Nam	Name:			
Com	puter #: Date:			
1. 9	year old girl prevail with history of sleep apnea attacks associated with soar throat.			
A	. What is the radiological test called.			
В	Mention two absolute indication of tonsillectomy			
ANS	WER:			
A	. Lateral soft tissue of the neck Post nasal space tomy			
В	Sleep apnea (obstructive) Suspicious of mahfancy			
2. 35	5 year old man came to OPD with since headache, nasal obstruction and loss of smell.			
A.	Mention two obvious findings of the above radiological film.			
В.	What is this film view called?			
ANS	WER			
A.	Air fluid level of left maxillary opacification of the right maxillary.			
B.	Water's view (occepito mental)			
3. Tl	nis is oral cavity picture of young lady carry to emergency room, unable to shallow to 3 days with failure of medical treatment to relieve her condition.			
A.	What is this condition called?			
B.	What is proper management of such condition?			

- A. Peritonsillar abscess
- B. Incision & drainage

-	n presented in the clinic with history of complete right nasal evert right epistaxis and neck mass for.	
A. Wha	t is most appropriate diagnosis?	
B. Wha	t is your next step of management?	
ANSWER		
A. Nasa	l Tumor (cancer)	
B. Biop	sy of the mass	
5. This topographical picture of nasal septum anatomy.		
A. Men	tion two bony components of septum.	
B. Men	tion two indication of septoplasty.	
ANSWER		
A. Septum	bony components – tanodal, maxillary / vomer, palatine	
B. DNS – b	pleeding, deformity etc.	
6. 63 years old n	nan presented with this picture post total paracidectomy 1 year back.	
A. Wha	t is the most appropriate cause of his case?	
B. Apar	rt from motor function mention two natural function of facial nerve.	
ANSWER		
A. Eugenic	facial palsy	
funct	to concha of the auricle ion to auteus 2/8 of tongue.	

7. A.	. What is this audiological test called			
В.	Ment	ion two conditions which might show in the above findings.		
ANSV	WER			
	A.	Pun tone audiogram		
	B.	Pnesbycum Noise induced Hl Ototoxicity		
8. 17	year	old man presented two days post facial trauma with nasal obstruction.		
	A.	What is the condition		
	B.	Mention two major complications		
ANS	WER			
	A.	Septal hematoma		
	В.	Septal abscess, septal perforation Spread of infection to brain Cavernour sinus, etc.		
9. Th	nis is a	natomical draw of the lateral nasal wall.		
	A.	What is the structure 3, 4?		
	B.	Mention two sinus' astia drawn in the middle meatus.		
ANS	WER			
	A.	Superior turbinate (3) Agar Nose (4)		

Ethmoidal, maxillary, frontal sinus

B.

10.	A.	Mention 2 indications from this procedure?
	В.	Mention two complications.
ANSV	VER	
	A.	Airway obstruction Major head & neck surgery Decrease dead space Elongated ventilation
	B.	Airway obstruction Bleeding Trauma to major structure
11. 2	29 yea	r old man presented to ENT clinic with this nasal findings.
	A.	Mention two presenting symptoms.
	B.	Mention two optional treatment
ANS	WER	
	A.	Bleeding - csentations Obstruction - badsmell
	В.	Nasal wash (conservative) Septal batton Surgical closure
	-	r old lady presented with history of right progressive hearing loss, right ear as and dizziness attacks.
	A.	What is the most appropriate diagnosis?
	B.	What is the usual anatomical area affected?

A.	Acoustic neuroma (right)
B.	Cerebellopontime angle
	laryngeal picture of 19 year old man presented with sudden aphonia after involved in verbal fighting.
A.	What is the most appropriate diagnosis?
B.	What is your management?
SWER	
A.	Angiomaton polyp (L)
В.	Ommation of Drainage
17 year	old lady presented with history of recurrent preauricular swelling.
C.	What is your diagnosis?
D.	What is the best management?
SWER	
A.	Preauricular sinus
B.	Surgical excision
13 year	old boy presented to ENT clinic with neck swelling for 3 months.
A.	Mention two different diagnoses.
В.	Mention two most appropriate investigations
	B. This is he got A. B. SWER A. B. 17 year C. D. SWER A. B. 13 year A.

