Q.P. Code: 318001 **Reg. no.: .....**

Third Professional MBBS Part II Degree Supplementary Examinations
October 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 responses for 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

i. The most common cause of conductive hearing loss in children is:
   a) Otitis externa c) Tympanosclerosis
   b) Otitis media with effusion d) Otosclerosis

ii. The gold standard investigation for assessing facial nerve paralysis is:
   a) CT scan b) MRI c) Electroneuronography d) Audiometry

iii. The most common tumor of the nasopharynx is:
   a) Squamous cell carcinoma c) Adenoid cystic carcinoma
   b) Nasopharyngeal angiofibroma d) Lymphoma

iv. Sensory innervation of supraglottic larynx is by
   a) Recurrent laryngeal nerve c) Internal laryngeal nerve
   b) External laryngeal nerve d) Non-recurrent laryngeal nerve

v. Which sinus is most commonly involved in mucocele
   a) Ethmoid b) Maxillary c) Frontal d) Sphenoid

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

vi. Features of otosclerosis include
   1) Schwartz sign 2) Tullio's phenomenon 3) Paracusis willisii 4) Conductive hearing loss
   a) 1 and 2 b) 2 and 4 c) 1, 3 and 4 d) 1, 2 and 4

vii. Risk factors for mucormycosis are:
   1) Diabetes mellitus 2) Iron deficiency anemia
   3) Prolonged steroid therapy 4) Human immunodeficiency virus infection
   a) 1 and 2 b) 2 and 4 c) 1, 2 and 4 d) 1, 3 and 4

viii. Typical symptoms of tracheal foreign body include
   1) Hoarseness of voice 2) Asthmatoid wheeze 3) Auditory slap 4) Palpatory thud
   a) 1 and 2 b) 1 and 4 c) 1, 2 and 4 d) 2, 3 and 4

ix. Features of malignant otitis externa include:
   1) Severe otalgia 2) Granulation tissue in the ear canal
   3) Cranial nerve palsies 4) Decreased erythrocyte sedimentation rate
   a) 1, 3 and 4 b) 1, 2 and 3 c) 1, 2 and 4 d) All are correct

x. Symptoms of vestibular neuronitis include:
   1) Vertigo 2) Nystagmus 3) Hearing loss 4) Tinnitus
   a) 1 and 2 b) 2 and 4 c) 1, 3 and 4 d) 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.

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**

xi. **Assertion (A):** Cholesteatoma is often associated with bone erosion.
Reason (R): Cholesteatoma contains enzymes that cause bone resorption.

xii. **Assertion (A):** Epistaxis is common in children.
Reason (R): Majority of nasopharyngeal angiofibroma occur in adolescent males

xiii. **Assertion (A):** Nasal polyps are typically painless.
Reason (R): They are inflammatory in origin and lack sensory innervation.

(PTO)

xiv. **Assertion (A):** Reinke oedema is bilateral symmetrical swelling of the whole of membranous part of vocal folds
Reason (R): It is due to oedema of the deep layer of the vocal folds

xv. **Assertion (A):** Vocal nodules commonly occur at junction of anterior two-third and posterior one-third of vocal fold
Reason (R): Nodules occur at area of maximum vibration of vocal folds

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

Clinical Scenario: 20 year old immunized male presented with fever, sore throat, fatigue and generalized lymphadenopathy. There was non-adherent membrane over congested and enlarged palatine tonsils. He developed maculo-papular rash after taking ampicillin.

xvi. What is the most likely diagnosis
a) Diphtheria
b) Vincent angina
c) Infectious mononucleosis
d) Oropharyngeal candidiasis

xvii. Name the organism causing this condition
a) Corynebacterium diphtheria
b) Spirochaetes
c) Candida albicans
d) Epstein barr virus

xviii. What is the relevant investigation to confirm the diagnosis
a) Gram staining b) Paul Bunnel test c) Fungal stain d) Ultrasound neck

xix. What is the treatment of this condition
a) Conservative management
b) Diphtheria antitoxin and penicillins
c) Clotrimazole
d) Antibacterial Antibiotic therapy

xx. Which among the following is the specific most feared complication of this condition
a) Myocarditis b) Splenic rupture c) Deep neck infection d) Candidal oesophagitis

Long Essays: **(2x10=20)**

2. 30 year old male presents with painless, foul smelling ear discharge and severe hearing loss out of proportion to his symptoms for the last one year. Otoscopy revealed multiple perforations in pars tensa
a) What is the likely diagnosis.
b) Describe the pathophysiology of this condition.
c) Write the complications if treatment is not taken.
d) Relevant investigations with expected findings in this patient.
e) What is the treatment of this condition. (1+2+2+2+3)
3. 25 year old female presented with nasal obstruction, foul-smelling crusts, anosmia and roomy nasal cavities.
a) Give your diagnosis.
b) Write various aetiological factors.
c) Describe the pathology of this condition.
d) Discuss medical management with its objectives.
e) Describe surgical treatment modalities. (1+2+2+2+3)

Short Essays: **(6x6=36)**

4. Draw the pure tone audiogram of right ear showing conductive hearing loss. Describe the symbols used in audiogram charting.
5. National Programme for the Prevention and Control of deafness.
6. Management of epistaxis in a hypertensive patient.
7. Surgical anatomy and physiology of the palatine tonsils.
8. Indications, procedure and complications of myringoplasty.
9. Clinical features and management of Ludwig's angina.

Short Answers: **(6x4=24)**

10. Draw and label the left tympanic membrane and describe its normal landmarks.
11. Define and write the causes of sudden sensorineural hearing loss.
12. Vocal rehabilitation after total laryngectomy.
13. Classify allergic rhinitis. Write relevant investigations with expected findings.
14. Draw anatomy of medial wall of middle ear.
15. A patient is posted for septoplasty. How do you write an informed consent.

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