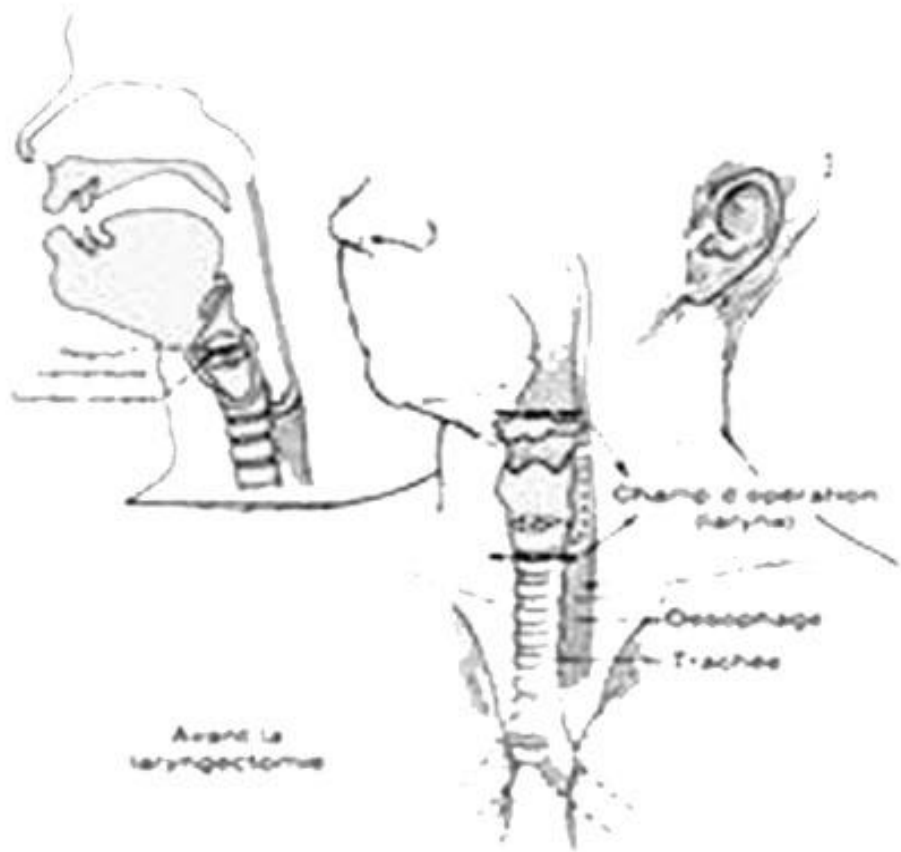


ENT MCQS WITH ANSWERS



One Vision....One mission

ALL TEAM

The Ear

1. **The Following is true about the tympanic membrane EXCEPT:**
 - a. It is rounded in shape.
 - b. It is placed obliquely forming acute angle with meatus anteriorly and obtuse one posteriorly.
 - c. The normal tympanic membrane is pearly white in color.
 - d. The light reflex is due to the concave position of the membrane.
2. **The following is true about the Eustachian tube EXCEPT:**
 - a. It ends 1 cm behind the posterior end of the inferior turbinate.
 - b. The upper 1/3 is bony while the lower 2/3 is fibrocartilagenous.
 - c. It is normally opened at rest.
3. **Choose the correct answer:**
 - a. Ear washing is not contraindicated in traumatic perforation of the drum.
 - b. Pathological perforation of the drum occurs at any site while traumatic ones occurs in pars tensa only.
 - c. In ear washing, the sterile nozzle of the syringe is directed to the drum directly.
 - d. Ear washing is indicated in the presence of fistula between the middle & inner ear.
4. **Pain on mastication is present in:**
 - a. Acute mastoiditis.
 - b. Otosclerosis.
 - c. Furunculosis of the external ear.
 - d. Allergic otitis externa.
5. **Sagging of the postero-superior wall of the EAC occurs in:**
 - a. Acute mastoiditis.
 - b. Furunculosis of the external ear.
 - c. Otitis media.
 - d. Petrositis.
6. **The causative agent in otomycosis is:**
 - a. Aspergillus nigers & / or Candida albicans.
 - b. Streptococci.
 - c. Staphylococci.
 - d. E.coli
 - e. B. pyocyaneus.
7. **Ramsy-Hunt syndrome is:**
 - a. Herpes-zoster affection of the geniculate ganglion of the facial nerve.
 - b. Dysphagia in middle aged female.
 - c. Dysphagia in old male.
 - d. Sensory-neural deafness in newly born.
8. **Stapedectomy is one line for treatment of:**
 - a. Otosclerosis.
 - b. Otomycosis.
 - c. Otitic barotrauma.
 - d. Secretory otitis media.

