

2306000103020102
EXAMINATION FEBRUARY-MARCH 2024
BACHELOR OF MEDICINE AND BACHELOR OF SURGERY
(THIRD PART-1)
OTO-RHINO-LARYNGOLOGY (NEW) - LEVEL 2

[Time: As Per Schedule]

[Max. Marks: 100]

Instructions:

- 1. Fill up strictly the following details on your answer book**
 - a. Name of the Examination : **BACHELOR OF MEDICINE AND BACHELOR OF SURGERY (THIRD PART-1)**
 - b. Name of the Subject : **OTO-RHINO-LARYNGOLOGY (NEW) - LEVEL 2**
 - c. Subject Code No : **2306000103020102**
2. Draw a neat and labelled diagram wherever necessary.
3. Figures to the right indicate full marks of the question.
4. All questions are compulsory & all sections are compulsory
5. All MCQs are compulsory. MCQs to be attempted in the OMR sheet only.
6. Write both sections 2 & 3 in a separate answer sheet.

Seat No:

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Student's Signature

SECTION – I

Q.1 Multiple choice questions (MCQs).

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1. Communication between middle ear and Eustachian tube is obliterated surgically in
 - a) Cortical mastoidectomy
 - b) Radical mastoidectomy
 - c) Myringoplasty
 - d) Modified radical mastoidectomy
2. All are true for Gradenigo's syndrome except
 - a) It is associated with pure conductive hearing loss
 - b) It is seen in petrositis
 - c) It leads to involvement of the 5th and 6th cranial nerves
 - d) It is characterized by retro-orbital pain

3. Stapes superstructure develops from:
 - a) Meckel's cartilage
 - b) Reichert's cartilage
 - c) Otic capsule
 - d) None of the above

4. A child aged 3 years presented with severe sensorineural deafness, he was prescribed hearing aids but showed no improvement. What is the next line of management?
 - a) Fenestration
 - b) Stapes mobilization
 - c) Cochlear implant
 - d) Conservative

5. Operation of choice for coalescent mastoiditis is:
 - a) Cortical mastoidectomy
 - b) Radical mastoidectomy
 - c) Modified radical mastoidectomy
 - d) Fenestration surgery

6. Following is not a feature of Meniere's disease:
 - a) Sensori-neural hearing loss
 - b) Aural fullness
 - c) Pulsatile discharge
 - d) Vertigo

7. Oral manifestations of HIV include all except:
 - a) Oral candidiasis
 - b) Hairy leukoplakia
 - c) Buccal striae forming a lacing pattern
 - d) Recurrent aphthous ulcers

8. Plummer-Vinson syndrome is characterised by all except:
 - a) Koilonychia
 - b) Dysphagia
 - c) Atrophic gastritis
 - d) Haematemesis

9. Taste buds are seen in all of the following papillae except:
 - a) Circumvallate
 - b) Fungi form
 - c) Filiform
 - d) Foliate

10. Thornwaldt's cyst is seen in:
 - a) Floor of mouth
 - b) Oropharynx
 - c) Nasopharynx
 - d) Hypopharynx

11. Care of tracheostomized patient include:
- a) Humidification by wet gauze
 - b) Changing the tube regularly
 - c) All the above
 - d) None of the above
12. What is not correct in acute epiglottitis?
- a) Constant supervision in hospital is mandatory
 - b) Dyspnoea may be progressing and alarming
 - c) It is a special form of acute laryngitis, in which the inflammatory changes affect mainly the loosely attached mucosa of the epiglottis
 - d) Systemic antibiotics is not a must to be started immediately
13. All of the following laryngeal muscles are adductors of vocal cord except:
- a) Lateral cricoarytenoid
 - b) Posterior cricoarytenoid
 - c) Thyroarytenoid
 - d) Oblique arytenoid
14. The mylohyoid muscle:
- a) It is a depressor of the mandible
 - b) It is supplied by maxillary branch of the trigeminal 5th cranial nerve
 - c) It is an elevator of the mandible
 - d) It is a protractor of the mandible
15. Which of the following is not true about nasopharyngeal cancer?
- a) Metastasizes to cervical lymph nodes
 - b) Causes serous otitis media
 - c) Treatment of choice is radiotherapy
 - d) Most common nerve involved is vagus
16. The Little's area of nose is supplied by:
- a) Superior labial, anterior ethmoidal, greater palatine and sphenoidal arteries
 - b) Superior labial, posterior ethmoidal, greater palatine and sphenoidal arteries
 - c) Superior labial, anterior ethmoidal, lesser palatine and sphenoidal arteries
 - d) Inferior labial, anterior ethmoidal, greater palatine and sphenoidal arteries

