

MCQ

RHINOLOGY

2-THE FLOOR OF THE ORBIT IS FORMED BY THE ORBITAL PLATE OF MAXILA,THE ORBITAL SURFACE OF THE ZYGOMA AND THE: **B,E**

1. LACRIMAL BONE
2. SPHENOID BONE
3. ORBITAL PROCESS OF THE FRONTAL BONE
4. LESSER WING OF THE SPHENOID
5. **ORBITAL PROCESS OF PALATINE BONE**

NEUROTOLOGY

THE SECOND COMMONEST CPA MASS LESION IS: **P,NO,I**

1. GLIOMA
2. ANEURYSM
3. **MENINGIOMA**
4. EPIDERMOID

TRAUMATOLOGY

A 40 YEARS OLD MALE PATIENT HAD LT EYE TRAUMA WITH DISPACED TROCHLEA,ON CLINICAL EXAMINATION WOULD REVEAL: **P,TRUMA,I**

1. **DIPLOPIA ON DOWNWORD GAZE**
2. DI[PLOPIA ON LATERAL GAZE
3. DIPLOPIA ON UPWORD GAZE
4. DIPLOPIA ON MEDIAL GAZE
5. ENOPHTHALMOS

BASIC

THE HARD PALATE IS FORMED IN THE FETOUS BY THE; **B,D**

1. FIFTHWEEK
2. SIXTH WEEK
3. SEVENTH WEEK
4. **NINTH WEEK**
5. 12TH WEEK

A 60 YEARS OLD PT. WITH H/O RT.FACIAL PALSY WITH PROFUSE LACRIMATION DURING EATING, THIS IS: **F,G,D**

1. BONNIER SYNDROME
2. BRIQUET SYNDROME
3. **BOGORAD SYNDROM**

4. BESNIER-BOECKSHAUMANN SYNDROME
5. BONNET SYNDROME

FACIAL NERVE IS NOT FULLY DEVELOPED UNTILL A CHILDE IS: **B,D**

1. 1 YEAR
2. 2 YEAR
3. **4 YEAR**
4. 6 YEAR
5. 8 YEAR

THE DIFFERENTIAL DIAGNOSIS OF ACUTE FACIAL NERVE PARLYSIS , SHOULD NOT INCLUDE: **P,G,I**

1. SARCOIDOISIS
2. HERBES ZOSTER
3. **KAWASAKI'S DISEASE**
4. LYME DISEASE
5. SHWANOMA

THE MOST COMMON SOURCE OF INFECTION OF THE LATERAL PHARYNGEAL SPACE IS FROM THE : **P,PH,E**

1. FLOOR OF THE MOUTH
2. NECK
3. MASTOID
4. SOFT PALATE
5. **TONSILS**

LATERAL PHARYNGEAL SPACE IS DEVIDED INTO TWO COMPARTMENTS BY THE : **P,PH,E**

1. 11TH CRANIAL NERVE
2. CAROTID SHEATH
3. **STYLOID PROCESS**
4. CAROTID ARTERY
5. JUGULAR ARTERY

PAROTID GLAND IS SEPARATED FROM SUBMANDIBULAR GLAND BY :**B,E**

1. MYLOHYOID
2. STYLOHYOID
3. **STYLOMANDIBULAR LIGAMENT**
4. POSTERIOR BELLY OF DIGASTRIC.M
5. ANTERIOR BELLY OF DIGASTRIC,M

LIGATION OF COMMON CAROTID ARTERY MAY LEED TO MORTALITY IN:**F,HN,D**

1. 1%
2. 10%
3. 5%

4. **30-50%**
5. >90%

A 35 YEARS MALE PATIENT HAS AN AREA OF DARK ORAL LESION AND INTESTINAL POLYPOSIS, THE MOST LIKELY DIAGNOSIS: **F,G,D**

1. PILLAGRA
2. MELANOMA
3. SPRUE
4. **PEUTZ-JEGHER'S SYNDROM**

CHANCE OF VENTILATION TUBE INSERTION IN A CHILD WITH SECRETORY OTITIS MEDIA IS: **P,G,E**

1. 5%
2. **20%**
3. 50%
4. 80%
5. >90%

A 50 YEARS OLD MALE PT. WITH AIDS PRESENTED WITH 5 MONTHES DURATION OF RT. SIDED SCANTY, THICK YELLOWISH EAR DISCHARGE ASSOCIATED WITH PROGRESSIVE DEAFNESS, THE MOST LIKELY DIAGNOSIS IS: **F,OT,I**

1. ACUTE NECROTISING OTITIS MEDIA
2. CHRONIC NECROTISING OTITIS MEDIA
3. SYPHYLITIC OTITIS MEDIA
4. **TUBERCULOUS OTITIS MEDIA**
5. HERPIS ZOSTER OTICUS
6. BULLOUS MYRINGITIS

A CONGENITAL CHOANAL ATRESIA IS: **P,PED,E**

1. MOST COMMONLY A MEMBRANOSIOUS CLOSURE
2. MOSTLY AUNILATERAL
3. **COMMONER IN FEMALE**
4. OF EARLY PRESENTATION IN UNLILATERAL CASES.
5. NOT A LIFE THREATENING CONDITION JN BILATERAL CASES