

DR. Zafar Imp. MCQs (ENT)

- 1. A young man comes to you with H/O swelling in submandibular region after meal which subside after few hours. On examination there is 1x1.5 cm non-tender swelling in submandibular region. Floor of mouth is normal. Most likely diagnosis?**
 - a) Submandibular lymphadenopathy
 - b) Submandibular sialolithiasis
 - c) Submandibular sialadenitis
 - d) Branchial cyst
 - e) Dermoid cyst

- 2. A 45 year old taxi driver presents to you with complaints of recurrent nose bleeds bloody phlegm, smoky urine, tiredness, malaise, fever & Infra-orbital facial pain for last 4 months. Exam revealed pale unattentive man with depressed nose, nasal cavities full of bloody crusts, perforated nasal septum. ESR is 140, Hb 9gm/dl, elevated serum urea & creatinine, RBC casts present in urine, Chest X-RAY Show Cavities & multi-nodularities bilaterally in the apical regions. Biopsy of renal tissue reveals segmental glomerulonephritis. Most likely diagnosis?**
 - a) Infectious mononucleosis
 - b) Wegener's granulomatosis
 - c) Plummer Vinson Sarcoidosis
 - d) Sjogren's syndrome

- 3. The diagnosis in a patient with 6th nerve palsy, retro-orbital pain & persistent ear discharge is:**
 - a) Gradenigo's syndrome
 - b) Sjogren's syndrome
 - c) Frey's syndrome
 - d) Rendu Osler weber disease
 - e) CSOM with complication

- 4. A child presents with barotraumas pain. There is no inflammation of middle ear, management is:**
 - a) Antibiotic
 - b) Paracetamol
 - c) Supportive
 - d) Grommet tube insertion
 - e) Myringotomy

- 5. A child presents with ear Infection with foul smelling discharge. On further exploration a small perforation is found in the pars flaccida of tympanic membrane. Most appropriate next step in management is:**
 - a) Topical antibiotics & decongestant for 4 weeks
 - b) IV antibiotics & follow up after 1 month
 - c) Tympanoplasty
 - d) Tympano-mastoid exploration
 - e) Grommet tube insertion

6. **A 4 year old boy is brought to you by his mother with runny nose, mild sneezing, sore throat, sense of fullness in ears, nonproductive cough a mild fever. On exam he has 37.8 C temperature, was normal, throat & nasal cavities congested & red. His lung fields are clear. Most likely diagnosis:**
- Acute viral rhinitis
 - Vasomotor Rhinitis
 - Acute bacterial rhinitis
 - Allergic rhinitis
 - Acute otitis media
7. **A 5 year old boy has been diagnosed to have postero-superior retraction pocket cholesteatoma. All would constitute part of management except:**
- Audiometry
 - Mastoid exploration
 - Tympanoplasty
 - Myringoplasty
 - Myringotomy
8. **A 7 year old child presents with acute otitis media, does not respond to ampicillin. Exam revealed full & bulging tympanic membrane, the treatment of choice is:**
- Systemic steroid
 - Ciprofloxacin
 - Myringotomy
 - Cortical mastoidectomy
 - Myringoplasty
9. **A 22 year old woman presents to CH. M.AKRAM TEACHING HOSPITAL 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. Most likely diagnosis?**
- Acute viral rhinitis
 - Vasomotor Rhinitis
 - Acute bacterial rhinitis
 - Allergic rhinitis
 - Atrophic Rhinitis
10. **Laryngocele arises as herniation of laryngeal mucosa through the following membrane:**
- Thyrohyoid
 - Cricothyroid
 - Cricotracheal
 - Cricosternal
 - Cricohyoid

