

①

- i) Septal Defect
- ii) Diagnosis :- Septal Perforations
- iii) Causes of Septal perforation?
 - Surgical Trauma
 - Non surgical Trauma

Treatment?

- asymptomatic : no treatment
- symptomatic : ointment cream
 - silicon septal Button
 - Septal Flap

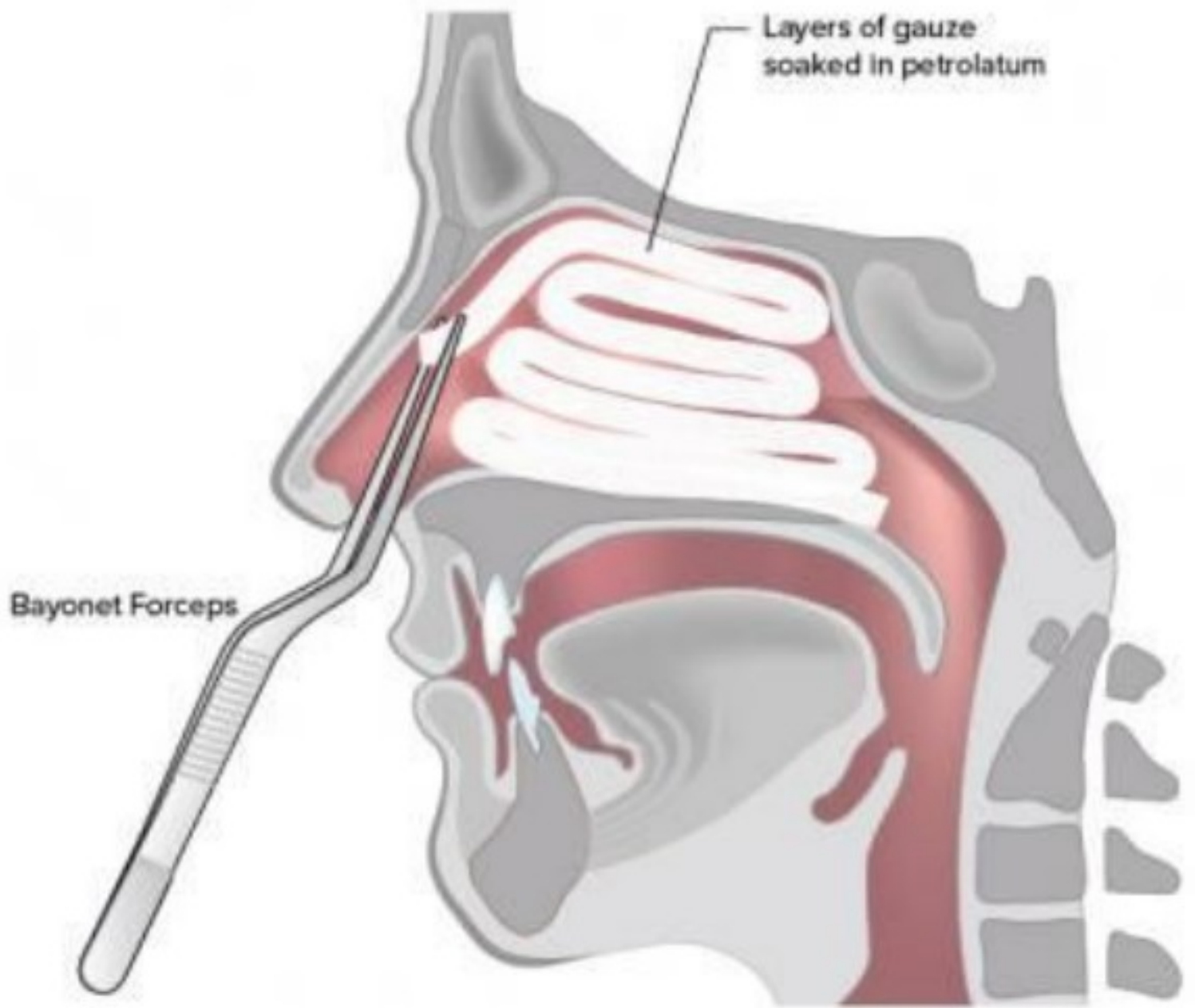
②

Acute suppurative otitis Media -

Investigations:-

Tympanometry, Pure tone audiometry, X-rays

Treatment : Antibiotics, Analgesics, Nasal decongestants



3

- i) Anterior Nasal Packing .
- ii) Epistaxis Causes ?
- iii) " management ?

ATTIC PERFORATION



Attic perforation



(4)

i) Attic Perforation

ii) Attico-Antral (Active Squamous Type)

iii) Investigations

- Pure Tone Audiometry, X-ray
- If pus: pus for culture

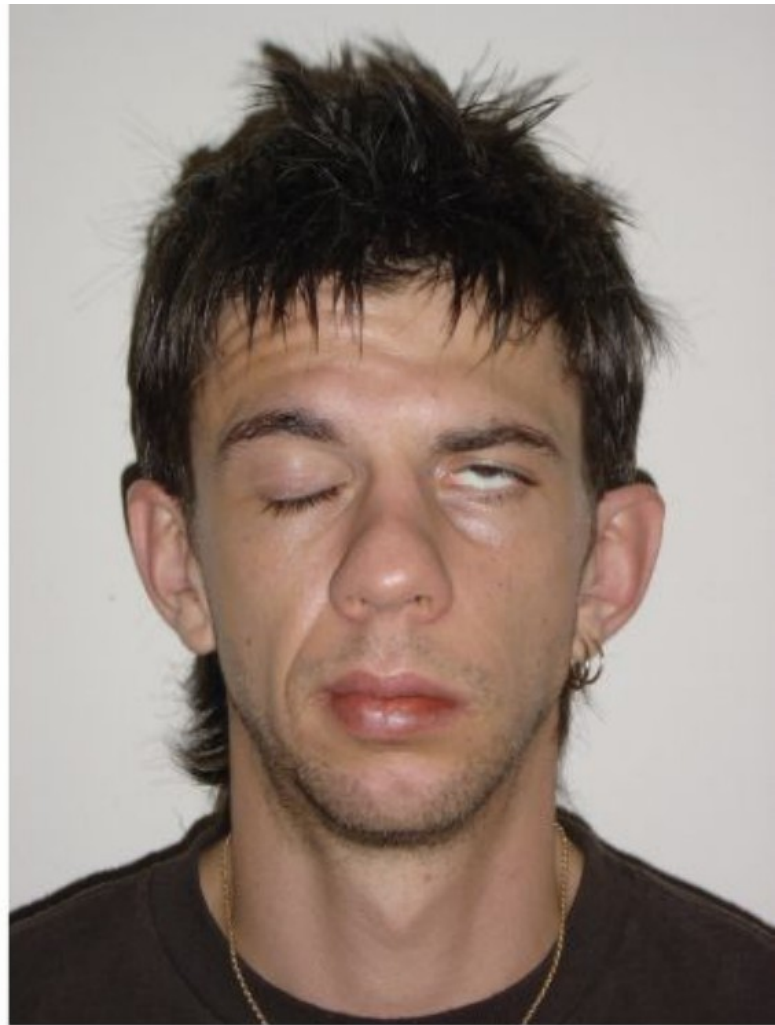
iv) Treatment?

Always surgical

Modified radical mastoidectomy



(a)



(b)

i) Diagnosis : Bell's Palsy

ii) Describe ? • Loss of wrinkles on left side

• Lower motor neuron facial paralysis

• Deviation of angle of mouth
on right side

iii) Investigations : Electro Diagnostic Test
Schrimmer's Test

Skapedia Test

Treatment

Medical :- Steroid therapy

Antiviral Drugs

Physiotherapy

Eye Care

Surgical : Nerve

Decompression

Add Watermark



(i) Describe? (6)

- Endoscopic picture of larynx
- whitish growth on left vocal cord

(ii) Probable Diagnosis?

