<u>Mcq ent</u> ENT

ENI	
	ANSWERS
 Thumb sign is seen in? a) ACUTE EPIGLOTTITIS 	1) A 2) B
b) ACUTE LARYNGO TRACHEO BRONCHITIS	2) B 3) C
c) Acute tonsillitis	4) B
d) Acute Laryngitis	5) B
2) Otoacoustic emission arises from?	6) B
a) Inner hair cell	7) A
b) Outer hair cell	8) A
c) Riesser's membrance	9) C
d) Organ of otolith	10) C
3) In complete cleft the hard palate is totally	10) e 11) A
separated from?	11) 11
a) Maxilla	
b) Soft palate	
c) Vomer	•
d) All	
4) Malignant otitis externa is caused by?	
a) Staphylococcus aureus	
b) Pseudomonas aeruginosa	
c) Candida albicans	
d) E.coli	
5) Length of external auditory canal is?	
a) 12 mm	
b) 24 mm	
c) 36 mm	
d) 48 mm	
6) Most common site of perforation of tym <mark>pani</mark> c	
membrane is ASOM is:	
a) Anterior superior quadrant	
b) Anterior inferior quadrant	
c) Posterior superior quadrant	
d) Posterior inferior quadrant	
7) Epley's test is used for?	
a) Benign paroxysmal vertigo	
b) Basilar migraine	
c) Orthostatic hypotension	
d) Thoracic outlet syndrome8) Abductor of vocal cord is?	
a) Posterior cricoarytenoid	
b) Cricothyroid	
c) Interarytenoid	
d) Lateral cricoaretynoid	
9) All are true about antrochoanal polyp Except:	
a) Unilateral and single	
c) Avulsion is the treatment of choice	TION
d) Common in children	
10) Which of the following attains adult size before	
birth?	
a) Mastoid antrum	
b) Orbit	
c) Ear ossicles	
d) Cornea	
11) Mikulicz cells and Russell bodies are seen in?	
a) Rhinoscleroma	
b) Rhinosporidiosis	
c) Scleroderma	

c) Sclerodermad) Lupus vulgaris

CET.

- 1) Nasal bone fracture is corrected by?
- a) Citelli's forceps
- b) Luc's forceps
- c) Tilly's forcepts
- d) Walsharm's forceps
- 2) Trotter's triad consists of following, Except:
- a) Conduction deafness
- b) Trigeminal neuralgia
- c) VII nerve palsy
- d) Ipsilateral soft palate immobility
- 3) Tobey Ayer test is positive in?
- a) Lateral sinus thrombosis
- b) Petrositis
- c) Cerebral abscess
- d) Subarachnoid haemorrhage
- 4) Location of Quadrilateral cartilage in nasal septum is?
- a) Anterior
- b) Antero-superior
- c) Posterior
- d) None of the above
- 5) Which is not a bone of Nasal septum?
- a) Ethmoid
- b) Vomer
- c) Lacrimal bone
- d) Maxilla
- 6) Lower limit of Hypo pharynx is?
- a) Lower border of cricoids Cartilage
- b) Upper border of cricoids cartilage
- c) Upper border of thyroid cartilage
- d) Lower border of thyroid cartilage
- 7) Movement of mucous in nose is by?
- a) Mucociliary action
- b) Inspiration
- c) Expiration
- d) Both Inspiration and expiration
- 8) Young's syndrome is?
- a) Neutrophilia with Red popular rash
- b) Mitral stenosis with Atrial septal defect
- c) Reduced fertility with Bronchiectasis
- d) Multiple enchondromas with Phleboliths
- 9) Narrowest part in infant's respiratory tract is?
- a. Subglottis
- b. Glottis
- c. Carina
- d. None of these
- 10) All are seen in Kartagener's syndrome Except:
- a) Ciliary dysplasia
- b) Azoospermia
- c) Ethmoid polyp
- d) Situs invertus
- 11) Anterior ethmoidal artery arises from?
- a) Maxillary artery
- b) Mandibular artery
- c) Superficial temporal artery
- d) Ophthalmic artery
- 12) Kiesselbach's area does not involve?
- a) Anterior ethmoidal artery
- b) Posterior ethmoidal artery

- c) Sphenopalatine artery
- d) Greater palatine artery
- 13) Kiesselbach's plexus is situated on the ?

2021

- a) Medial wall of the middle ear
- b) Lateral wall of the naso-pharynx
- c) Medial wall of the nasal cavity
- d) Laryngeal aspect of epiglottis

14) Woodruff's plexus situated at?

- a) Behind the posterior end of inferior turbinate
- b) Behind the anterior end of inferior turbinate
- c) Anteroinferior portion of the nasal cavity
- d) None of these
- 15) Caldwell -Luc operation is for?
- a) Maxilla
- b) Mandible
- c) Middle ear
- d) Ethmoid
- 16) All are true about Gromment insertion Except:
- a) Maybe used in atelectatic ear
- b) Done in serous otitis media
- c) Myringotomy is not required
- d) Inserted in the anterio inferior quadrant
- 17) Myringotomy is not done in?
- a) Serous otitis media
- b) Pus pointing in acute otitis media
- c) Tuberculosis
- d) Aero otitis media
- **18) The quadrant for a Myringotomy is?**
- a) Anteriosuperior
- b) Anterioinferior
- c) Posterioinferior
- d) Posteriosuperior
- 19) Site of emergency needle Cricothyrotomy is?
- a) Between 1st and 2nd tracheal rings
- b) Between 2nd and 3red tracheal rings

21) All sinuses are seen in which view?

22) Maggots in the nose are known as?

23) All are true about Antrochoanal polyp EXCEPT?

Page 75

- c) Between 3rd and 4th tracheal rings
- d) Cricothyroid membrance
- 20) Which of the following can cause secondary
- hemorrhage after tonsillectomy?
- a) Injury to blood vesselsb) Patient not taking antibiotics

c) Slipping of surgical knot

d) None of these

b) Luc's view

a) Rhinolith

d) None

b) Rhinophyma

c) Nasal Myiasis

a. Unilateral and single

d. Common in children

b. Grows backwards to the choana

c. Avulsion is the treatment of choice

c) Water's view

d) None of these

a) Caldwell's view

24) All are true about epistaxis EXCEPT?

- a. Atrophic rhinitis may be a cause
- b. Pregnancy can be cause
- c. May occur in a menstruating female
- d. May occur in allergic rhinitis

25) What is the size of tympanic membrance?

- a. 70 mm²
- b. 80 mm²
- c. 90 mm^2
- d. 100 mm²

26) Brown sign is seen in?

- a. Menniere's disease
- b. Otosclerosis
- c. Cavernous sinus thrombosis
- d. Glomus jugulare

27) Eustachian tube is opened if pressure difference is more than?

- a. 15 mm Hg
- b. 30 mm Hg
- c. 50 mm Hg
- d. 90 mm Hg

28) Dunda's grant apparatus used in?

- a. Cold caloric test
- b. Freiz Hallpicke's test
- c. Bithermal caloric test
- d. Rinne's test

29) Fluctuating deafness is seen in?

- a. Otosclerosis
- b. Menniere's disease
- c. Acute otitis media
- d. Benign paroxysmal positional vertigo
- 30) Congenital laryngeal stridor is also known as?
- a. Laryngomalacia
- b. Quinsy
- c. Laryngotracheobronchitis
- d. Laryngeal web
- 31) Adenoidectomy is contraindicated in?
- a. Large adenoids
- b. Large tonsils
- c. Cleft lip
- d. Cleft Palate

32) In a patient, Rinne's test positive in both ears, Webers lateralizes to the right. What does this signify?

- a. Right Sensorineurai Deafness
- b. Left Sensorineural Deafness
- c. Right Conductive Deafness
- d. Left Conductive Deafness
- 33) Following are tuning fork tests, Except:
- a. Schwabach test
- b. Gelles test
- c. Burn's test
- d. Rinne test

34) Nystagmus associated with all EXCEPT:

- a. Cerebellar disease
- b. Vestibular disease
- c. Cochlear function
- d. Arnold Chiari Malformation
- 35) Which of the following is not true about TB
- larynx?

- a. Turban epiglottitis
- b. Mouse nibbled appearance
- c. Key hole appearance
- d. Surrounding area pale
- 36) Which of the following is seen in TB of larynx?

2021

- a. Mammilated appearance
- b. Mouse nibbled appearance
- c. Turban epiglottis
- d. All of the above
- 37) Carhart's notch is found in?
- a. Otospongiosis
- b. CSOM
- c. Menierre's disease
- d. Acoustic neuroma
- 38) Complications of tracheostomy are all Except:
- a. Fracture cervical vertebra
- b. Pneumothorax
- c. Subcutaneous emphysema
- d. Apnoea
- 39) Ishizikis type 1 thyroplasty is done for?
- a. Medialization of the cord
- b. Shortening the cord
- c. Lengthening the cord
- d. Lateralisation of the cord

40) Pneumatization patterns of sphenoid are all

- EXCEPT?
- a. Pre spheniodal
- b. Post sphenoidal
- c. Basisphenoid
- d. Conchal

41) Gradenigo's syndrome involves the following cranial nerves?

- a. IV, VII
- b. V, VI
- c. VI, IX
- d. VII, VIII
- 42) Tonsillectomy is contraindicated in?
- a. Small atrophic tonsils
- b. Quinsy
- c. Polimyelitis epidemic
- d. Tonsillolith
- 43) Teflon paste injection is done for?

d. External laryngeal nerve paralysis

a. Unilateral abductor paralysisb. Bilateral abductor paralysis

c. Total vocal cord paralysis

44) Abductor of the larynx is? a. Crico-arytenoideus posterior

b. Crico arytenoideus lateralis

c. Arytenoideus transverses

45) Cricothyroid muscle is? a. An abductor of vocal cords

b. An adductor of vocal cords

d. It is supplied by recurrent laryngeal nerve

Page 76

c. A tensor of vocal cords

d. Vocalis muscle

46) High tracheostomy is indicated in?

- a. Carcinoma
- b. TB
- c. Tetanus
- d. Diphtheria
- 47) Singer's nodule is mostly seen at?
- a. Junction of anterior 2/3rd and posterior 1/3rd vocal cords
- b. Junction of anterior 1/3 and posterior 2/3 vocal cords
- c. Middle of anterior 1/3 and posterior 2/3 vocal cords
- d. Anterior 1/3 rd and middle 1/3 rd of vocal cords

48) Radial mastoidectomy is done for:

- a. ASOM
- b. CSOM
- c. Attico antro cholesteatoma
- d. Acute mastoiditis

49) Severe External Otitis caused by Pseudomonas is also known as?

- a. Glue ear
- b. Malignant otitis externa
- c. Telephonist's ear
- d. ASOM

50) Which is true about glue ear?

- a. Is painful
- b. Is painless
- c. Radical mastoidectomy is required
- d. NaF is useful

51) The earliest symptom of acoustic neuroma is?

- a. Deafness
- b. Tinnitus
- c. Vertigo
- d. Facial weakness

52) Reinke's space is situated in?

- a. False vocal cord
- b. True vocal cord
- c. Prelaryngeal space
- d. Retropharyngeal space

53) Ludwig's angina is? a. Membrane over tonsil

- b. Infection of submandibular space
- c. Peritonsillar abscess
- d. Chest pain

54) Lateral sinus thrombosis is associated with all EXCEPT:

- a. Greisinger sign
- b. Gradenigo sign
- c. Lily crowe sign
- d. Tobey ayer test
- 55) Bilateral recurrent laryngeal nerve palsy is seen in?
- a. Thyroidectomy
- b. Carcinoma thyroid
- c. Cancer cervical oesophagus
- d. All of the above

56) In Otosclerosis, the Tympanogram is?

- a. Noramal
- b. Type AS
- c. Type B
- d. Type A
- 57) Septal perforation is not seen in?

- a. Septal abscess
- b. Leprosy
- c. Rhinophyma
- d. Trauma

58) Which of the following causes total nasal septal destruction?

2021

- a. Wegeners granulomatosis
- b. Tuberculosis
- c. Leprosy
- d. Syphilis
- 59) All drain into middle meatus EXCEPT:
- a. Lacrimal duct
- b. Maxillary sinus
- c. Frontal sinus
- d. Ethmoidal sinus

60) All are implicated in Etiology of Hypertrophic rhinitis EXCEPT

- a. Chronic sinusitis
- b. Smoking
- c. Nasal drops
- d. Strong hereditary factors
- 61) Which is not a feature of Meniere disease?
- a. Vertigo
- b. Pressure in ear
- c. Diplopia
- d. Tinnitus
- 62) The Maxillary sinus opens into middle meatus at the level of?
- a. Hiatus semilunaris
- b. Bulla ethmoidalis
- c. Infundibulum
- d. None of the above
- 63) Hallpike test is done for?
- a. Vestibular function
- b. Tinnitus
- c. Vertigo
- d. Facial weakness
- 64) Angiofibroma bleeds excessively because?
- a. It lacks a capsule
- b. Vessels lack a contractile component
- c. It has multiple sites of origin

66) Otosclerosis mostly affects?

d. All of the above

65) A 40 year old diabetic present with blackish nasal discharge and a mass in the nose most likely diagnosis is?

