

Q.P.CODE: M102C030**DR. YSR UNIVERSITY OF HEALTH SCIENCES :: VIJAYAWADA – 520 008****M.B.B.S. DEGREE EXAMINATION – JANUARY, 2023****FINAL M.B.B.S. EXAMINATION – PART – I****OTORHINOLARYNGOLOGY (ENT)****(Theory questions)**

Time: 2 Hours 40 Minutes

Max. Marks: 80

Note: Answer all questions. Draw a neat diagram wherever necessary

SECTION-II (THEORY QUESTIONS – 80 MARKS)**WRITE LONG ESSAY QUESTIONS:****2X15=30**

1) A 33-year female comes with a history of episodic vertigo. She feels ringing sensation in right ear. Her husband tells she doesn't respond to call. The patient admits that when she keeps a telephone in the right ear, she feels decreased hearing. She says that each vertigo attack lasts for 5 to 10 minutes. She drinks five cups of coffee per day. Pure tone audiometry shows right sided low frequency hearing loss. (2+4+4+5)

- What is your diagnosis? What do you mean by drop attacks
- What are the various investigations that are done on this patient and its interpretation
- What are the differences between cochlear and retro-cochlear deafness
- How do you manage medically and surgically in this patient

2) Enumerate the causes of bilateral nasal obstruction. Describe the etiology, clinical features and management of bilateral ethmoidal polyp (3+3+3+6)

WRITE SHORT ESSAY QUESTIONS:**10X5=50**

- Describe the clinical features and management of nasal bone fractures
- Discuss the complications and management of Gastro-esophageal Reflux Disease
- Describe the clinical features and management of HIV manifestations of oral cavity
- Describe the clinical features, investigation and management of Ludwig's Angina
- Describe the investigations and management of Tinnitus
- Enumerate the indications for tracheostomy and explain the procedure
- Discuss the clinical features and management of tubotympanic Chronic Suppurative Otitis Media
- Discuss the etiopathogenesis, clinical presentation and management of Eagle's syndrome
- Discuss the etiopathogenesis, clinical presentation and management of Reinke's oedema
- Enumerate the causes for left recurrent laryngeal nerve palsy and its management