CA Larynx

Gloths CA

iii) Investigations : CT SCAN

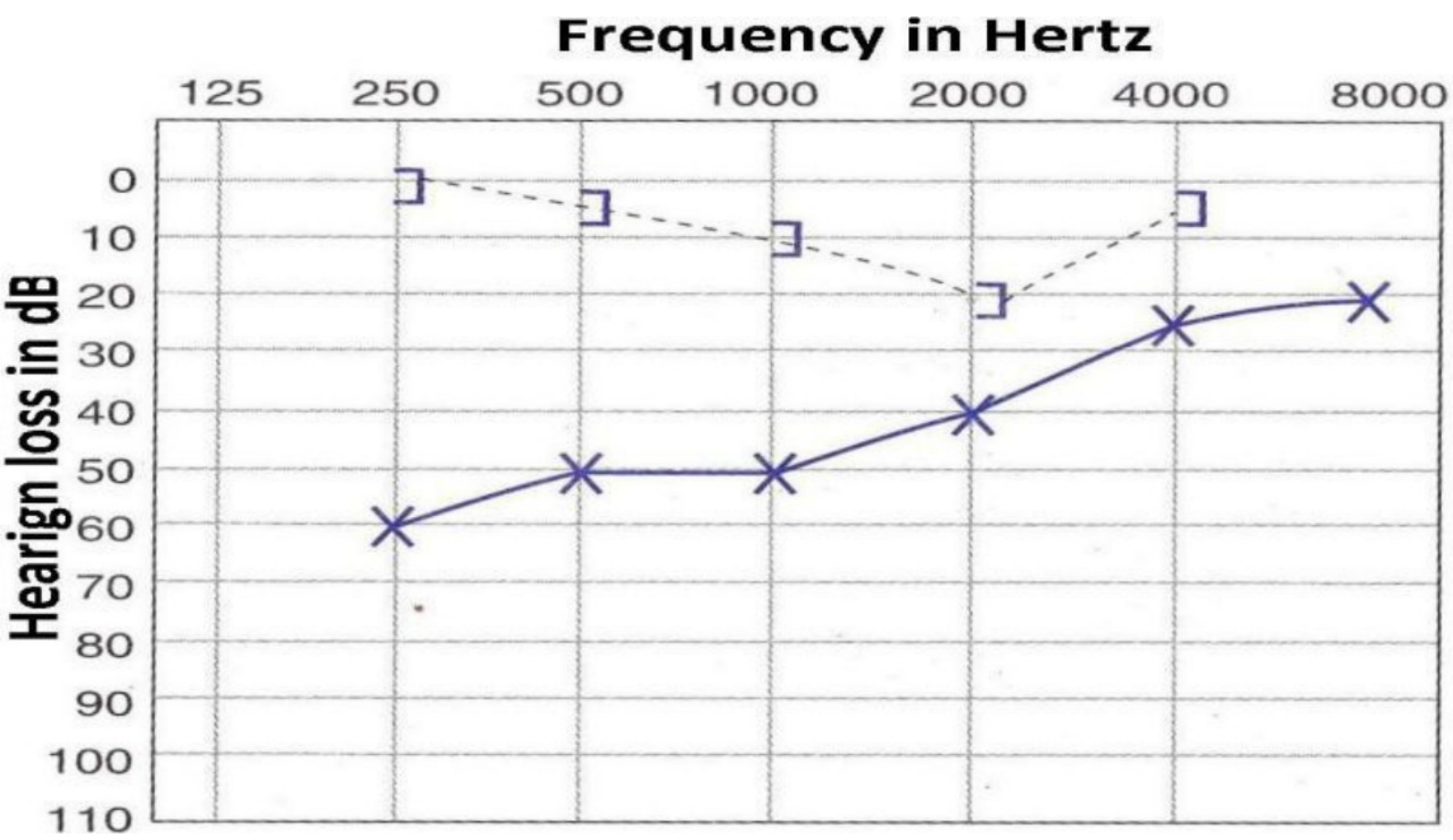
X-ray chest, Ultrasound neck

Direct Laryngoscopy

Biopsy

Treatment :- Stage (1)(2) Radiotherapy

Stage (3)(4) Total Laryngectomy



Left EAR

(7) Pure Tone Audiometry Graph

Diagnosis :- Otosclerosis.

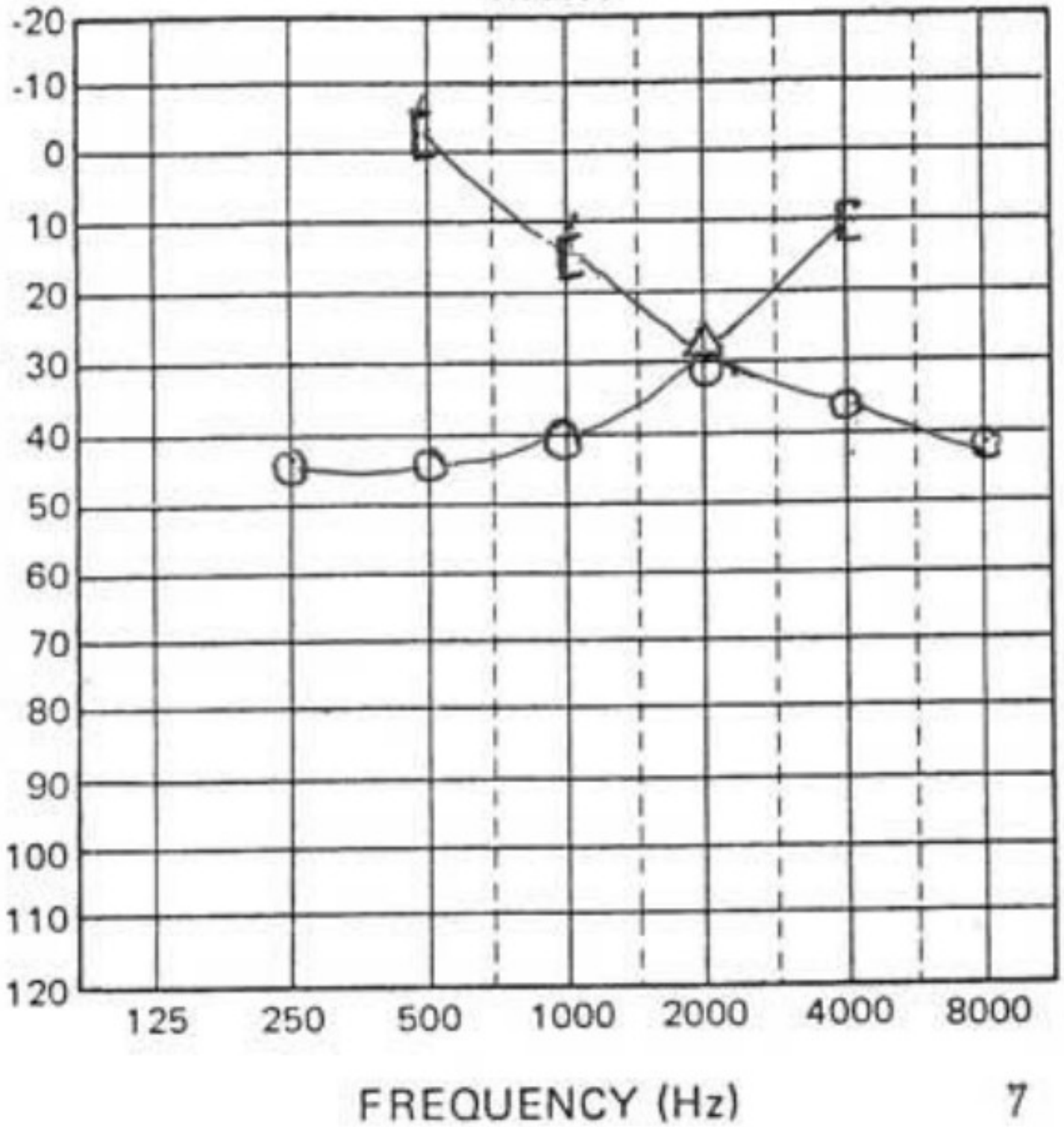
Finding :- AIR Bone-Graph

$$60 - 20 = 40$$

40 dB Air bone gap.

Moderate Degree Conductive Hearing Loss.

