

# Head & Neck

## Q.No.1

(a) What are Indications of Tracheostomy.

- ⊙ Congenital (laryngeal web, Tracheo-oesophageal anomalies, hemangioma of larynx)
- ⊙ Infective (Acute epiglottitis, Ludwig's angina, diphtheria)
- ⊙ Malignancy (Advanced tumor of larynx, tongue, Pharynx)
- ⊙ Vocal cord paralysis
- ⊙ Foreign body

(b) What are complications of Tracheostomy

- Hemorrhage
- Pneumothorax
- Apnea
- Injury to esophagus

} Immediate

- Bleeding
- Lung Abscess
- Subcutaneous Emphysema.

} Intermediate

- Hemorrhage
- Trachea Stenosis
- Tracheo-oesophageal fistula.

} Late

## Q. NO 2

Q. What are most common causes of Enlarged lymph node in post Triangle of neck.

- Bronchitis
- Common cold
- Strep Throat
- Tonsillitis

Infectious mononucleosis

How you will diagnose.

Ultrasonography

Zn Staining

Raised ESR

Sputum for culture

FNAC.

## Q. NO 3

A 55y lady presents with painful ulcer on right side of tongue.

She has habit of chewing betel nut for last many years.

On Examination She has 3cm ulcer on right lateral border of tongue with palpable lymph node in submandibular area.

Q. Diagnosis

Squamous cell CA Tongue.

(b) How will you Investigate

- MRI + CT Scan
- PET Endoscopy.
- Incisional biopsy
- FNAC
- Mucosal Staining
- CXR Chemiluminescent light.

(5) What is its Stage.

Stage - II

Q.NO.4

A 65y betel chewer presents in OPD with 1.5cm ulcer on the lateral border of his tongue. On Examination there is ipsilateral mobile lymph node in upper cervical chain is palpable.

(a) **Diagnosis**

CA Tongue.

(b) **Inu**

Repeat.

(c) **Rx**

① Ability To preserve the speech.

② Concomitant medical disease.

③ Social factors.

④ Surgical Excision with lymph node dissection.

⑤ T3 → T4 Total glossectomy.

⑥ Radiotherapy has similar results

⑦ Major resection of floor of mouth

⑧ Advance encroaching floor of mouth.

## Q. No. 5

A 35y old female presents in OPD with acute painful swelling in submandibular region precipitated by eating and resolves spontaneously after 1-2 hours

(a) Diagnosis

(b) Gnv

(c) Rx

Q. NO 6

A 60y gentle man presents with right parotid swelling for past 2 months. On Examination Swelling is discrete with infiltration into overlying skin ipsilateral fascial N involvement.

(a) Diagnosis

CA parotid.

(b) Investigation

○ CT scan

○ MRI

○ FNAC

(c) Suggest operation for this tumor.

low grade tumor  $\Rightarrow$  Superficial parotidectomy.

High grade tumor  $\Rightarrow$  Radical parotidectomy

(d) Which parotid tumor is notorious for its productivity for neural invasion.

Adenocarcinoma

Squamous cell carcinoma.