- 11. A newborn presents with bilateral microtia & external auditory canal atresia. Corrective surgery is usually performed at:**
- a) <1 year of age
 - b) 5-7 year of age
 - c) Puberty
 - d) 1-2 year of age
 - e) Adulthood
- 12. Which one is not a typical feature of malignant otitis externa:**
- a) Pseudomonas causative organism
 - b) Old patient
 - c) Diabetic patient
 - d) Mitotic figures are high
 - e) Immunocompromised patient
- 13. A 10 year old boy developed hoarseness of voice following an attack of diphtheria. On examination his Right vocal cord is paralyzed. Treatment of choice for paralyzed cord will be:**
- a) Gel form Injection of Right vocal cord
 - b) Fat Injection of Rt. vocal cord
 - c) Thyroplasty type 1
 - d) Thyroplasty type 2
 - e) Wait for spontaneous recovery of vocal cords
- 14. A middle aged male comes to OPD with only complaint of hoarseness of voice for past 2 years. He has been a chronic smoker for 30 years. On examination a reddish area of mucosal irregularity overlying a portion of both cords was seen. Management would include all except?**
- a) Cessation of smoking
 - b) Bilateral cordectomy
 - c) Microlaryngeal surgery for biopsy
 - d) Regular follow up
 - e) Microsurgical excision of hyperplastic epithelium
- 15. A 55 year old female presents with tinnitus, dizziness & progressive deafness. Differential diagnosis includes all except:**
- a) Acoustic neuroma
 - b) Endolymphatic hydrops
 - c) Meningioma
 - d) Histiocytosis-x
 - e) Glomus

16. A patient has bilateral conductive deafness, tinnitus with positive family history. Diagnosis is:

- a) Otospongiosis
- b) Tympanosclerosis
- c) Meniere's disease
- d) Otitis media
- e) Acoustic neuroma

17. Post head injury patient has conductive deafness. On exam tympanic membrane is normal & mobile. Likely diagnosis is:

- a) Distortion of ossicular chain
- b) Hemotympanum
- c) External ear canal sclerosis
- d) Otosclerosis
- e) Fracture temporal bone

18. A lady has B/L hearing loss since 4 year which worsened during pregnancy. Type of Impedance audiometry graph will be

- a) Ad
- b) As
- c) A
- d) B
- e) C

19. A patient presents with carcinoma of larynx involving the left false cord, left arytenoids & the left aryepiglottic folds with bilateral cords. Treatment of choice is:

- a) Vertical hemilaryngectomy
- b) Horizontal hemilaryngectomy
- c) Radiotherapy followed by chemotherapy
- d) Total laryngectomy
- e) Left partial hemilaryngectomy

20. A middle aged woman presented with right sided hearing loss. Rinne's test shows positive result on left side & negative result on side. Weber's shows lateralization to left side, Patient most likely has:

- a) Right sided conductive deafness
- b) Right sided sensorineural deafness
- c) Left sided conductive deafness
- d) Left sided sensorineural deafness
- e) Right sided mixed deafness

- 21. A patient presents with stridor & dyspnea which he developed after an attack of upper respiratory tract infection. On examination he was found to have 3mm glottis opening. All of the following are used in management except:**
- a) Tracheostomy
 - b) Arytenoidectomy
 - c) Teflon injection
 - d) Cordectomy
 - e) Thyroplasty
- 22. A 40 year old man visited ENT OPD many times over the last few years with complains of nasal obstruction, headache, facial discomfort & mucopurulent nasal discharge. He has impaired sense of feel although no rhinorrhea. Several sinus washouts & B/L antrostomies have been tried but with little of temporary relief. There is crusting & purulent discharge In both nasal cavities, nasopharynx & oropharynx. Inferior turbinates hypertrophied. X-Ray PNS shows complete opacification of maxillary & ethmoidal sinuses, frontal being clear through smaller than average. Most likely diagnosis is:**
- a) Chronic sinusitis
 - b) Chronic Rhinitis
 - c) Fungal sinusitis
 - d) Mucomycosis
 - e) Aspergillosis
- 23. Horner's syndrome is caused by:**
- a) Nasopharyngeal
 - b) Facial bone injury
 - c) Maxillary sinusitis
 - d) Ethmoidal polyp
 - e) Leforte III fracture
- 24. Apple jelly nodules in nasal septum is seen in:**
- a) Lupus vulgaris
 - b) TB
 - c) Scleroma
 - d) Sarcoidosis
 - e) Wegener's granulomatosis
- 25. Diffuse esophageal spasm is best diagnosed by?**
- a) Endoscopy
 - b) Manometry
 - c) Barium swallow
 - d) Barium meal
 - e) CT Scan

26. All are true regarding plummer Vinson syndrome except?

- a) Commonly leads to carcinoma in lower third of esophagus
- b) Common with Iron deficiency anemia
- c) Common in females
- d) Premalignant conditions
- e) Common with glossitis