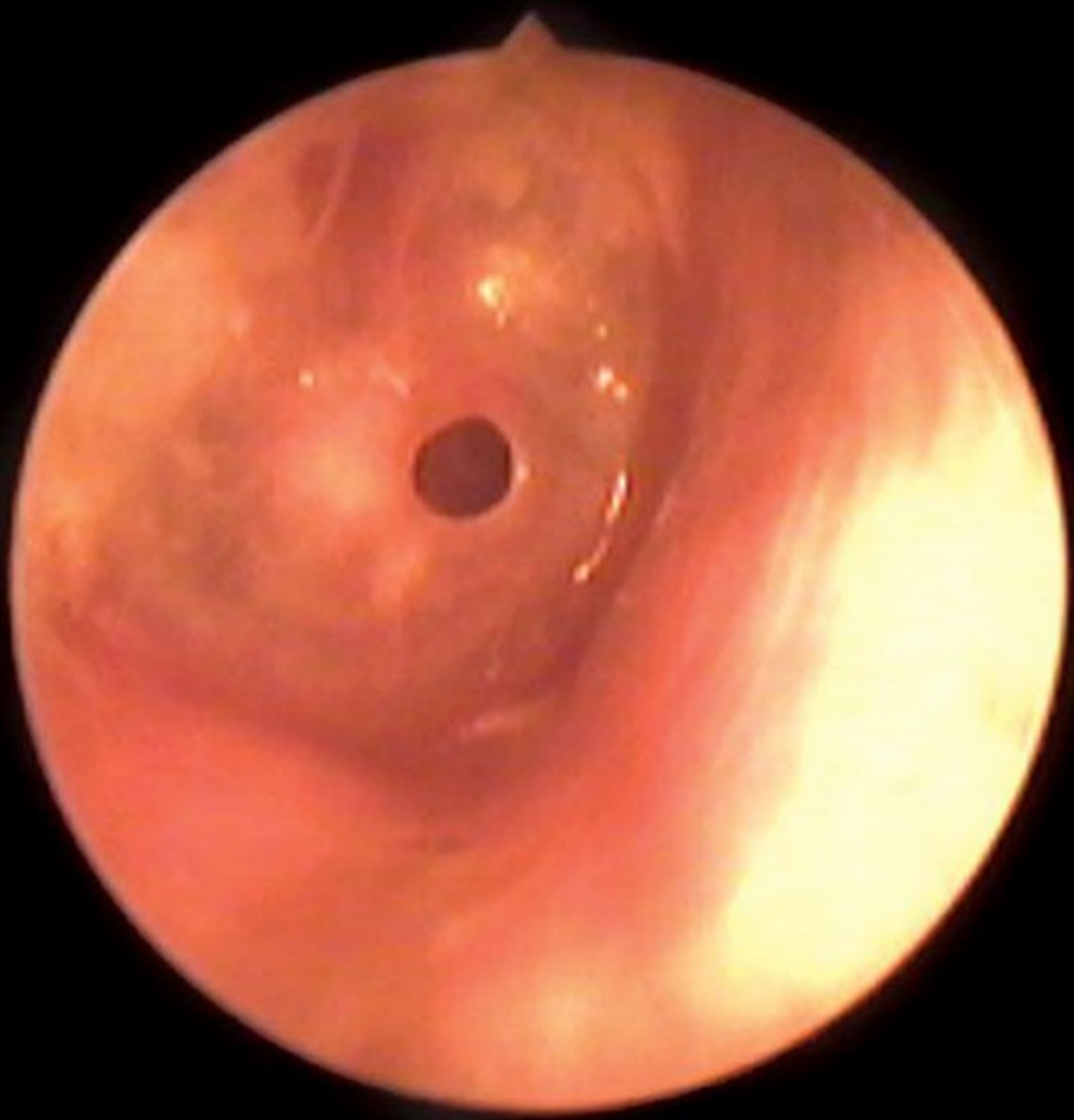
RIGHT



7

⑧ Diagnosis : Sensori neural Hearing Loss
At 2000 Hz

Right ear



(9)

Central Perforation
(PARs Tensa)

Diagnosis : TUBO Tympanic
(in-active mucosal)

Investigations :- Pure tone audiometry
Microscopic examination

Treatment : Treat the Cause & Myringoplasty



(10) (i) AURAL Polyp with Discharge

- Attico antral Disease

Description: otoscopic pic of external auditory Canal showing pinkish polypoidal mass occluding Canal.

(ii) Locations of Aural polyp ?

- External Canal
- Stapes foot plate
- Promontory
- Cochlea
- Lateral semicircular Canal
- Facial Canal

(iii) Investigations : → CT

→ X-ray

→ Pus / culture

Treatment : Aural polypectomy

then proceed for Mastoidectomy
↓
modified



(11) Greyish membrane in oropharynx.
D.Ds ?

Treatment :- According To Cause

D.Ds :-

membrane Tonsillitis

Diphtheria

Vincent Angina

Infectious mononucleosis

Agranulocytosis

Leukaemia

Aphthous ulcers

Traumatic ulcer

Candida infection of Tonsil



Photo courtesy of David Horn, MD

(12)

FACIAL Paralysis

Roll over phenomena



13

Identify?

Greenish Gramme

Quadrant :- Postero inferior

Complications :-

- Extrusion

- Persistent of Discharge
- persistent of perforation leads to Cholesteatoma & Tympanosclerosis

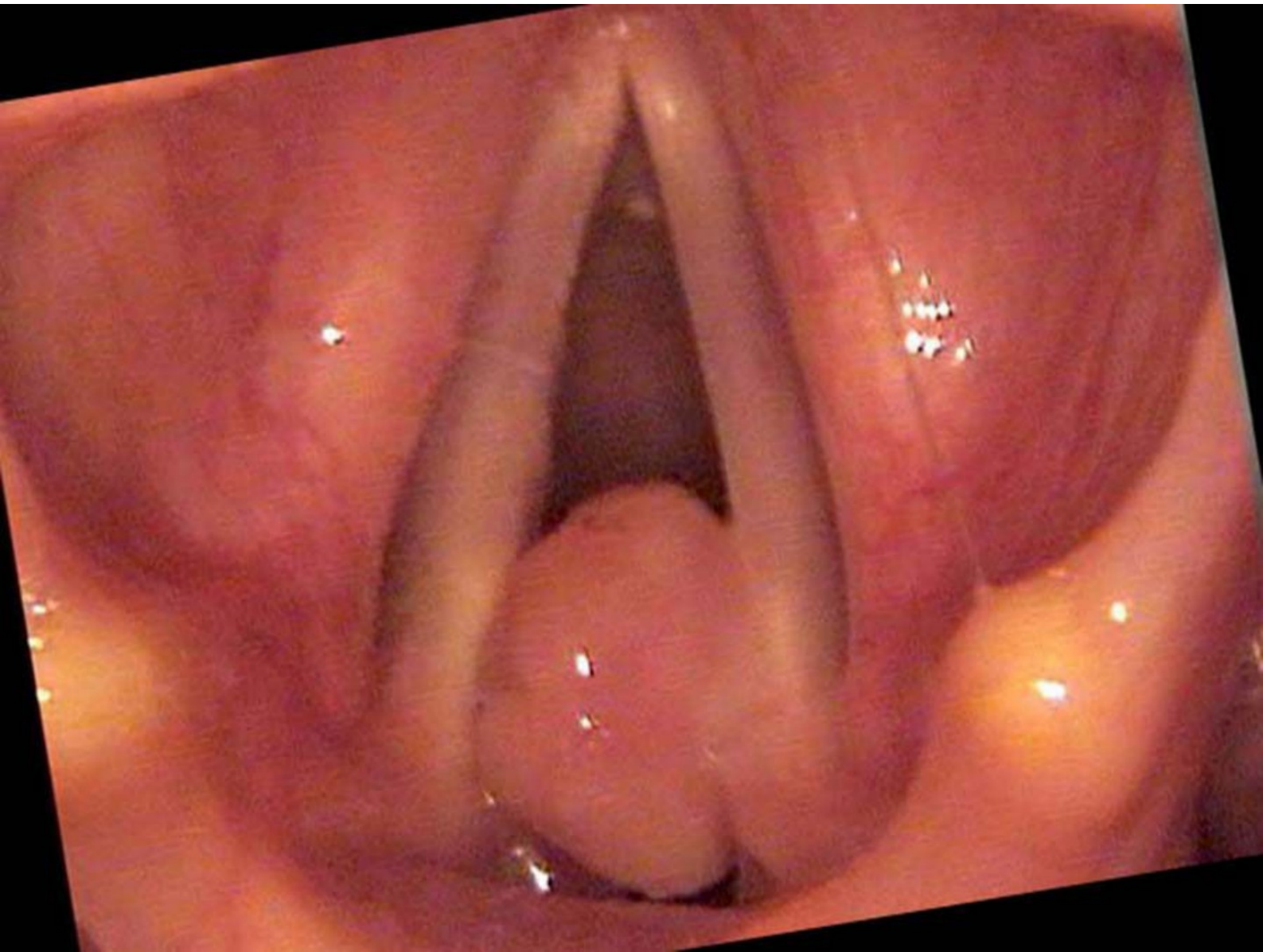


14 i) Hematoma Auris.

Swelling just beneath Helix

ii) Causes Repeated Trauma to ear

iii) Treatment :- Aspiration , pressure dressing



(15) • Endoscopic pic of glottis

- Polypoidal growth arising from posterior 3rd of left vocal cord.

(ii) D.Ds :- Vocal cord Polyp

Intubation granuloma

Cord Ulcer

(iii) Causes • Rough intubation

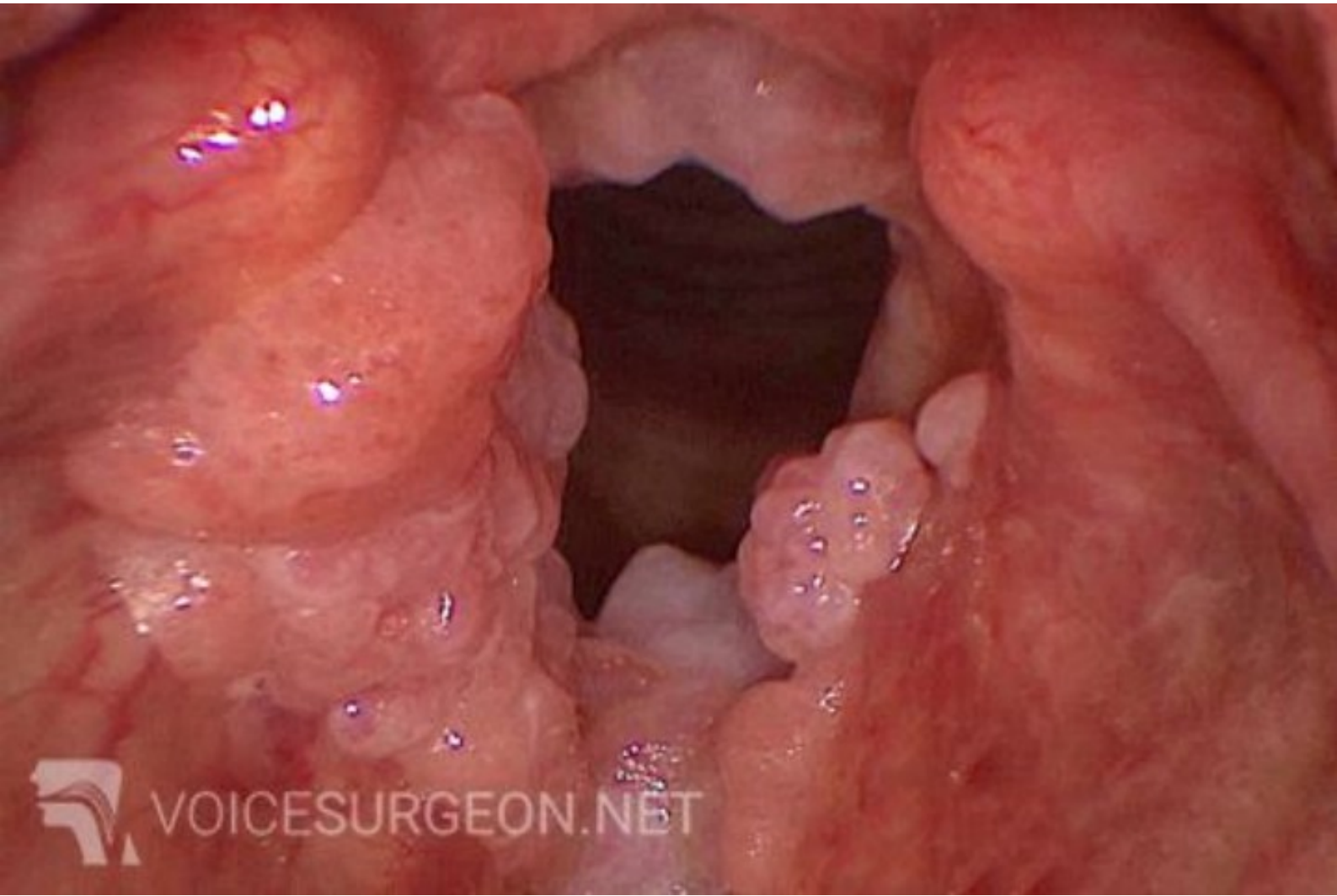
• Prolong "