67) The earliest Cranial nerve involved in Acoustic

Page 77

a. Mucormycosis

a. Malleus

Neuroma is? a. V

b. Stapes

c. Incus

b. VI

c. VII

d. X

- b. Actinomycosis
- c. Rhinosporiodisis

d. Tympanic membrane

d. Histoplasmosis

a. Squamous cell Ca 44) A b. Muce optiermal Ca 45) C c. Adenocystic Ca 46) A (1. Adenocarcinoma 47) B 69) Commonest site of Nasopharyngeal carcinoma is? 48) C a. Roof 90 A b. Posterior 50) A c. Lateral wall 51) A d. Anterior wall 55) D A. Arran is? 48) C c. Oral 55) D C. Oral 55) D A. Arran is? 48) C c. Oral 55) D C. Oral 55) D C. Oral 55) A ANSWERS 60) D C) C C) C	Mcq ent		20
b. Maco epidemal Ca 45) C c. Adenocarcinoma 45) C c. Adenocarcinoma 47) B 69 Commonses site of Nasopharyngeal carcinoma is? a. Roof 49) B b. Postrior c. Lateral wall 51) A d. Anterior wall 51) A d. Anterior wall 51) A d. Anterior wall 51) D b. Aural 51) D b. Aural 55) D c. Oral 51) A c. Oral	68) Most common malignancy in maxillary Sinus is?	43) A	
c. Adenoc-ystic Ca 400 A start of the second s			
d. Adurocarcinoma 47) B 69 Commonest site of Nasopharyngeal carcinoma is? 48) C a. Roof 49) B b. Posterior 50) A c. Lateral wall 51) A d. Anterior wall 52) B 70) The commonest Presentation of Nasopharyngeal 53) B carcinoma is? 54) A a. Nasal 55) D b. Aural 55) B c. Oral 55) B c. Oral 60) D 1) D 61) C 2) C 62) C 3) A 63) A 4) A 63) B 5) C 60) D 1) D C 2) C 62) C 3) A 63) A 4) A 64) B 5) C 60) D 1) D 70) A 10) B 70) A 11) D 70) A 12) B 90 A 13) C 70) A 14) A 70) A 15) A 70) A 16) C 70) A 17) C 70) A			
69) Commonest site of Nasopharyngeal carcinoma is? 48) C a. Roof 49) B b. Posterior 50) A c. Lateral wall 51) A d. Anterior wall 52) B 70) The commonest Presentation of Nasopharyngeal 53) B carcinoma is? 54) A a. Nasal 55) D b. Avard 55) D c. Oral 50) A c. Normal 50) A c. Oral 60) D c. Oral 61) C c. Oral 61) C c. Oral 61) C c. Oral 610 D c. Oral 610 D c. Oral 610 D c. Oral 610 D d. Nureal 610 D 2. C 620 C 3. A 630 A 4. A 630 A 4. A 630 A 5. C 660 B 7. A 670 A 8. C 680 A 9. A 690 C 10. B 700 A 11. D 70 A 12. D 70 A <		· · · · · · · · · · · · · · · · · · ·	
a. Roof 49) B b. Posterior 50) A c. Lutral wall 51) A d. Americor wall 52) B 70) The commonest Presentation of Nasopharyngeal 53) B c. Oral 56) B c. Oral 57) C d. Neural 58) A SNUMERS 60) D 1) D 61) C 2) C 63) A 3) A 66) B 7) A 60) D 1) D 61) C 2) C 63) A 4) A 63) A 4) A 63) A 4) A 63) A 5) C 63) A 6) A 66) B 7) A 66) B 7) A 67) A 10 B 70) A 11) D 70) A 12) B 70) A 13) A 70) A 14) A 61) C 15) A 62) C 16) C 70) A 17) C 70 18) A 70 19) D 70 20)			
b. Posterior 50) A c. Lateral wall 51) A d. Anterior wall 52) B 70 The commonest Presentation of Nasopharyngeal 53) B c. Grand 55) D b. Aural 55) D c. Oral 57) C d. Neural 58) A ANSWERS 61) C 2) C 3) A ANSWERS 61) C 2) C 3) A 4) A 5) C 6) A 6) A 6) A 6) A 7) A 8) C 6) A 6) A 7) A 8) C 6) A 6) A 6) A 7) A 7) A 8) C 7) A 8) A 7) A 8) C 7) A 8) C 7) A 8) C 7) A 8) C 7) A 8) C 7) C 8) A 7) A 8) C 7) A 7) A		,	
c. Lateral wall 51) A d. Anterior wall 52) B 70 The commonest Presentation of Nasopharyngeal 53) B carcinoma is? 54) A a. Nasal 550 B c. Oral 570 C d. Neural 58) A ANSWERS 600 D 1) D 2) C 3) A ANSWERS 600 D 1) D 2) C 3) A 4) A 5) C 6) A 6) D 6) C 7) A 8) C 6) A 6) D 6) C 7) A 8) C 6) D 70 A 8) C 10 B 10 B 10 C 10 B 11 D 12 C 13 A 14) A 15) A 16) C 17) C 10 B 10 C 10 B 11 D 12 C 10 C 10 B 11 D 12 C 13 A 14) A 15) A 16) C 17) C 18) A 19) D 20 C 21 C 23 C 24 D 25 C 25 C 26 D 27 C 26 D 27 C 28 C 29 C 29 C 20 C 20 C 20 C 20 C 20 C 21 C 23 C 24 D 25 C 25 C 26 D 27 C 27 C 28 C 29 C 29 C 29 C 20 C 20 C 20 C 20 C 21 C 23 C 24 D 25 C 25 C 26 D 27 C 27 C 28 C 29 C 29 C 29 C 20 C 20 C 20 C 20 C 20 C 21 C 23 C 24 D 25 C 26 D 27 C 26 D 27 C 27 C 28 C 29 C 29 C 20 C 20 C 20 C 20 C 20 C 21 C 23 C 24 D 25 C 26 D 27 C 26 D 27 C 27 C 28 C 29 C 29 C 20 C 20 C 20 C 20 C 21 C 23 C 24 D 25 C 26 D 27 C 27 C 28 C 29 C 29 C 20 C 20 C 20 C 20 C 21 C 23 C 23 C 24 D 25 C 26 D 27 A 27 A 28 A 27 A 28 A 29 A 29 A 20 B 20 C 20 C 20 C 21 C 23 C 24 D 25 C 26 D 27 A 27 A 28 A 29 A 29 A 20 B 20 C 20 C 20 C 21 C 23 C 23 C 24 D 25 C 26 D 27 A 27 A 28 A 27 A 28 A 29 A 29 A 20 B 20 C 20 C 20 C 20 C 20 C 21 C 23 C 24 D 25 C 26 D 27 A 27 A 28 A 27 A 28 A 29 A 29 A 20 B 20 C 20 C			
d. Anterior wall \$2 70) The commonest Presentation of Nasopharyngel \$3) B carcinoma is? \$4) A a. Nasal \$5) D b. Aural \$5) D c. Oral \$57) G c. Oral \$57) G d. Neural \$59) A ANSWERS 60) D 1) D 61) C 2) C \$3, A 4) A \$65) A 5) G \$60, D 1) D \$61, C 2) C \$63, A 4) A \$64, B 5) C \$66, B 7) A \$63, A 8) C \$69, C 10, B \$70, A 11, D \$70, A 12, B \$70, A 13, C \$70, A 14) A \$15, A 15) A \$60, C 16) C \$70, A 17) C \$70, A 18) A \$70, A 19) D \$70, A 20, B \$70, A 21, C \$70, A 23, A \$70, A			
70) The commonest Presentation of Nasopharyngeal 53) B carcinoma is? 54) A a. Nasal 55) D b. Aural 56) B c. Oral 59) A ANSWERS 60) D 1) D 61) C 2) C 63) A 3) A 63) A 4) A 63) A 4) A 63) A 5) C 60) D 1) D 61) C 2) C 63) A 3) A 63) A 4) A 63) A 5) C 66) B 6) A 63) A 6) A 63) A 7) A 63) A 8) C 63) A 9) A 63) C 10 D 70) A 11 D 70) A 12 D 70) A 13 C 70) A 14) A 70 15) A 60 10 D 70 11 D 70 12 D 70 23 C 70 24 D 70 <t< td=""><td></td><td>,</td><td></td></t<>		,	
carcinoma is? 54) A a. Nasal 55) D b. Aural 55) D c. Oral 57) C d. Neural 59) A ANSWERS 60) D 1) D 61) C 2) C 3) A 4) A 65) B 5) C 65) A 6) A 63) A 6) A 66) B 7) A 66) B 8) C 69) C 10) B 70 A 11) D 70 A 12) B 70) A 13) C 70) A 14) A 70) A 15) A 69) C 16) C 70) A 17) C 70) A 18) A 70) A 19) D 00 20) B 00 21) C 00 22) C 00 23) A 00 30) A 00 30) A 00 30) A 00 31) D 00 32) A 00 33) C			
a. Nasal b. Aural c. Oral d. Neural ANSWERS (0) D (1) D (2) C (3) A (4) A (5) A (5) A (6) D (6) C (6) C (6) C (6) C (6) C (6) A (7) A (6) A (6) A (6) A (6) A (6) A (6) C (7) A (6) B (7) A (6) C (6) C (7) A (6) C (7) A (6) C (7) A (6) C (7) A (6) C (7) A (6) C (7) A (7)			
b. Aural c. Oral d. Neural ANSWERS 1) D 2) C 3) A 4) A 5) C 3) A 4) A 5) C 3) A 4) A 5) C 6) A 7) A 8) C 9) A 7) A 8) C 9) A 7) A 8) C 9) A 10 B 13) C 14) A 15) A 16) C 17) C 17) C 17) C 17) C 17) C 23) C 23) C 23) C 23) C 24) D 25) C 23) C 23) C 23) C 23) C 24) D 25) C 23) C 24) D 25) C 25) C 26) C 26) C 27) A 28) A 29) B 20) B 21) C 22) C 23) C 23) C 24) D 25) C 25) C 26) C 26) C 27) A 28) A 29) B 20) B 20) B 20) B 21) C 22) C 23) C 23) C 24) D 25) C 25) C 26) C 26) C 27) A 28) A 29) B 20) B 20) B 20) C 21) C 22) C 23) C 23) C 23) C 24) D 25) C 25) C 26) C 26) C 27) A 28) A 29) B 20) B 20) B 20) C 21) C 22) C 23) C 23) C 24) D 25) C 25) C 26) C 26) C 27) A 28) A 29) B 30) A 30) A 30 A 30) A			
c. Oral d. Neural 38) A ANSWERS 1) D 2) C 3) A 4) A 4) A 5) C 6) A 7) A 8) C 9) A 10) B 10) B 10) B 10) B 10) B 10) B 10) B 10) B 11) D 12) B 13) C 14) A 15) A 16) C 17) C 18) A 19) D 20) B 21) C 22) C 23) C 23) C 24) D 25) C 24) D 25) C 24) D 25) C 25) C 23) C 24) D 25) C 25) C 24) D 25) C 25) C 26) D 27) A 28) A 29) B 30) A 30)			
d. Neural 58) A 59) A 50) D 60) D 60) D 60) C 61) C 63) A 63) A 64) B 50 C 65) A 66) B 66) B 66) B 66) A 70 A 80 C 90 A 10) B 11) D 12) B 13) C 14) A 15) A 16) C 17) C 18) A 19) D 20) B 21) C 22) C 23) C 24) D 25) C 24) D 25) C 24) D 25) C 25) C 26) D 27) A 28) A 29) B 20) A 20)			
ANSWERS 59) A 1) D 60) D 2) C 62) C 3) A 64) B 4) A 66) B 7) A 66) B 7) A 69) C 9) A 69) C 10) B 70) A 11) D 70) A 12) B 70) A 13) C 70) A 14) A 70) A 15) A 70) A 10) B 70) A 11) D 70) A 12) B 70) A 13) C 70) A 14) A 69) C 17) C 70) A 18) A 70) A 19) D D 20) B D 21) C D 23) C D 24) D D 25) C D 26) D D 27) A B 33) C 33) C 34) C 33) C 35) A A 38) A A 39) A B			
ANSWERS 1) D 2) C 3) A 4) A 4) A 5) C 6) A 5) C 6) A 6) A 7) A 8) C 6) A 7) A 8) C 6) A 7) A 8) C 6) A 6) A 6) A 6) B 6) A 6) C 7) A 8) A 6) C 70 A 70	d. Neural		
1) D 2) C 3) A 4) A 5) C 6) A 6) A 6) A 6) A 6) A 6) A 6) A 6) B 6) B 6) B 6) B 6) B 6) B 6) B 6) B 6) C 6) B 6) C 6) B 6) C 6) C 6) C 6) C 6) C 6) C 6) C 7) A 6) C 70) A 6) C 70) A 6) C 70) A 6) C 70) A 6) C 70) A 10 D 12) B 13) C 14) A 15) A 16) C 70 A 17) C 18) A 10 D 12) B 13) C 14) A 15) A 16) C 17) C 18) A 10 D 10 D 1			
2) C 3) A 4) A 5) C 6) A 6) A 7) A 8) C 9) A 10) B 11) D 12) B 13) C 14) A 15) A 16) C 17) C 18) A 19) D 20) B 21) C 22) C 23) C 24) D 25) C 24) D 25) C 26) C 27) A 28) A 29) A 20) B 20) B 21) C 22) C 23) C 24) D 25) C 26) C 26) C 27) A 28) A 29) A 29) A 20) B 20) B 20) B 21) C 22) C 23) C 24) D 25) C 26) C 26) C 27) A 28) A 30) A 30) A 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 40) B			
 3) A 4) A 5) C 6) A 64) B 66) A 66) B 67) A 68) A 69) C 70) A 69) C 70) A 7			
 4) A 5) C 6) A 7) A 8) C 9) A 10) B 11) D 12) B 13) C 14) A 15) A 16) C 17) C 18) A 19) D 20) B 21) C 22) C 23) C 24) D 25) C 26) D 27) A 28) A 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 40) B 			
5) C 6) A 7) A 8) C 9) A 10) B 11) D 12) B 13) C 14) A 15) A 16) C 17) C 18) A 19) D 20) B 21) C 23) C 24) D 25) C 23) C 24) D 25) C 26) D 27) A 8) A 99 B 30 A 30 A 31) D 22) A 33 C 34 C 35 C 36 C 37 C 38 A 39 A 30 C			
6) A 7) A 8) C 9) A 10) B 11) D 12) B 13) C 14) A 15) A 16) C 17) C 18) A 19) D 20) B 21) C 23) C 24) D 20) B 21) C 23) C 24) D 25) C 26) D 27) A 29) B 30) A 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 40) B 41) B			
7) A 67) A 8) C 68) A 9) A 69) C 10) B 70) A 12) B 70) A 13) C 70) A 14) A 70) A 15) A 70) A 16) C 70) A 17) C 70) A 18) D 70) B 20) B 70) A 21) C 70) A 22) C 70) A 23) C 70) A 24) D 70) A 25) C 70) A 26) D 70) A 27) A 70) A 30) A 70) A 31) D 70) A 32) A 70) A 33) C 70) A 34) C 70) A 35) C 70) A 36) A 70) A 37) A 70) A 38) A 70) A 39) A 80 40) B 8			
 8) C 9) A 60) B 10) B 11) D 12) B 13) C 14) A 15) A 16) C 17) C 18) A 19) D 20) B 21) C 22) C 23) C 24) D 25) C 26) D 27) A 28) A 29) B 30) A 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 40) B 			
9) A 10) B 11) D 12) B 13) C 14) A 15) A 16) C 17) C 18) A 19) D 20) B 21) C 22) C 23) C 24) D 25) C 26) D 27) A 29) B 30) A 29) B 30) A 29) B 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 40) B 41) B			
10) B 11) D 12) B 13) C 14) A 15) A 16) C 17) C 18) A 19) D 20) B 21) C 22) C 23) C 24) D 25) C 26) D 27) A 28) A 29) B 30) A 31) D 32) A 33) C 34) C 35) C 35) C 36) D 37) A 38) A 39) A 39) A 39) A 39) A 40) B 41) B			
11) D 12) B 13) C 14) A 15) A 16) C 17) C 18) A 19) D 20) B 21) C 22) C 23) C 24) D 25) C 26) D 27) A 28) A 29) B 30) A 31) D 32) A 33) C 34) C 35) C 36) C 37) A 38) A 39) A 30) A 31) D 32) A 33) C 34) C 35) C 35) C 36) C 37) A 38) A 39) A 30) A 30			
12) B 13) C 14) A 15) A 16) C 17) C 18) A 19) D 20) B 21) C 22) C 23) C 24) D 25) C 26) D 27) A 28) A 29) B 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 30) A 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 30) A 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 30) A 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 30) A 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 30) A 30) A 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 30) A 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 30) A 30		70) A	
13) C 14) A 15) A 16) C 17) C 18) A 19) D 20) B 21) C 22) C 23) C 24) D 25) C 26) D 27) A 28) A 29) B 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) B 40) B 41) B			
14) A 15) A 16) C 17) C 18) A 19) D 20) B 21) C 23) C 24) D 25) C 26) D 27) A 28) A 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 40) B 41) B			
 15) A 16) C 17) C 18) A 19) D 20) B 21) C 22) C 23) C 23) C 24) D 25) C 26) D 27) A 28) A 29) B 30) A 30) A 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 30) B 41) B 			
16) C 17) C 18) A 19) D 20) B 21) C 22) C 23) C 24) D 25) C 26) D 27) A 28) A 29) B 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 40) B 41) B			
17) C 18) A 19) D 20) B 21) C 22) C 23) C 24) D 25) C 26) D 27) A 28) A 29) B 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 30) A 30			
18) A 19) D 20) B 21) C 22) C 23) C 24) D 25) C 26) D 27) A 28) A 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 40) B 41) B			
 19) D 20) B 21) C 22) C 23) C 24) D 25) C 26) D 27) A 28) A 29) B 30) A 30) A 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 40) B 41) B 			
20) B 21) C 22) C 23) C 24) D 25) C 26) D 27) A 28) A 29) B 30) A 29) B 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 30) A			
 21) C 22) C 23) C 24) D 25) C 26) D 27) A 28) A 29) B 30) A 30) A 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 40) B 41) B 			
 22) C 23) C 24) D 25) C 26) D 27) A 28) A 29) B 30) A 30) A 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 40) B 41) B 			
 23) C 24) D 25) C 26) D 27) A 28) A 29) B 30) A 30) A 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 40) B 41) B 			
 24) D 25) C 26) D 27) A 28) A 29) B 30) A 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 40) B 41) B 	23) C		
 26) D 27) A 28) A 29) B 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 40) B 41) B 	23) C 24) D		
 26) D 27) A 28) A 29) B 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 40) B 41) B 	25) C		
 27) A 28) A 29) B 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 40) B 41) B 	26) D		
 28) A 29) B 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 40) B 41) B 			
 29) B 30) A 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 40) B 41) B 			
 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 40) B 41) B 	29) B	TIONI	
 31) D 32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 40) B 41) B 	30) A		
32) A 33) C 34) C 35) C 36) D 37) A 38) A 39) A 40) B 41) B	31) D		
 33) C 34) C 35) C 36) D 37) A 38) A 39) A 40) B 41) B 			
34) C 35) C 36) D 37) A 38) A 39) A 40) B 41) B			
 35) C 36) D 37) A 38) A 39) A 40) B 41) B 			
 36) D 37) A 38) A 39) A 40) B 41) B 			
 37) A 38) A 39) A 40) B 41) B 			
 38) A 39) A 40) B 41) B 			
39) A 40) B 41) B			
40) B 41) B			
41) B			
	42) C		

