

1- A 15 year boy came in ent emergency following fight ,with swollen and deformed nose ,high grade fever and sever pain for the last 4 days.On anterior rhinoscopy bilateral globular mass is seen .which of the following most common compication has occurred to this patient

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

2-A 30 years old female presented in ENT opd with nasal obstruction ,nasal discharge and post nasal drip for the last 4 years .She was diagnosed asa case of of DNS . which DNS can be easily seen on anterior rhinoscopy without speculum.

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

3- Kiesselbach,s plexus is the area in the nose where internal and external carotid system anastomose ,and the most common area for epistaxis .where is this area in the nose anatomically present .

- a. Anterio-inferior quadrant of nasal septum
- b. Posterio-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. Bucconasal membrane
- c. Nasopharyngeal membrane
- d. None of the above

5-A 45 year old patient came in ent out door with nasal obstruction nasal discharge and head ache .He was diagnosed as a case of acute sinusitis The usual causative organisms are

- a. Staph. Aureus
- b. Beta hemolytic streptococcus
- c. Streptococcus pneumoniae and H influenzae
- d. All 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 . A 60 year OLD Negro patient came in ent opd with foul smelling nasal discharge , nasal crusting and frequent epistaxis .His main compliant is anosmia ,which epithelium is responsible for this symptom .

- 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 disseminate to the cavernous sinus thrombosis. The route of spread of infection is through

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

d

10- Toxic shock syndrome is caused by

- a. Beta Hemolytic streptococcus
- b. Streptococcus pneumoniae
- c. Staphylococcus aureus
- d. None of the above

✓

11- A 5 year boy came with history of trauma nose 1 days back and bilateral nasal obstruction . There is history of bleeding from nose. On examination patient is afebrile & both nasal cavities revealed smooth rounded fluctuant swellings of the septum. The most suitable treatment for this patient is

- a. Remove the Clotted blood in both nasal cavities
- b. Wait and see
- c. Urgent incision and drainage
- d. First conservative treatment and then surgical intervention

d

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

- a. Local decongestants
- b. Linear cauterization
- c. Partial turbinectomy
- d. Laser
- e. Infrared coagulation

d

13- The commonest cause of epistaxis in adults

- a. Idiopathic
- b. Hypertension
- c. Trauma
- d. tumours

d

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

- a. No treatment only reassurance
- b. Fracture reduction
- c. Septorhinoplasty
- d. Rhinoplasty

d

15- Which of the following sinus is present at birth

- a. Maxillary sinus
- b. Sphenoid sinus
- c. Ethmoidal sinus
- d. a&c
- e. none is true

✓

1-write short note on wegner granulomatosis 5

2-WRITE Investigations for CSF Rhinorrhoea 5

- Examination wise
- WBC
- X-Ray Nose.
- X Ray spine.
- water view
- CBC

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 roomy 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.

(b) → Allergic rhinitis

→ Sinusitis.

(c) (i) History  
(ii) examination

(i) Anterior Rhinoscopy

(ii) posterior Rhinoscopy

Investigation.

(i) X-ray

(ii) CT scan



Treatment :-

(i) 2% Criscoe in glycerine.

(ii) Steroids

(iii) Nasal decongestion.

(iv) Antibiotic

antibiotic.

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

(a) Angiofibroma

(b) Investigation

→ CT scan.

→ MRI

→ Rhinography

→ X-ray.

(c) Management,

→ History

→ general examination

Treatment

→ surgical

→ surgical removal of 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

(a) cavernous sinus thrombosis.

(b) → ~~cellulitis~~ sinusitis.

→ orbital abscess

→ cellulitis.

(c) Management, -

(i) Surgical

(ii) Medical

→ Examination

→ investigation

→ CBC

→ WBC

Treatment

→ Antibiotic

→