• Laryngo pharyngo Reflux

Investigations :- Laryngoscopy, Biopsy

Treatment :-

Endoscopic microscopic laryngeal excision



VOICESURGEON.NET

(16)

Recurrent respiratory Laryngeal papillomatosis (RRLP)

- multiple Exophytic growth

- Aetiology :-

HPV, subtype 6, 11

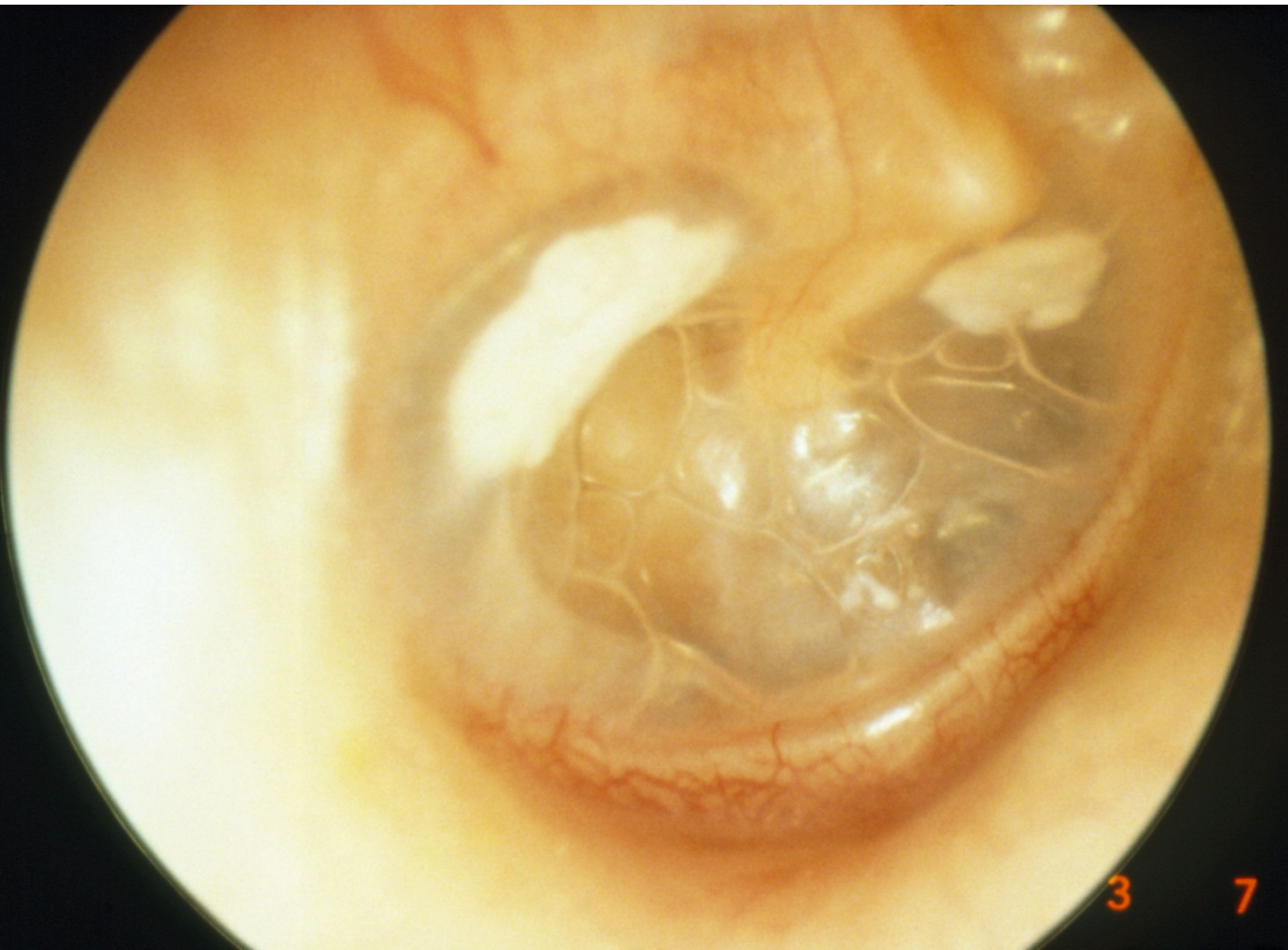
Treatment :- Surgical :- Cold steel Dissection

Medical :- Intralesional Corticosteroids

Intralesional Interferon injection

Antiviral injections

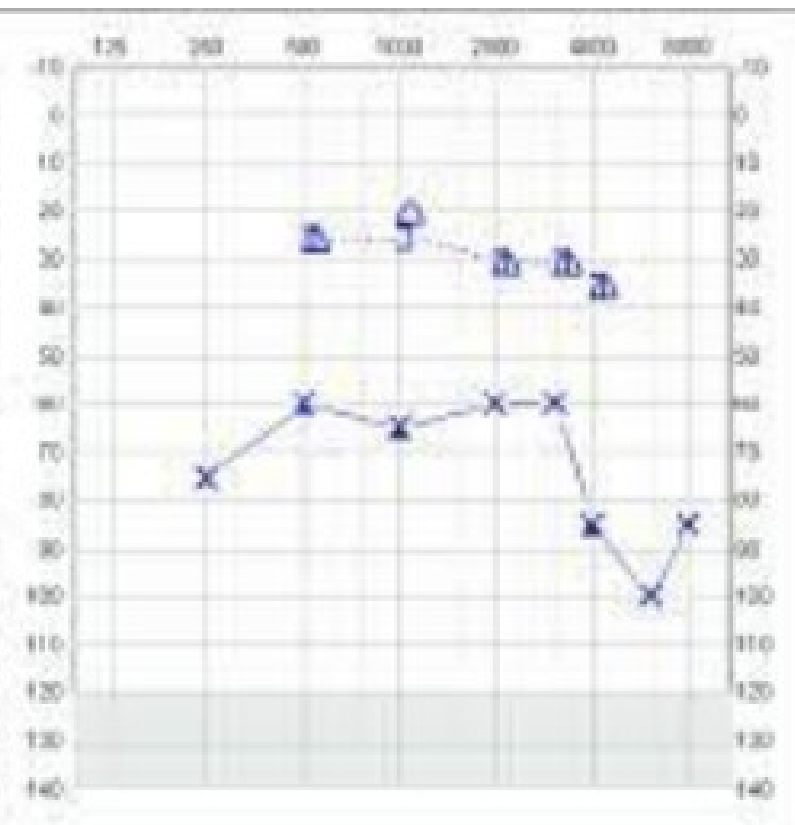
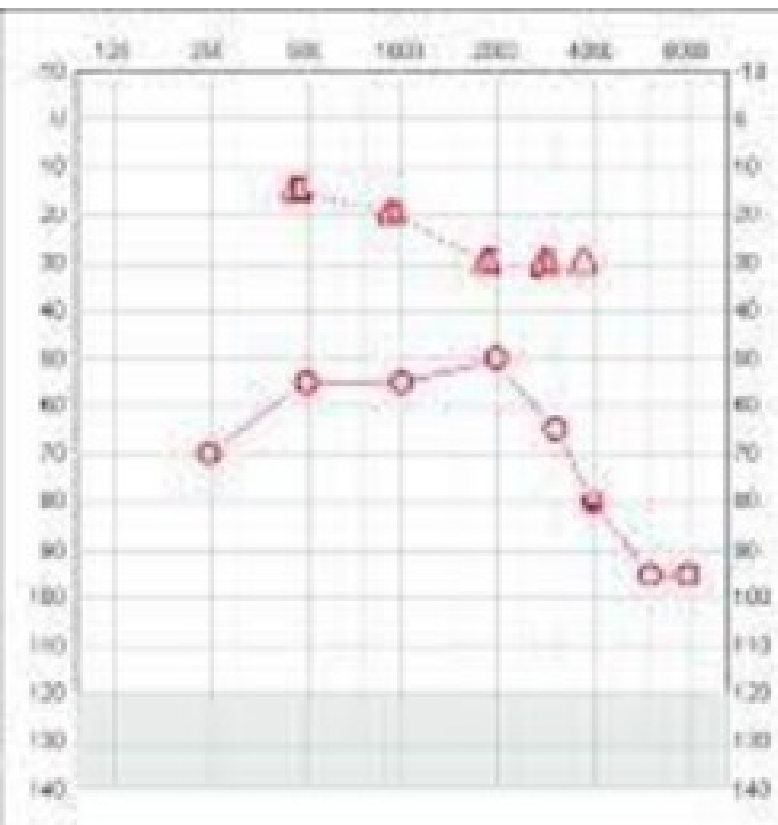
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17 Otitis Media effusion

→ investigations?

