

Time allowed 45 minutes

1-Sub mandibular space is divided into two by

- a) Stylohyoid muscle
- b) Mylohyoid muscle**
- c) Styloglossus muscle
- d) Stylopharyngeous muscle
- e) None of the above

2-the most common bacteria involved in Ludwig angina are

- a) streptococcus pneumoniae plus staph aureus
- b) E.coli plus klebsiella
- c) E.coli plus streptococcus pneumoniae
- d) E.coli plus streptococcus Viridans**
- e) None of the above

3-The characteristic finding of Ludwig angina is

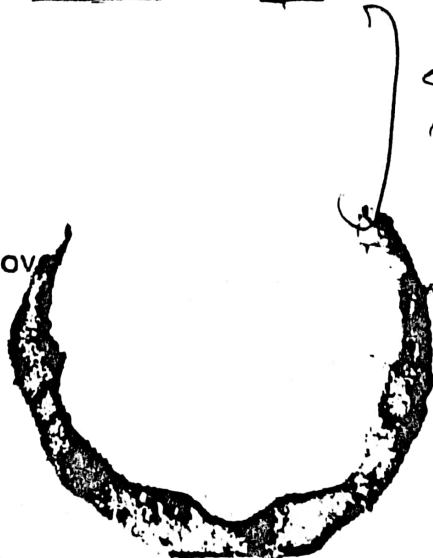
- a) Trismus
- b) Edema of floor of mouth
- c) Posterosuperiorly pushed tongue
- d) Red, hot, tender and stony hard swelling of sub-mandibular region
- e) All of the above**

4-The most significant complication of Ludwig angina is

- a) Spread of infection to other spaces
- b) Airway obstruction**
- c) Septicemia
- d) Aspiration pneumonia
- e) Mediastinitis

5- THE MOST IMPORTANT CARCINOGEN FOR NPC IS

- a. Aflatoxin
- b. EBV**
- c. HPV
- d. Chromium
- e. None of the above



6- THE MOST SIGNIFICANT CLINICAL FEATURE OF NPC IS

- a. Unilateral lymphnode enlargement
- b. Bilateral lymphnode enlargement
- c. Otalgia
- d. Cranial nerve paralysis
- e. None of the above

7- The most probable etiology of peritonsillar abscess formation is

- a. De novo
- b. Complication of Pharyngitis
- c. Complication of tonsillitis
- d. Dental infection
- e. None of the above

8-- The characteristic voice of a patient with peritonsillar abscess is called

- a. Hoarsness
- b. Plummy
- c. Snoring
- d. Stridor
- e. Stertor

9- The treatment of peritonsillitis is

- a. Parental antibiotics
- b. Oral antibiotics
- c. Incision and drainage
- d. B+c
- e. A+c

10- The treatment of peritonsillar abscess is

- a. Parental antibiotics
- b. Oral antibiotics
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- d. B+c
- e. A+c*

11- Antibiotic of choice in case of acute tonsillitis is

- a. Penicillin group
- b. Macrolides
- c. Cephadrine
- d. Ciprofloxacin
- e. Levofloxacin

12- Following are the cardinal signs of chronic tonsillitis except

- a. Flushing of anterior pillar
- b. Enlarged jugulodiagastric lymph nodes
- c. Tonsils with prominent crypts

- d. Edema and redness of soft palate
- e. None of the above

13-The most common method of tonsillectomy

- a. Dissection method
- b. Guillotine method
- c. Laser
- d. Electrical cauterization
- e. Cryosurgery

14-The latest method of tonsillectomy is

- a. Dissection method
- b. Guillotine method
- c. Laser
- d. Electrical cauterization
- e. Cryosurgery

15-Wax can be removed by

Ear

- a) Ceruminolytics
- b) Syringing
- c) Suction under direct vision
- d) Instrumentation
- e) All of above

16-Out of above mentioned methods the best method is

- a) Ceruminolytics
- b) Syringing
- c) Suction under direct vision
- d) Instrumentation
- e) None of above

~~17-~~ 17- The most probable diagnosis in a patient who complains of blocked ear after taking a bath is

- a) Otomycosis
- b) Wax ear
- c) Water has entered the external auditory meatus
- d) Barotrauma
- e) All of above

18-Which structure is related to balance

- a) semicircular canals
- b) saccule&utricle
- c) cochlea

Not
confirm

- d-a&b
- e-b&c

19-Scala tympani is closed by

- a-oval window
- b-stapes foot plate
- c-tympanic membrane
- d-secondary tympanic membrane

→ 20-the end organ of hearing is

- a-crista
- b-helicotrema
- c-macula
- d-organ of corti

21-contra indication for tonsillectomy are

- a-leukemia
- b-Hb less than 10mg/dl
- c-bleeding disorders
- d- none of above
- e- all above

22-the treatment of secondry hemorrhage is

- a-cautry
- b-ligation of bleeding point
- c-antibiotcs&analgesics
- d-aspirin gargles

23-treatment of peritonsillitis is

- a-antibiotcs&analgesics
- b-repeated aspirations
- c-incision&drainage
- d-all above

24-malignant otitis externa is

- a-malignant disease of external ear
- b-common in diabetics
- c- treatment of choice is radiotherapy
- d-surgical debridment is contraindicated

→ 25-commonest bacteria involved in malignant otitis externa is

- Staphylococcus
- Pneumococcus
- e-coli
- d-pseudomonas aerogenosa

Perichondritis -

Peri 10

/ A tympanogram with maximum compliance at -200 daPa suggests 26

- fluid in the middle ear.
- negative pressure in the middle ear.
- positive pressure in the middle ear.
- normally aerated middle ear.

→ Flat tympanograms may be attributed to any of the following except 27

- otitis media with fluid in middle ear
- probe opening against canal wall.
- impacted cerumen.
- interrupted ossicular chain.

→ tympanogram with normal pressure peak but with reduced compliance is due to 28

- OME
- Ossicular discontinuity
- otosclerosis
- Eustachian tube dysfunction

29-Function of Eustachian tube can be checked by

a-valsalva method

b-audiometry

c-tympanometry

d-a&c

→ 30- commonest risk for malignant otitis externa is

a-excessive swimming

b-renal failure

c-diabetes

d-all above

short notes

1- Name indications of tonsillectomy

5

2-name the investigations for NPC

5

1) Endoscopic evaluation

2) Imaging studies:

CT scan MRI nasopharynx & neck
Xray / CT chest secondaries lungs
CT abdomen or ultra sound abdomen
secondaries liver

3) Biopsy.

4) Audiogram.

Treatment :- Radiotherapy.
Chemotherapy