9. Bloody discharge from the ear occurs in:

- a. Fracture base of the skull.
- b. Glomus jugular tumor.
- c. Haemorrhagic otitis media.
- d. Rupture drum.
- e. All of the above.
- f. Non of the above.

10. The most common cause of deafness in children:

- a. Acute otitis media.
- b. Secretory otitis media.
- c. Chronic otitis media.
- d. Cholesteatoma.

11. In traumatic ossicular disruption, all is true EXCEPT:

- a. The audiogram shows 55 dB loss.
- b. Separation of the icudo-stapedial joint is the commonest lesion.
- c. There is bulging drum.
- d. C.T scan is indicated.

12. Crescentic hairline is an otoscopic finding in:

- a. Otomycosis.
- b. Otosclerosis.
- c. Secretory otitis media.
- d. Acute otitis media.

13. Reservoir is a characteristic sign in:

- a. Acute mastoid abscess.
- b. Acute otitis media.
- c. Chronic otitis media.
- d. Secretory otitis media.

14. Gradinigo syndrome occurs in:

- a. Acute mastoid abscess.
- b. Acute petrositis.
- c. Chronic otitis media.
- d. Secretory otitis media.

15. Griesinger's sign is:

- a. Edema & tenderness over the posterior border of the mastoid process.
- b. Unilateral pulsating otorrhoea.
- c. Vertigo & nystagmus on increasing the pressure of the EAC.
- d. Tenderness on the tip of mastoid bone.

16. Fever in lateral sinus thrombosis is:

- a. Intermittent.
- b. Remittent.
- c. Low grade.
- d. High grade.

17. Tobey-Ayer's test is a characteristic sign in:

- a. Brain abscess.
- b. Lateral sinus thrombosis.
- c. Extradural abscess.
- d. Meningitis.
- e. Cavernous sinus thrombosis.

18. Pain in acute tonsillitis is referred to the ear through:

- a. The 5th nerve.
- b. The 9th nerve.
- c. The 10th nerve.
- d. 2nd & 3rd cervical nerve.

19. Pain in acute sinusitis is referred to the ear through:

- a. The 5th nerve.
- b. The 9th nerve.
- c. The 10th nerve.
- d. 2nd & 3rd cervical nerve.

20. Pain in temporo-mandibular joint is referred to the ear through:

- a. The 5th nerve.
- b. The 9th nerve.
- c. The 10th nerve.
- d. 2nd & 3rd cervical nerve.

21. Pain in cancer larynx is referred to the ear through:

- a. The 5th nerve.
- b. The 9th nerve.
- c. The 10th nerve.
- d. 2nd & 3rd cervical nerve.

22. Pain in salivary calculi is referred to the ear through:

- a. The 5th nerve.
- b. The 9th nerve.
- c. The 10th nerve.
- d. 2nd & 3rd cervical nerve.

23. The fluids presents in secretory otitis media is:

- a. Mucopurulent.
- b. Serosanguinous.
- c. Exudates.
- d. Transudates.
- e. Mixture of exudates & transudates.

24. The discharge in case of cholesteatoma is:

- a. Copious purulent.
- b. Copious offensive.
- c. Scanty offensive.
- d. Thick scanty creamy.

25. Watery discharge from the ear occurs in all of the following EXCEPT:

- a. Cerebro-spinal otorrhoea.
- b. Parotid fistula.
- c. Acute otitis media.
- d. Endolymphatic sac surgery.