→ Treatment?



18

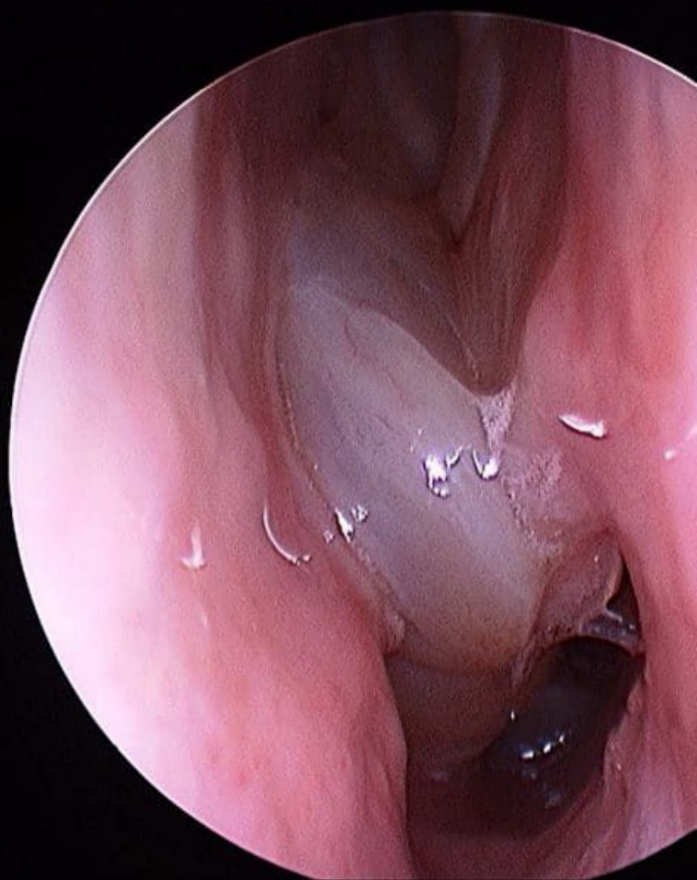
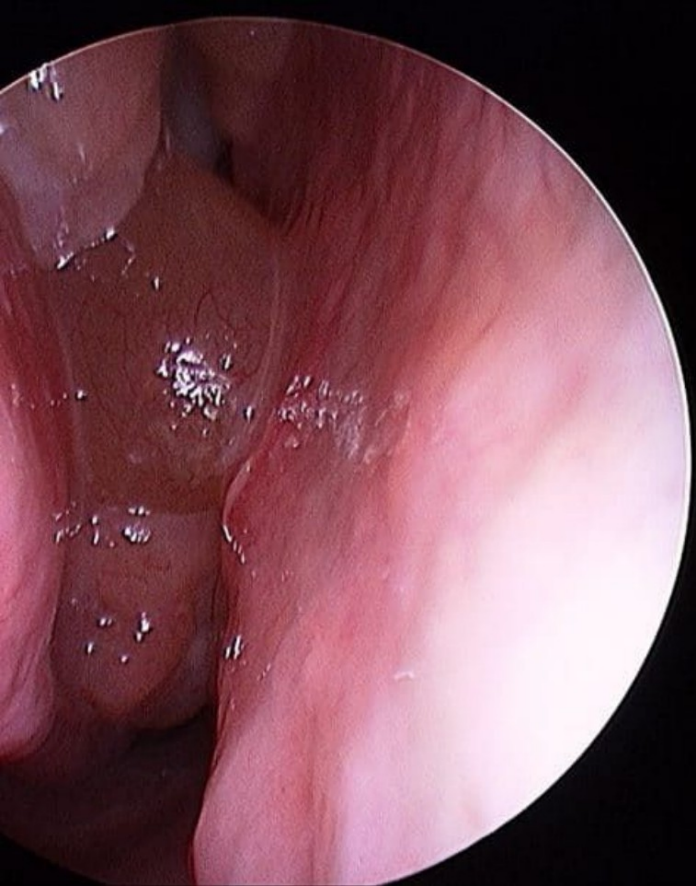
AudioGram

Mixed Hearing loss (Severe Intensity)

Red : Right

Blue : Left

* Mixed HL occurs in CSOM *



(19) Endoscopic pic of nasal cavity
* polypoidal (Nasal Polyp)

(ii) D.Ds Bilateral ethmoidal
Chronic rhinosinusitis with Polyp
Allergic fungal sinusitis



20

Otitis Media effusion.









(21) Fungal infection
Otomycosis

(22) Peritonsillar Abscess
Bulging of right tonsil

organisms Involved?

Strept pneumoniae

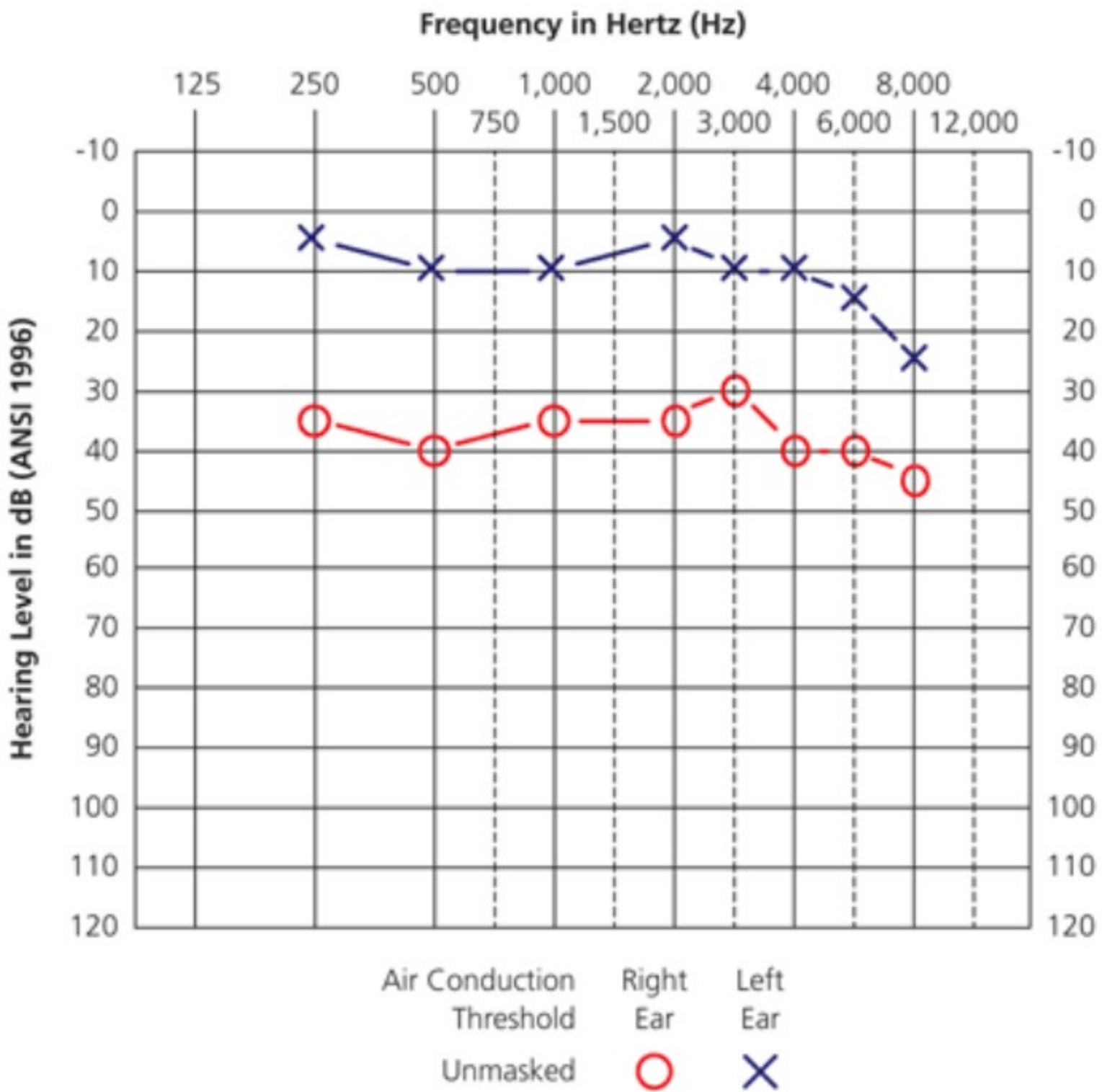
H: Influenza

(23) (i) Mastoid Abscess

(ii) Aetiology :- production of pus under tension

(iii) Antibiotics, Analgesics, incision, Drainage

(24) Endoscopic Pic of Nasal polyp.





