

III Professional MBBS Part II Degree Regular/Supplementary Examinations
May 2025
Otorhinolaryngology
(2019 Scheme)

Time: 3 Hours

Total Marks: 100

- Answer all questions to the point neatly and legibly • Do not leave any blank pages between answers
- Indicate the question number correctly for the answer in the margin space
- Answer all parts of a single question together • Leave sufficient space between answers
- Draw table/diagrams/flow charts wherever necessary

1. Multiple Choice Questions

(20x1=20)

The MCQ questions (Q.No. i to Q.No. xx) shall be written in the space provided for answering MCQ questions at page No. 51 of the answer book (the inner portion of the back cover page (PART III)).

Responses for MCQs marked in any other part/page of the answer book will not be valued

Question numbers i-v are single response type questions

- The most common complication of squamous type of chronic suppurative otitis media with cholesteatoma is:
 - Labyrinthitis
 - Facial nerve palsy
 - Brain abscess
 - Mastoiditis
- A 40 year old male with long standing history of sinusitis came to casualty with intermittent fever, headache and personality changes of recent onset. On examination there was papilloedema. The most likely diagnosis is
 - Meningitis
 - Frontal bone osteomyelitis
 - Frontal lobe abscess
 - Subdural abscess
- The most common organism causing malignant otitis externa is:
 - Staphylococcus aureus
 - Pseudomonas aeruginosa
 - Streptococcus pyogenes
 - Candida albicans
- All are features of Gradenigo's syndrome except
 - Otorrhoea
 - Tinnitus
 - Retroorbital pain
 - Diplopia
- 'Tear drop sign' seen in
 - Fracture of nasal bone
 - Fracture of zygomatic arch
 - Fracture of lateral wall of nose
 - Fracture of floor of orbit

Question numbers vi-x are multiple response type questions. Read the statements and mark the most appropriate answer.

- Clinical features of single sided acoustic neuroma include
 - Unilateral sensorineural hearing loss
 - Tinnitus
 - Reduced corneal sensitivity
 - Acute episode of vertigo
 - 1, 2 and 3
 - 1, 2 and 4
 - 1, 3 and 4
 - All are correct
- Features of atrophic rhinitis include:
 - Foul-smelling nasal discharge
 - Crusting in the nasal cavity
 - Nasal polypi
 - Widening of nasal cavity
 - 1, 2 and 3
 - 1, 2 and 4
 - 1, 3 and 4
 - All are correct
- Risk factors for paranasal sinus malignancies are:
 - Exposure to wood dust
 - Human papilloma virus
 - Smoking
 - Diabetes mellitus
 - 1, 2 and 3
 - 1, 2 and 4
 - 1, 3 and 4
 - All are correct
- Features of rhinoscleroma are
 - Woody nose
 - Peg shaped incisors
 - Interstitial keratitis
 - Russel bodies
 - 1 and 2
 - 2 and 4
 - 1 and 4
 - 3 and 4
- Samter's triad includes
 - Bronchial asthma
 - Bronchiectasis
 - Aspirin sensitivity
 - Nasal polypi
 - 1 and 2
 - 2 and 4
 - 1, 3 and 4
 - 1, 2 and 4

Question numbers xi-xv consist of two statements - Assertion (A) and Reason (R). Answer these questions by selecting the appropriate options given below.

- Assertion (A): In traumatic cerebrospinal fluid (CSF) leaks, CSF stays in centre, while blood gravitates to periphery during hand-kerchief test
 Reason (R): Beta two transferrin estimation is the pathognomonic investigation in CSF leaks
 - Both A and R are true, and R is the correct explanation of A
 - Both A and R are true, but R is not the correct explanation of A
 - A is true, but R is false
 - A is false, but R is true
- Assertion (A): Deviated nasal septum (DNS) can lead to recurrent sinusitis.
 Reason (R): DNS causes obstruction of sinus drainage pathways.
 - Both A and R are true, and R is the correct explanation of A
 - Both A and R are true, but R is not the correct explanation of A
 - A is true, but R is false
 - A is false, but R is true