26. In Rinne's test:

- a. In perceptive deafness: air conduction is better than bone conduction.
- b. In conductive deafness: air conduction is better than bone conduction.
- c. In conductive deafness: bone conduction is better than air conduction.
- d. In perceptive deafness: bone conduction is better than air conduction.

27. In Weber's test:

- a. In conductive deafness: sound is heard better in the diseased ear.
- b. In conductive deafness: sound is heard better in the healthy ear.
- c. In perceptive deafness: sound is heard better in the healthy ear.
- d. In perceptive deafness: sound is heard better in the diseased ear.

28. Schwabach's test is:

- a. Comparison between air & bone conduction of the same ear.
- b. Comparison of bone conduction of both ears at the same time.
- c. Comparison of duration of bone conduction of the patient & the examiner.

29. The following is true about pure tone audiometry EXCEPT:

- a. It gives the amount of the hearing loss in dB.
- b. It gives the type of deafness.
- c. It gives the possible cause of deafness.
- d. It helps in hearing aid selection.
- e. It helps in follow up of the case.
- f. It measures the sound emitted from the cochlea.

30. The following is true about impedance audiometry EXCEPT:

- a. It measures the pressure changes in the middle ear.
- b. It measures fixation and dislocation of the ossicular chain.
- c. It measures the patency of the Eustachian tube.
- d. It measures the sound emitted from the cochlea.

31. In lesion of the facial nerve at the stylomastoid foramen, there is:

- a. L.M.N.L of the facial muscles.
- b. No impairment of taste.
- c. No impairment of salivation.
- d. No impairment of lacrimation.
- e. All of the above.

32. In lesion of facial nerve at vertical part "below the nerve of stapedius" there is:

- a. Loss of taste.
- b. Impairment of salivation.
- c. Impairment of lacrimation.
- d. Hyperacusis.

33. In lesion of the facial nerve at horizontal part, there is:

- a. Loss of taste.
- b. Impairment of salivation.
- c. Impairment of lacrimation.
- d. Hyperacusis.
- e. All of the above.

34. In lesion of the facial nerve at the geniculate ganglion, there is:

- a. Loss of taste.
- b. Impairment of salivation.
- c. Impairment of lacrimation.
- d. Hyperacusis.
- e. All of the above.

35. In UMNL of the facial nerve, there is:

- a. Paralysis of the muscles of the lower 1/2 of the face on the opposite side.
- b. Paralysis involves the voluntary but spares the emotional & associative movement.
- c. Hypotonia.
- d. Hyporeflexia.

36. In LMNL of the facial nerve, there is:

- a. Paralysis of the muscles of the lower 1/2 of the face on the opposite side.
- b. Paralysis involves the voluntary but spares the emotional & associative movement.
- c. Hypotonia.
- d. Hyporeflexia.
- e. Reaction of degeneration.

37. In LMNL of the facial nerve, there is:

- a. Paralysis of the muscles of the lower & upper 1/2 of the face on the opposite side.
- b. Paralysis involves the voluntary, emotional & associative movement.
- c. Paralysis of the muscles of the lower & upper 1/2 of the face on the same side.

38. Bell's palsy is LMNL at the level of:

- a. Geniculate ganglion.
- b. Internal facial auditory meatus.
- c. Stylomastoid foramen.
- d. Cerebellopontine angle.

39. The cause of Bell's palsy may be one of the following EXCEPT:

- a. Vascular ischemia.
- b. Virus infection.
- c. Bacterial infection.
- d. Auto immune.

40. The early symptom of Bell's palsy is:

- a. Drooping of angle of the affected side.
- b. Obliteration of the angle of the mouth.
- c. Pain of acute onset behind the ear.
- d. Inability to close the eye.

41. Intra cranial complications of chronic suppurative otitis media includes:

- a. Mastoiditis.
- b. Meningitis.
- c. Labyrinthitis.
- d. Brain abscess.

42. Cranial complications of chronic suppurative otitis media includes:

- a. Mastoiditis.
- b. Labyrinthitis.
- c. Petrositis.
- d. Facial nerve paralysis.
- e. All of the above.