(25)

Conductive Hearing loss

Both

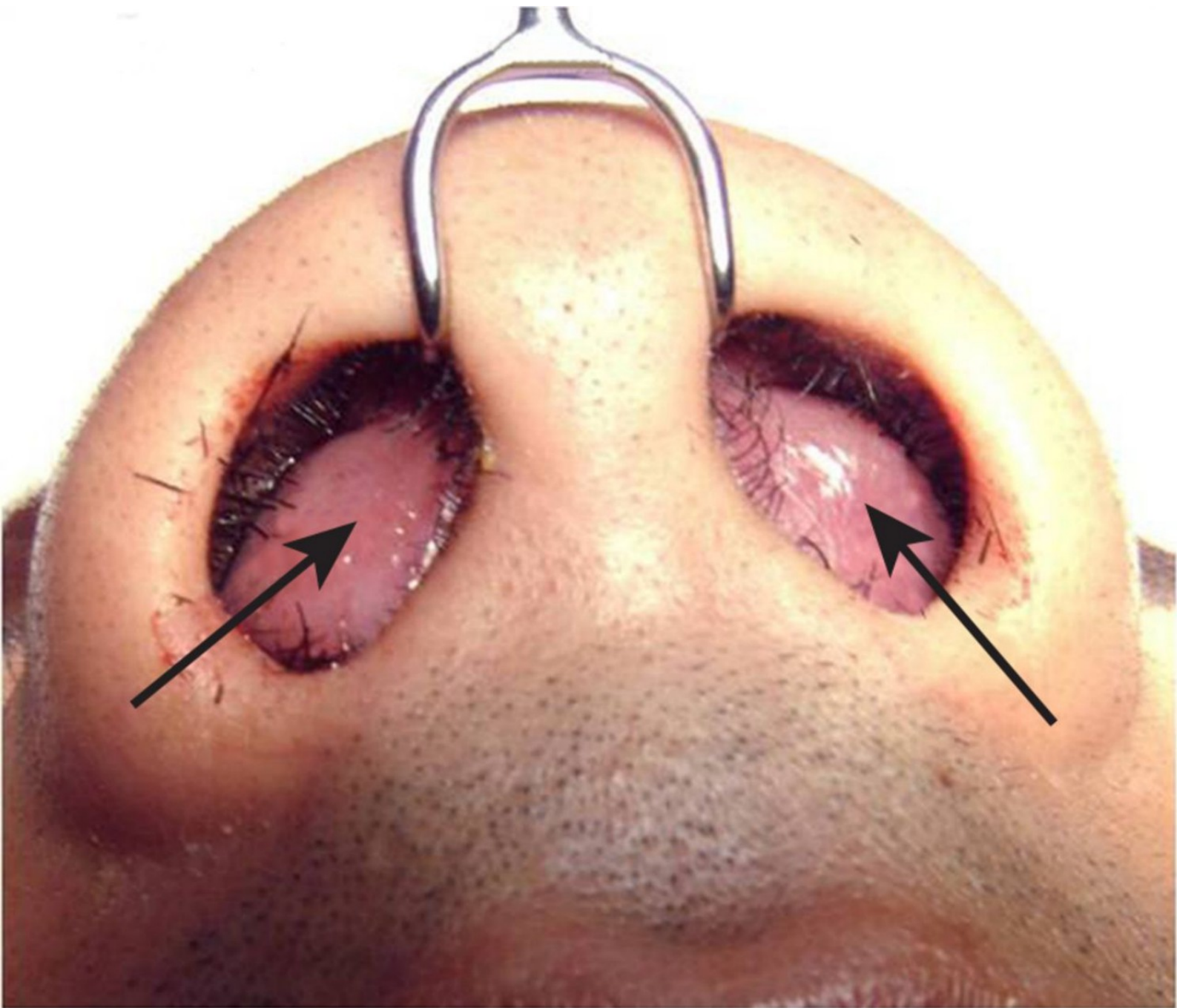
Left side &
Right side

Air Bone GAP - 30 db

(26)

Saddle nose Deformity

Treatment : Augmentation rhinoplasty

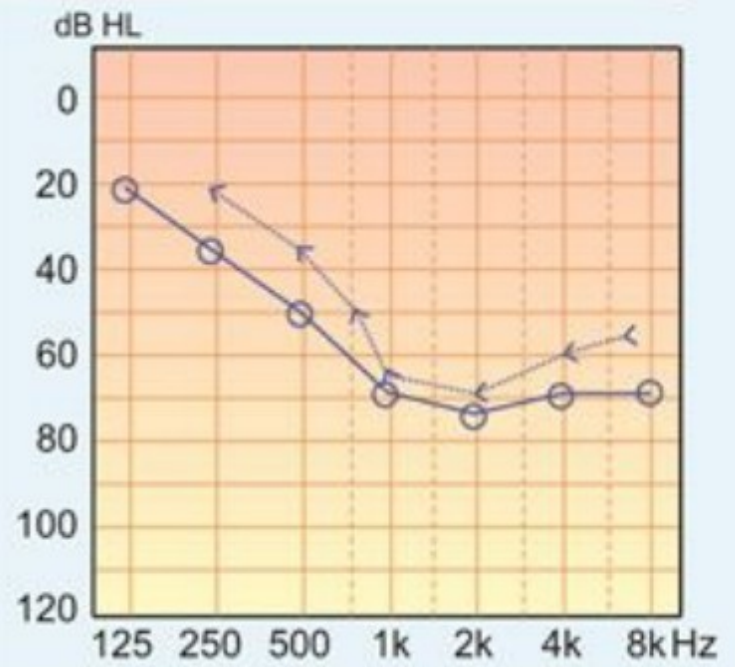
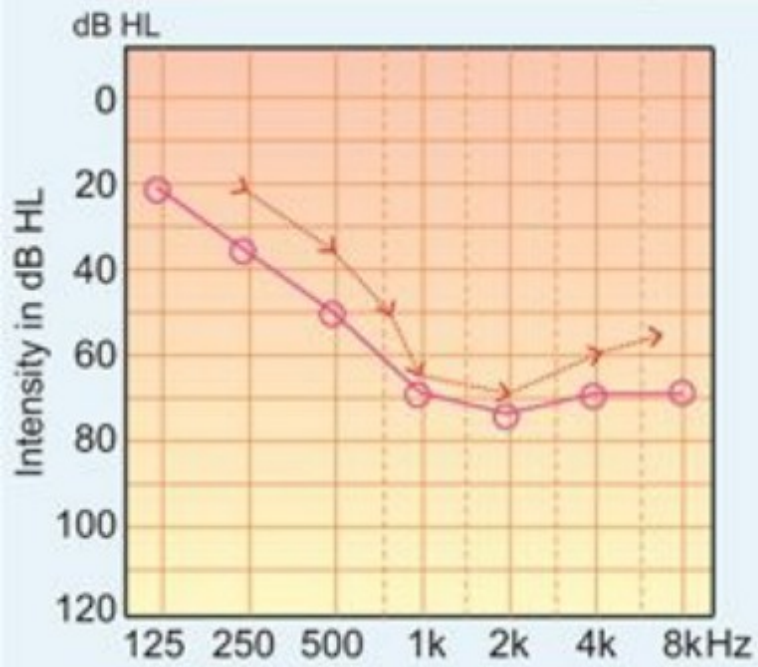