<u>Mcq ent</u>

2012 session 2

- 1) Dysphagia lusoria is caused by?
- A. Abdominal aorta
- B. Thoracic aorta
- C. Right subclavian artery
- D. None of the above
- 2) Dysphagia lusoria is caused by?
- A. Abdominal aorta
- B. Thoracic aorta
- C. Aberrant right subclavian artery
- D. None of the above

3) Glomus jugulare seen it?

- A. Hypotympanu
- B. Promontory
- C. Epitympanum
- D. None of these

4) Woodruff's plexus situated at?

- A. Behind the posterior end of inferior turbinate
- B. Behind the anterior end of inferior turbinate
- C. Anteroinferior portion of the nasal cavity
- D. None of these
- 5) During maxillary wash sudden death is due to ?
- A. Air embolism
- B. Maxillary artery thombus
- C. Meningitis
- D. Bleeding
- 6) Infection of CNS spreads in inner ear through?
- A. Cochler Aqueduct
- B. Endolymphatic sac
- C. Meningitis
- D. Bleeding
- 7) Endolymphyatic sac decompression is treatment for?
- A. Meniere's disease
- B. Facial nerve injury
- C. Otosclerosis
- D. Otitits media

8) A pregnant lady comes to ENT opd with hearing loss, tinnitus and soft spoken voice, most probable diagnosis is?

- A. Otosclerosis
- B. Menire's disease
- C. Retrocochlear hearing loss
- D. Malingering

9) A patient on ATT develops tinnitus and hearing

- loss due to?
- A. Isoniazid
- B. Pyrazinalide
- C. Streptomycin
- D. Rifampicin

10) MC Ewans triangle overlies which structure?

- A. Mastoid antrum
- B. Inner ear
- C. Cochlea
- D. Saccule
- 11) Degree of Eustachian tube from horizontal line in

adults is?

- A. 35 degrees
- B. 45 degrees
- C. 55 degrees

- D. 65 degrees
- 12) Autophony is seen in which condition of
- Eustachian tube?
- A. Blocked Eustachian tube
- B. Eustachian tube Dysgenesis
- C. Patulous Eustachian tube
- D. Retraction of Eustachian tube
- 13) Osseo cartilaginous junction on the dorsum of ose

2021

Page 79

- is?
- A. Nasion
- B. Columella
- C. Rhinion
- D. Glabella
- 14) Most superior sinus in the face is?
- A. Frontal sinus
- B. Ethmoid sinus
- C. Maxillary sinus
- D. Sphenoid sinus
- 15) Most common fractured bone in the face is?
- A. Nasal
- B. Malar
- C. Zygomatic
- D. Temporal

16) Costen's syndrome refers to neurological pain associated with?

- A. Sphenopalatine ganglion
- B. Temporomandibular joint
- C. Glossopharyngeal nerve
- D. Lingua; nerve
- 17) Where is electrode kept in cochlear implant?
- A. Round window
- B. Oval window
- C. Scala vestibule
- D. Scala tympani
- 18) Otosclerosis shows which kind of tympanogram?
- A. Low compliance
- B. High compliance
- C. Normal compliance
- D. No effect on compliance
- 19) Bony nasal septal perforation is seen in?
- A. Tuberculosis
- B. Syphilis
- C. Leprosy D. Rhinosporidiosis

EDUCATION

<u>Mcg ent</u>	20
	20

- 1) Degree of Estachian tube from horizontal line is?
- A. 35 degree
- B. 45 degree
- C. 55 degree
- D. 65 degree
- 2) Scientist who worked on conduction in inner ear?
- A. Young
- B. Helmholtz
- C. Bekesey
- D. Malcom ritter
- 3) Space of Tucker is seen in?
- A. Larynx
- B. Oesophagus
- C. Femoral canal
- D. Laparoscopic approach to hernia
- 4) Which of the following syndrome is associated with anosmia?
- A. Kallmann's syndrome
- B. Turner's syndrome
- C. Down's syndrome
- D. Klinefelter's syndrome
- 5) Bryce's sign is seen in?
- A. Laryngocele
- B. Post cricoids carcinoma
- C. Down's syndrome
- D. Chronic tonsillitis
- 6) Chromosome responsible for hereditary Meniere's disease is?
- A. 6
- B. 9
- D. 9 C. 11
- D. 14
- 7) Which of the following pain is not referred to ear?
- A. Pharynx
- B. Teeth
- C. Angle of TM joint
- D. Vestibule of nose
- 8) Phlep sign is seen in?
- A. Otosclerosis
- B. Meniere's disease
- C. Lateral sinus thrombosis
- D. Glomus tumor
- 9) Organism responsible for Rhinosporidiosis is?
- A. Fungus
- B. Bacteria
- C. Protozoa
- D. Virus

10) Paracusis Willisii is seen in?

- A. Otosclerosis
- B. Meniere's disease
- C. Otitis media
- D. Otitis externa
- **11)** Isthmus of thyroid corresponds to which tracheal rings?
- A. 1-3
- B. 2-4
- C. 4-6
- D. 6-8

12) A patient presents with diplopia, fever and ear discharge. The most probable diagnosis is?

2021

- A. CSOM
- B. Meningitis
- C. Lateral sinus thrombosis
- D. Petrositis
- 13) Ground glass appearance of maxillary sinus is seen in?
- A. Maxillary sinusitis
- B. Maxillary Carcinoma
- C. Maxillary polyp
- D. Maxillary fibrous dysplasia
- 14) External laryngeal nerve supplies which muscle?
- A. Cricothyroid
- B. Thyroarytenoid
- C. Cricoarytenoid
- D. Vocalis
- 15) Nasopharyngeal carcinoma is most common in?
- A. India
- B. Pakistan
- C. China
- D. Japan
- 16) Subjective test of hearing is?
- A. Pure tone audiometry
- B. Oto acoustic emission
- C. BERA
- D. Impedence audiometry
- 17) Fisch classification is used for?
- A. Paravertebal tumours
- B. Glomus tumor
- C. Synovial sarcomas
- D. Retroperitoneal tumours

18) Category of non keratinized Squamous cancer of naso pharynx according to WHO is?

- A. Type 1
- B. Type 2
- C. Type 3
- D. Type 4

19) Mucocele is commonest in which among the following sinuses?

- A. Frontal
- B. Maxillary
- C. Ethmoid
- D. Sphenoid
- 20) Schuller's view and law's view is for?

21) Most common nerve damage in maxillary

Page 81

- A. Sphenoid sinus
- B. Mastoid air cellsC. Foramen ovale and spinosum

A. Supra orbital nerveB. Infra orbital nerve

22) Tensor of vocal cord is?

D. Carotid conal

C. Facial nerve

A. Vocalis

D. Lingual nerve

B. Cricothyroid

C. Thyroarytenoid

D. Cricoarytenoid

facture?



<u>Mcq ent</u>	202.
<u>CET-11</u>	D. Angular acceleration
	12) Hennebert's sign is a false positive fistula test when
1) Cotton's grading is used for?	there is no evidence of middle ear disease causing fistula
A. Subglottic stenosis	of horizontal semicircular canal, it is seen in?
B. Laryngeal carcinoma	A. Congential syphilis
C. Superior nerve palsy	B. Stapdectomy
D. Vocal cord misuse	C. Menier's disease
2) A roomy nasal cavity with crust formation and	D. Cholesteatoma
woody hard esternal nose is seen in?	13) People working in wood industry are exposed to
A. Rhinoscleroma	increased risk of?
B. Rhinosporidiosis	A. Sarcoma of PNS
C. Atrophic rhinitis	B. SCC of paranasal sinuses
D. Vasomotor rhinitis	C. Osteomas of PNS
3) Mid tracheostomy is done over?	D. Adenocarcinoma of PNS
A. 1 st and 2 nd tracheal rings	14) Odour receptor present in?
B. 3 rd and 4 th tracheal rings	A. Neurons of olfactory epithelium
C. 5 th and 6 th tracheal rings	B. Olfactory tract
D. 7 th and 8 th tracheal rings	C. Amygdale
4) Treatment ofseptal hematoma is?	D. Olfactory bulbs
A. Incision and drainage	
B. Nasal packing	
C. Antibiotics	
D. Nasal decongestants	
5) Which artery is responsible for epistaxis after	
ligating of exteranal carotid artery?	
A. Ethmoidal artery	
B. Greater palatine artery	Answer key
C. Superior labial artery	1. A
D. Ascending pharyngeal	2. A
6) Griseinger's sign is seen in?	3. B
A. Abducent nerve paralysis	4. A
B. Otosclerosis	5. A
C. Lateral sinus thrombosis	6. C
D. Petrositis	7. A
7) Abductor of vocal cord is?	8. B
A. Posterior cricoarytenoid	9. B
B. Cricothyroid	10. B
C. Interarytenoid	11. C
D. Lateral cricoaretynoid	12. A
8) Tuning fork frequency used in ENT is?	13. D
A. 256 Hz	14. A
B. 512 Hz	
C. 1024 Hz	
D. 2048 Hz	
9) Most common site of osteomas amongst the	
paranasal sinuses is?	
A. Maxillary	
B. Frontal	ATION
C. Ethmoidal	
D. Sphenoidal	
10) Ohgren's line that divides maxillary sinus into	
superolateral & inferomedial zone is related to?	
A. Maxillary sinusitis	
B. Maxillary carcinoma	
C. Maxillary osteoma	
D. Infartemporal carcinoma	
11) Otolith organs are concerned with function of?	
A. Oculovestibular reflex	
B Dotator nystamus	

- B. Rotator nystagmus
- C. Linear acceleration

CET C. Easy to replace inner cannula 1) Orbital cellulitis most commonly occurs after D. No inner cannula which sinus infection? A. Maxillary A. Stapedial palsy B. Frontal B. Glomus tumor C. Ethmoidal C. Internal ear pathology D. Sphenoidal **D.** Malingerers 2) Tensors of vocal cord are/ A. Posterior cricothyroid, internal interarytenoid A. Anterior ethmoidal artery B. Lateral cricothyroid, internal interarytenoid B. Posterior ethmoidal artery C. Thyroarytenoid, internal interarytenoid C. Sphenopalatine artery D. Cricothyroid and internal thyroarytenoid D. Greater palatine artery 3) Laryngocele arises from herniation through/ A. Cricothyroid membrane B. Cricocepiglottic membrane C. Thyroid membrane Answer Key D. Cricovocal membrane 1. С 4) Ouinsy is also known as? 2. D A. Peritosillar abse=cess 3. С B. Retropharyngeal abscess 4. Α C. Parapharyngeal abscess 5. Α D. Paraepiglottic abscess В 6. 5) In fracture maxilla most common nerve involved 7. A 8. is? D 9. A. Infra orbital nerve Α B. Supraorbital nerve 10. D C. Trochlear nerve 11. D 12. D. Mandibular nerve А 6) Schuller's view and law's view is for? 13. В A. Sphenoid sinus B. Mastoid air cells C. Foramen ovale and spinosum D. Carotid canal 7) Women with vitamin B12 deficiency presents with dysphagia and anemia. What is the syndrome mentioned in the presentation? A. Plummer Vinson syndrome B. Eagle syndrome C. Job's syndrome D. Treacher Collin syndrome 8) Referred otalgia can be due to? A. Carcinoma larynx B. Carcinoma oral cavity C. Carcinoma tongue D. All of the above 9) Adenoidectomy with grommet insertion is UCATIO treatment of choice for? A. Serous otitis media in children B. Serous otitis media in adults C. Adenoiditis in children D. All of the above 10) True about Glomus jugalre are all EXCEPT: A. Rising sun sign is seen B. Involve 9th and 10th cranial nerve C. Pulsatile tinnitus is seen D. Invades epitympanum 11) A double lumen tracheostomy tube all are true

EXCEPT:

- A. Easy to remove inner cannula
- B. Easy to clean inner cannula

- 12) Attention reflex is lost in case of?
- 13) Kiesselbach's area does not involve?