43. Extra cranial complications of chronic suppurative otitis media includes:

- a. Mastoiditis.
- b. Bezold abscess.
- c. Lateral sinus thrombosis.
- d. Otitis externa.

44. CSF examination in case of meningitis shows:

- a. Protein diminished.
- b. Sugar diminished.
- c. Chloride diminished.
- d. Cell count increased.
- e. a, b & c.
- f. b, c & d.

45. All are correct about Meniere's disease EXCEPT:

- a. It is an endolymphatic hydrops.
- b. Males are more affected than females.
- c. The type of deafness is conductive.
- d. Decompression of the labyrinth is indicated if the vertiginous attack is crippling.

46. The aim of radical mastoidectomy is:

- a. To give safe ear.
- b. To preserve hearing.
- c. Reconstruct the ossicles.
- d. Reconstruct the tympanic membrane.

47. The aim of modified radical mastoidectomy is:

- a. To give safe ear & to preserve hearing.
- b. Reconstruct the ossicles.
- c. Reconstruct the tympanic membrane.

48. The pain in acute suppurative otitis media in the suppurative stage is:

- a. Dull aching.
- b. Throbbing.
- c. Boring.
- d. Burning.

- 49. The pain in acute suppurative otitis media in the catarrhal stage is:**
- Dull aching.
 - Throbbing.
 - Boring.
 - Burning.
- 50. The pain in acute suppurative otitis media is more severe at:**
- Night.
 - Morning.
 - Mid-day.
 - All the day.
- 51. The pain in acute suppurative otitis media disappear after:**
- Bulging of the drum.
 - Perforation of the drum.
 - Congestion of the drum.
- 52. In malignant otitis externa all the following is true EXCEPT:**
- It is common in old diabetic.
 - There may be facial paralysis.
 - The commonest organism is pseudomonas.
 - Mainly treated surgically.
- 53. McEwen's triangle is the surface landmark of:**
- The tympanic part of the facial nerve.
 - Mastoid antrum.
 - Dome of the lateral semicircular canal.
 - Icudo-stapedial joint.
- 54. Longitudinal fracture of the temporal bone may be associated with all of the following EXCEPT:**
- LMNL facial palsy.
 - Traumatic perforation of the tympanic membrane.
 - Conductive hearing loss.
 - Profound hearing loss.
- 55. The middle ear magnifies the sound:**
- 20 times.
 - 22 times.
 - 200 times.
 - 21 times.
- 56. The test of hearing in infants is:**
- Rinne test.
 - Weber test.
 - Pure tone audiometry.
 - ABR "Auditory Brain stem Response".

57. ABR "Auditory Brain stem Response" is used in:

- a. Test of hearing in malingering.
- b. Test of hearing in retrochoclear lesion.
- c. Detection of acoustic neuroma.
- d. All of the above.

58. The following are the manifestations of temporal lobe abscess EXCEPT:

- a. Hemi paresis.
- b. Aphasia.
- c. Convulsive fits.
- d. Vertigo.

59. The earliest manifestation of cavernous sinus thrombosis is:

- a. Fever.
- b. Ptosis.
- c. Proptosis.
- d. Ophthalmoplegia.

60. In traumatic rupture of the drum, all are true EXCEPT:

- a. The main treatment is conservative.
- b. Local ear drops are highly indicated.
- c. It heals spontaneously within 3 months.
- d. It may be caused by longitudinal fracture of the temporal bone.

61. Early acute suppurative otitis media is manifested by:

- a. Retracted tympanic membrane.
- b. Aural fullness.
- c. Deafness.
- d. All of the above.

62. The pathology in case of Bell's palsy is:

- a. Facial nerve tumor.
- b. Cut in the tympanic segment in the facial nerve.
- c. Edema of the facial nerve inside its bony canal.
- d. Hemorrhage in the facial nerve nucleus.

63. The most accurate diagnostic test to detect degeneration of the facial nerve:

- a. Nerve excitability test.
- b. Electromyography.
- c. Electroneurography.
- d. Stapedial reflex.

