Class test laryngology (throat) ANMC LAHORE.

- **Most common cause of chronic retropharyngeal abscess is**

a. Suppuration of retropharyngeal lymph nodes b. caries of cervical spine c. infective foreign body d. diphtheria e. none of the above

-. **Most common cause of acute retropharyngeal abscess is**

a. Suppuration of retropharyngeal lymph nodes b. caries of cervical spine c. infective foreign body d. diphtheria e. none of the above

. **a 7 years old child has peritonsillar abscess,presents with trismus,the best treatment is**

a)immediate drainage orallyb)drainage externallyc)systemic antibiotics upto 48 hours then drainaged)tracheostomy

e)antibiotics + analgesics

-. **In acute tonsillitis pain is referred to ear through** (a)IX nerve (b)X nerve (c)XII nerve (d)lingual nerve (e)VII nerve

-.**Palatal myoclonus is seen in** (a)epilepsy(b)multiple sclerosis(c)cerebellar infarction(d)Gullian barre syndrome(e)diphtheria

-.**All can cause white membrane over tonsils except**

(a)streptococcus(b)candida(c)diphtheria(d)borrelia vincenti(e)staphylococcus

-. **A 30 year male presents with trismus,fever,swelling pushing the tonsils medially & spreading laterally posterior to the middle sternocleidomastoid.He gives history of extraction of 3rd molar few days back for dental caries.The diagnosis is**

(a)retropharyngeal abscess(b)Ludwig's angina(c)submental abscess(d)parapharyngeal abscess(e)quinsy

-.**An 8 years old boy presents in ENT emergency of CH.M AKRAM TEACHING hospital with c/o sore throat for the past 4 days. On throat exam there is dirty white membrane over the left tonsil. There is no history of childhood vaccination. Themost probable diagnosis is**
a.Ludwig angina b.diphtheria c.mumps d.leukemia.e none of them

. **A 23 years old lady presents with recurrent attacks of sore throat, odynophagia and fever for the last 10-12 years. She used to take medicines advised by her family physician and symptoms were usually relieved within a few days. Initially these attacks were very infrequent but with the passage of time frequency of attacks has increased and it has begun to occur every 1-2 months now.The cardinal signs of this rec.disease are**

a.cheesy material from tonsils b.anterior facial flare c.bil juglodigestric nodes d.all these e.none of these.

-Submandibular gland duct opens at

a. Frenulum of tongue
b. Floor of mouth
c. Opposite to upper 2nd molar tooth
d. Opposite to lower 2nd molar tooth
e. Opposite to upper 2nd premolar tooth

-Malignant tumor is most commonly seen in

a. Minor salivary gland
b. Parotid gland

c. Submandibular gland
d. Sublingual gland
e. All of the above

-Which of the following statement is true regarding pleomorphic adenoma

a. It is the least common benign tumour of parotid gland
b. It is very rapidly growing tumour
c. Pain and facial nerve paralysis must make one consider malignancy
d. There are less chances of recurrence after its removal
e. Its metastasis to regional lymph nodes is common

-Sialectasis most commonly involve

a. Parotid gland
b. Sublingual gland
c. Submandibular gland
d. Minor salivary gland
e. None of the above

-Movement of vocal cords can best be seen with

a) Rigid laryngoscopy

b .flexible laryngoscopy

c Rigid nasoendoscopy

b) None of the above

-Damage to lips, teeth and oral cavity is commonly seen in

a) Rigid laryngoscopy
b) Flexible fiberoptic laryngoscopy
c) IDL
d) Rigid nasoendoscopy
e) None of the above

-The treatment for stage 3 of carcinoma of larynx is:

f) a-Radiotherapy
g) b-Medical treatment/partial laryngectomy
h) c-Chemotherapy
i) d-Total laryngectomy + Radiotherapy
j) e-None of the above
k)

-HOARSNESS OF VOICE IS PRODUCE DUE TO FOLLOWING REASON

a. Vocal cords are not approximated properly
b. Size of vocal cord is not proper
c. The stiffness of vocal cord is not proper
d. The ability of vocal cord to vibrate is disturbed
e. All of the above