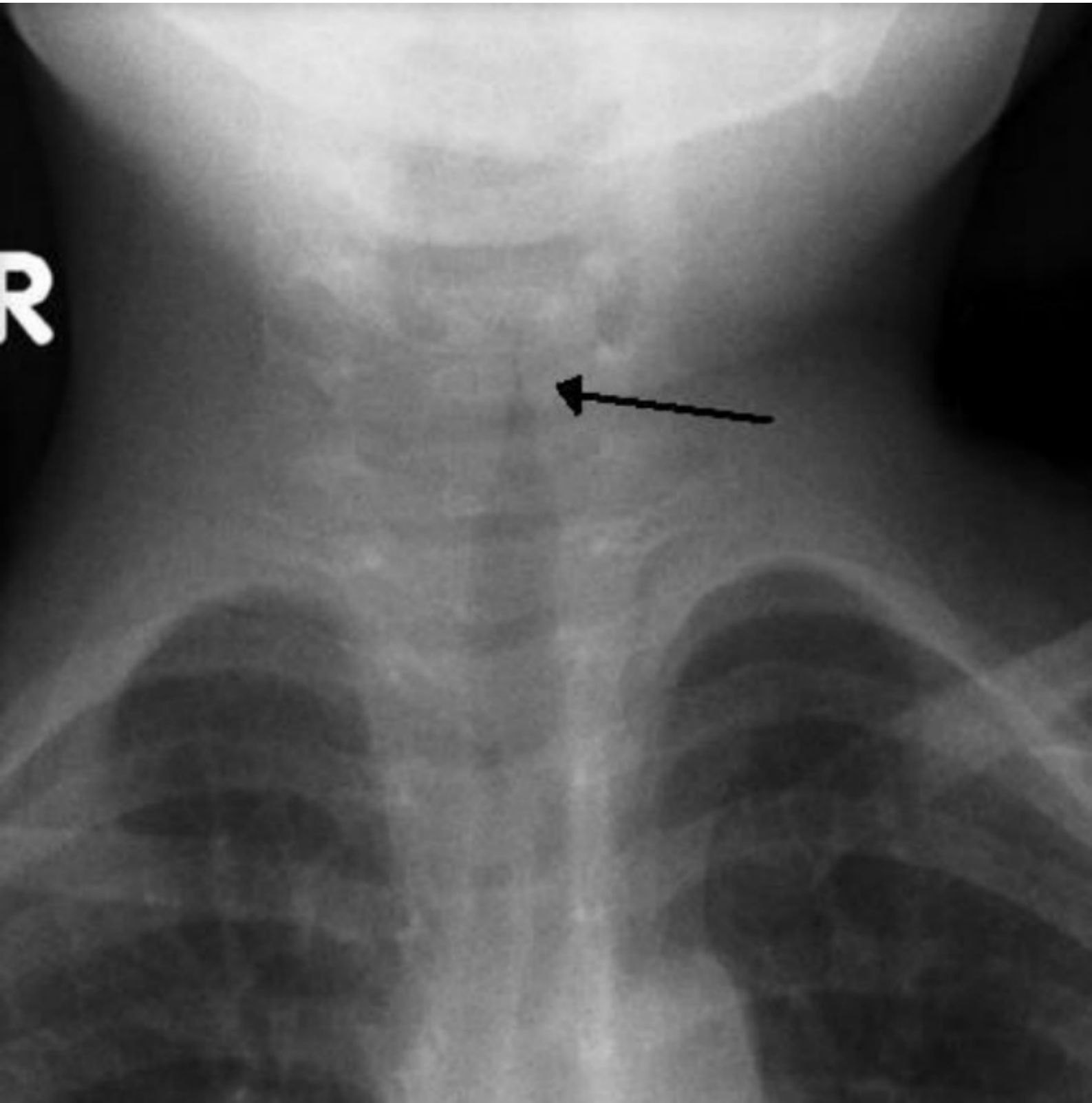
(27) (i) Nasal Hematoma
(Bilateral symmetrical swelling)

(ii) Treatment :- Incision, Drainage

(iii) Causes ?

0 dB HL	Right	250 Hz	Left	0 dB HL
-20 -15 -10 -6 -3 0 +3 +6 +10	Response		-20 -15 -10 -6 -3 0 +3 +6 +10	