<u>Mcq ent</u> <u>CET -</u>

carcinoma is? 1) Ohngren's classification of maxillary sinus A. Surgery carcinoma is based on B. Chemotherapy A. Imaginary plane between medical canthus of eye and C. Radiotherapy D. Chemoradiation agle of mandible B. Imaginary plane between lateral canthus of eye and angle of mandible Answer Key C. Two horizontal lines, one passing through floor of 1. А orbit and other through floor of antrum 2. В 3. D. None В 4. 2) Vidian neurectomy done in; А 5. A. Allergic rhinitis С B. Vasomotor rhinitis 6. A 7. C. Atrophic rhinitis С D. Drug-induced rhinitis 8. А 9. 3) Strawberry skin appearance of nasal mucosa is D 10. D seen in: A. Wegener's granulomatosis 11. С B. Sarcoidosis C. Kawasaki disease D. Rhinosporidiosis 4) Supra nuclear lesion of facial nerve affects? A. Lower part of face **B.** Sarcoidosis C. Both upper and lower face D. Spares both upper and lower face 5) Causes of epistaxis are all EXCEPT: A. Nose picking B. Foreign body C. Allergic rhinitis D. Thrombocytopenia 6) Abductor of vocal cord is? A. Posterior cricoarytenoid B. Cricothyroid C. Interarytenoid D. Lateral cricoaretynoid 7) During Tonsillitis, pain in the ear is due to involvement of ? A. Vagus nerve B. Chorda tympani Nerve C. Glossopharyngeal Nerve D. Hypoglossal Nerve 8) Mucocele is commonest in which among the following sinues? A. Frontal DUCATIO B. Maxillary C. Ethmoid D. Sphenoid 9) Most common site of CSF Rhinorrhea is/ A. Ethmoid air cells B. Temporal bone C. Frontal sinus D. Cribriform plate 10) Investigation of choice for audiometric evalution

of an infant is?

- A. Pure tone Audiometry
- B. High frequency Audiometry
- C. Tympanometry
- D. BERA

11) Treatment of choice of Nasopharyngeal carcinoma is?

Page 86

<u>Mcq ent</u> <u>CET-</u>

1) Semicircular canal perceives?

- A. Linear acceleration
- B. Angular acceleration
- C. Both
- D. None
- 2) Otoacoustic emissions arise from?
- A. Outer hair cells
- B. Inner hair cells
- C. Both
- D. none
- 3) A man using nasal drops continuosly for long period of time. What can be possible adverse effect?
- A. Mulberry turbinate
- B. Allergic rhinitis
- C. Vasomotor rhinitis
- D. Rhinitis medicamentosa
- 4) Cause of epistaxis from anterior nasal septum are
- all EXCEPT:
- A. Nose picking
- B. Allergic rhitis
- C. Foreign body
- D. Thrombocytopenia
- 5) What is the cause of sudden death in a patient who

EDUCATION

- recently underwent maxillary sinus irrigation?
- A. Menier's disease
- B. Larmoyez syndrome
- C. Acoustic neuroma
- D. Otosclerosis

Answer Key

- **1.** B
- 2.A 3.D
- **4.**B
- 5.A

Questions TOPIC WISE:

EAR

1. The membranous labyrinth is derived from:

- a. Surface ectoderm
- b. Endoderm
- c. Mesoderm
- d. Midbrain

2.Middle ear cleft develops from:

- a. 1st branchial cleft
- b. 2nd branchial arch
- c. Tubotympanic reces
- d. Labyrinth

3.Inner ear develops from:

- a. Specialized area of surface ectoderm
- b. Specialized area of mesoderm
- c. Specialized area of endoderm
- d. 1st branchial arch

4.The tragus forms from:

- a. Mandibular arch
- b. Hyoid arch
- c. 1st ectodermal cleft
- d. 1st endodermal pouch

5.Call Aural fistula is:

- a. 1st branchial cleft anomaly
- b. 2nd bronchial cleft anomaly
- c. 1st branchial pouch anomaly
- d. 2nd branchial pouch anamoly

6.Following are true about external auditory canal:

- a. It measures 24mm
- b. The cartilaginous part presents a dificeincy known as foramen of Huschke
- c. Anterioinferior part of deep meatus beyond isthmus presents a recess known as anterior recess
- d. Hair is confined to cartilaginous part

7.A 10 year child presents to the OPD with abcess in

the cartilaginous part of EAC. It can be all except:

- a. Furuncle
- b. Extension of mastoid infection
- c. Extension of parotid abscess
- d. Extension of cervical abcess

8.In a new born child, external auditory canal:

- a. Is fully developed
- b. Has cartilaginous portion only
- c. Has osseous portion only
- d. Has osseous and cartilaginous

9. The nerve supply of external ear is from the following:

- a. Greater auricular
- b. Lesser occipital
- c. Arnold's nerve
- d. Auriculotemporal

10.Which of the following about TM is false:

- a. Its posterosuperior part is more lateral than its anteroinferior part
- b. Most important landmark is umbo
- c. Color is pearly grey
- d. Consists of four layers

11.Following are true about middle ear except:

- a. Glossopharyngeal nerve enters middle ear through the floor
- b. Portion of middle ear around tympanic orifice of Eustachian tube is known as protympanum
- c. Pyramid lies below aditus on posterior wall
- d. Tensor tympani takes a turn at processus cochleariformis to attach to the lateral process of malleus

12. The plate of bone separating attic from middle

cranial fossa is called:

- a. McEwen's plate
- b. Tegmen tympani
- c. Korner's septum
- d. Pars squamosa

13.Following are true about inner ear except:

- a. Membranous cochlea is scala media
- b. Central axis of cochlea is known as modiolus
- c. Scala tympani is connected with the subarachnoid space through aqueduct of cochlea
- d. Stria vasculars lies in scala tympani
- e. Endolympatic sac is concerned with production of endolymph

14. The three semicircular canals open into the vestibule by:

- a. 3 openings
- b. 4 openings
- c. 5 openings
- d. 6 openings

15.The cells of organ of Corti are:

- a. Inner & outer hair cells
- b. Cells of Hensen
- c. Cells of Claudius
- d. Cells of dieters

16.The bony cochlea is a coiled tube making - - - turns around a bony pyramid called:

- a. 21/4 modilus
- b. 21/2 helicotrema
- c. 23/4 modiolus
- d. 23/4 helicotrema

17. Which of the following about peripheral receptors & pathways of auditory & vestibular systems is not true:

- a. Organ of Corti is situated on basilar membrane Inner hair cells are easily damaged by ototoxic
- b. Inner hair cells are easily damaged by ototoxic drugs & high intensity noise
- c. Each ear is represented in both cerebral hemispheres
- d. Otolith organs sense linear acceleration
- e. Scarpa's ganglion is situated in the lateral part of internal acoustic meatus

18. Which of the following will cause maximum conductive hearing loss:

- a. Complete obstruction of ear canal
- b. Disruption of ossicular, chain with intact tympanic membrane
- c. Disruption of ossicular chain with perforation of tympanic membrane
- d. Perforation of tympanic membrane with intact ossicular chain

19.The transformer action of middle ear has following functions:

- a. Converts sound of greater amplitude but lesser force lesser amplitude & greater force
- b. Converts sound of lesser amplitude & lesser force to greater amplitude to greater force & greater force
- c. Converts sound of lesser amplitude & greater force to greater amplitude & lesser force
- d. Converts sound of greater amplitude & greater force to lesser amplitude & lesser force

20.A 30 year male presents with \downarrow hearing right ear. O/E he is found to have severe perceptive deafness in right ears. Following are true about him except:

- a. Right ear Rinnes neg
- b. Webers lateralized its right ear
- c. ABC shortened right ear
- d. Schwanbach shortened right ear

21.In the above patient whether the deafness in cochlear of retrocochlear cn be found by the following test except:

- a. S1S1
- b. Recruitment
- c. Tone decay
- d. Tympanometry

22.A patient with \downarrow hearing right ear. O/E \rightarrow TM is w: PTA - 55db AB gap, tympanogram - \uparrow compliance. Most probable diagnosis is:

- a. Malleoincudal fixation
- b. Incudostapedial fixation
- c. Incudosta[edial dislocation
- d. Otosclerosis

23.In a patient diagnosed to have sensorineural hearing loss the cause can be any of the following except:

- a. Ototoxic drugs
- b. Meniere's disease
- c. Multiple sclerosis
- d. Meatal atresia

24. The most effective way of testing non organic hearing loss is:

- a. Lombard test
- b. Stenglers test
- c. Acoustic reflex threshold
- d. Electric response audiometry

25.In a patient with vertigo, nystagmus with fast component to left is seen. The D/D can be any of the following except:

- a. Serous labyrinthitis right side
- b. Purulent labyrinthitis right side
- c. Trauma to right labyrinth
- d. Section of right cochlear nerve

26.Fistula test is positive in all the following except:

- a. Circumscribed labyrinthitis
- b. Fenestration operation
- c. Erosion of lateral semicircular canal
- d. Dead labyrinth

27.Most common cause of otitis externa is:

- a. Diffuse otitis interna
- b. Localized acute otitis externa (furuncle)

- c. Fungal otitis externa
- d. Herpes zoster oticus

28.A diabetic patient presents with excruciating pain in ear & facial paralysis. On local examination OAC shows edema, erythema, purulent discharge, debris & gramulation tissue, CT shows bone erosion. He is suffering from:

- a. Otitis interna hemorrhagica
- b. Nemodermatitis
- c. Malignant otitis externa
- d. Diffuse otitis interna

29. The above disease is caused by:

- a. Aspergillus
- b. Proteus
- c. Pseudomonas
- d. Stapulococcus

30.Following an episode of ASOM a child presents with persistence of pain & discharge beyond 3 weeks. On/E there is sagging of posterosuperior meatal wall & reservoir sign positive. The management of this child will be:

- a. Posterior tympanotomy
- b. Cortical mastoidectomy
- c. Modified radical mastoidectomy
- d. Radical mastoidectomy

31.A 8 year old child presents with ↓ hearing both ears of insidious onset. PTA-conductive deafness of 30db & impendance audiometry shows a B type curve. Management will include all except:

- a. Decongestants
- b. Antiallergics
- c. Modified radial mastoidectomy
- d. Myringgostomy
- e. Grommet

32.A patient of unsafe CSOM presents with headache & hectic type of fever with rigors with a sence of well being between bouts of fevers. O/E tenderness along jugular vein positive. Following will be found in the above patient:

- a. Griesinger's sign
- b. Gradenigo's syndrome
- c. Nominal aphasia
- d. Brudzinski's sign positive
- 33. The silent complication of unsafe SCOM is:
 - a. Extradermal abscess
 - b. Subdermal abscess
 - c. Otitic hydrocephalus
 - d. Lateral sinus thrombophlebitis

34.A child with previous attack of ASOM presents with ↑ ICT, papilledema, diplopia with normal CSF, pressure. The probable diagnosis is:

- a. Meningitis
- b. Brain abscess
- c. Lateral sinus thrombophlebitis
- d. Otitic hydrocephalus

35.A 30 year old male is having unsafe CSOM with facial palsy, the management of choice will be:

- a. Intact canal wall mastoidectomy
- b. Simple mastoidectomy with tympanoplasty
- c. Canal wall down mastoidectomy

36.A 35 year old male presents with painless ear discharge O/E \rightarrow TM shoes 3 peforations in para tensa & pale granulations in middle ear. PTA shows AB gap of 50db. He is probably suffering from:

- a. Tubotympanic CSOM
- b. Atticoantral CSOM
- c. Secretory otitis media
- d. Tubercular otitis media

37.A 30 year pregnanct female presents with painless progressive decrease in hearing both ears aggravated by her pregnancy with history of hearing better in noisy sorroundings & tinnitus with similar history in her mother. The following things will be expected on examination:

- a. Carhart's notch
- b. Rinnes negative
- c. Schwanbach lengthened
- d. Gelles positive

38.Following are true about the treatment of the above disease:

- a. Sodium fluroid should be given in active cases
- b. Stapedectomy is the treatment of choice
- c. In B/L disease surgery is done first in the worst car
- d. Patient unfit for surgery is given hearing aid
- e. All of the above

39.Fallopian canal is dehiscent most frequently in:

- a. Meatal segment
- b. Labyrinthine segment
- c. Horizontal segment
- d. Mastoid segment

40.A patient presents with U/L lacrimation with mastication following facial nerve palsy. He can be managed by:

- a. Section of greater superficial petrosal nerve
- b. Section of chorda tympani
- c. Section of secretomotor supply to sublinguinal & submandibular glands
- d. Removal of lacrimal grands

41.Stapedial reflex is mediated by:

- a. VII & VIII n
- b. V & VII n
- c. VIII & V n
- d. VII & IX n

42.After a RTA a patient is brought to casuality & diagnosed as having facial palsy, hemotympanum, CSF rhinorrhoea, sensorineural deafness. The patient has probably had a:

- a. Longitudinal fracture temporal bone
- b. Transverse fracture temporal bone
- c. Fracture cribriform plate
- d. Fracture cribriform plate + transverse facture temporal bone

43.In the above patient, the site of injury of facial can be found by all except:

- a. Schirmer's test
- b. Electromyography
- c. Stapedial reflex
- d. Submandibular salivary flow test

44.A 40 year male presents with deafness, vertigo, tinnitus, heaviness in ear & displacusis right ear. The following results are expected in him except:

- a. Sensorineural hearing loss:
- b. Recruitment positive
- c. Glycerol test positive
- d. SP/AP ratio < 0.33

45.He can be managed by following:

- a. Vestibular sedatives
- b. Inhalation of carbogen
- c. Betahistine
- d. Section of cochlear nerve

46.A 40 year female presents with conductive deafness & pulsatile tinnitus that can be temporarily, stopped by carotid pressure. Otoscopy shows a red reflex through an intact TM. Following things will ne found in the above patient:

- a. Rising sun appearance
- b. Brown's sign
- c. Phelps sign
- d. Hitselberger's sign

47.A 55 year male presented with progressive U/L hearing loss corneal reflex (-); hypoesthesia of posterior meatal wall pos, SISI-0 -20% tone decay > 30db. The most common cause will be:

- a. Schwannoma of acoustic nerve
- b. Schwannoma of superior vestibular nerve
- c. Schwannoma of inferior vestibular nerve
- d. Schwannoma of VII m

48.The surgical approach to this tumor can be by the following:

- a. Middle cranial fossa approach
- b. Translabyrinthine approach
- c. Retra labyrinthine approach
- d. Combine translabyrinthine

49.The commonest genetic defect of inner ear causing deafness is:

- a. Michel aplasia
- b. Mondini aplasia
- c. Schibie aplasia
- d. Alexander aplasia

50. The following syndrome are aaociated with genetiv

hearing loss:

- a. Alport
- b. Penderd
- c. Treacher Collins
- d. Klippel feil
- e. All of the above

51.Otoacoustiv emissions have use in the following situations:

