

3

5<sup>th</sup> class test 2018 total marks 40

1-The commonest etiological factor for ASOM is

- a) Adenoiditis
- b) Chest infection
- c) Eustachian tube dysfunction
- d) URTI
- e) None of the above

2- Following is/ are the sign/ signs of tympanic membrane retraction

- a) Foreshortening of handle of malleus
- b) Distortion of cone of light
- c) Lateral process of malleus becomes prominent
- d) Anterior & Posterior malleolar folds become prominent
- e) All of the above

3- During suppurative phase of acute suppurative Otitis media one can do following operation

- a) Myringoplasty
- b) Tympanoplasty
- c) Myringotomy
- d) Mastoidectomy
- e) none of the above

4-The following perforation is called unsafe perforation

- a) Central
- b) Marginal
- c) Kidney
- d) subtotal
- e) All of above

5-Cholesteatoma is a feature of

- a) ASOM
- b) CSOM (atticoantral)
- c) CSOM (tubotympanic)
- d) OME
- e) None of the above

6-In CSOM (atticoantral) mainstay of treatment is

- a) Conservative
- b) Reassurance
- c) Medical
- d) Surgical
- e) None of the above

13 + 8

21

7- In surgical treatment of CSOM (tubotympanic) one may do following operation

- a) Myringotomy
- b) Myringoplasty ←
- c) Radical mastoidectomy
- d) Modified radical mastoidectomy
- e) None of the above

8- Choose the ototoxic drug among below

- a) Cephadrine
- b) Cefixime
- c) Sulphonamides
- d) Cetrizine
- e) Loop diuretics

9- Which of the statement is true regarding conductive deafness

- a) Patient speaks in a low tone and asks others to speak low
- b) Patient speaks in a loudly and asks others to speak in a low tone
- c) Rinne is positive
- d) Weber is lateralized to diseased ear ←
- e) Lesion is between cochlea and cerebral cortex

10- Which of the statement is true regarding conductive deafness?

- a) The quality of speech is indistinct and expressionless
- b) Hearing aid is poorly tolerated by the patient
- c) Recruitment phenomenon is present
- d) Air bone gap is seen in PTA ←
- e) Patient gives history of streptomycin intake

11- Which of the statement is true regarding Sensory Neural deafness?

- a) Patient speaks in a low tone and asks others to speak loudly
- b) Rinne is negative
- c) Weber is lateralized to normal ear
- d) Lesion is between ear canal and oval window
- e) Hearing aid is well tolerated by the patient

12- Which of the statement is true regarding perceptive deafness?

- a) The quality of speech is indistinct and expressionless
- b) Hearing aid is well tolerated by the patient
- c) Recruitment phenomenon is present ←
- d) Air bone gap is seen in PTA

13- Otosclerosis is characterized by

- a) Conductive hearing loss
- b) Conductive hearing loss and cahart's notch at 2000Hz
- c) Conductive hearing loss and cahart's notch at 3000Hz
- d) Conductive hearing loss and cahart's notch at 4000Hz

e) Sensorineural hearing loss

14-Treatment of otosclerosis includes

- a) Reassurance
- b) Stapedectomy
- c) Sodium fluoride
- d) Myringotomy
- e) Stapedotomy and Teflon Piston ←

16-Following are the typical features of otosclerosis except

- a) Tympanic membrane is normal
- b) Rinne's is negative with 512Hz fork
- c) Audiogram shows air bone gap
- d) It is disease of old age.
- e) Paracusis willisi and tinnitus are common symptoms

17-Macroscopically Cholesteatoma looks like

- a) Pinkish mass
- b) Greyish white mass
- c) Bluish mass
- d) Pearly white cheesy mass
- e) None of the above

18-Complications in atticoantral CSOM are due to

- a) Pressure necrosis
- b) Coagulative necrosis
- c) Bone distruction
- d) All of the above
- e) None of Above

19-Treatment for OME is

- a) Suction clearance
- b) Myringotomy
- c) Myringoplasty
- d) Myringotomy and Grommet Insertion
- e) None of the above

20- Investigation of choice in a patient of CSOM with Complications.

- a) CT scan ←
- b) MRI
- c) EUM
- d) PTA
- e) X-ray mastoid

Ototoxic drugs are given in various infection i.e. in  
sensineural hearing loss ototoxic drugs as follow

- Streptomycin
- Gentamycin
- Tobramycin
- Loop diuretics
- Anti-malarial drugs
- Chloroquine

A 21 Years old girl is complaining of Left sided hearing Loss For the last 6 months. There is no History of Trauma to the ear. On Examination External Ear & Tympanic Membrane are Normal. Rinne is Positive on right side and negative on Left side while weber is lateralised towards left ear.

1. What is most probable diagnosis. 1
2. What investigation you would order and what findings in that would help in diagnosis? 2
3. How would you treat this patient. 2

① Probable diagnosis is conductive deafness X

② Investigation Tympanometry  
Pure tone audiometry  
X-ray mastoid  
CT-scan/MRI  
Tuning fork test

③ Treatment  
- Aim of treatment is to cure underlying cause and reverse its progression.  
- Anti-allergics  
- Anti-biotics  
- Steroids  
- ototoxic drugs if required  
- In case of hypothyroidism replacement of therapy

A 17 years old boy with a History of Intermittant, foul smelling Otterhea since childhood now presented with earache and swelling behind the pinna for the last 3 days. On examination external auditory canal is full of thick yellowish discharge with sagging of posterior meatal wall. Swelling behind the pinna is fluctuating.

1. what is most probable diagnosis 1

2. what is investigation of choice 2

3. How would you treat this patient. 2

① CSOM (attico anterior type) OV

② Investigation

Pure tone audiometry

Examination under microscope

Culture and sensitivity

X-ray mastoid

CT-scan ~~(MRI)~~ investigation of choice

③ Treatment

There is no medical treatment for this condition.

Surgery is the mainstay of this disease

① Primary aim is to remove disease

② Secondary aim is to reconstruct it

Surgery Radical mastoidectomy

modified radical mastoidectomy

for → canal wall below procedure  
canal wall up procedure

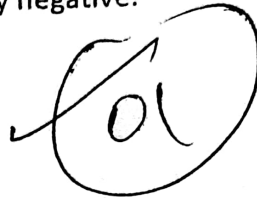
Reconstructive → Myringoplasty & tympanoplasty

A 6 years boy was brought by his parents to OPD with history of bilateral hearing loss for last 6 months. He was also having history of nasal obstruction and snoring. On ear examination tympanic membrane appeared dull and Rinne was bilaterally negative.

What is your diagnosis? 1

How will you investigate and treat this patient? 4

→ OME (otitis media with effusion)



→ Investigation

- Tuning Fork Test
- Audiometry
- Impedence audiometry
- CT-scan / MRI



→ Treatment

medical → Decongestants - in form of nasal drop or spray

• Antibiotics for upper respiratory tract infection

• Anti-allergics

• Middle ear aeration → Valsalva's manuever

Surgical ① Mirriplasty with aspiration of fluid. incision is given antero-inferior.

② Grommet insertion

③ Tympanoplasty → for loculated fluid

④ Treat other cause → Adenoidectomy  
Tonsillectomy