-Tracheostomy is

a. Making an opening in trachea
b. Making an opening in skin
c. Converting opening of trachea into stoma
d. Making an opening into bronchus

e. *None of the above*

.Skin incision in emergency tracheostomy is

a. Vertical incision
b. Horizontal incision
c. S shaped incision
d. Elliptical incision
e. None of the above

1----------A 20 years female patient presented with pain in the throat associated with high-grade fever, chills, odynophaghia and body aches. On examination oropharynx was congested and there ware whitish patches on both tonsils and enlarge tender jugulo digastric lymph node.

a. What is the most likely diagnosis? 1

b. How will you investigate this case 4

Physical examination
CBC (WBC, ESR↑)
Throat swab

c. What is the differential diagnosis of this patient? 5

rapid streptococcal antigen

Membranous tonsillitis
· Diphtheria
Vincent angina.
Infectious Mononucleosis
Leukemia
Agranulocytosis

2---------40 years old female presents with progressive dysphagia and smooth tongue. On examination patient was anemia, angular stomatitis and koilonychia.

A_ What is the most likely diagnosis? 1
B_ Which investigations are needed? 4
C_ How will you treat this patient? 5

A_ Plummer Vilson Syndrome.

B_ Investigations

i_ Hb (Hemoglobin level).
ii_ Iron Serum Iron level (decressed)
iii_ Total Iron Binding Capacity (Increased).
iv_ Vitamin B6 & B12 levels.

C_ Treatment

i_ Iron level should be corrected
ii_ Giving Iron parental or oral.
iii_ Administration of Vitamins B6 & B12
iv_ Anemia should be corrected (treated).

3 ---------- a.write short note on bronchoscopy 3

b.complication of esophagoscopy 3

post op care of tracheostomy 4

→ **Indications**

- Diagnostic
- Therapeutic

→ **Diagnostic**

- Biopsy
- Examination of Tracheo-bronchial Tree.

3

→ **Therapeutic:**

- For removal of foreign Body
- For removal of Secretions.

(B) i. Perforation of esophagus.
ii. Injury to tooth. 1

(C) i. Anesthetic Complications
ii. Follow-up
iii. Decannulisation.
iv. Supervision for blockage due to secretion
v. Removal of Secretion.

2

4 A20 year old boy came In ENT emergency with high grade fever ,change of voice .The pt is dyspnoic ,sitting on bed and leaning forward with drooling of saliva.

a.What is your diagnosis 1

b. what is your managment plan 9

A Acute epiglottis:

(B) - Hospitalization of Patient

- History
- Examination: Investigations:
  - Tounge depressor is used & swollen epiglottis is observed
  - Lateral view soft tissue x-ray (Thumb sign)
- Diagnosis (Acute epiglottitis)
- Treatment:
  - steroids - Analgesics
  - system Antibiotics
  - Patient should be kept Hydrated by Parenteral flu
  - Humidification & oxygen: Misi tents & Croupette is used.
  - Intubation & Tracheostomy.

b)- Investigations:- History.

- Blood count Hb.
- Iron.
- Esophago Scopy.
- Barrium sallow.

c) Treatment:-

1st treat the iron deficiency it is more important for treatment than blood deficiency.

Oral /parentral iron medication.

treat the vit B_6 and B_{12} deficiency.

3---------a.TMN STAGING OF CA Larynx 3

b.complication of tracheostomy 3

348 → Glottis only.

T_0	Carcinoma in situ.
T_1	tumor confined to supra
T_2	" " " sub
T_3	" " " glottis.
N	Lymph node involvement.
M	Metastasis.

secondary homorhage of tonsillectomy 4

b)- Complications of tracheostomy:-

Primary:- Anesthetic complication, Hemorrhage.
May cause damage to air ways (trachea).
May cause damage to recurrent laryngeal ner
May damage to oesophagus.

Intermediate:-
Injury to tube.
displacement of tube.

3

Late complication:-
. tracheobronchial fistula
tracheal fistula-

Seconday hemorrhage of tonsillectomy:-
Infection.
Bleeding.
~~Damage to s~~
~~obstruction~~.