

(1) (6)

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SEQ PRACTICE SESSION. A 32 yr old female complains of progressive hearing loss & hissing sounds in both ears. she hears better at railway station or at airport. She speaks in low volume, well modulated & soft voice. She has normal tympanic membrane & reddish blue tinge over promontory and oval window. Rinne's test is negative bilaterally & Weber's centralized. a) probable diagnosis? b) investigations c) treatment options (1+2+2)

Ref. dingra page 86

Sr.no	Diagnosis	Marks
1	a. OTOSCLEROSIS	1
2	b) Tuning fork tests, (conductive deafness) PTA---air-bone gap Tympanometry---As type graph	2
3	c) stapedectomy (stapes removed and gap filled with prosthesis) hearing aid	2

2. A 35 years old clerk presents to emergency department of hospital with complain of pain surrounding his left ear for 6 days. He also gives history of unbalance. His presentation to hospital has been precipitated by sudden onset of persistent vomiting and left sided facial paralysis. His left pinna is exquisitely tender to touch, reveals vesicles on concha & external auditory canal. PTA confirms 50 dB hearing loss on left side, right being normal. How would you find out site of lesion of facial nerve? What complications can be anticipated in this patient? (2.5+2.5)

Ref. dingra page 97

Sr.no	Diagnosis	Marks
1	a. <u>TOPODIAGNOSTIC TESTS FOR FACIAL NERVE PARALYSIS</u> 1. Shirmer test 2. Stapedial reflex 3. Taste test 4. Submandibular salivary flow rate	2.5
2	<u>COMPLICATIONS OF FACIAL PARALYSIS</u> 1. Incomplete recovery 2. Exposure keratitis 3. Synkinesis 4. Tics & spasms 5. Contractures 6. Crocodile tears 7. Frey's syndrome 8. Psychological & social problems	2.5

3. A 40 years old male reported with complaint of long standing left sided ear discharge. For last 2 days he developed severe pain with vomiting. He cannot bend his neck without pain. White cell count is 14000/mm<sup>3</sup>. a) what is likely diagnosis? b) which test you will do to confirm the diagnosis? c) Enumerate intracranial complications of this primary ear problem? (1+1+3)

Ref. dingra page 92

Sr.no	Diagnosis	Marks
1	a) chronic otitis with meningitis	1
2	b) lumbar puncture	1
3	c) extradural abscess subdural abscess brain abscess	3

Dr. Zafar's 9 Questions

lateral sinus thrombosis  
otitic hydrocephalus

4. A 20 year old female presents in ENT OPD with complaint of bilateral nasal obstruction since last 6 months. On examination, there are foul smelling large crusts filling the nasal cavities, removal of which causes epistaxis. After removal of crusts, you observe that the nasal cavities are unduly wide. A) Diagnosis b) etiology c) treatment (1+2+2)

Ref.dingra page 152

Sr.no	Diagnosis	Marks
1	Atrophic Rhinitis	1
2	Hereditary Endocrinal - puberty Racial - white Nutritional - vit A,D or Fe deficiency Infective - klebsiellaozaenae Autoimmune	2
3	Medical - Nasal irrigation + removal of crusts 25%glucose in glycerine local antibiotics estradiol spray placental extract systemic streptomycin potassium iodide Surgical - youngs, modified youngs, narrowing of nasal cavities	2

5.A 20 yr old college student presents to ENT department with 3 weeks H/O fever,chills,malaise,fatigue&soerthroat.Exam reveals high grade fever,pharyngeal hyperemia & edema with marked tonsillar exudates.There is significant lymphadenopathy &splenomegaly.Diagnosis?How will you investigate the case?Give treatment? (1+2+2)

Ref.dingra page 274

Sr.no	Diagnosis
1	Infectious mononucleosis
2	INVESTIGATION:- Blood smear may show more than 50% lymphocytes, of which about 10% are atypical. Whti may be normal in the first week but rises in the second week. Paul-Bunnell test (mono test) will show high titre of heterophil antibody
3	TREATMENT:- 1.Bed rest,analgesics 2.Antibiotics(not penicillin) i.e macrolides 3.Antiviral i.e Acyclovir 4.Steroids

6:A 22 yr old woman presents to Avicenna ENT OPD with long standing history of bilateral nasal obstruction,rhinorrhea&sneezing.The symptoms are only relieved with topical de-congestants.There is watering profusely & anterior rhinoscopy reveals moist,swollen nasal mucosa with enlarged inferior turbinates.Give etiology,investigations& treatment of most likely diagnosis? (1.5+2+1.5)

Ref.dingra page 180

Sr.no	Diagnosis
1	<b>ALLERGIC RHINITIS</b> a) <u>Aetiology</u> Inhalant allergens, Pollen from the trees and grasses, mouldspores, house dust, debris from insects or house mite Food allergy. Genetic predisposition.
2	<u>Investigations</u> 1. Total and differential count. 2. Nasal smear 3. Skin tests help 4. Radioallergosorbent test (RAST) 5. Nasal provocation test.
3	Treatment can be divided into: 1. Avoidance of allergen 2. Treatment with drugs Antihistaminic (b) Sympathomimetic drugs (oral or topical) (c) Corticosteroids (d) Sodium cromoglycate 3. Immunotherapy

