

Rajiv Gandhi University of Health Sciences, Karnataka

MBBS Phase – III (PART I) (CBME) Degree Examination - 24-Jan-2025

Time: Three Hours**Max. Marks: 100 Marks****OTORHINOLARYNGOLOGY - (RS-4)****QP 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. A 55 yrs old male patient presented with acute vertigo lasting few hours associated with vomiting, right sided ear block, tinnitus, and right sided fluctuating hearing loss.
 - a. What is the diagnosis?
 - b. Describe the aetiopathogenesis of this condition
 - c. Discuss the investigation for diagnosing the above condition
 - d. What are the various modalities of treatment?
2. A Male child 3 yrs of age presents with noisy breathing since 1 day. He has been having upper respiratory tract infection since 3 days, with high grade fever and pain on swallowing. Child was immunized upto age. X ray neck reveals thumb sign.
 - a. What is the most likely diagnosis?
 - b. Define stridor
 - c. Mention two causes for stridor
 - d. Discuss the treatment of this condition

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

3. A female 30 yrs of age presents with loss of smell, nasal obstruction, excessive nasal crusting and social stigma due to foul smell emanating from her nose.
 - a. What is **the** diagnosis of this condition?
 - b. Discuss the aetiopathogenesis of this condition.
 - c. How do you manage this patient?
4. Describe the clinical features and management of Rhino cerebral Mucormycosis.
5. Discuss **Vocal Voice** rehabilitation following total laryngectomy.
6. Mention the indications and discuss steps and complications of functional Endoscopic Sinus Surgery.
7. Briefly describe the applied Anatomy of the retropharyngeal space. Discuss the clinical features and management of acute retropharyngeal abscess.
8. Classify Cholesteatoma and explain the theories of Cholesteatoma formation.
9. Extra cranial complications of Sinusitis.
10. An elderly diabetic with poorly controlled blood glucose levels presents with deep seated gnawing ear pain on the right side. The pain aggravates at night-time. On examination a granulation tissue polyp was observed in the external auditory canal.
 - a. What is the most likely diagnosis of this condition?
 - b. List the common microbial organisms causing this condition.
 - c. Discuss the treatment modalities of this condition.

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

11. Fistula test.
12. Water's view **x-ray**.
13. Cavernous sinus thrombosis.
14. Fracture nasal bones.
15. Unpaired cartilages of the larynx.
16. Secondary Acquired Cholesteatoma.
17. Pure tone and impedance Audiometry findings in Otosclerosis.
18. **Eagle's** syndrome.
19. Acute Necrotising Otitis Media.
20. Lupus vulgaris.

Multiple Choice Questions
10 x 1 = 10 Marks

- 21 i) Sphenoethmoidal air cell is
- Agger nasi
 - Bulla ethmoidalis
 - Haller cell
 - Onodi cell
- 21 ii) Type C Tympanogram is characteristic of
- Middle ear fluid
 - Negative middle ear pressure
 - Otosclerosis
 - Normal middle ear pressure
- 21 iii) In Laryngomalacia, Stridor subsides in
- Prone position
 - Supine position
 - Any lateral position
 - Rose's position
- 21 iv) Gradenigo triad is characterized by all EXCEPT
- Retroorbital pain
 - Persistent discharge from the ear
 - VII nerve involvement
 - VI nerve involvement
- 21 v) Kashima's operation is done in
- Bilateral abductor paralysis
 - Unilateral abductor paralysis
 - Bilateral adductor paralysis
 - Unilateral adductor paralysis
- 22 i) False negative Rinne test is seen in
- Unilateral Otosclerosis
 - Ossicular fixation
 - Severe unilateral sensory neural hearing loss
 - Unilateral Otitis Media with Effusion
- 22 ii) 'Delta sign' of Lateral Sinus Thrombosis on Contrast-enhanced CT scan is seen in
- Middle cranial fossa
 - Sinus plate
 - Sino Dural angle
 - Posterior cranial fossa
- 22 iii) Choanal atresia is seen due to persistence of
- Bucconasal membrane
 - Buccopharyngeal membrane
 - Pharyngobasilar membrane
 - Both b & c
- 22 iv) Beta-2 transferrin is a protein seen in
- CSF
 - Perilymph
 - Aqueous humour
 - All of the above
- 22 v) Care of Tracheostomized patient include all EXCEPT
- Humidification by wet gauze
 - Tube change within 72 hrs
 - Periodic deflation of the cuff
 - Suctioning of the catheter only while withdrawing

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