



# THE SUPERIOR COLLEGE, LAHORE

4<sup>th</sup> PROFESSIONAL MBBS  
ANNUAL EXAMINATION 2019

ENT

SEQ's

Roll No. FLS-052

Time Allowed: 2 hours

Total Marks: 45

## Instructions

1. The SEQ's part is to be submitted within 2 hours. Extra time will not be given.
2. Neat Hand Writing use of margin and marker for headlines will increase the presentation of your paper.
3. Do not write your name or disclose your identity in anyway.

1. A 50 years old smoker & heavy drinker male presents to ENT department of Ch .M .Akram Teaching and research hospital with constant pain in right ear for last 4 months. He has lost 20kg weight & has chronic bronchitis & has also deteriorated during this period. Examination reveals a fit man, non-stressed & non-stridous on rest & when walking into the OPD. His flexible laryngoscopic examination shows exophytic lesion obstructing right true & false cords & impaired vocal cord mobility. Left side is normal. There is no cervical lymphadenopathy. *CA Larynx*

a) How would you investigate the case .

b) Describe treatment options for the case? (2.5+2.5)

2. A 65 year old female presents with gradually increasing bilateral deafness. Clinical examination reveals bilateral intact tympanic membrane. PTA <sup>pure tone audiometry</sup> revealed bilateral severe mixed degree hearing loss .

a) What is differential diagnosis for this pt?

b) Mention the investigations to confirm your diagnosis

c) Mention the treatment plan (2+1+2)

3. A 60 year old farmer visits neurosurgery outdoor with drooping of his right eyelid for months, altered sensation on the right side of face, decreased taste & right sided hearing loss for 4 months. Exam by neurosurgeon reveals Horner's syndrome, diplopia to Rt. reduced movements of right soft palate & decreased sensation of touch & pricking on Rt side of face. Due to hearing loss pt.

was referred to ENT OPD where otoscopy & tympanometry reveals otitis media with effusion with 40 db air-bone gap.

Give etiology, pathology & treatment of most likely diagnosis?

(1+2+2)

5. 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)

5. An 8 years old boy presents in ENT emergency with c/o sore throat for the past 4 days and swelling in neck bilaterally. On throat exam there is dirty white membrane over the left tonsil extending up to uvula. There is no history of childhood vaccination.

a. What is the most probable diagnosis and its causative agent?

b. Mention the differential diagnosis

c. Explain briefly how would you treat this boy. (2+1+2)

6. 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.

a. What are topognostic test for facial nerve

b. Managment plan for this pt

(2+3)

7. Write shotr note on

a. indications of bronchoscopy (2.5)

b. indications of tracheostomy (2.5)

8. A 60 year male came in OPD with complaint of right sided gradual and progressive hearing loss for last 6 years. He is also having ringing sensations in the right ear. Otoscopic Examination is un remarkable. Rinne is positive on right side and weber is lateralized to Normal ear. MRI showing a radio opaque mass in cerebellopontine angle of right side.

a. What is your most probable diagnosis?

b. Write its differential diagnosis and treatment. (1+4)

9. write short note on

a. Myringotomy (2.5)

b. methods of tonsillectomy (2.5)