

3/1
Repeat class test ent 2018 total marks 40

-The commonest etiological factor for ASOM is

- a) Adenoiditis
- b) Chest infection
- c) Eustachian tube dysfunction
- d) URTI
- e) None of the above

- Following is/ are the sign/ signs of tympanic membrane retraction

- a) Foreshortening of handle of malleus
- b) Distortion of cone of light
- c) Lateral process of malleus becomes prominent
- d) Anterior & Posterior malleolar folds become prominent
- e) All of the above

For tubotympanic CSOM WITH CENTRAL PERFORATION one can do following operation

- a) Myringoplasty
- b) Tympanoplasty
- c) Myringotomy
- d) Mastoidectomy
- e) none of the above

-The following perforation is called safe perforation

- a) Central
- b) Marginal
- c) Kidney
- d) subtotal
- e) All of above

-Cholesteatoma is a feature of

- a) ASOM
- b) CSOM (atticoantral)
- c) CSOM (tubotympanic)
- d) OME
- e) None of the above

-In CSOM tubotympanic mainstay of treatment is

- a) Conservative
- b) Reassurance
- c) Medical
- d) Surgical
- e) None of the above

-In surgical treatment of CSOM (attico antral) one may do following operation

- a) Myringotomy
- b) Myringoplasty
- c) Radical mastoidectomy
- d) Modified radical mastoidectomy
- e) None of the above

- Choose the ototoxic drug among below

- a) Cephradine
- b) Cefixime
- c) Sulphonamides
- d) Cetrizine
- e) Tobramycin

-Which of the statement is true regarding conductive deafness

- a) Patient speaks in a low tone and asks others to speak low
- b) Patient speaks in a loudly and asks others to speak in a low tone
- c) Rinne is positive
- d) Weber is lateralized to diseased ear
- e) Lesion is between cochlea and cerebral cortex

- Which of the statement is true regarding conductive deafness?

- a) The quality of speech is indistinct and expressionless
- b) Hearing aid is poorly tolerated by the patient
- c) Recruitment phenomenon is present
- d) Air bone gap is seen in PTA
- e) Patient gives history of streptomycine intake

- Which of the statement is true regarding Sensory Neural deafness?

- a) Patient speaks in a low tone and asks others to speak loudly
- b) Rinne is negative
- c) Weber is lateralized to normal ear
- d) Lesion is between ear canal and oval window
- e) Hearing aid is well tolerated by the patient

- Which of the statement is true regarding perceptive deafness?

- a) The quality of speech is indistinct and expressionless
- b) Hearing aid is well tolerated by the patient
- c) Recruitment phenomenon is present.
- d) Air bone gap is seen in PTA

-Otosclerosis is characterized by

- a) Conductive hearing loss
- b) Conductive hearing loss and cahart's notch at 2000Hz
- c) Conductive hearing loss and cahart's notch at 3000Hz
- d) Conductive hearing loss and cahart's notch at 4000Hz
- e) Sensorineural hearing loss

-Treatment of otosclerosis includes

- a) Stapedectomy
- b) Sodium fluoride
- c) Hearing aid
- d) Stapedotomy and Teflon Piston
- e) All above

-Following are the typical features of otosclerosis except

- a) Tympanic membrane is normal
- b) Rinne's is negative with 512Hz fork
- c) Audiogram shows air bone gap
- d) It is disease of old age.
- e) Paracusis willisi and tinnitus are common symptoms

-Macroscopically Cholesteatoma looks like

- a) Pinkish mass
- b) Greyish white mass
- c) Bluish mass
- d) Pearly white cheesy mass
- e) None of the above

-Complications in atticointral CSOM are due to

- a) Pressure necrosis
- b) Coagulative necrosis
- c) Bone destruction
- d) All of the above
- e) None of Above

-Treatment for OME is

- a) Suction clearance
- b) Myringotomy
- c) Myringoplasty
- d) Myringotomy and Grommet Insertion
- e) None of the above

- Investigation of choice in a patient of CSOM with Complications.

- a) CT scan
- b) MRI
- c) EUM
- d) PTA

e) X-ray mastoid

Write down short note on causes of sensorineural hearing loss

Write short note on intratemporal complication of csom

A 21 Years old boy is complaining of Left sided blood stained and foul smelling ear discharge for the last 2 year . He has with left sided facial weakness for the last 3 days .

- 1.What is most probable diagnosis.
- 2.What investigation you would order and what findings in that would help in diagnosis?
- 3.How would you treat this patient.

A 17 years old boy with a History of Intermittant, foul smelling Otterhea since childhood now presented with earache and swelling behind the pinna for the lasr 3 days. On examination external auditory canal is full of thick yellowish discharge with sagging of posterior meatal wall. Swelling behind the pinna is fluctuating.

- 1.what is most probable diagnosis 1
2. what is investigation of choice 2
3. How would you treat this patient. 2