. A 5 year old boy having dinner suddenly becomes aphonic and is brought to casualty for the complaint of respiratory difficulty. What is the most appropriate management?
- Cricothyroidotomy
 - Tracheostomy
 - Humidified oxygen
 - Heimlich maneuver
12. A 10 year old boy developed hoarseness of voice following an attack of diphtheria. On examination his right vocal cord was paralyzed. The treatment of choice for paralyzed vocal cord will be:
- Gel foam injection of vocal cord
 - Fat injection of right vocal cord
 - Thyroplasty type-1
 - Wait for spontaneous recovery
13. A case of carcinoma larynx with the involvement of anterior commissure and right vocal cord, developed perichondritis of thyroid cartilage. Which of the following statements is true for the management of this case?
- He should be given radical radiotherapy as this can cure early tumours
 - He should be treated with combination of chemotherapy and radiotherapy
 - He should first receive radiotherapy and if residual tumour is present then should undergo laryngectomy
 - He should first undergo laryngectomy and then postoperative radiotherapy
14. A man using xylometazoline nasal drops continuously for long period of time. What can be the possible adverse effect?
- Mulberry turbinate
 - Allergic rhinitis
 - Vasomotor rhinitis
 - Rhinitis medicamentosa
15. A young female with a long history of sinusitis parents with frequent episodes of fever, headache of recent onset along with personality changes. Fundus examination revealed papilloedema. Most likely diagnosis is:
- Frontal lobe abscess
 - Meningitis
 - Orbital cellulitis
 - Encephalitis
16. Which of the following statements are true regarding rhinoscleroma?
- The histopathology shows foamy macrophages with intracytoplasmic bacilli and plasma cells with Russel bodies.
 - It is caused by klebsiella pneumonia
 - It is caused by a gram-positive bacillus
 - Nasal obstruction is a common complaint
 - Streptomycin and tetracycline for 4-6 weeks are used in treatment
- i, iv, v
 - i, ii, iii
 - i, iii, v
 - iii, iv, v
17. A 5 year old child after adenoidectomy developed hypernasality and nasal regurgitation of food. What could be the cause?
- Velopharyngeal insufficiency
 - Glossopharyngeal nerve injury
 - Reactionary hemorrhage
 - Trauma to soft palate

18. A 15 year old male child presenting with complaint of recurrent profuse epistaxis with unilateral nasal obstruction. Which of the following are true, except?
- a. Biopsy require for diagnosis
 - b. Most common presentation is epistaxis
 - c. Arises from the lateral wall of nasopharynx at the sphenopalatine foramen
 - d. In late cases frog face deformity occurs
19. A 5 year old child is scheduled for tonsillectomy. On the day of surgery, he had running nose, temperature 37.5 °C and dry cough. Which of the following should be the most appropriate decision for surgery.
- a. Surgery should be done next day and child should be put on I/V antibiotics and paracetamol
 - b. Can proceed for surgery on the same day after starting I?V antibiotics and paracetamol
 - c. Get X-ray chest done and if normal proceed for surgery
 - d. Cancel surgery for 3 weeks and put the patient on antibiotics
20. A child is presented with history of pain during swallowing and noisy breathing. Examination showed a toxic, tachypnoeic child with inspiratory stridor and drooling of saliva. The X-ray soft tissue neck, lateral view shows thumb sign. The most probable diagnosis is:
- a. Acute epiglottitis
 - b. Croup
 - c. Retropharyngeal abscess
 - d. Prevertebral abscess
- Q.2. A 16 year old boy presented in the emergency with severe epistaxis and history of nasal obstruction, gradually deteriorating over a period of last 3 years. There is also history of episodes of profuse bleeding requiring hospital admission over this time. On examination a smooth lobulated mass is seen in the right nose. [1+3+3+5]
- a. What is your probable diagnosis?
 - b. Define the pathology of your diagnosed lesion.
 - c. What investigations would you carry out to confirm your diagnosis?
 - d. Briefly outline the management of your diagnosed lesion.
- Q.3. **Write short notes on:-** [5x4]
- a. Draw a neat labeled diagram of medial wall of middle ear
 - b. Posterior rhinoscopy
 - c. Dysphonia plica ventricularis
 - d. Types of deviated nasal septum
- Q.4. **Explain why?** [3x5]
- a. There is sensorineural loss in chronic otitis media
 - b. Usually, no treatment is required for unilateral vocal cord palsy
 - c. An antrochoanal polyp grows posteriorly in the nasal cavity
 - d. There is primary hemorrhage after tonsillectomy
 - e. There is bilateral nasal obstruction in a case of deviated nasal septum on left side
- Q.5. **Write short answer (applied aspect):-** [6x3]
- a. Otosclerosis
 - b. Juvenile laryngeal papillomatosis
 - c. Laryngoceles
- Q.6. **Write short answer:-** [5x3]
- a. Distinguish between tubotympanic and attic antral type of chronic otitis media
 - b. Briefly outline the principle and indications of functional endoscopic sinus surgery.
 - c. Informed consent