- a. Screening hearing in neonates
- b. To cross check non organic hearing loss
- c. For differential diagnosis of cochlear & retro cochlear hearing loss
- d. To find out cause of conductive hearing loss

52. The criteria for selection of patients for cochlear implant are:

a. B/L deafness with average hearing threshold of 90db or more for speech frequencies

- b. Inability to benefit from a conventional hearing aid
- c. Sound mental & physical health
- d. Patient should be at least 2 years of age

53. The incision for muringotomy is not given in the posteriosuperior quadrant because:

- a. Injury to chroda tympani
- b. Injury to facial nerve
- c. I/S joint dislocation
- d. Less vascular

54.MRM differs from radical mastoidectomy in the following respect mastoidectomy in the following respect:

- a. Fewer mastoid cells are exenterated
- b. Facial ridge is not lowered
- c. Meatoplasty is not done
- d. Intact ossicles & intact parstensa are not disturbed

55. The cause of objective tinnitus can be following except:

- a. Palatal myoclonus
- b. Fluid in middle ear
- c. Vascular tumors of middle ear
- d. Aneurysm of carotid artery

56. While doing posterior tympanotomy through the facial recess there are chances of injury to the following except:

- a. Facial nerve horizontal part
- b. Chorda tympani
- c. Dislodgement of short process of incus from fossa incudis
- d. Vertical descending part of facial nerve

57.A 24 year male with right peritonsillar abscess c/o pain in right ear. O/E right ear looks normal. He is probably having:

- a. Referred pain via V cranial Nr.
- b. Referred pain via IX cranial Nr
- c. Referred pain via X cranial Nr
- d. Referred pain via C2, C3 spinal Nr
- 58.The short term groment are:
 - a. Shepherd tube
 - b. Donaldson tube
 - c. Per-Zee tube
 - d. Goodie T Tube

59.Tympani membrane repair along with ossicular reconstruction is known as:

- a. Myringoplasty
- b. Ossiculoplasty
- c. Tympanoplasty
- d. Posterior tympanotomy

60. The treatment of choice for bilateral otoselerosis

- is:
- a. Fluoride
- b. Fenestration
- c. Stapedectomy in one ear
- d. Stapedectomy in both ears:

61.Radical masteoidectomy isdone for:

- a. ASOM
- b. Tubotympanic CSMO
- c. Acute mastoiditis

d. Atticoantral CSOM

62.Color of tympanic membrane in otosclerosis is:

2021

- a. Pearly white
- b. Red
- c. Bluish
- d. Flamingo pink

63.Paracusis willisi is seen in:

- a. Meniere's disease
- b. Glomus jugulare
- c. Atticoantral CSOM
- d. Otoselerosis
- 64.Otoselerosis is:
 - a. Autosomal dominant
 - b. X-linked dominant
 - c. Autosomal recessive
 - d. X-linked recessive

65.The following are the parts of intratemporal part of facial nerve except:

- a. Meatal segment
- b. Labyrinthine segment
- c. Pes anserinus
- d. Tympanic segment

66. The following are true about bell's palsy except:

- a. Idiopathic
- b. Insidious onset
- c. Recurrent
- d. Self limiting

67.The following are seen in meniere's disease except:

- a. Tullio's phenomenon
- b. Lermoyez syndrome
- c. Tumarkin's crises
- d. Schwartz sign

68.Sugam 30/m is diagnosed to have sensorineural hearing loss. The best audiometric test which can tell us whether he has cochlea or retrocochlear hearing loss is:

- a. Tympanogram
- b. Acoustic reflex
- c. BERA
- d. Electrocochleography

69.In a patient of menier'ss the following is true regarding audiometric test:

- a. Recruitment
- b. SISI-70-100%
- c. Tone decay > 30db
- d. SA/AP ratio < 30%

70.In a patient of acoustic neuroma the audiometric test will show the following:

a. Recruitment

- b. SISI-70-100%
- c. Tone decay > 30db
- d. Type C tympanogram

71.False ... Rinnes can be ruled out by which of the following test

Page 90

- a. Absolute bone conduction
- b. Schwanbach
- c. Webers
- d. Fistula test

72.Heera a 8 year male and bilateral conductive deafness is diagnosed to have non supportive otitis media. His tympanogram will show:

- a. Ad curve
- b. B curve
- c. C curve
- d. As curve

73. Threshold of bone conductive is normal and air condition increased in the following:

- a. Conductive deafness
- b. Mixed trauma
- c. Sensorineural deafness
- d. Malingering

74. The audiogram of a patient shows a dip at 4000 Hg. He has most probably

- a. Otosclerosis
- b. Noise trauma
- c. Presbycusis
- d. Drug toxicity

75.A 5 year old child presents with intense pain @ear o/< ® tympanic management will include:

- a. Antiboidies
- b. Myringotomy
- c. A+B
- d. Grommet

76. The most common route is infection in the abuse disease is:

- a. Trauma
- b. Eustachain tube
- c. Lymphatic
- d. Hematogenic

77.Most of the common absess following mastoiditis

is:

- a. Zygomatic
- b. Bezold
- c. Citille
- d. Post auricular

78.Two months after an episode of acute otitis media a 2 year old child is noted to have decreased hearing but is otherwise well. Physical examination reveals only dull and opaque tympanic membrane with decreased mobility. The child most likely has:

- a. Recurrence of acute otitis media
- b. Chronic mastoiditis
- c. Chronic suppurative otitis media
- d. Secretary otitis media

79.He cab be managed by:

- a. Simple mastoidectomy
- b. Myringgotomy and grommet
- c. Antilogies
- d. Modified radial mastoidectomy

80. The most common route of secondary

cholesteatoma is:

- a. Migration
- b. Retraction per pet
- c. Squamous metaplasia
- d. Basal cell hyperplasia

81.A patient of unsafe CSOM presents with lateral rectus palsy, pain deep to eye. He is suffering from:

a. Lateral sinus thrombophlebitis

- b. Porosities
- c. Temporal abscess
- d. Otitis hydrocephalus

82.Congenital cholesteatoma is not present in the following area:

- a. Middle ear
- b. C P angle
- c. Petrous bone
- d. Parietal bone

83.Which of the following intracranial abscess errors most commonly following unsafe is OM:

- a. Cerebellar
- b. Temporal lobe
- c. Parietal
- d. Frontal

84.Management of choice in deafness due to Atticoantral perforation is:

- a. Modified radical mastoidectomy
- b. Myringoplasty
- c. Tympanoplasty
- d. Grommet

85.A patient of unsafe is OM with signs & symptoms of temporal lobe abscess. He should be managed by:

- a. Abscess drainage followed MRM
- b. MRM followed by abscess drainage
- c. Myringotomy
- d. Schwartz operation

86.True about acoustic neuroma except:

- a. The term is amisnomer
- b. Trigeminal nerve is affected first
- c. BERA is used for its diagnosis
- d. Can also arise from inferior vestibular nerve
- 87.Crocodile tears indicate lesion is:
 - a. Above greater petrosal
 - b. Beyond greater petrosal
 - c. Along chorda tympani
 - d. At auriculotemporal region

88.Which test can detect facial nerve palsy due to lesion at outlet of stylomastoid former:

- a. Duration of angle of mouth to opposite side
- b. Loss of testes anterior 2/3 of tongue
- c. Loss of sensation over right cheek
- d. Deviation of tongue to opposite side

89.Treatment of choice in traumatic facial nerve injury is:

- a. Masterly inactivity
- b. Facial sting
- c. Corticosteroids
- d. Facial decompression

Mcq ent		2(
EAR ANSWER KEY	60. C	
1. A	61. D	
2. C	62. D	
3. A 4. A	63. D 64. A	
4. A 5. A	65. C	
6. A,C,D	66. B	
7. D	67. D	
8. C	68. C	
9. A,B,C,D	69. B	
10. D	70. C	
11. D	71. C	
12. B 13. D,E	72. B 73. A	
13. D,E 14. C	73. A 74. B	
15. A,B,C,D	75. C	
16. C	76. B	
17. B	77. D	
18. B	78. D	
19. A	79. B	
20. B 21. D	80. A 81. B	
21. D 22. C	81. D 82. D	
22. C 23. D	83. B	
24. D	84. A	
25. A	85. A	
26. D	86. B	
27. C	87. A	
28. C 29. C	88. A 89. D	
30. B	87. D	
31. C		
32. A		
33. A		
34. D		
35. C		
36. D 37. A,B,C		
38. E		
39. C		
40. A		
41. A 42. B		
42. B		
43. B 44. D		
44. D 45. D		
46. A,B,C		
46. A,B,C 47. B EDUCA		
48. A,B,C,D		
49. C		
50. E		
51. A,B,C, 52. A,B,C,		
52. A,B,C, 53. A,B,C		
54. D		
55. B		
56. A		
57. B		
58. A,B,		
59. C		

1.The osteo cartilaginous framework of internal nose consists of:

- a. 2 Paris of bone & 2 paired & 2 unpaired cartilage
- b. 2 pairs of bone & 3 paired & unpaired cartilage
- c. 1 pair of bone & 2 paired & 2 unpaired cartilage
- d. 2 pairs of bone & 2 paired & unpaired cartilage

2. The smallest concha in the lateral wall of nose is:

- a. Superior concha
 - b. Middle concha
 - c. Inferior concha
 - d. Concha bullosa

3. The following open in inferior meatus:

- a. Frontal sinus
- b. Naso lacrimal duct
- c. Ethmoid sinus
- d. Maxillary sinus

4. Nasopharyngeal end of Eustachian tube lies 1cm behind which turbinate:

- a. Supeiror
- b. Middle
- c. Inferior
- d. Supreme

8. A factory worker with history of prolonged exposure to industrial irritants c/o nasal obstruction. A/R shows mulberry appearance of inferior turbinate with very little shrinkage with vasoconstrictor. The management will include the following except:

- a. Cauterization
- b. Cryosurgery of turbinates
- c. Partial or total turbinectomy
- d. Young's operation

9. A 30 year female is brought by her husband due to foul smell from her nose which she is unaware of. On A/R grayish black dry crusts are seen, removal of which causes epistaxis & nasal cavities appear roomy. The biopsy will show all except:

- a. Strtified squamous eqithelium
- b. Hypertrophy of seromucious glands
- c. Obliterate endarteritis
- d. Atrophy of nerve elements

10. She can be managed by the following:

- a. 25% glucose in glycerine
- b. Alkaline nasal
- c. Estradiol spray
- d. Young's operation

11. A 35 year male presented with foul smelling nasal discharge. A/R shows painless nodules & woody feel of external nose & upper lip. Biopsy shows Mikulicz cells & Russell bodies. He can be managed by all except:

- a. Streptomycin Ig/d X 4 to 6 weeks
- b. Tetracycline $2g/d \times 4-6$ weeks
- c. Steroids
- d. Cyclophosphamide 5 g/d x 4-6 weeks

12. Following is not true and abut TB nose:

- a. Rare
- b. Usually secondary to pulmonary TB

- c. Involves posterior part of nasal septum & inferior turbinate
 - Derforation of cont

d. Perforation of septum in cartilaginous part

13. A patient presented with epistaxis O/E a pink polypoidal mass was seen attached to the nasal septum, which was very vascular & bleeds on touch & has white dots studded on its surface. Patient gives h/o taking batch in ponds frequented by animals. This diseases is seen most commonly in:

Rajasthan

- a. Bihar
- b. Kolkata
- c. Madhya Pradesh
- d. Tamil Nadu

14. The above disease is managed by:

- a. Removal of polyp
- b. Wide excision & cauterization
- c. Local & systemic antifungal
- d. Streptomycin

15. Mc Govern's technique is used in the management of

- a. Nasal synechiae
- b. Unilateral choanal atresia
- c. Bilateral choanal atresia
- d. CSF rhinorrhoea

16. Following are true about ethomid polyp. Except

- a. Infective origin
- b. Multiple
- c. Bilateral
- d. Steroids have no role in management

17.Antrochoanal polyp are usually:

- a. Single and unilateral
- b. Multiple & bilateral
- c. Multiple and unilateral
- d. Single & bilateral

18. Choanal polyp almost always originate in the

- a. Maxillary sinus
- b. Anterior ethmodial cell
- c. Posterior ethmoidal cell
- d. Sphenoid sinus

19.A patient of vasomotor rhinitis can be managed by:

- a. Nasal decongestants
- b. Topical & systemic steroids
- c. Vidian neurectomy
- d. Inferior turbinectomy

20. A 26 female chanda with h/o allergic rhinitis presents with nasal obstruction, loss of smell & mass portending from nostrils. AIR – smooth pale graph like masses are seen in the nostrils arising from middle meatus, insensitive to probing, not bleeding on touch. She can be best managed by:

- a. Polypectomy
- b. Extra nasal ethmoidectomy
- c. Functional endoscopic sinus surgery
- d. Caldwll luc procedure

21. Kartagener's syndrome consists of

- a. Recurrent sinusitis
- b. Bronchiectasis
- c. Situs inversus

d. Infertility

22. A 8 year child present with multiple polypoidal mass in both nostrils. Following tests are of significance in this patient except:

- a. Cottle's test
- b. Biopsy
- c. Sweat test
- d. RAST

23. A 2 year child presents with a polyp in the nose. The management will include:

- a. Biopsy
- b. Excision by intranasal polypectomy
- c. RAST
- d. CEcT
- 24. The following components of keisselback's plexus are branches of internal carotid system:
 - a. Anterior ethmoidal artery
 - b. Posterior ethmoidal artery
 - c. Sphenopalatine artery
 - d. Septal branch of greater palatine

25. In a patient of epistaxis not controlled by anterior & posterior nasal part, external carotid artery was ligated but the patient still continues to bleed. The epistaxis is now

- a. Sphenopalatine artery
- b. Ethmodial artery
- c. Greater palatine artery
- d. Retro columellar vein
- 26. Little's area lies in:
 - a. Anterioinferior part of nasal septum above vestibule
 - b. Superior part of nasal septum
 - c. Anterioinferiro part of lateral wall of nose above vestibule
 - d. Behind inferior turbinate
- 27. Epistaxis in the older age group is usually due to:
 - a. Nose picking
 - b. Nasal carcinoma
 - c. Sinusitis
 - d. Hypertension
- 28. A patient of traumatic nasal deformity is seen one month after injury. The following should be done:
 - a. No treatemtn
 - b. Closed reduction
 - c. Phenoplasty
 - d. Teflon injection

29. While playing football a 18 year boy was hit on the nose and developed deviation of nose. O/E the septum was found to be normal. The following about the patient are false:

- a. He should be taken up for open reduction one week later
- b. He should be taken for closed reduction as soon as overlying edema subsides
- c. Septoplasty should be done in the same sitting
- d. He is having chevallet fracture

30. The capacity of antrum of high more is:

- a. 7 ml
- b. 10 ml
- c. 12 ml

d. 15 ml

31. Anterior part of nasal septum is mainly made of:

- a. Perpendicular plate of ethmoid
- b. Quadrilateral cartilage
- c. Lower lateral cartilage
- d. Vomer

