

2nd class test otorhinolaryngology Azra Naheed Medical College (2016-17). time—45min, total marks—40

1-Regarding allergic rhinitis Choose the best answer.

- a) It is IgG mediated response of nasal mucosa.
- b) The treatment of choice is steroids
- c) The treatment of choice is sympathomimetics.
- d) The treatment of choice is antihistamines
- e) Treatment of choice is antibiotics

2-A 25 year male came in OPD with complaint of right sided nasal obstruction for last 3 years. Posterior rhinoscopy showing a smooth grayish mass covered with nasal discharge which is hanging down from nasopharynx. Anterior rhinoscopy is unremarkable. The most probable diagnosis is

- a) Adenoid hypertrophy
- b) Antrochoanal polyp
- c) Ethmoidal polyp
- d) Carcinoma nasopharynx
- e) None of the above

3-Recurrence after removal is commonly seen in

- a) Antrochoanal polyp
- b) Ethmoidal polyp
- c) DNS
- d) Adenoids
- e) All of above

4-The only and reliable simple investigation to diagnose antrochoanal polyp is

- a) X-ray nasopharynx lateral view
- b) X-ray PNS
- c) Antroscopy
- d) CT scan
- e) MRI

5-The auricle and external auditory meatus are not supplied by branches of

- a) Vth nerve
- b) IXth nerve
- c) Xth nerve
- d) Cervical plexus
- e) VIIIth nerve

6-Pars flaccida is deficient of

- a) Fibrous layer
- b) Mucosal layer
- c) Stratified squamous layer
- d) Blood vessels
- e) Lymphatics

7-Anterior wall of middle ear cavity has two openings, the upper one is called

- a) Eustachian tube
- a. Attic Roof
- b) Canal for tensor tympani muscle
- c. Canal for Stapedius muscle
- d. Aditus

8-The antrochoanal polyp arises from the lining of

- a) Nasal cavity

- b) Choana
- c) Ethmoidal sinus
- d) Maxillary sinus
- e) Sphenoid sinus

9- Treatment of antrochoanal polyp is

- a) Reassurance
- b) Medical
- c) Surgical
- d) Medical and surgical
- e) None of above

10-A 25 year male came in OPD with complaint of right sided nasal obstruction for last 3 years. Posterior rhinoscopy showing a smooth grayish mass covered with nasal discharge which is hanging down from nasopharynx. Anterior rhinoscopy is unremarkable. The most probable diagnosis is

- f) Adenoid hypertrophy
- g) Antrochoanal polyp
- h) Ethmoidal polyp
- i) Carcinoma nasopharynx
- j) None of the above

11- External auditory canal is lined by

- f) Simple keratinized squamous epithelium.
- g) Pseudo stratified squamous epithelium
- h) Pseudo stratified columnar epithelium
- i) Keratinizing stratified squamous epithelium
- j) Non keratinizing stratified squamous epithelium

12- In order to stop epistaxis maxillary artery can be ligated by

- a) Caldwell Luc approach
- b. Transnasal approach
- c. Transpalatal approach
- d. Transoral approach
- e. Infra orbital approach

13- In Caldwell Luc procedure we approach the maxillary antrum through its

- a) Anterior wall
- b. Posterior wall
- c. Lateral wall
- d. Medial wall
- e. Roof

14-A 25 years male came in OPD with complaint of right sided nasal obstruction for last 3 years and history of repeated attacks of nasal infection for last 3 years. Anterior rhinoscopy is unremarkable & throat examination showing a smooth greyish mass covered with nasal discharge which is hanging down from nasopharynx, The most probable diagnosis is

- a. Adenoid hypertrophy
- b) Antrochoanal polyp
- c. Ethmoidal polyp
- d. Carcinoma nasopharynx
- e. Nasopharyngeal cyst

15-A 20 years lady came in OPD with complaint of foul smell from nose noticed by the parents of the patient and nasal obstruction for last 2 years. She underwent turbinectomy 2 ½ years back. On examination nasal cavity

appeared roomy with atrophy of turbinates and greyish black dry crusts seen covering the turbinates. The most probable diagnosis is

- a. Sinusitis
- b. Infective rhinitis
- c. Atrophic rhinitis
- d. Allergic rhinitis
- e. Vasomotor rhinitis

16-The following vessel can be ligated during surgical treatment of epistaxis

- a) Sphenopalatine artery
- b) Maxillary artery
- c) External carotid artery
- d) Posterior ethmoidal artery
- e) All of above

17-The latest treatment of epistaxis is

- a) Anterior nasal packing
- b) Posterior nasal packing
- c) Endoscopic cauterization of sphenopalatine artery
- d) Ligation of anterior ethmoidal artery
- e) Ligation of external carotid artery

18-The latter outer attic wall is called

- a) tegmen
- b) antrum
- c) scutum
- d) tympanum

19-Regarding epistaxis, choose the best answer.

- a) The most common site is lateral wall of nose.
- b) -It is more common in cold climate.
- c) Intractable cases can be managed by ligation of internal carotid artery
- d) Intractable cases can be managed by ligation of both external & internal carotid arteries.
- e) It is mostly idiopathic in nature

20-The following medicine is very effective to remove crusts in a patient with atrophic rhinitis

- a) Placental extracts
- b) Saline douches
- c) 25% glucose in glycerine
- d) Liquid paraffine
- e) None of the above.

a—name the important structures on medial & posterior wall of middle ear (5)

Medial wall :- In medial wall, there is presence of buldge called promontory that is due to basilar fold of cochlea. there is fixed Oval window in which there is fixed the foot plate of stapes & Round window which is covered by the secondary tympanic membrane. There is a canal for facial nerve above the canal for facial nerve there is another prominence for cochlear duct canals.

b—write short note on fess (5)

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c-- A 45 year male came in OPD with complaint of bilateral nasal obstructions and sneezing for last 3 years. On examination both nasal cavities were obstructed by multiple grapes like masses which were soft, pedunculated and insensitive to touch.

- a. What is your diagnosis? 1
- b. Write its differential diagnosis 2
- c. What is treatment for this patient 2

(a) Bilateral nasal polyp

(b) ① DNS

②

(c) Treatment

(1) Antihistamine

(2) Systemic steroid

d-write management plan of a patient with epistaxis who is hypertensive also 5

(i) Management of patient with epistaxis who is hypertensive too first

step is

is for stop bleed we put finger the bleeding area.

(ii) Reassurance

(iii) Anterior nasal packing

(iv) Posterior nasal packing

(v) Endoscopic cauterization of sphenopalatine Artery.

(vi) Ligation of anterior ethmoidal Artery