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Third MBBS (MCQ : Part-2) Examination March - 2026

Otorhino Laryngology (ENT : Set-1) Final MBBS

સૂચના : / Instructions (1) ઉપરોક્ત દર્શાવેલ વિગતો ઉત્તરવહી પર અવશ્ય લખવી. Fill up strictly the above details on your answer book	Seat No.: Student's Signature

SECTION–1

Q.1. MCQs **20**

1) Crus commune is a part of:
   a) Cochlea b) Middle Ear
   c) Vestibu!e d) Semicircular canal

2) Sistrunk procedure is used for the management of:
   a) Branchial Cyst b) Branchial Sinus
   c) Thyroglossal duct cyst d) Pharyngeal Cyst

3) Referred otalgia in case of malignancy in pyriform fossa is referred through
   a) V Cranial Nerve b) VII Cranial Nerve
   c) IX Cranial Nerve d) X Cranial Nerve

4) Which structure is usually preserved in Modified Radical Neck Dissection Type |
   a) All lymphatic structures b) SCM, IJV and XI CN
   c) only XI Cranial Nerve d) both IJV and SCM

5) Which of the following condition has the maximum malignant potential
   a) Leucoplakia b) Erythroplakia
   c) Erythro-leucoplakia d) Aphthous ulcer

6) Secretory fluid is confirmed in the middle ear and needs to be drained Incision on the tympanic membrane is to be made in which quadrant-
   a) Antero- inferior b) Postero-inferior
   c) Antero-superior d) Postero-superior

7) The function of stria vascular is
   a) To produce perilymph
   b) To absorb perilymph
   c) To maintain electric milieu of endolymph
   d) To maintain electric milieu of perilymph

8) Mitral cells are seen in
   a) Rhinoscleroma
   b) optic nerve
   c) Olfactory tract
   d) Rhinosporiodiosis

9) CaldwellLuc procedure creates opening into:
   a) Middle meatus
   b) Inferior meatus
   c) Superior meatus
   d) Sphenoethmoidal recess

10) Most common benign tumor of salivary gland:
   a) Warthin tumor
   b) Pleomorphic adenoma
   c) Mucoepidermoid carcinoma
   d) Adenoid cystic carcinoma

11) Ideal treatment of Rhinosporidiosis is
   a) Rifampicin
   b) Dapsone
   c) Excision with cautery at base
   d) Streptomycin

12) Treatment for cholesteatoma with facial paresis in child is
   a) Antibiotic to dry ear and then mastoidectomy
   b) Observation
   c) Immediate mastoidectomy
   d) Labyrinth

13) A 26 years old female patient has bilateral large central perforation, dry for 6 months. She is to be posted for ear surgery. Rinne's at 512 Hz is negative bilaterally and weber is lateralised to left. Which ear should be operated first?
   a) Any ear
   b) left ear
   c) right ear
   d) according to patient's preference

14) DCG done for case of epiphora shows blockage at the junction of nasolacrimal sac and duct. At Endo DCR, the opening is made in lateral wall of nose in relation to:
   a) superior turbinate
   b) middle turbinate
   c) inferior turbinate
   d) supreme turbinate

15) danger space is bounded by:
   a) Buccopharyngeal fascia anteriorly and alar fascia posteriorly
   b) alar fascia anteriorly and prevertebral fascia posteriorly
   c) prevertebral fascia anteriorly and vertebral body posteriorly
   d) tonsil anteriorly and superior constrictor muscle posteriorly

16) The wavelength of the carbon dioxide (CO_2) laser is:
   a) 514 nanometers
   c) 10.6 micrometers
   b) 1064 nanometers
   d) 20.1 nanometers

17) A patient developed deviation of angle of mouth after submandibular gland excision. Which nerve is injured during surgery?
   a) Lingual nerve
   c) Marginal mandibular
   b) Hypoglossal nerve
   d) Chorda tympani

18) Citelli's angle is:
a) Solid angle
b) Cerebellopontine angle
c) Sinodural angle
d) Genu of facial nerve

19) Pharyngeal bursa is site of origin for:
a) Craniopharyngioma
b) Chordoma
c) Thornwaldt's cyst
d) Rathke's cyst

20) As per the Cotton-Myer grading system, grade II would represent as an airway stenosis of which of the following?
a) 31% to 50%
b) 41%to 60%
c) 51% to 70%
d) 61% to 80%

SECTION 2

Q.2. Attempt any 1 out of 2 **10**

1. Describe physiology of hearing. Enumerate causes of conductive and sensorineural hearing loss.
2. What is Epistaxis? Draw a labelled diagram of Little's area. How will you manage a case of Epistaxis?

Q.3. Attempt any 2 out of 3 **12**

1. A 42yrs old female presents to the ENT OPD with history of foul smelling, scanty, purulent ear discharge since last 3 years. On examination there is a posterior marginal perforation.
   a) What is your diagnosis?
   b) What are investigations and management?

2. A 20 years old male presents with severe pain, swelling and redness of nasal dorsum, fever and nasal obstruction. There was history of blunt nasal trauma. On examination, smooth bilateral swelling of nasal septum with fluctuation.
   a) What is likely diagnosis?
   b) What is treatment?
   c) Write down its complication

3. Impedance audiometry

Q.4. Short Notes (Attempt any 3 out of 4) **18**

1. Malignant otitis externa
2. Noise induced hearing loss
3. Nasal myiasis
4. Difference between Septoplasty and SMR

SECTION 3

Q.5. Attempt any 1 out of 2 **10**

1. What is stridor? Write about aetiology and management.
2. Describe physiology of swallowing. Enumerate causes of dysphagia. Describe any one cause in brief.

Q.6. Attempt any 2 out of 3 **12**

1. A 54 years old male patient who is a heavy smoker presented to ENT clinic with hoarseness of voice for 2 months. There was no history of voice abuse.
   a) What is likely diagnosis?
   b) Write its treatment.

2. 6-year-old child presents with greyish-white membrane covering the tonsils, soft palate and uvula- its removal leaves a bleeding surface, fever and progressive inspiratory stridor.
   a) What is likely diagnosis?
   b) Write its treatment.
   c) Write down its 2 complications.

3. Discuss the differential diagnosis of Unilateral vocal cord Palsy.

Q.7. Short Notes (Attempt any 3 out of 4) **18**

1. Patterson Kelly Brown syndrome
2. HIV manifestations in ENT
3. Draw labelled diagram of neck spaces
4. Draw a labelled diagram of laryngeal framework. Write differences between Adult and Paediatric larynx.

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