32.Follwing is not seen in posterior rhinoscopy:

- a. Superior turbinate
- b. Middle turbinate
 - c. Inferior turbinate
 - d. Torus tubaris turbinate

33.Follwoig are true about development of PNS:

- a. Radiolgoically maxillary sinus identified at 4-5 months
- b. Radiologically ethomid sinus identified at 1 year
- c. Radiologically frontal sinus identified at 6 year
- d. Radiologically sphenoid sinus identified at 4 years

34.which is not true about maxillary sinus

- a. Largest
- b. Most commonly infected
- c. Pyramidal in shape
- d. Floor is formed by palatine process of maxilla
- e. Roots of all molars, premolars & canine are in close relation to floor

35.Following are true about lateral wall of nose

- a. Superior & middle turbinate are parts of ethmoid bone
- b. Inferior turbainte is part of maxillary bone
- c. Concha bullosa is pneumatized middle turbinate
- d. Bulla ethmoidalis is present in middle meatus

36.Artery of episthaxis is the name given to:

- a. Sphenopalatine artery
- b. Anteior ethmodial artery
- c. Little's artery
- d. Superior labial artery

37.A 20/3 with h/o recurrent antrochoanal polyp should be managed by

- a. Intrensal polypectomy
- b. Caldwell lucs
- c. Steroids
- d. SMR

Mcq ent	20
NOSE PART – 1 ANSWER KEY	
1.A 2.A	
3.B	
4.B	
5.C	
6.B	
7.A	
8.D	
9.B	
10.ABCD	
11.D 12.C	
12.C 13.E	
13.E 14.B	
15.C	
16.AD	
17.A	
18.A	
19.A	
20.C	
21.ABC 22.A	
22.A 23.D	
24.AB	
25.B	
26.A	
27.D	
28.C	
29.A	
30.D	
31.B	
32.A 33.ABCD	
34.E	
35.ACD	
36.A	
37.B	
EDUCATION	

<u>Mcq ent</u>

NOSE PART – 2

1.Surgical importance of middle meatus is:

- a. Ethmoidal polyps anterior and middle group comes out of it
- b. Dilatation of fronto-nasal duct
- c. Intranasal ethmoidectomy is done through this space
- d. All the above

2.Olfactory mucosa lines which part of nasal septum:

- a. Upper 1/3
- b. Middle 1/3
- c. Lower 1/3
- d. None of the above

3.Limen nasi lies between:

- a. Nasal bone and upper lateral cartilage
- b. Upper and lower lateral cartilage
- c. Lower lateral cartilage and vestibule
- d. Quadrilateral cartilage and vomer

4.Frontal sinus has the following features except;

- a. It is pyramidal in shape
- b. The intersinus septa is usually in paramedian position
- c. It drains into middle meatus
- d. It is radio graphically visible by 6 years of age

5.Function of nasal cavity is:

- a. Warming
- b. Filtration
- c. Moistening
- d. All of the above

6.Hyper nasality may be caused by:

- a. Cleft palate
- b. Sub mucous cleft
- c. Bifid uvula
- d. Paralysed palate
- e. All of above

7. The following are true about parasympathetic

- supply to the nose:
 - a. Arises from superior salivatory nucleus
 - b. Runs in lesser superficial petrosal nerve
 - c. Reaches the nose via vidian nerve
 - d. Relays in sphenopalatine ganglion
 - e. May be interrupted in an operation to relieve rhinorrhoea

8.A patient of complete anosima would respond to inhalation of

- a. Coffee
- b. Tobacco
- c. Ammonia
- d. Lemon

9.Depressed bridge may be caused by:

- a. Injury
- b. Septal abscess
- c. Syphilis
- d. All of the above

10. Which of the following is the most common caused of deviated nasal septum

- a. Nasal fractures
- b. Birth trauma
- c. Nasal packing
- d. Nasal polyps

11.Feature of septal hematoma include all except:

- a. Caused by injury or septal surgery
- b. Smooth rounded swelling on one side of nasal septum

2021

- c. Usually gets infected
- d. Causes bilateral nasal obstruction

12.Septal abscess can give rise to complications like:

- a. Perforation of septal cartilage
- b. Depressed dorsum
- c. Cellulitis of nose
- d. Meningitis

13.True about atrophic rhinitis except:

- a. Seen both in pubertal & menopausal women
- b. With and yellow races are affected more
- c. Nutritional deficiency is one of the factor
- d. Pale nasal mucosa is seen

14.Nasal perforation in bony part is caused by:

- a. TB
- b. Syphilis
- c. Atrophic rhinitis
- d. Leprosy

15.True about rhinoscleroma is

- a. Granulomatous disease
 - b. Involves only nose & paranasal sinuses
 - c. Bacterial infection of the entire respiratory tract
 - d. Fungal infection

16.All are true regarding mucormycosis except

- a. Seen commonly in diabetics
- b. Is an aggrestive opportunistic infection
- c. Has affinity for blood vessels
- d. Does not spread intranasally

17.Woody nose is a feature of

- a. Rhinosporidiosis
- b. Rhinoscleroma
- c. Mucormycosis
- d. T B nose

18. All are true about rhinitis caseosa except

- a. Is called nasal cholesteatoma
- b. Females are more prone
- c. Usually unilateral
- d. Possibly arises from chronic sinusitis
- 19.Most definitive diagnosis of sinusitis is by:
 - a. Transillumination test
 - b. x-ray PNS
 - c. nasal endoscopy

discharge in adults is due to:

Chronic allergic rhinitis

Chronic frontal sinusitis

Vasomotor rhinitis

Itching & sneezing

Red congested eyes

22. Trotter's method was used in:

CSF rhinorrhoea

Proof puncture

Congested nasal mucosa

Genetic predisposition

Chronic maxillary sinusitis

21.All are features of allergic rhinitis except:

Page 96

d. RAST 20.Commonest cause of unilateral foetid nasal

a.

b.

c.

d.

a.

b.

c.

d.

a.

b.

- c. Epistaxis
- d. SMR

23.Following are true about lateral wall of nose

- a. Superior & middle turbinate are parts of ethmoid bone
- b. Inferior turbinate is part of maxillary bone
- c. Concha bullosa is pneumatized middle turbinate
- d. Bulla ethmoidalis is present in middle meatus

24.Acute sinusitis is most commonly caused by

- a. hemolytic streptococcus
 - b. Streptococcus pneumoniae
 - c. H.influenza
 - d. Staph aureus

25. Chronic maxillary sinusitis is best diagnosed by:

- a. Antral puncture
- b. x-ray PNS
- c. diagnostic nasal endoscopy
- d. transillumination test

26. A 5 year child complains of pain over bridge of nose, medial & deep to the eye aggravated by movements of eyeball. The parents give a history of portal sinusitis in the child. He is probably suffering from:

- a. Sphenoid sinusitis
- b. Ethmoid sinusitis
- c. Cavernous sinus thrombosis
- d. Extradural abcess

27. The complications of sinusitis are following except:

- a. Orbital complications
- b. Osteomyelitis
- c. Intracranial
- d. Mucocele
- 28. Howarth's or lynch operation is performed for
 - a. Chronic maxillary sinusitis
 - b. Chronic frontal sinusitis
 - c. Chronic ethmoid sinusitis
 - d. Chronic sphenoiditis sinusitis

29. A patient presents with headache, diplopia & proptosis. O/E a cystic, non tender swelling is seen in the superomedial quadrant of the orbit displacing the eyeball forward, downward & laterally. He is suffering from:

- a. Sphenoethmoidal mucocele
- b. Orbital abscess
- c. Ethmoidal mucocele
- d. Fontal mucocele
- 30. All the following are true about scheneiderian

papilloma:

- a. Most common benign tumor of nose
- b. Male preponderance
- c. Arises from septum
- d. Recurrence is common

31.A 55 year male working in a hardwood furniture industry complains of nasal, stuffiness, blood stained nasal discharge, facial paraesthesia epiphora right side & loosening of teeth right upper jaw. He is probably suffering from:

- a. Adenocarcinoma of maxillary antrum
- b. Squamous cell carcinoma of maxillary antrum

- c. Angiofibroma
- d. Hemangioma

32.According to Ohngren's classification:

- a. Growths situated above the plane have poorer prognosis than those below it
- b. Growth is situated below the plane have poorer prognosis than above it
- c. Growths situated medial to the plane have poorer prognosis than lateral to it
- d. Growths situated lateral to the plane have poorer prognosis than medial to it

33.Weber fergusson's incision is used for:

- a. Thyroidectomy
- b. Laryngectomy
- c. Maxillectomy
- d. Tracheostomy

34.All are true regarding CSF rhinorrhoea except:

- a. Can be produced because of congenital cranial abnormalities
- b. B2 transferrin on electrophoresis is pathogmonic
- c. MRI is best diagnostic modality
- d. Conservative management is to be followed initially

35.Reservoir sign is seen in

- a. Maxillary sinusitis
- b. Ethmoidal sinusitis
- c. CSF rhinorrhoea
- d. All of the above

36.Immediate action to be taken in CSF rhinorrhoea

- a. Nasal packing
- b. Prophylactic antibiotic & X-ray
- c. Head low position and vasoconstrictors
- d. Exploration

37.CSF rhinorrhoea is commonest in which type of

fracture:

- a. Temporal
- b. Nasal bones
- c. Sphenoid
- d. Cribriform plate

38.Tripod fracture refers to fracture of:

- a. Maxilla
- b. Mandible
- c. Zygoma
- d. Nose

39. Commonest site of maindibular fracture is:

- a. Ramus
- b. Body
- c. Symphysis
- d. Subcondylar region
- 40. Causal dislocation of nose is type of:
 - a. Tripod fracture
 - b. Jarjavay
 - c. Le-fort type I
 - d. Le-Fort type II

Mcq ent	20
NOSE PART -2 ANSWER KEY	
1.D	
2.A	
3.B	
4.A	
5.D	
6.E	
7.ACDE	
8.C	
9.D	
10.B	
11.B	
12.ABCD	
13.A	
14.B	
15.AC	
16.D	
17.B	
18.B	
19.C	
20.C	
21.C 22.C	
22.C 23.ACD	
23.ACD 24.B	
24.B 25.C	
25.C 26.B	
20.D 27.ABCD	
28.B	
29.D	
30.ABD	
31.A	
32.A	
33.C	
34.C	
35.C	
36.B	
37.D	
38.C	
39.D	
40.B	
NEW ERA	
EDUCATION	
EDUCATION	

THROAT PART - 1

1. The contents of oral cavity are all except

- a. Lips & buccal mucosa
- b. Gums
- c. Retro molar trigone
- d. The whole of tongue
- 2. True about vincent's angina is
 - a. Caused by Borrelia vincenti & F.Fusiformis
 - b. Tonsillar infection occurs mainl
 - c. Usually occurs in edentulous mouth
 - d. Management is pencillin & metronidazole

3.A 30 year female with history of chewing tobacco complains of progressive trisums & difficultly to protrude tongue. O/E - there is blanched mucosa over soft palate & faucial pillars. The management will include:

- Topical injection of steroid combined with a. hvalase
- b. Systemic steroids
- c. Antibiotics & mouth wash
- d. Streptomycin 1g/d x 3 weeks

4.Following are true about carcinoma lip:

- a. Most common is squamous cell carcinoma
- b. Commonly seen in males in age group 40-70
- Upper lips is more often involved c.
- d. Submental & submandibular nodes are 1st be involved

5.Following are true about carcinoma oral tongue:

- a. Most commonly seen in men 50-70 years
- b. Most common site is posterior 1/3
- c. Early lesions without nodal metastasis can be treated by interstitial radiotherapy
- d. Larger lesions require hemiglossectomy

6.A patient is diagnosed to suffer from Ludwig's

angina. Following things will be found in him except:

- a. Odynophagia
- b. Raised floor of mouth
- Woody hard feel of submandibular & submental c. space
- d. Frank abscess of sub maxillary space

7. Most common minor salivary gland tumor is

- a. Adenocarcinoma
- b. Adenoid cystic carcinoma
- c. Mucoepidermoid carcinoma
- d. Squamous cell carcinoma

8.Inferior parathyroid develops from

- a. 1st pharyngeal pouch
- b. 2nd pharyngeal pouch
- c. 3rd pharyngeal pouch
 d. 4th pharyngeal pouch

9.Killian's dehiscence is the potential gap between:

- a. Superior constrictor & middle constrictor
- b. Inferior constrictor & middle constrictor
- c. Inferior constrictor & upper border of esophagus
- d. Thyropharyngeus & cricopharyngeus

10.Strucutres passing through the upper border & superior constrictor & base of skull are:

- Auditory tube a.
- b. Levator palate muscle

- c. Ascending palatine artery
- Stylopharyngeus d.

11.The oropharynx extends from:

- Base of skull to hypid a.
- Hard palate to hyoid b.
- Hard palate to upper border of cricoid c.

2021

Hard palate to base of tongue d.

12. The components of hypopharynx are:

- Pyriform fossa a.
- b. Post cricoid region
- Posterior pharyngeal wall c.
- d. Base of tongue

13.Following are true about Thornwaldt's disease except:

- Develops from remnants of notochord a.
- b. Pharyngeal bursitis
- Locate in the midline of posterior wall of c. oropharynx
- Persistent post nasal discharge d.

14.In a child with adenoid hypertrophy which of the

following will be seen:

- Nasal obstruction a.
- b. Rhinolalia aperta
- Adenoid facies C.

Tubal obstruction d. 15.Following are true about adenoids except:

- Present at birth a.
- b. Atrophy at puberty
- c. Has no crypts but vertical ridges
- d. Bound by capsule
- e. Lined by stratified squamous epithelium
- **16.**Folloiwng are true about adenoids, except:
 - Present at birth a.
 - b. Atrophy at puberty
 - Does not contain crypts c.
 - Covered by ciliated epithelium d.
 - Bounded by capsule e.

17.Following are true regarding adenoid facies

- Pinched up nose a.
- b. High arched palate
- c. Crowding of teeth
- Conductive deafness d.

18.Adenoidectomy is indicated in:

- Sleep apnea a.
- b. Dental malocclusion
- c. Recurrent rhino sinusitis
- d. Cleft palate

19.A 15 year male presented with epistaxis, nasal obstruction, broadening of nasal bridge, proptosis, A/R shows a red mass filling nasal cavity. Further management will include all except:

Page 99

- Soft tissue lateral film of nasopharynx a.
- CECT nose & PNS b.
- Biopsy from the mass c.

Arises from nasopharynx

Dodd's sign positive

Frog face deformity

Hollmann miller sign positive

Surgical excision d. 20.False about Angiofibroma is:

a.

b.

c.

d.

