

2018- rhinology test

Nose 2018  
2018

1- A fracture/trauma of nose may complicate into

- a. Septal abscess
- b. Nasal polyp
- c. Nasal tumour
- d. All of above

2- The types of DNS which can be easily seen on anterior rhinoscopy without speculum is

- a. S shaped
- b. Caudal end dislocation
- c. Thickened nasal septum
- d. All of above

3- Kiesselbach's plexus is located at.

- a. Antero-inferior quadrant of nasal septum
- b. Postero-inferior quadrant of nasal septum
- c. Lateral wall
- d. roof

4- Choanal atresia is due to embryological failure of the following primitive membrane to rupture before birth.

- a. Buccopharyngeal membrane
- b. Bucco-nasal membrane
- c. Nasopharyngeal membrane
- d. None of the above

5- In acute sinusitis the usual causative organisms are

- a. ~~Staphylococcus aureus~~
- b. Beta hemolytic streptococcus
- c. Streptococcus pneumoniae and H influenzae
- d. None of above

6- The strip of skin, connective tissue and medial crura of the lower lateral cartilage that separates the nostrils is called

- a. Vestibule
- b. Columella
- c. Caudal end of septum
- d. All of above

7. Nasal cavity is lined by

- a. Stratified Squamous non-keratinized epithelium
- b. Olfactory epithelium
- c. Pseudostratified ciliated columnar epithelium
- d. All of above

8. In Caldwell Luc procedure we approach the maxillary antrum through its

- a. ~~Anterior wall~~
- b. Posterior wall
- c. Lateral wall
- d. Medial wall

9- The nasal infection can drain into cavernous sinus leading to cavernous sinus thrombosis. The route of spread of infection is through

- a. Artery
- b. Vein
- c. Lymphatic
- d. All of above

- 10- Toxic shock syndrome is caused by
- Beta Hemolytic streptococcus
  - Streptococcus pneumoniae
  - Staphylococcus aureus
  - None of the above

11- A 5 year boy came with history of trauma nose 4 days back and bilateral nasal obstruction for last 2 days. There was no history of bleeding from nose. On examination patient was afebrile & both nasal cavities revealed smooth rounded fluctuant swellings of the septum. The most probable diagnosis is

- Clotted blood in both nasal cavities
- DNS
- Septal Hematoma
- Septal perforation

12- The latest technique to reduce the size of turbinate is

- Local decongestants
- Linear cauterization
- Partial turbinectomy
- Laser
- Infrared coagulation

13- The commonest cause of epistaxis in adults

- Idiopathic
- Hypertension
- Trauma
- tumours

14- If a patient came in OPD, had a history of trauma nose. On X-Ray nose lateral view there was fracture of nasal bone but no external deformity, the treatment of choice is

- No treatment only reassurance
- Fracture reduction
- Septorhinoplasty
- Rhinoplasty

15- Which of the following sinus is present at birth

- Maxillary sinus
- Sphenoid sinus
- Ethmoidal sinus
- a & c
- none is true

1- write short note on Wegner granulomatosis 5

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Aetiology = It is a systemic disorder, e unknown aetiology

CF = Clear or blood stained nasal discharge

Patient present e persistent cold

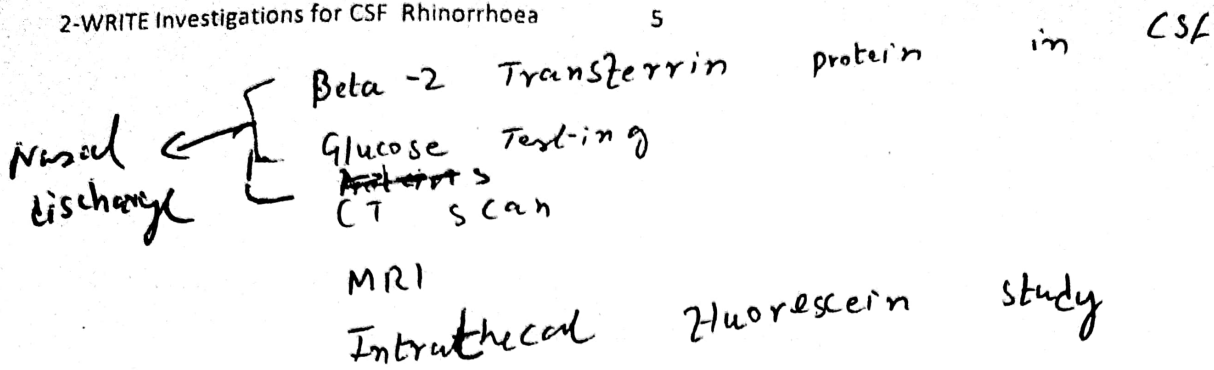
Granulation

Septal perforation

Saddle nose

Involves → Eye + Orbit  
→ Lung  
→ Kidneys

Diagnosis ⇒ ESR  
Biopsy → necrosis, ulceration, granulosis



3. A villager lady presented with nasal obstruction, nose bleeding and at times nasal discharge having black colouration and blood stained for the last one year. Nose examination showed no mass but both nostrils were found empty and containing blackish green crusts. (a) diagnosis? (b) Name two other diseases included in D.D. of this case (c) management of the case? 1+1+3

(a) Atrophic Rhinitis

(c) Medical = Nasal irrigation and removal of  
 Nose painting with 25% glucose in  
 local antibiotic  
 systemic "

Surgical = Young's Operation  
 Modified Young's "

But read scenario.

capt  
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A 15 years old boy presented with right nasal obstruction, massive recurrent nose bleeds and a mass in right nostril and nasopharynx. His hemoglobin is 6 gm%. (a) diagnosis? (b) investigations. (c) management. 1+2+2

Angiofibroma

?

Q5. 56 years old diabetic presents with pain and swelling of the nose and vestibule along with fever, headache and diplopia. What is your diagnosis. What are other possibilities to be excluded in this case, how will you manage her. 1+2+2

(Cavernum  
Sinus  
Thrombosis)