Regn. No. Paper Code: MBBS303

M.B.B.S. FINAL PROFESSIONAL PART - I EXAMINATION, JANUARY-2023 OTORHINOLARYNGOLOGY (E.N.T.)

[Time allotted: Three hours] Set - A

Q. 1. Multiple choice questions (Darken the single best response in OMR sheet. Time allotted 20 minutes) $(1 \times 20 = 20)$

- **1.** Which of the following is **not** a feature of Melkersson syndrome?
 - **a.** Facial paralysis
 - **b.** Lip swelling
 - c. Fissured tongue
 - **d.** Palatal paralysis
- Fluctuating hearing loss is seen in all of the following except:
 - a. Glue ear
 - **b.** Meniere's disease
 - c. Perilymph fistula
 - d. Acoustic neuroma
- 3. What is **true** about Oto acoustic emission?
 - a. Subjective test for hearing
 - **b.** Produced by inner hair cells
 - c. Good hearing screening tool in infants
 - d. Accurate test for Hearing threshold measurement
- 4. Cough on scratching the external acoustic canal is due to:
 - a. Jacobson's nerve
 - **b.** Arnold's nerve
 - c. Great auricular nerve
 - d. Facial nerve
- Which of the following symptoms is **not** included in the triad of Van der Hoeve Syndrome
 - a. Osteogenesis imperfecta
 - b. Otosclerosis
 - c. Blue sclera
 - d. Icterus
- **6.** All of the following are ototoxic drug **except**:
 - a. Quinine
 - **b.** Furosemide
 - c. Quinolones
 - d. Cisplatin
- 7. Which of the following test cannot distinguish between cochlear and retrocochlear lesion
 - a. SISI
 - **b.** BERA
 - c. Impedance audiometry
 - d. Tone decay test
- **8.** Tripod fracture is a feature of which bone:
 - a. Nasal bone
 - **b.** Maxilla
 - c. Zygoma
 - **d.** Mandible
- **9.** Which of the following is **not** an emergency?
 - a. B/L choanal atresia
 - **b.** Septal haematoma
 - c. Septal abscess
 - d. Septal perforation
- 10. Which of the following is incorrect about Onodi cell?
 - a. It is sphenoethmoidal cell
 - **b.** Optic nerve may lie in it
 - **c.** Carotid artery related to it laterally
 - d. It is anterior group ethmoid cell

11. Which of the following statement is **not** a possibility of malignant tumour of parotid gland?

[Max Marks: 100]

- a. History of rapid growth
- **b.** Facial nerve paralysis
- c. Fixity to overlying skin
- **d.** Large size of tumour
- 12. Trotter's triad consists of all except:
 - a. Conductive hearing loss
 - b. Temporoparietal neuralgia
 - c. Palatal paralysis
 - d. Posterior epistaxis
- **13.** Which of the following test is gold standard for diagnosis of obstructive sleep apnoea?
 - a. Muller's manoeuvre
 - **b.** Cephalomepric radiograph
 - c. Polysomnography
 - d. Body mass index
- **14.** Which of the following is **not** a vocal rehabilitation method after total laryngectomy?
 - a. Oesophageal speech
 - **b.** Electrolarynx
 - c. Blom-Singer prosthesis
 - **d.** Isshiki thyroplasty
- **15.** Which of the following is **not** cause rhinolalia aperta:
 - a. Cleft palate
 - b. Velopharyngeal insufficiency
 - c. Post adenoidectomy
 - d. Adenoids
- 16. In which of thyroid cancer, serum calcitonin is a tumour marker:
 - a. PTC
 - **b.** FTC
 - c. Medullary carcinoma
 - d. Hurthle cell carcinoma
- 17. Commonest LASER used in microlaryngeal surgery is:
 - a. Argon
 - b. KTP
 - **c.** CO2
 - d. ND-YAG
- **18.** Most common benign neoplasm of the larynx in children is:
 - a. Lymphangioma
 - b. Respiratory papillomatosis
 - c. Haemangioma
 - **d.** Pleomorphic adenoma
- **19.** Which out of the following is the diagnostic test of choice in CSF rhinorrhoea?
 - a. MRI Brain and PNS
 - **b.** B2 –transferrin
 - c. Nasal endoscopy
 - d. PET scan
- 20. In Rienke's edema, site of inflammation is:
 - a. Vocal cords
 - **b.** Epiglottis
 - c. Subglottis
 - d. Post cricoid area

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OTORHINOLARYNGOLOGY (E.N.T.)

Note: Attempt all questions.

Draw suitable diagrams (wherever necessary)

Q. 2. Give reasons why:

 $(2 \times 5 = 10)$

- **a.** Better hearing in the presence of ear discharge
- **b.** Diplopia in petrositis
- c. Good prognosis of glottic carcinoma
- **d.** Angiofibroma vessels bleed profusely
- e. Movement of Thyroglossal cyst wth degulition and tongue protrusion

Q. 3. Problem based question:

(2+3+2+3=10)

A -20 year male patient presented in ENT OPD with chief complaint of scanty foul smelling right ear discharge since last 2 years. On otoscopic examination, there is attic perforation with white flakes.

- **a.** What is likely diagnosis?
- **b.** What are the different theories of its formation?
- **c.** How will you investigate?
- **d.** What should be the treatment?

Q. 4. Write Briefly on:

 $(4 \times 6 = 24)$

- a. Differences between acute Epiglottitis and Croup
- **b.** Cochlear implantation
- **c.** Noise induced hearing loss
- **d.** Sinonasal Mucormycosis

Q. 5. (i) Write etiology, clinical features, investigations and treatment of Oral Tongue (T2N1M0). (10)

(ii) Write etiology, clinical features, investigations and treatment of bilateral ethmoidal polyposis. (10)

Q. 6. Draw a well labeled diagram:

 $(4 \times 4 = 16)$

- **a.** External Laryngeal framework
- **b.** Degree of hearing loss on PTA (WHO classification)
- c. Spaces in relation to Pharynx
- **d.** Blood supply of the nasal septum with kiesselbach's plexus

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