7: A 25 year asthmatic female presents to you with bilateral nasal obstruction for last 1 year. On examination there are pale masses in both nostrils. Give etiology of most likely diagnosis? How would you investigate and manage the case? (2+1+2)

Ref. dingra page 172

Sr.no	Diagnosis
1	<b>Bilateral mucosal ethmoidal polyp (Etiology)</b> Chrhinosinusitis Asthma Cystic fibrosis Allergic fungal sinusitis <u>Kartagener syndrome</u> Young syndrome Chrugstrauss syndrome Nasal mastocytosis
2	Ct-Scan Nose and PNS
3	Medical = <u>Antihistamine</u> <u>Local/systemic steroids</u> Surgical - <u>Polypectomy</u> <u>I/N Ethmoidectomy</u> <u>Extranasaethmoidectomy</u> <u>Transnasaethmoidectomy</u> FESS

8. A 20 year old male presents in emergency with left sided throat pain for last 3 day. In the past 24 hours the pain has worsened to the extent that he is unable to eat anything with pain in the left ear too. On examination his pulse is 120/min, temperature is 103oF. Left external auditory canal is clear and tympanic membrane normal. There is saliva drooling from his mouth and great difficulty in opening the mouth. However you are able to see bulge on the soft palate on left side and uvula swollen and pushed towards the right side. (A) Diagnosis B) Treatment C) Complications if not treated (1+2+2)

Ref. dingra page 265

Sr.no	Diagnosis
1	Quinsy (Peritonsillar Abscess)

2	<ul style="list-style-type: none"> <li>- Admit</li> <li>- I/V Fluids</li> <li>- I/V Antibiotics</li> <li>- Analgesics</li> <li>- Oral hygiene</li> <li>- I&amp;D of abscess</li> <li>- <u>Interval or Hot tonsillectomy</u></li> </ul>
3	<ul style="list-style-type: none"> <li>- Parapharyngeal abscess</li> <li>- Edema larynx</li> <li>- Septicemia</li> <li>- Pneumonia</li> <li>- Jugular vein thrombosis</li> <li>- Spontaneous rupture of ICA or IJV</li> </ul>

11. A 10 years old male has presented in emergency department with complain of pain behind eye and right orbital swelling for 8 hours. He had a severe common cold a week ago. On examination his temperature is 103°F, with right eye proptosis and decrease in right lateral gaze. Chemosis is present and visual acuity is deteriorated. There is discharge present in bilateral nasal cavities. *Chronic sinusitis + Intercurrent orbital cellulitis*

a) Differential Diagnosis? b) investigations? c) Treatment?  
(2+1+2)

12. A 25 years old female presents with gradually increasing bilateral deafness. Clinical examination reveals bilateral intact tympanic membrane. PTA revealed a dip in hearing at 2000Hz in bone conduction. Tuning fork test revealed conductive type of deafness. *Osteosclerosis*

a) What is the most probable diagnosis?  
b) Mention one audiological test which confirms your diagnosis  
c) Mention one tuning fork test which is also helpful in confirmation of disease.  
d) What is pattern of inheritance of this disease?  
e) Enumerate different management plans.  
(1+1+1+1+1)

13. A 17 years old male presents in emergency department with complaint of diplopia, and orbital swelling following a hit to the face with a ball an hour ago. On examination he has swelling of his right eye with restricted extraocular muscle movement and anesthesia of right cheek and upper lip. A) Diagnosis? B) Investigations C) Treatment

(1+2+2)

14. A 50 years old male presented with complaint of progressively increasing nasal obstruction for last 7-8 months. He has also been experiencing reduced hearing from his right ear. On examination there is a firm to hard swelling present on the right side below the angle of mandible. A) Diagnosis B) Investigations C) treatment?

(1+2+2)

15. A 16 years old boy presented during winters with nasal obstruction, sneezing, rhinorrhea and left otalgia. There is blood stained clear discharge from ear. Clinical examination revealed congested nose and after cleaning the external auditory meatus, bluish blebs were seen on tympanic membrane.

*Otitis externa Hemorrhagic*



Diagnosis? Causative agent? Complications of disease? Management  
(0.5+0.5+2+2)

16. A 7 years old male presents with pain and swelling behind right ear for last 2 days. Mother gives history of associated purulent ear discharge and productive cough for last 2 days. On examination rinne is negative in right ear with weber lateralized to right ear. There is a central perforation with pulsatile discharge. Pulse is 110/min and temperature is 103°F.

A. Diagnosis B. Investigations C. Treatment  
(1+2+2)

Acute Mastoiditis

17. A 13 years old male presents to you with 2 months history of left sided nasal obstruction. associated with left sided mucopurulent nasal discharge. On examination there is a large, smooth, soft mass is seen in left nasal cavity which can be moved with probe.