27. A 30 year old male presented with non-progressive dysphagia for both solids & liquids. Finding in barium swallow will be:

- a) Dilated esophagus with narrowed rat tailed lower end
- b) Corkscrew esophagus
- c) Narrow esophageal lumen
- d) Irregular esophageal lumen
- e) Stricture ulcer in esophagus

28. 70 years old male who has been chewing tobacco for past 50 years presents with 6 months history of large, fumigating, soft papillary lesions in the oral cavity. The lesion has penetrated into the mandible. Lymph nodes are not palpable. 2 biopsies taken from the lesion proper show benign appearing papillomatosis with hyperkeratosis and acanthosis infiltrating the subjacent tissues. The most likely diagnosis is:

- a) Squamous cell papilloma
- b) Squamous cell CA
- c) Verrucous CA
- d) Malignant mixed tumors
- e) Adenocarcinoma

29. A patient has CA of Right tongue on its lateral border of anterior 2/3 with lymph nodes of size 4cm in the level 3 on left side of neck. Stage of disease is:

- a) N₁
- b) N_{2a}
- c) N_{2b}
- d) N_{2c}
- e) N₃

30. In which of the following head and neck cancer, perineural invasion is most commonly seen:

- a) Adeno CA
- b) Adenoid cystic CA
- c) Basal cell CA
- d) Squamous cell CA
- e) Muco-epidermoid CA

31. 7 year old child has peritonsillar abscess, presents with trismus, the best treatment is:

- a) Immediate drainage orally
- b) Drainage externally
- c) Systemic antibiotics up to 48 hours then drainage
- d) Tracheostomy
- e) Antibiotics + analgesics

32. A 40 year old female presents with a progressively increasing lump in the parotid region. On oral exam the tonsil is pushed medially. Biopsy showed it to be pleomorphic adenoma. The appropriate treatment is:

- a) Superficial parotidectomy
- b) Lumpectomy
- c) Conservative total parotidectomy
- d) Nucleation
- e) Radical total parotidectomy

33. Immediate treatment of CSF rhinorrhea is:

- a) Antibiotics & observation
- b) Plugging with paraffin gauze
- c) Blowing of nose
- d) Exploration
- e) Head low position & vasoconstrictors

34. In surgery of submandibular gland nerve often involved:

- a) Glossopharyngeal
- b) Vagus
- c) Facial
- d) Lingual
- e) Mandibular

35. Palatal myoclonus is seen in:

- a) Epilepsy
- b) Multiple sclerosis
- c) Cerebellar infraction
- d) Gullian barre syndrome
- e) Diphtheria

36. All can cause white membrane over tonsils except:

- a) Streptococcus
- b) Candida
- c) Diphtheria
- d) Borrelia vincenti
- e) Staphylococcus

- 37.** 30 year male presents with trismus, fever swelling pushing the tonsils medially & spreading laterally posterior to the middle Sternocleidomastoid. He gives history of extraction of 3 molar few days back for dental caries. The diagnosis is:
- a) Retropharyngeal abscess
 - b) Ludwig's angina
 - c) Submental abscess
 - d) Parapharyngeal abscess
 - e) Quinsy
- 38.** Trismus in parapharyngeal space is due to spasm of:
- a) Masseter medial
 - b) Pterygoid
 - c) Lateral pterygoid
 - d) Temporalis
 - e) Buccinators
- 39.** 18 year old boy presents with repeated epistaxis & there is a mass arising from lateral wall of nose extending into nasopharynx. It was decided to operate him. All are true regarding his management except:
- a) Requires adequate amount of blood to be transfused
 - b) A lateral rhinotomy approach may be used
 - c) Transpalatal approach
 - d) Transmaxillary approach
 - e) Sardana's approach
- 40.** Most appropriate Investigation for angio-fibroma is:
- a) Angiography
 - b) CT Scan
 - c) MRI
 - d) X-Ray nasopharynx
 - e) biopsy
- 41.** .A 2 year child presents with bilateral nasal pink masses. Most important investigation prior to undertaking surgery is:
- a) CT Scan
 - b) FNAC
 - c) Biopsy
 - d) Ultrasound
 - e) X-Ray PNS