(PTO)

- xiii. Assertion (A): Epiglottitis in children is a medical emergency.
Reason (R): It can rapidly lead to airway obstruction.
a) Both A and R are true, and R is the correct explanation of A c) A is true, but R is false
b) Both A and R are true, but R is not the correct explanation of A d) A is false, but R is true
- xiv. Assertion (A): Some cases of Meniere's disease show Tullio's phenomenon.
Reason (R): It is due to distended utricle lying against the stapes foot plate
a) Both A and R are true, and R is the correct explanation of A c) A is true, but R is false
b) Both A and R are true, but R is not the correct explanation of A d) A is false, but R is true
- xv. Assertion (A): Mucocoele of frontal sinus can displace the eyeball forward, downward and laterally
Reason (R): Mucocoele of frontal sinus usually presents in the superomedial quadrant of orbit
a) Both A and R are true, and R is the correct explanation of A c) A is true, but R is false
b) Both A and R are true, but R is not the correct explanation of A d) A is false, but R is true

Question numbers xvi-xx are case scenario-based questions.

Clinical Scenario: A 40-year-old uncontrolled diabetic male presented with headache, facial swelling and nasal obstruction for last two weeks. On examination black necrotic tissue was noted in the nasal cavity. Imaging shows bony erosion and orbital extension.

- xvi. What is the most likely diagnosis.
a) Bacterial sinusitis c) Wegener's granulomatosis
b) Mucormycosis d) Sinonasal carcinoma
- xvii. Which of the following investigation specifically lead to the diagnosis.
a) Biopsy with Potassium hydroxide staining
b) Bacterial culture and sensitivity test
c) X-ray of nose and paranasal sinuses
d) Cytoplasmic anti-neutrophil Cytoplasmic Antibodies (cANCA)
- xviii. What is the cornerstone of management.
a) Antibacterial therapy c) Radiation therapy
b) Surgical debridement and antifungal therapy d) Cytotoxic drugs
- xix. Primary drug of choice of this condition
a) Liposomal Amphotericin B c) Rituximab
b) Amoxycillin+ Clavulanic acid d) Cisplatin
- xx. What is the major side effect of Amphotericin B
a) Nasal bleeding c) Nephrotoxicity
b) Skin rashes d) Oral ulceration

Long Essays:

(2x10=20)

2. A 4 year old boy came to emergency department with foreign body aspiration.
a) Write the prominent symptoms and signs when foreign body lodges at larynx and trachea.
b) What is stridor. Classify it. How it differs from stertor.
c) Write the procedures of immediate airway management.
d) Complications of foreign body aspiration if not treated.
e) Discuss definitive treatment options of this patient. (1+2+2+2+3)
3. Previously healthy 40 year old male presented with unexplained unilateral rapid loss of hearing all at once.
a) Give your diagnosis by defining it.
b) Describe the aetiological factors.
c) Write relevant investigations with expected findings.
d) What are the good and bad prognostic factors.
e) Elaborate the principles of treatment. (1+2+2+2+3)

Short Essays:

(6x6=36)

4. Impedance audiometry: Indications, procedure, and interpretation.
5. Pathogenesis, clinical features and treatment of vasomotor rhinitis.
6. Define tympanoplasty and write the different types.
7. Precancerous lesions of oral mucosa.
8. What is Auditory Brainstem Response (ABR). Describe the anatomic site of neural generators for various waves and uses of ABR.
9. Complications of Endoscopic sinus surgery.

Short Answers:

(6x4=24)

10. Describe Waldeyer's ring including its components and diagram.
11. Causes of referred otalgia and pathways of its occurrence.
12. Aetiology and relevant investigations in a patient with dysphagia.
13. Describe ear ossicles with the help of diagram.
14. A patient is posted for stapedectomy. How do you write an informed consent.
15. Congenital causes of conductive hearing loss.