64. Cholesteatoma is:

- a. Benign middle ear tumor.
- b. Skin in a wrong place.
- c. Specific middle ear granuloma.
- d. Non of the above.

65. Bezold's abscess is a swelling:

- a. Behind the ear.
- b. Below the ear in the neck.
- c. Above the ear.
- d. In front of the ear.

66. Inability to raise the eye brow & close the same eye with deviation of the angle of the mouth to the opposite side is:

- a. UMNL 7th cranial nerve palsy.
- b. UMNL 5th cranial nerve palsy.
- c. LMNL 5th cranial nerve palsy.
- d. LMNL 7th cranial nerve palsy.

67. Conductive deafness is the main presentation of:

- a. Furunculosis of the external auditory canal.
- b. Ear wax.
- c. Haematoma auris.
- d. Non of the above.

68. Unilateral hearing loss with pulsating tinnitus is suggestive of:

- a. Otosclerosis.
- b. Extradural abscess complicating CSOM.
- c. Glomus tumor.
- d. Acoustic neuroma.

69. The intracranial complications of cholesteatoma are all of the following EXCEPT:

- a. Extradural abscess.
- b. Lateral sinus thrombosis.
- c. Petrositis.
- d. Meningitis.

70. The most common vertigo is:

- a. Acoustic neuroma.
- b. Ototoxicity.
- c. Meniere's disease.
- d. Benign paroxysmal positional vertigo.

71. A case of ear infection followed by headache, blurring of vision & vomiting is suggestive of:

- a. Mastoiditis.
- b. Petrositis.
- c. Labyrinthitis.
- d. Brain abscess.

72. The commonest organism in malignant otitis externa:

- a. Streptococci.
- b. Pneumococci.
- c. Pseudomonas aeruginosa.
- d. Moraxella catarrhalis.

73. The medial wall of the middle ear shows the following EXCEPT:

- a. The oval window.
- b. The promontory.
- c. The pyramid.
- d. The lateral semicircular canal.

74. Mixed hearing loss may be caused by one of the following:

- a. Otosclerosis.
- b. Meniere's disease.
- c. Ear wax.
- d. Acoustic neuroma.

75. Pulsating ear discharge may be found in:

- a. Extradural abscess.
- b. Acute exacerbation of CSOM.
- c. Acute otitis media with small perforation.
- d. All of the above.

76. The following are tests of hearing sensitivity EXCEPT:

- a. Tuning fork tests.
- b. Tympanometry.
- c. Auditory Brain stem Response.
- d. Pure tone audiometry.

77. All are true about the Eustachian tube EXCEPT:

- a. It opens during swallowing.
- b. It ventilates the middle ear.
- c. It is wider & horizontal in children.
- d. It opens in the oropharynx.

78. The triad of ear discharge, retro-orbital pain % 6th nerve paralysis is due to:

- a. Mastoiditis.
- b. Labyrinthitis.
- c. Apical petrositis.
- d. Lateral sinus thrombosis.

79. In case of Meniere's disease with mild SNHL is treated by all the following EXCEPT:

- a. Medical treatment.
- b. Labyrinthectomy.
- c. Endolymphatic sac decompression.
- d. Vestibular nerve section.

80. Fluctuant SNHL usually occurs in:

- a. Presbycusis.
- b. Meniere's disease.
- c. Otosclerosis.
- d. All of the above.