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No Air Bone GAP

* ~~Respiratory~~ sensorineural Loss

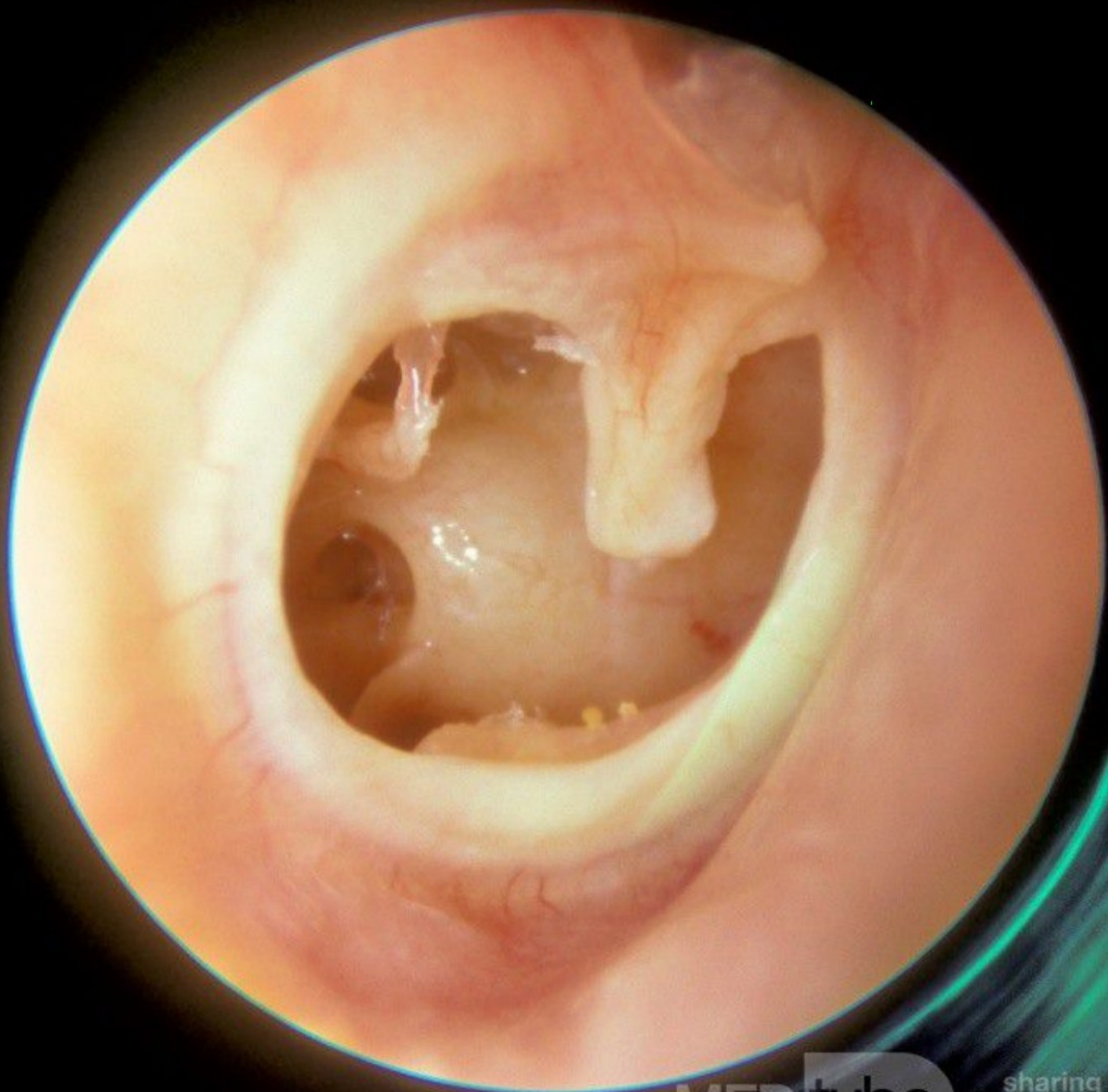
29

X-ray : Stipple Sign

* Acute laryngo tracheo bronchitis

(i) Viral infection

(ii) Supportive Treatment



MEDtube

sharing
medical
knowledge™



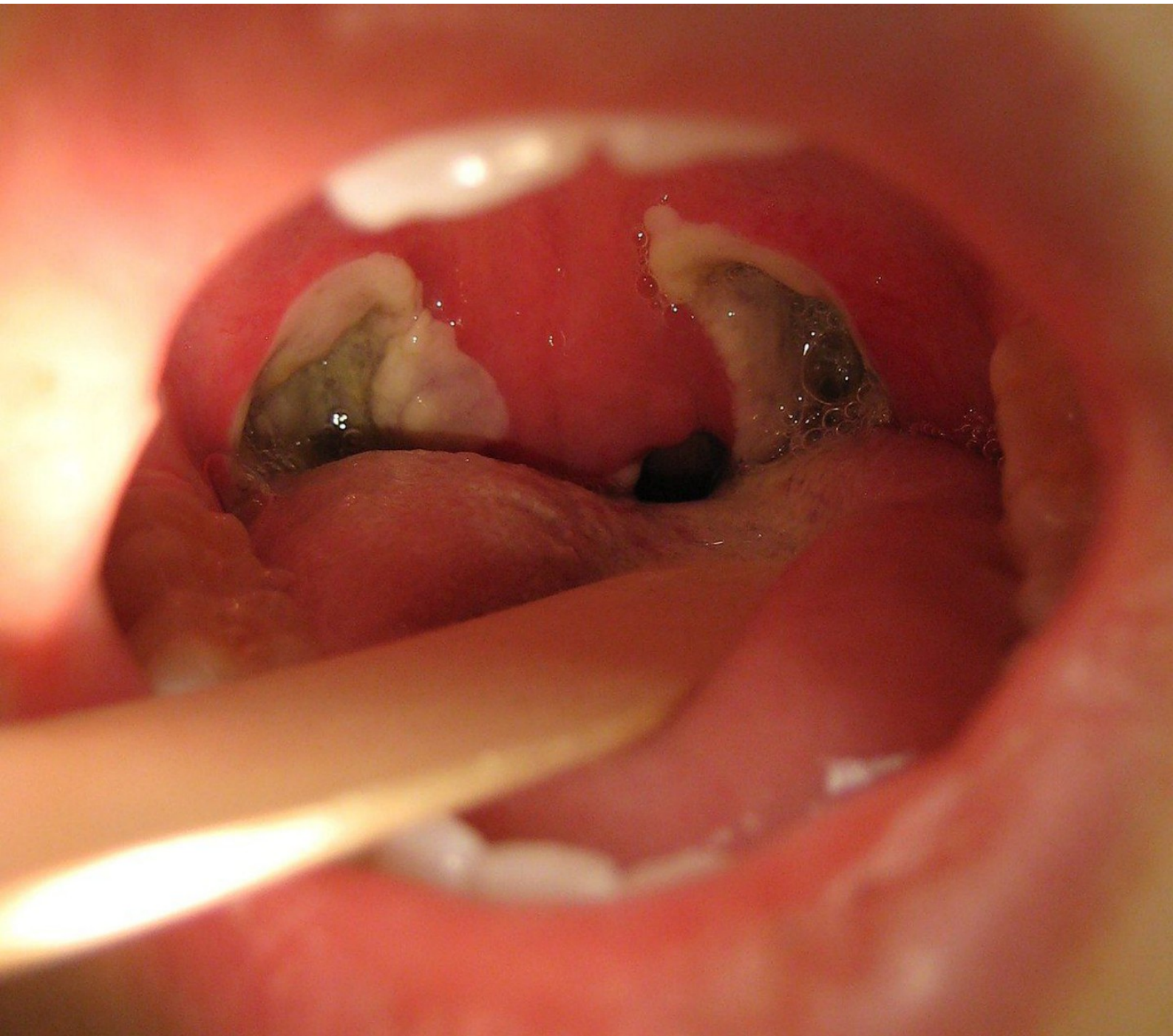
(30) (i) Sub Total perforation

(ii) Tubo Tympanic :- Inactive mucosal

(31) Thyroglossal duct cyst

Cause :- persistent of thyroglossal tract through which thyroid tissue descends



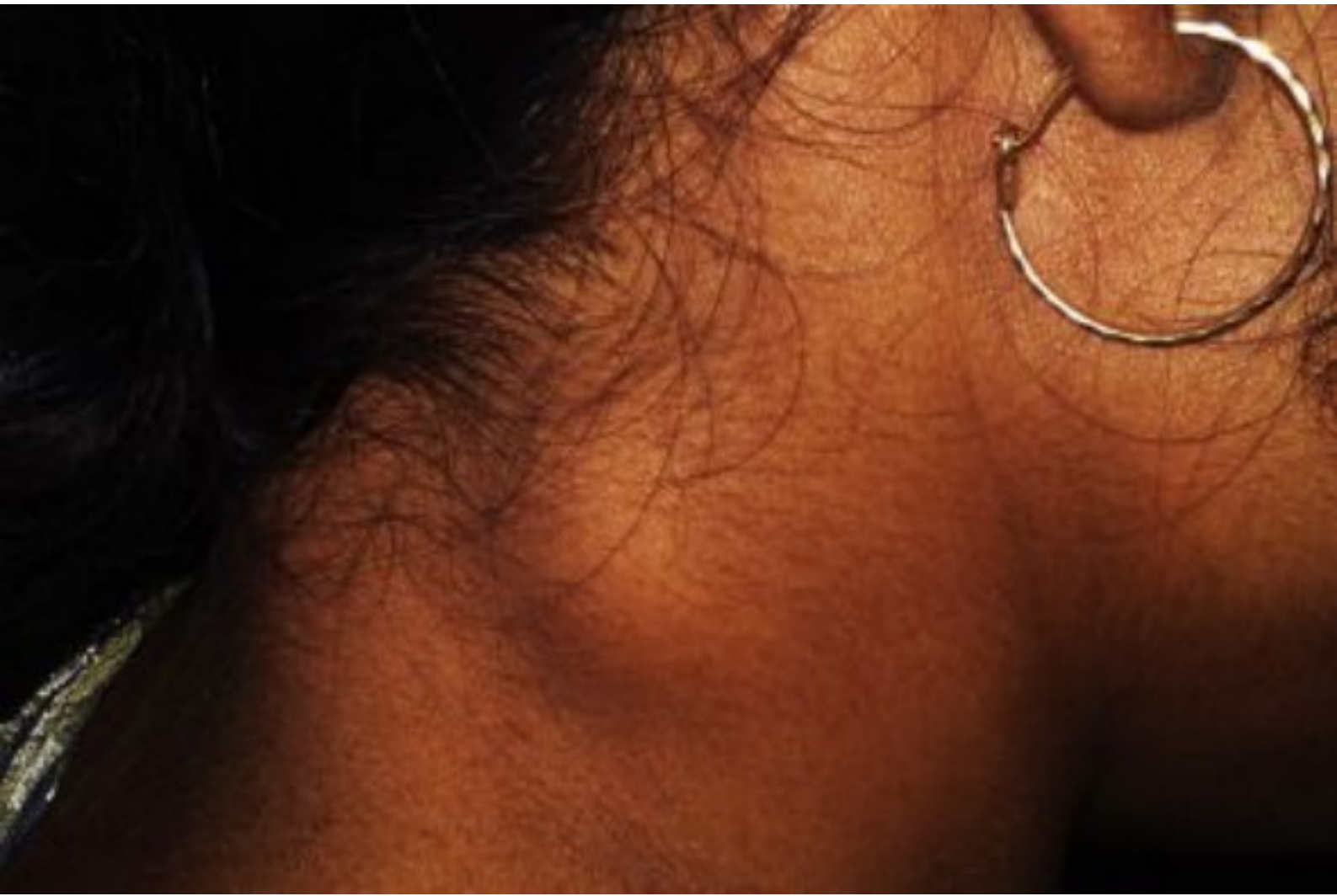


32 Cavernous Sinus Thrombosis

33 Tonsillectomy Slough

- postoperative tonsillectomy slough



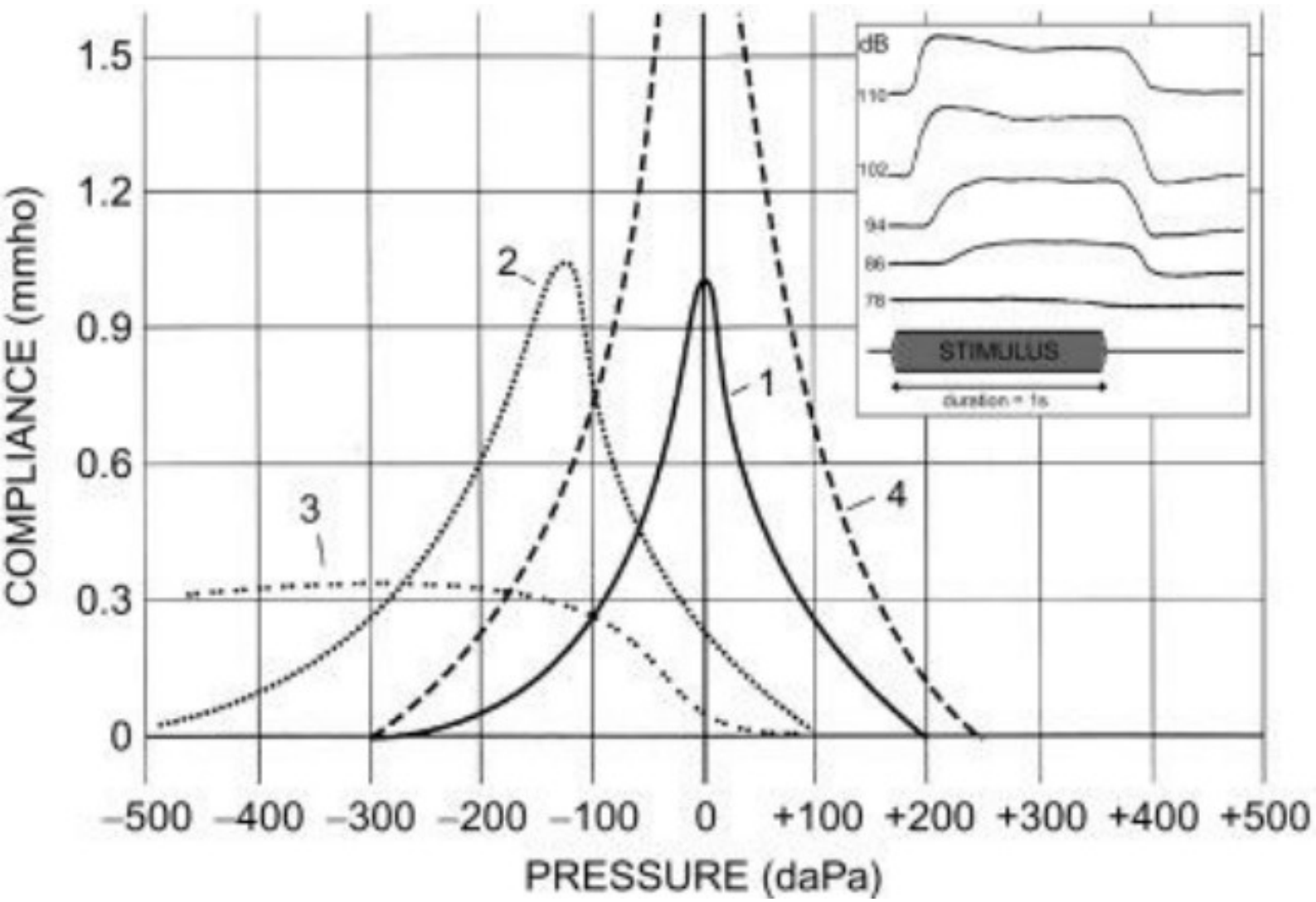


34 Acute Follicular Tonsillitis

- ① Complications of tonsillectomy ?
- ② Indications of "

35 ① Post cervical adenopathy

- D.Ds
- ② Tuberculous lymphadenitis (Anp)
 - ③ metastatic lymph nodes



Marginal perforation



Cholesteatoma



Attic perforation



Total perforation with granulations







36

1 : Normal

2 : C

3 : B

4 : Ad

37

Types of Perforation

38

Vocal cord nodules

40

Vocal cord polyp