21.Features of angiofibroma of nasopharynx include

- a. Benign tumor
- b. Highly destructive
- c. Metastasis common
- d. Causes frog facies

22. Treatment of choice of nasopharyngeal fibroma is:

- a. Chemotherapy
- b. Surgery
- c. Radiotherapy
- d. Antibodies

23.Trotter's triad consists of:

- a. Conductive deafness
- b. Elevation & immobility of homolateral soft palate
- c. Pain in the side of head
- d. Cervical node metastases

24.Site of origin of nasopharyngeal carcinoma are:

- a. Fossa of Rosenmuller
- b. Posterior end of nasal septum
- c. Floor of nasopharynx
- d. Choana

25.Virus associated with nasopharyngeal carcinoma:

- a. CMV
- b. EBV
- c. Adenovirus
- d. Rhino-virus

26. The most frequent symptom of cancer of

nasopharynx is:

- a. Mass in the neck
- b. Blocked nose
- c. Epistaxis
- d. Diplopia

27.Following are true about nasopharyngeal carcinoma

- a. Good prognosis
- b. Surgery is the best management
- c. Spread to lymph nodes
- d. Etiology not known

28.Treatmetnt of choice for nasopharyngeal carcinoma is

for

nasopharyngeal

- a. Surgery
- b. Chemostherapy
- c. Radiotherapy
- d. Immunotherapy

29.Serological screening

- carcinoma is done with
 - a. Ig A/E A
 - b. Ig A/VCA
 - c. Ig G/EA
 - d. IgG / VCA

30.In an adult presenting with serous otitis media the differential diagnosis can be

- a. Sinusitis
 - i. Sinusius
- b. Nasopharyngeal carcinoma
- c. Adenoid hypertrophy
- d. Chronic tonsillitis

31.Most common cause of acute tonsillitis in children

- is
- a. Streptococcus
- b. Staphylococcus

- c. Hemophilus
- d. Rhinovirus

32. Throat pain radiating to ear following

2021

- tonsillectomy is due to:
 - a. Injury to IX nr.
 - b. Injury to X nr
 - c. Injury to Eustachian tube
 - d. Injury to X nr

33.Tonsil is derived from:

- a. 1st pouch
- b. 2nd pouch
- c. 1st cleft
- d. 2nd cleft

34.Main blood supply to tonsil is from:

- a. Facial
- b. Ascending pharyngeal
- c. Lingual
- d. Greater palatine

35.A cardiac condition which may occur secondary to hypertrophiled tonsils is:

- a. ASD
 - . ASD . VSD
- b. VSI c. AR
- d. Cor pulmonale

36.Follwoing are features of chronic tonsillitis except:

- a. Flushing of anterior pillars
- b. Irwin Moore's sign
- c. Unpleasant taste and smell in the mouth
- d. Quinsy

37.Lymphatic drainage of palatine tonsil is to:

- a. Jugulodigastric
- b. Juguloomohyoid
- c. Submandibular
- d. Submental

38.Commonest complication after tonsillectomy is

Non keratinizing stratified squamous

Dorsal portion of 2nd pharyngeal pouch

Ventral portion of 2nd pharyngeal pouch

Dorsal portion of 2nd pharyngeal cleft

Ventral portion of 2nd pharyngeal cleft

42.Primary hemorrhage from tonsillar bed is due to:

Page 100

- a. Hemorrhage
- b. Sepsis
- c. Aspiration
- d. Pain ear

39.Plica triangularis is seen in

- a. Lower part of tonsil
- b. Upper pole of tonsil

Base of tongue

Keratinzing squamous

Pseudo stratified columnar

Ciliated columnar

41.Crypta magna is a remnant of:

Facial artery

External palatine vein Ascending pharyngeal artery

Internal carotid artery

c. Soft palate

40.The lining of tonsil by

d.

a.

b.

c.

d.

a.

b.

c.

d.

a.

b.

c.

d.

- a. Pharyngobasilar fascia
- b. Superior constructor
- c. Palatopharyngeus
- d. Buccopharyngeal fascia
- e. All the above

44. A 8 year male presents with sore throat, difficulty in swallowing & fever. O/E tonsils are red & swollen & fever, O/E tonsils are red & swollen & jugulodigastric LNs are enlarged & tender. The most common infecting organism of the above disease is :

- a. Pneumococcus
- b. Hemolytic streptococcus
- c. H.influenzae
- d. Rhinovirus

45.In the above child examination of the oral cavity the next day reveals membrane over the tonsil. The D/D will be:

- a. Membranous tonsillitis
- b. Diphtheria
- c. Infectious mononucleosis
- d. Vincent's angina
- 46.The diagnostic signs of chronic tonsillitis include:
 - a. Sore throat
 - b. Flushing of anterior pillars
 - c. Irwin Moore's sign pos
 - d. Enlargement of jugulodigastric lymph nodes

47.Reactionary hemorrhage post tonsillectomy can be managed by:

- a. Removal of clot
- b. Application of pressure or vasocntsiction
- c. Ligation of bleeding vessel
- d. Approximation of anterior & posterior pillars

48. The absolute indication of tonsillectomy includes following:

- a. Recurrent infectious of throat
- b. Peritonsillar abscess
- c. Suspicion of malignancy
- d. Sleep apnea d/t tonsillar enlargement
- e. All the above
- 49.The complication of chronic tonsillitis are all except

to

ear

following

- a. Peritonsillar abscess
- b. Paraphayngeal abscess
- c. Abscess base of tongue
- d. Tonsillolith

50.Throat pain radiating tonsillectomy is due to:

- a. Eustachian tube injury
- b. Injury to IX Nr
 - c. Injury to X Nr
- d. Persistent infection

51.A hard elongated projection palpable in the tonsillar bed after tonsillectomy suggests

- a. Tonsillar tag
- b. Tonsillolith
- c. Elongated styloid
- d. Thrombosed vein

52.A 25 year mail with history of recurrent tonsillitis presents with odynophagia, hot potato voice, fever, earache & trismus. O/E bulge of soft palate & anterior pillar above tonsil & uvula is pushed to opposite side. The further management will include the following except:

- a. Hospitalization & Antibiotics
- b. Incision & drainage
- c. Interval tonsillectomy
- d. Abscess tonsillectomy

53. Quinsy is

- a. Peritonsillar abscess
- b. Peritonsillitis
- c. Tonsillar abscess
- d. Parapharyngeal abscess

54.In quinsy infection is in:

- a. Crypts of tonsil
- b. Loose areolar tissue around tonsil
- c. Retropharyngeal tissue
- d. Soft palate

55. Interval tonsillectomy is done after – weeks of an attack of quinsy

- a. 2 weeks
- b. 6 weeks
- c. 8 week
- d. 12 weeks
- 56. Following are seen in peritonsillar abscess except:
 - a. Odynophagia
 - b. Hot potato voice
 - c. Trismus
 - d. Head flexed and inclined to unaffected side

57.A 3 year child presents with dysphagia, stridor & Torticollis. O/E – bulge in the posterior pharyngeal wall on right side of midline. He is probably suffering from:

- a. Prevertebral abscess
- b. Retropharyngeal abscess
- c. Parapharyngeal abscess
- d. Quinsy

58.Features of acute retropharyngeal abscess include following except:

- a. Commonly seen in children
- b. Can cause difficulty in breathing
- c. Usually tuberculosis
- d. Presents as a lateral swelling of the posterior pharyngeal wall

59.Nodes of Rouviere are found in

- a. Parapharyngeal space
- b. Prevertebral space
- c. Retropharyngeal space
- d. None of the above

60.Following are feature of acute retropharyngeal abscess

- a. Midline
- b. Lateral
- c. I & D should be done
- d. ATT is the drug of choice

61.A 12	2 year male of chronic tonsillitis develops fever,
odynop	hagia, sore throat, Torticollis & trismus. An
	I swelling is seen behind the angle of joint.
O/E pi	rolapse of tonsil is seen. Management will
include	
a.	I & D by a horizontal incision made 2-3 cm
	below angle of mandible
b.	Oral antibiotics & rest
с.	Intravenous antibiotics
d.	Abscess tonsillectomy
62.Whi	ch of the following about parapharyngeal
	s not true:
a.	Extends from base of skull to cricoid
b.	Bounded laterally by medial pterygoid /
	mandible & parotid
с.	Posterior compartment contains jugular vein,
	carotid artery, IX, X, XI, XII Cr. Nr. &
	sympathetic trunk:
d.	Pyramidal in shape
63.Com	nmonest malignancy arising in a thyroglossal
cyst is:	
a.	Follicular adenocarcinoma
b.	Papillary adenocarcinoma
с.	Squamous cell carcinoma
d.	Medullry carcinoma
64.Sistr	runk's operation is performed for
a.	Thyroid adenoma
b.	Thyroid carcinoma
с.	Thyroglossal cyst
d.	None of the above
65.The	predisposing factor in hypo pharyngeal cancer
is:	
a.	Plummer Vinson's syndrome
b.	Leucoplakia of vocal cord
с.	Voice abuse
d.	Chronic tonsillitis
66.The	postcricoid carcinoma, treatment of choice is:
a.	Chemotherapy
b.	Radiotherapy
c.	Surgery
d.	B + C
67.In p	ostcricoid carcinoma the treatment of choice
is:	
a.	Total laryngectomy
b.	Total laryngectomy pharyngectomy
с.	Radiotherapy EDICATION
d.	Radiotherapy A + C EDUCATION
e.	B + C
68.Boy	ce's sign is seen in:
a.	Glomus tumor

•11•4

- a. Glomus tumor
- b. Pharyngeal pouchc. Acoustic neuroma
- d. Nasopharyngeal carcinoma

Mcq ent		2021
THROAT PART -1 ANSWER KEY	60.BC	
1.D	61.AC	
2.ABD	62.A	
3.A	63.B	
4.ABD	64.C	
5ACD	65.A	
6.ABC	66.D	
7.B	67.E	
8.C	68.B	
9.D		
10.ABC		
11.B		
12.ABC		
13.C		
14.ACD		
15.DE		
16.E		
17.ABCD		
18.ABC		
19.C		
20.ABCD		
21.ABD		
22.B		
23.ABC		
24.A		
25.B		
26.A		
27.C		
28.C		
29.B		
30.ABD		
31.A		
32.D 33.B		
34.A		
34.A 35.D		
36.D		
37.A		
38.A		
39.A		
40.B 41.B 42.B 43 F		
42.B		
43.E		
44.B		
45.ABCD		
46.BCD	ATION	
47.ABCD	AIIUN	
48.E		
49.C		
50.D		
51.C		
52.D		
53.A		
54.B		
55.B		
56.D		
57.B		
58.C		
59.C		

THROAT PART – 2

1.Drug of the choice in acute epiglottitis is:

- a. Ampicillin
- b. Erythromycin
- c. Gentamicin
- d. Ciprofloxacin

2. Which of the following cartilage has signet ring shape:

- - a. Thyroid
 - b. Cricoid
 - c. Arytenoid
 - d. Cuneiform

3.Abductor of larynx is:

- a. Posterior cricoarytenoid
- b. Lateral cricoarytenoid
- c. Interarytenoid
- d. Thyroarytenoid

4. Which of the following open the inlet of larynex:

- a. Thyroepiglottis
- b. Vocalis
- c. Cricoarytenoid
- d. Thyroarytenoid

5.Adduction of vocal cord are all except:

- a. Lateral cricoarytenoid
- Transverse interarytenoid b.
- Cricothroid c.
- d. Vocalis
- e. Interarytenoid

6.The tensors of vocal cord are:

- a. Lateral cricoaytenoid
- b. Cricothyroid
- c. Vocalis
- d. Interarytenoid

7.Recurrent laryngeal nerve supplies all laryngeal

muscles except:

- a. Vocalis
- Cricoarytenoid b.
- c. Crico thyroid
- d. Thyroarytenoid

8.Vocal cord is lined by the following epithelium:

- a. Stratified squamous
- b. Ciliated columnar
- c. Pseudo stratified
- d. Keratinized squamous

9.Narrowest part of respiratory tract in children is:

- a. Glottis
- b. Supraglottis
- c. Subglottis
- d. Trachea

10.Narrowest part of respiratory tract in adults is:

- a. Supraglottis
- b. Glottis
- c. Subglottis
- d. Trachea

11. Recurrent laryngeal nerve is closely related to

- a. Superior thyroid artery
- b. Middle thyroid artery
- Inferior thyroid artery c.
- d. Superior laryngeal artery
- 12. Lymphatic drainage of supraglottis is to :

- Upper deep cervical a.
- b. Prelaryngeal
- Preatracheal c.
- Lower deep cervical d.

13.True about Reinke's space is :

- a. Located in true cord
- Limited above and below by Arcuate lines h

2021

- Associated with vocal polyps c.
- d. All the above

14. The normal glottic chink is :

- 10mm a.
- b. 9mm
- 8mm c.
- d. 6mm

15. Larvngeal crepitus is absent in the following

condition except:

- Post-cricoid malignancy a.
- Hypopharyngael abscess b.
- Parapharyngeal abscess c.

16. Which of the following are functions of larynx?

- Respiration a.
- Phonation b.
- Fixation of chest c.
- Protection of lower airway d.

17. The larvnx consists of:

- 2 period; 3 unpaired cartilage a.
- 2 period; 3 unpaired cartilage b.
- c. 3 period; 2 unpaired cartilage
- d. 2 period; 2 unpaired cartilage

18. A 3 year old child presents with fever, dyspnoea, and stridor. D/L examination shows red swollen epiglottis. X-ray STN shows thumb sign. The most common organism causing the above disease is:

Most commonly caused by H influenza

Presenting feature in adults is dyspnoea

Page 104

- Respiratory syncytial virus a.
- Para Influenza b.
- H. Influenza с.
- Streptococcus pneumonia. d.

19. Cause of death in epiglottis is due to:

- Septicemia a.
- b. Aspiration

20. Epiglottis develops from 2nd arch

- Respiratory obstruction c.
- d. Laryngitis

3rd arch

4th arch

6th arch

21. False about epiglottises is:

Insidious onset

Aspiration

Laryngitis

22. Cause of death in epiglottitis is:

Respiratory obstruction

Rising beam appearance

a.

b.

c.

d.

a.

b.

c.

d.

a.

b.

c.