A.	Neoplasm of L.N., parotid Persistent lymphanoplasty	
B.	CT scan with contract Fine needle aspiration	
•	old boy complaining of sleep disturbance. This is his oral cavity action picture. Define sleep apnea	
В.	Mention another two major expected presentation in this case.	
ANSWER		
A.	Cessation of breathing at upper airway level (supraglottic) for 10 seconds.	
В.	Swallowing disturbance, recurrent Ts, speech difficulty.	
17. 2 years old boy was brought to emergency room with history of choking few hours ago. This is his two respiration phases		
A.	Mention your finding.	
В.	Where is common site of foreign body in laryngotracheal tree.	
ANSWER		
A.	Hyper inflation of right lung shifted menistinum to left side	
В.	Right main bronchus	
18. Diagrammatic draw of facial nerve course.		
A.	Mention two branches of facial nerve while it passes to intra temporal course.	
B.	What is the narrowest segment (part) of fallopian canal (facial nerve canal)	

A.

Stupedia brach, chorda tympany

	Greater perposal new	
В.	Labyrithin segment	
19. 33 year old lady presented with neck mass noticed to have for more than 20 it is recurrently swollen. She was diagnosed to have thyglosial cyst		
A.	If surgically planned to be managed, what is the most important step to be done prospectively?	
В.	What is the ideal surgical management (type of surgery)	
ANSWER	t	
A.	N/S neck to know the status of thymoid gland.	
B.	Sistrunk operation	
20. A.	What is this radiological test?	
В.	Mention two abnormalities that could be detected by this test.	
ANSWER		
A.	Sialogram / sialography	
В.	Sialolithiaris – filling defect Chronic sialodenit, meucocele, sialosis	
21. 27 years old teacher came to speech clinic complaining of dysphonic for few months.		
A.	What is your diagnosis?	
В.	What is first line of management?	

22.	3 year	old girl born with this picture on one side
	A.	Describe your findings (name the deformity)
	В.	What is appropriate non-surgical option for hearing management on that side.
ANSW	ER	
	A.	Miastia
	B.	Bone Anchored Hearing Aid (BAHA)
23.	Otolo	gical view of left ear.
	A.	Mention two indications of the procedure.
	B.	Mention two possible long term complications of this procedure.
ANSV	VER	
	A.	Recurrent otitis media Otitis media with effusion
	В.	Resistent perforation
	Б.	Failure to come out Tympanosclerosis
24.	•	ar old man has a history of motor vehicle accident 3 years ago, was brought unconscious.
	A.	Mention two possible laryngeal presentations.
	_	
	В.	What is the radiological finding?
ANSV	VER	
ANSV	B. WER	What is the radiological finding?

Dysphonia-stridor

Displaced fracture of thyroid cartillage

A.

B.

25.	Audiology test				
	A.	What decibel indication			
	B.	Mention two objectives of audiological test to assess the hearing.			
ANSV	WER				
	A.	Sound intensity			
	B.	ABR			
	ъ.	OAE			
		Stapedial reflex			
2 < 22					
	-	ld man with the history of recent flu presented with severe earache after ight trip.			
1	ong n	ւցու աթ.			
	A.	What is your diagnosis?			
	В.	What is the possible surgical procedure to be done to relieve patient's symptoms?			
ANSV	WER				
	A.	Barotrauma (+/- OME)			
	B.	Myringotomy +/- ventilation tube			
27. 5 y	ears o	ld boy came to E.R. with drooling of saliva for few hours but no complaint.			
	A.	What is radiological finding?			
	B.	What is your surgical management?			
ANSV	WER				
	A.	F.B. in esophagus			
	B.	Rigid esophagoscopy + removal of foreign body			

28.	days.	year old girl came to the clinic complaining of severe earache, for the last two lays. The parents mentioned that she used to get more than 6 attacks annually in both ears.	
	A.	What is the diagnosis?	
	В.	What is the appropriate surgical procedure?	
ANSV	VER		
	A.	Acute Otitis Media	
	B.	Bilateral Ventilation Tubes	
29	•	ars old boy was brought to ER with history of high fever, drooling saliva stridor. This is his lateral neck x-ray.	
	A.	What is your diagnosis?	
	В.	What is your first step of management?	
ANSV	WER		
	A.	Acute epiglotitis	
	В.	Airway intubcation – tracheostomy.	
30. 3	39 year o	old lady came to the clinic with history of recurrent ear discharge.	
	A.	Mention two possible complications of surgery could be done.	
	В.	What types of lining mucosa of middle ear?	
ANSV	WER		
	A.	Bleeding, ossicular disruption SIVHC	
	B.	Pseudostratified ciliated colluman epithelium	