

2nd class test otorhinolaryngology Azra Naheed Medical
College (2018 repeat). time—35min, total
marks—40

-A 25 year male came in OPD with complaint of right sided nasal obstruction for last 3 years. Posterior rhinoscopy showing a smooth grayish mass covered with nasal discharge which is hanging down from nasopharynx. Anterior rhinoscopy is unremarkable. The most probable diagnosis is

- a) Adenoid hypertrophy
- b) Antrochoanal polyp
- c) Ethmoidal polyp
- d) Carcinoma nasopharynx
- e) None of the above

- Chances of Bilateral disease is more in

- a) Antrochoanal polyp
- b) Ethmoidal polyp
- c) Inverted papilloma
- d) Squamous cell carcinoma
- e) All of above

-The only and reliable simple investigation to diagnose antrochoanal polyp is

- a) X-ray nasopharynx lateral view
- b) X-ray PNS
- c) Antroscopy
- d) CT scan
- e) MRI

-The auricle and external auditory meatus are supplied by

- a) Greater auricular nerve
- b) VIII nerve
- c) IX nerve
- d) Lesser occipital nerve
- e) A + C

-Pars tensa middle layer is

- a) Fibrous layer
- b) Mucosal layer
- c) Stratified squamous layer
- d) Blood vessels
- e) Lymphatics

-Anterior wall of middle ear cavity has two openings, the lower one is called

- a) Eustachian tube
- a. Attic Roof
- b. Canal for tensor tympani muscle
- c. Canal for Stapedius muscle
- d. Aditus

- The antrochoanal polyp arises from the lining of

- a) Nasal cavity
- b) Choana
- c) Ethmoidal sinus
- (d) Maxillary sinus
- e) Sphenoid sinus

- External auditory canal is lined by

- f) Simple keratinized squamous epithelium.
- g) Pseudo stratified squamous epithelium
- h) Pseudo stratified columnar epithelium
- i) Keratinizing stratified squamous epithelium
- j) Non keratinizing stratified squamous epithelium

-In Caldwell Luc operation is done

- a. Through nose
- b. By sublabial incision
- c. endoscopically
- d. through Medial wall of maxillary sinus
- e. through roof of maxillary sinus

aaaaa-A 20 years lady came in OPD with complaint of foul smell from nose noticed by the parents of the patient and nasal obstruction for last 2 years. She underwent turbinectomy 2 ½ years back. On examination nasal cavity appeared roomy with atrophy of turbinates and greyish black dry crusts seen covering the turbinates. What is The most probable diagnosis is?

- How would you treat above

a—write treatment of diabetic patient of malignant otitis externa (5)

Choanal atresia

b—write short note on choanal atresia (5)

Choanal atresia is persistence of buccal membrane, it may be complete or incomplete. Unilateral or bilateral, or Bony (90%) or membranous. Unilateral is undiagnosed till the adult life. Bilateral occurs ^{as} in newborn, with obstruction of airways.

Clinical features: Airways obstruction. Present at time of birth. Membranes are not separate. Difficulty in breathing, so the color of baby becomes blue.

Diagnosis: Absence of mucoid discharge. Absence of air bubbles. Difficulty in passing a catheter from nose. Adding a few drops of methylene blue into see the passage into Pharynx.

Treatment: CT scan. Making a large hole in feeding nipple. Is a good airway. (McGraw)

A. n. n. n. n.

c-- A 45 year male came in OPD with complaint of bilateral nasal obstructions and sneezing for last 3 years. On examination both nasal cavities were obstructed by multiple grapes like masses which were soft, pedunculated and insensitive to touch.

- a. What is your diagnosis? 1
- b. Write its differential diagnosis 2
- c. What is treatment for this patient 2

D short note on hematoma auricle

Hematoma is collection of blood between the cartilage auricle & perichondrium.

It results from ~~etc~~ profuse trauma, occurring in wrestlers or players. If hematoma gets infected perichondritis in it.

The extravasated blood may clot and then in to form a typical deformity called cauliflower ear, or pugilistic ear or wrestler's ear.

Treatment:-

Incision & Drainage.

Pressure packing.

Packing to prevent the reaccumulation.