23. Recurrent laryngeal supplies all following muscles except:

- a. Vocalis
- b. Cricoarytenoid
- c. Cricothyroid
- d. Thyroarytenoid

24.TB larynx presents as following except:

- a. Weakness of voice
- b. Painless
- c. Ulceration of vocal cords
- d. Edema of epiglottis

25.In laryngemalacia (congenital laryngeal stridor)

- a. Mainstay of treatment is surgical
- b. Stridor is increased on crying
- c. Supraglottis is normal
- d. Stridor is due to glottic disorder
- e. Layngoscopy is indicated for diagnosis

26. An infant is brought with inspiratory stridor, increasing during effort & relieving on placing child prone. The following things about the above disease are true except:

- a. Omega shaped epiglottis
- b. Hoarse cry
- c. Floppy epiglottic fold
- d. Prominent arytenoids
- e. Conservative management

27. The commonest cause of left V C palsy is:

- a. Bronchogenic carcinoma
- b. Ortner's syndrome
- c. Idiopathic
- d. Thyroid surgery

28. Following total thyroidectomy the patient

develops respiratory stridor. The cause is probably:

- a. B/L superior laryngeal palsy
- b. B/L internal laryngeal palsy
- c. B/L recurrent laryngeal palsy
- d. U/L recurrent laryngeal palsy

29.A 30 year female presented with stridor following upper respiratory infection. I/L – glottic chick is 3.5mm. It can be managed by the following except

- a. Tracheostomy
- b. Type II thyroplasty
- c. Type I thyroplasty
- d. Woodmen's procedure

30.A 50 year male presents with hoarseness I/L - 2.5 cm ulceroproliferative growth present on vocal cord with no neck nodes. Bx – squamous cell carcinoma. The treatment of choice will be:

a. Microlayngeal surgery

- b. Partial laryngectomy
- c. Total
- d. Radiotherapy

31. Stripping of vocal cords is done in

- a. Reinke's edema
- b. Glottic carcinoma
- c. Atrophic laryngitis
- d. Laryngitis

32. Features of contact ulcer are all except

- a. Commonly found at vocal process
 - b. Seen predominantly in males

c. Vocal abuse is chief etiological factor

2021

d. It is a true ulcer

33. Treatment of choice in contact ulcer is:

- a. Voice rest
- b. Antibiotics
- c. Antibiotics & steroids
- d. Voice rest followed by speech therapy

34. True about puberphonia is:

- a. Occurs in emotionally labile males
- b. Is persistence of childhood voice following puberty
- c. Gutzmann pressure test is performed here
- d. Psychotherapy is essential

35. Key hole appearance of glottis is due to:

- a. Spasm of interarytenoid
- b. Spasm of thyroarytenoid
- c. Weakness of thyroarytenoid
- d. Weakness of thyroarytenoid and interarytenoid

36.A 15 year female complains of sudden onset aphonia communicating only by whisper. On I/L – vocal cords are in abducted position & fail to adduct on phonation. On coughing – adduction is pos. she can be managed by:

- a. Thyroplasty type I
- b. Teflon injection
- c. Psychotherapy
- d. Voice rest

37. Maximum stridor is seen in:

- a. Unilateral incomplete paralysis
- b. Bilateral incomplete paralysis
- c. Unilateral complete paralysis
- d. Bilateral complete paralysis

38. Aphonia of adductor paralysis can be overcome by:

- a. Tracheostomy
- b. Arytenidectomy
- c. Woodman's procedure
- d. Teflon injection

39. Recurrent laryngeal nerve paralysis is caused by

- a. Bronchogenic carcinoma
 - b. Ca esophagus
- c. Ortner's syndrome
- d. All the above

40. On laryngoscopy, vocal cords are described as

being in cadaveric position. This means they are:

- a. Paralyzed and abducted
- b. Paralyzed anil bowed
- c. Fixed
- d. None of the above

41. Effect of bilateral recurrent laryngeal nerve damage is:

42. Isshiki's type - II phonosurgery is meant for:

Page 105

- a. Aphonia with stridor
- b. Aphonia without stridor
- c. Stridor

Latralization

Shortening

Lengthening

Medialization

d. Dysphagia

a.

b.

c.

d.

- 43. The spaces of larynx include:
 - a. Space of Boyer
 - b. Paraglottic spore
 - c. Reinke's spore
 - d. Ventricle
- 44. Narrowest part of respiratory tract in children in:
 - a. Glottis
 - b. Supraglottis
 - c. Subglottis
 - d. Trachea

45. A singer complains of hoarseness. O/E – she is found to have vocal nodules. The most common site of this is :

- a. Junction of anterior 1/3rd with posterior 2/3rd
- b. Junction of anterior 2/3rd with posterior 1/3rd
- c. At vocal process
- d. At anterior commissure

46. Management of early vocal nodules is by:

- a. Microlaryngeal surgery
- b. Laser
- c. Voice rest
- d. Speech therapy

47. A laryngeal polyp:

- a. Usually occurs at the junction of anterior 1/3 with posterior 2/3
- b. Is covered by ciliated columnar epithelium
- c. Is typically unilateral
- d. Is the result of vocal abuse

48. Juvenile papillomas are characterized by:

- a. Most common laryngeal tumor in children
- b. Viral in origin & multiple
- c. Recurrence is rare
- d. Can be treated by CO2 laser or endoscopically

49. Juvenile multiple laryngeal papilloma is caused

- by:
 - a. Bacteria
 - b. Virus
 - c. Neoplastic
 - d. None of the above

50. Juvenile papilloma of larynx is characterized by:

- a. Viral in origin
- b. Multiple
- c. Best treated by radiotherapy
- d. Most common laryngeal tumors in children

51. Subglottic cancers usually present with:

- a. Hoarsencess
- b. Stridor
- c. Dysphagia
- d. Neck node

52. Which laryngeal cancer has best prognosis & least metastasis:

- a. Supraglottic carcinoma
- b. Glottic carcinoma
- c. Subglottic carcinoma
- d. Hypo pharyngeal carcinoma

53. The highest percentage of metastases occur with

which cancer:

- a. Supraglottic
- b. Glottic
- c. Subglottic

d. Hypo pharyngeal

54.Most frequent symptom of glottic carcinoma is:

2021

- a. Hoarseness
- b. Dysphagia
- c. Stridor
- d. Neck node

55. Which of the following laryngeal carcinoma has best prognosis:

- a. Supraglottic
- b. Glottic
- c. Subglottic
- d. None of the above

56.Carcinoma in situ of larynx is treated by:

- a. Radiotherapy
- b. Partial layngectomy
- c. Total laryngectomy
- d. Stripping

57. Treatment of choice in stage III carcinoma larynx

:

- a. Chemotherapy
- b. Surgery
- c. Radiotherapy
- d. A+b e. B+c

58.Treatemtn of stage IV carcinoma larynx is

- a. Surgery
- b. Radiotherapy
- c. Chemotherapy
- d. A+b e. A+c

e. A+c 59. High tracheostomy is done in:

- a. Laryngeal carcinoma
- b. Vocal card palsy
- c. Laryngomalacia
- d. Subglottic stenosis

60. Most common complication of high tracheostomy

- is:
 - a. Laryngeal stenosis
 - b. Difficult decannulation
 - c. Pneumothorax
 - d. Subcutaneous emphysema

61. Tracheotomy reduces the dead alveolar space by:

Decrease dead space by 30-50%

trancheostomy is pneumothorax

A frequent problem in infants after

tracheostomy is difficult decannulation

is given 2 fingers above sternal nostrils Commonest complication of pediatrics

In emergency tracheostomy transverse incision

Page 106

- a. 10-20%
- b. 30-50%
- c. 60-70%

tracheostomy

a.

b.

c.

d.

d. 70-100%62. Which of following statements is false about

63. Commonest site of lodgment of foreign body	18. C
esophagus is :	19. C
a. At or just above cricopharyngeal sphincter	20. C
b. At or just below cricopharyngeal sphincter	21. C
c. Cardiac sphincter	22. C
d. Mid esophagus	23. B
54. The therapeutic indications of rigid	24. B
esophagoscopy are following except:	25. E
a. Removal of benign lesions of larynx	26. B
b. Dilatation of esophageal structures	27. C
c. Injection of esophageal varies	28. C
d. As part of panendoscopy	29. C
5. The therapeutic indications of direct larynoscopy	30. D
nclude:	30. D 31. A
a. Removal of benign lesions of larynx	31. A 32. D
 b. Removal of foreign body larynx 	33. D
c. Dilatation of laryngeal structures	33. D 34. A,B,C,D
d. To find extent of growth & growth & take	35. D
biopsy	35. D 36. C
6. The complications of bronchosocpy include:	30. C 37. B
a. Injury to teeth & lips	37. B 38. D
b. Hemorrhage from biopsy site	38. D 39. D
c. Hypoxia & cardiac arrest	40. B
d. Laryngeal edema	40. B 41. C
7. The C/I of adenoidectomy include:	41. C 42. A
	42. A 43. A,B,C
a. Velopharyngeal insufficiency b. Hemorrhagic diathesis	43. A,B,C 44. C
c. Acute infection of upper respiratory tract	44. C 45. A
d. Dental Malocclusion	46. C,D
8. A 50 year male present with 4cm hard immobile	40. C,D 47. A,C,D
which will be a set of the set o	48. A,B,D
esion was found in the head and neck. Further	49. B
nanagement will be:	50. A,B,D
	51 B
a. Oesophagoscopy	51. B 52 B
a. Oesophagoscopyb. Triple endoscopy	52. B
a. Oesophagoscopyb. Triple endoscopyc. Laryngoscopy	52. B 53. D
a. Oesophagoscopyb. Triple endoscopy	52. B 53. D 54. A
a. Oesophagoscopyb. Triple endoscopyc. Laryngoscopy	52. B 53. D 54. A 55. B
a. Oesophagoscopyb. Triple endoscopyc. Laryngoscopy	52. B 53. D 54. A 55. B 56. A
a. Oesophagoscopyb. Triple endoscopyc. Laryngoscopy	52. B 53. D 54. A 55. B 56. A 57. E
a. Oesophagoscopyb. Triple endoscopyc. Laryngoscopy	52. B 53. D 54. A 55. B 56. A 57. E 58. D
a. Oesophagoscopyb. Triple endoscopyc. Laryngoscopyd. Supravital staining	52. B 53. D 54. A 55. B 56. A 57. E 58. D 59. A
 a. Oesophagoscopy b. Triple endoscopy c. Laryngoscopy d. Supravital staining 	52. B 53. D 54. A 55. B 56. A 57. E 58. D 59. A 60. A
 a. Oesophagoscopy b. Triple endoscopy c. Laryngoscopy d. Supravital staining 	52. B 53. D 54. A 55. B 56. A 57. E 58. D 59. A 60. A 61. B
 a. Oesophagoscopy b. Triple endoscopy c. Laryngoscopy d. Supravital staining 	52. B 53. D 54. A 55. B 56. A 57. E 58. D 59. A 60. A 61. B 62. C
 a. Oesophagoscopy b. Triple endoscopy c. Laryngoscopy d. Supravital staining CHROAT PART – 2 ANSWER KEY A B A 	52. B 53. D 54. A 55. B 56. A 57. E 58. D 59. A 60. A 61. B 62. C 63. B
 a. Oesophagoscopy b. Triple endoscopy c. Laryngoscopy d. Supravital staining CHROAT PART – 2 ANSWER KEY A B A A 	52. B 53. D 54. A 55. B 56. A 57. E 58. D 59. A 60. A 61. B 62. C 63. B 64. D
 a. Oesophagoscopy b. Triple endoscopy c. Laryngoscopy d. Supravital staining THROAT PART – 2 ANSWER KEY A B A E 	52. B 53. D 54. A 55. B 56. A 57. E 58. D 59. A 60. A 61. B 62. C 63. B 64. D 65. D
 a. Oesophagoscopy b. Triple endoscopy c. Laryngoscopy d. Supravital staining THROAT PART – 2 ANSWER KEY A B A E B,C 	 52. B 53. D 54. A 55. B 56. A 57. E 58. D 59. A 60. A 61. B 62. C 63. B 64. D 65. D 66. A,B,C,D
 a. Oesophagoscopy b. Triple endoscopy c. Laryngoscopy d. Supravital staining CHROAT PART – 2 ANSWER KEY A B A B A B A B C 	 52. B 53. D 54. A 55. B 56. A 57. E 58. D 59. A 60. A 61. B 62. C 63. B 64. D 65. D 66. A,B,C,D 67. A,B,C
 a. Oesophagoscopy b. Triple endoscopy c. Laryngoscopy d. Supravital staining THROAT PART – 2 ANSWER KEY I. A 2. B 3. A 4. A 5. B,C 5. B,C 7. C 3. A	 52. B 53. D 54. A 55. B 56. A 57. E 58. D 59. A 60. A 61. B 62. C 63. B 64. D 65. D 66. A,B,C,D
 a. Oesophagoscopy b. Triple endoscopy c. Laryngoscopy d. Supravital staining THROAT PART – 2 ANSWER KEY A B A E B,C C B,C C 	 52. B 53. D 54. A 55. B 56. A 57. E 58. D 59. A 60. A 61. B 62. C 63. B 64. D 65. D 66. A,B,C,D 67. A,B,C
 a. Oesophagoscopy b. Triple endoscopy c. Laryngoscopy d. Supravital staining THROAT PART – 2 ANSWER KEY A B A B A B B,C C C B 	 52. B 53. D 54. A 55. B 56. A 57. E 58. D 59. A 60. A 61. B 62. C 63. B 64. D 65. D 66. A,B,C,D 67. A,B,C
 a. Oesophagoscopy b. Triple endoscopy c. Laryngoscopy d. Supravital staining THROAT PART – 2 ANSWER KEY A B A B A B B,C C C B 	 52. B 53. D 54. A 55. B 56. A 57. E 58. D 59. A 60. A 61. B 62. C 63. B 64. D 65. D 66. A,B,C,D 67. A,B,C
 a. Oesophagoscopy b. Triple endoscopy c. Laryngoscopy d. Supravital staining THROAT PART - 2 ANSWER KEY A B A E B,C C B A EDUC EDUC EDUC EDUC O B 1 C	 52. B 53. D 54. A 55. B 56. A 57. E 58. D 59. A 60. A 61. B 62. C 63. B 64. D 65. D 66. A,B,C,D 67. A,B,C
 a. Oesophagoscopy b. Triple endoscopy c. Laryngoscopy d. Supravital staining THROAT PART – 2 ANSWER KEY A A B A A E B,C C B,C C B C B C A 	 52. B 53. D 54. A 55. B 56. A 57. E 58. D 59. A 60. A 61. B 62. C 63. B 64. D 65. D 66. A,B,C,D 67. A,B,C
 a. Oesophagoscopy b. Triple endoscopy c. Laryngoscopy d. Supravital staining THROAT PART – 2 ANSWER KEY I. A 2. B 3. A 4. A 5. B,C 5. B,C 7. C 3. A	 52. B 53. D 54. A 55. B 56. A 57. E 58. D 59. A 60. A 61. B 62. C 63. B 64. D 65. D 66. A,B,C,D 67. A,B,C
 a. Oesophagoscopy b. Triple endoscopy c. Laryngoscopy d. Supravital staining THROAT PART - 2 ANSWER KEY A A B A E B,C C B,C C B C B C B C B C C B C D 	 52. B 53. D 54. A 55. B 56. A 57. E 58. D 59. A 60. A 61. B 62. C 63. B 64. D 65. D 66. A,B,C,D 67. A,B,C
 a. Oesophagoscopy b. Triple endoscopy c. Laryngoscopy d. Supravital staining THROAT PART – 2 ANSWER KEY A A B A A E B,C C B,C C B,C C B C B C B C C A C A C C A C C	 52. B 53. D 54. A 55. B 56. A 57. E 58. D 59. A 60. A 61. B 62. C 63. B 64. D 65. D 66. A,B,C,D 67. A,B,C