A) Differential Diagnosis? B) Investigations? C) Treatment  
(2+1+2)

Antrochoanal polyp

18. A 25 year old female presents with 2 weeks history of unilateral nasal discharge which increases on coughing or sneezing. Past history reveals FESS for nasal polypi about 15 days ago. How would you proceed to diagnose & treat the case?  
(2.5+2.5)

Surgical sinusitis?

19. An 8 years old boy presents in ENT emergency of hospital with c/o sore throat for the past 4 days. On throat exam there is dirty white membrane over the left tonsil. There is no history of childhood vaccination. Enumerate differential diagnosis with rationale?  
(5)

- Diptheria

20. A 23 years old lady presents with recurrent attacks of sore throat, odynophagia and fever for the last 10-12 years. She used to take medicines advised by her family physician and symptoms were usually relieved within a few days. Initially these attacks were very infrequent but with the passage of time frequency of attacks has increased and it has begun to occur every 1-2 months now.

a) what other signs will you look for? -

b) How will you investigate the case.

c) Enumerate complications of disease?

(1+2+2)

Chronic tonsillitis

21. A 32 year old female complains of progressive hearing loss & hissing sounds in both ears. She hears better at railway station or at airport. She speaks in low volume, well-modulated & soft voice. She has normal tympanic membrane & reddish blue tinge over promontory and oval window. Rinne's test is negative bilaterally & Weber's centralized.

a) probable diagnosis? b) investigations c) treatment options

Otosclerosis (1+2+2)

22. A 35 years old clerk presents to emergency department of CH. M. AKRAM TEACHING hospital with complain of pain surrounding his left ear for 6 days. He also gives history of unbalance. His presentation to hospital has been precipitated by sudden onset of persistent vomiting and left sided facial paralysis. His left pinna is exquisitely tender to touch, reveals vesicles on concha & external auditory canal. PTA confirms 50 dB hearing loss on left side, right being normal. How would you find out site of lesion of facial nerve? What complications can be anticipated in this patient?  
(2.5+2.5)

Herpes zoster oticus

Facial Nerve Palsy

3. A 40 years old male reported with complaint of long standing left sided ear discharge. For last 2 days he has developed severe pain with vomiting. He cannot bend his neck without pain. White cells count is  $15000\text{mm}^3$ . a) what is likely diagnosis? b) which test you will do to confirm the diagnosis? c) Enumerate intracranial complications of primary ear problem?  
(1+1+3) CSOM (Meningitis)

4. A 20 year old female presents in ENT OPD with bilateral nasal obstruction for last 6 months. On examination, there are foul smelling large crusts filling both nasal cavities, removal of which causes bleeding. After removal of crusts, you observe that the nasal cavities are unduly wide. A) Diagnosis? b) Etiology? c) Treatment?  
Anaphylaxis (1+2+2)

5. A 20 year old college student presents to ENT department with 3 weeks H/O fever, chills, malaise, fatigue & sore throat. Exam reveals high grade fever, pharyngeal hyperemia & edema with marked tonsillar exudates. There is significant lymphadenopathy & splenomegaly. Diagnosis? How will you investigate the case? Give treatment?  
(1+2+2) Infectious Mononucleosis

6. A 22 year old woman presents to ENT OPD with long standing history of bilateral nasal obstruction, rhinorrhea & sneezing. The symptoms are only relieved with topical decongestants. There is watering profusely & anterior rhinoscopy reveals moist, swollen nasal mucosa with enlarged inferior turbinates. Give etiology, investigations & treatment of most likely diagnosis?  
(1.5+2+1.5) Allergic Rhinitis

7. A 25 year asthmatic female presents to you with bilateral nasal obstruction for last 1 year. On examination there are pale masses in both nostrils. Give etiology of most likely diagnosis? How would you investigate and manage the case?  
(2+1+2) Bilateral Everted Polyps

8. A 20 year old male presents in emergency with left sided throat pain for last 3 day. In the past 24 hours the pain has worsened to the extent that he is unable to eat anything with pain in the left ear too. On examination his pulse is 120/min, temperature is  $103^\circ\text{F}$ . Left external auditory canal is clear and tympanic membrane normal. There is saliva drooling from his mouth and great difficulty in opening the mouth. However you are able to see bulge on the soft palate on left side and uvula swollen and pushed towards the right side. A) Diagnosis B) Treatment C) Complications if not treated.  
(1+2+2) Quinsy

9. A 55 years old diabetic male has presented to ENT OPD with complain of halitosis for 3 days. He gives history of tooth extraction a week ago. Examination of oral cavity reveals poor oro-dental hygiene, and pus like discharge between the right upper 1<sup>st</sup> and 3<sup>rd</sup> molar. A) Diagnosis B) Etiology C) Treatment  
(1+2+2)

10. A 16 year old male presents in ENT OPD with complaint of right sided nasal obstruction for last 3 months. He also complains of recurrent episodes of profuse nasal bleeding. On examination he is pale and has reduced patency on right side of nose. On posterior rhinoscopy there is a mass seen in the nasopharynx. Regarding the most likely diagnosis give A) Etiology B) Pathology C) Investigations D) Treatment?  
(1+1+1.5+1.5) Juvenile Angiofibroma