17. All of the following are causes of bilateral nasal obstruction except:
- | | |
|-----------------------|----------------------|
| a) Adenoids | b) Atrophic rhinitis |
| c) Antrochoanal polyp | d) Ethmoidal polyp |
18. All of the following are complications of sinusitis except:
- Cavernous sinus septic thrombosis
 - Meningitis
 - Toxic shock syndrome
 - Glomerulonephritis
19. Which of the following arteries belong to the internal carotid system?
- Greater palatine artery
 - Sphenopalatine artery
 - Anterior ethmoidal artery
 - Superior labial artery
20. A biopsy taken from the granulomatous lesion of the nose revealed Mikulicz's cells & eosinophilic structures in the cytoplasm of the plasma cells- the likely diagnosis is:
- | | |
|------------------|---------------------|
| a) Mucormycosis | b) Rhinosporidiosis |
| c) Rhinoscleroma | d) Nasal leprosy |

SECTION – II

Q.2 Attempt any 1 out of 2: 10

- Discuss the surgical anatomy of middle ear in detail.
- Discuss the blood supply of palatine tonsils in detail. Discuss the indications & contra-indications of tonsillectomy in detail.

Q.3 Attempt any 2 out of 3: 12

- A 25 years old Hindu married female patient presented to ENT OPD with following chief complaints:

- Both sided impaired hearing for 2 years

Her mother & her elder sister had similar complaint& underwent surgery for the same. Her otoscopy findings show normal & intact tympanic membrane on

both sides. Her pure tone audiogram shows moderate conductive hearing loss in both ears with a notch at 2KHz.

- a) What is the most probable clinical diagnosis?
 - b) What is a Carhart's notch & Schwartz sign?
 - c) Discuss in detail about the management of this patient.
2. A 17 years old male patient presented to ENT OPD with following chief complaints:
- Right ear discharge for 9 months.
 - Right ear impaired hearing for 4 months.
- His otoscopy shows: moderate sized central perforation in right ear and intact tympanic membrane on left side. His pure tone audiometry reveals moderate conductive hearing loss in right ear and normal hearing on left side.
- a) What is the most probable clinical diagnosis?
 - b) Discuss in detail about the management of this patient.
3. Microscopic examination of ear.

Q.4 Short Notes (Attempt any 3 out of 4):

18

1. Rinne's test.
2. Consent for tympanoplasty.
3. Differential diagnosis of conductive hearing loss with an intact tympanic membrane.
4. Oto-acoustic emissions.

SECTION – III

Q.5 Attempt any 1 out of 2:

10

1. What is Juvenile Nasopharyngeal Angiofibroma. Discuss the etiology and management of the same in detail.
2. Discuss the sequelae of total laryngectomy & post-laryngectomy rehabilitation of the patient in detail.

1. A 45 years old Hindu married male laborer presented to ENT OPD with following chief complaints:

- Ulcer along right side of tongue for 4 months
- Pain while chewing for 4 months
- Right sided upper cervical neck swelling for 3 months

He is a chronic tobacco chewer from last 40 years. He also consumes local distillery made alcohol ~ 2 potlis per week from 40 years.

His oral cavity examination shows nicotine-stained teeth. Ulcer over right lateral margin & dorsum of tongue of 4*3 cm with surrounding induration of ~1 cm. His neck examination shows a hard fixed swelling of ~4*4 cm in right cervical neck. His chest Xray is clear

- a) What is the most likely clinical diagnosis?
- b) According to TNM staging, what is the staging of this patient?
- c) How will you manage this patient?

2. A 12 years old female child presented to ENT OPD with following chief complaints:

- Mouth breathing for 3 years.
- Snoring for 3 years.
- Both sided nasal discharge for 3 years.
- Both sided nose block for 3 years.

On anterior rhinoscopy, there is mucus discharge in both nasal cavities with no gross nasal septal deviation.

- a) What is the most probable diagnosis?
- b) How will you investigate & treat this patient?

3. Dix-Hallpike test.

1. T3 of carcinoma right vocal cord.
2. Atrophic rhinitis.
3. Complications of Functional Endoscopic Sinus Surgery (FESS).
4. Consent for rigid direct laryngoscopy in a patient with growth supra-glottis.