- 81. Nystagmus & vertigo induced by pressure on the tragus is a sign of:**
- a. Fistula complicating cholesteatoma.
 - b. Benign paroxysmal vertigo.
 - c. Vestibular neuritis.
 - d. Cholesteatoma only.
- 82. Fever, headache, vomiting & neck rigidity in a patient with cholesteatoma is an indication of:**
- a. Lumbar puncture.
 - b. CT scan.
 - c. Fundus examination,
 - d. All of the above.
- 83. Insertion of Grommet tube is indicated in:**
- a. Acute suppurative otitis media.
 - b. Secretory otitis media resistant to medical treatment.
 - c. Chronic otitis media.
- 84. Acute mastoiditis is manifested by all of the following EXCEPT:**
- a. Tenderness over mastoid antrum.
 - b. Continuous ear discharge.
 - c. Sagging of postero-superior meatal wall.
 - d. Obliteration of retro-auricular sulcus.
- 85. Fever & rigor developing in a case of cholesteatoma is suggestive of:**
- a. Cerebellar abscess.
 - b. Acute mastoiditis.
 - c. Lateral sinus thrombosis.
 - d. Labyrinthitis.
- 86. Vertigo in a case of cholesteatoma is suggestive of:**
- a. Temporal lobe abscess.
 - b. Acute petrositis.
 - c. Lateral sinus thrombosis.
 - d. Labyrinthine fistula.
- 87. Equilibrium during angular "rotational" movement is the function of:**
- a. The utricle.
 - b. The saccule.
 - c. The cochlea.
 - d. The semicircular canal.
- 88. The earliest symptom in a case with cholesteatoma that indicates intracranial complication is:**
- a. Persistent headache.
 - b. Facial palsy.
 - c. SNHL.
 - d. Squint.

89. Facial palsy is most commonly:

- a. Neoplastic.
- b. Traumatic.
- c. Herpetic.
- d. Bell's palsy.

90. Slowly progressive conductive deafness in middle aged female with normal drum & Eustachian tube function is most probably due to:

- a. Otitis media with effusion.
- b. Otosclerosis.
- c. Malingering.
- d. Tympanosclerosis.

91. Adhesive otitis media is a complication of:

- a. Cholesteatoma.
- b. Otitis media with effusion.
- c. Both of them.
- d. Non of them.

92. Following ear surgery, LMNL facial palsy with intact taste sensation of the anterior 2/3 of the tongue indicates injury at the level of:

- a. The parotid gland.
- b. The internal auditory canal.
- c. The stylomastoid foramen.
- d. The tympanic segment.

93. Anesthesia of the face may be caused by:

- a. Facial paralysis.
- b. Oculomotor paralysis.
- c. Trigeminal paralysis.
- d. All of the above.

94. A false +ve fistula test is due to:

- a. Labyrinthine fistula with dead ear.
- b. Cholesteatoma bridging an inner ear fistula.
- c. Hyper mobile footplate of the stapes.
- d. All of the above.

95. The concept that the facial nerve supplies the auricle is related to:

- a. Ramsy-Hunt syndrome.
- b. Jugular foramen syndrome.
- c. Horner's syndrome.
- d. Bell's palsy.

96. The most common cause of otitis media with effusion is:

- a. Inadequate treatment of acute otitis media.
- b. Nasopharyngeal neoplasm.
- c. Allergy.
- d. Otitic barotraumas.

97. Complete LMNL facial paralysis due to acoustic neuroma may be associated by all the following EXCEPT:

- a. Loss of lacrimation of the ipsilateral eye.
- b. Loss of taste of the anterior 2/3 of the tongue.
- c. Loss of stapedial reflex.
- d. Hyperacusis.

98. Topognostic test is used in the assessment of facial paralysis include all the following EXCEPT:

- a. Schirmer test.
- b. Stapedial reflex.
- c. Electroneurography.
- d. Gustatory test.

99. A patient with uncomplicated CSOM has:

- a. Ear discharge & headache.
- b. Ear discharge & dizziness.
- c. Ear discharge & hearing impairment.
- d. Ear discharge & fever.

100. The following drugs are ototoxic:

- a. Neomycin.
- b. Gramycin.
- c. Saliclates.
- d. Kanamycin.
- e. All of the above.

The Nose

1. The ostium of the maxillary sinus opens in:

- a. Floor of the sinus.
- b. Roof of the sinus.
- c. Medial wall of the sinus.
- d. Between the medial wall & floor of the orbit.

2. The inferior meatus receives the opening of:

- a. The maxillary sinus.
- b. The anterior ethmoidal sinus.
- c. The posterior ethmoidal sinus.
- d. Nasolacrimal duct.

3. The middle meatus contains:

- a. The ostia of the maxillary, anterior ethmoidal & frontal sinuses.
- b. The ostia of the posterior ethmoidal sinuses.
- c. The nasolacrimal duct.

4. All are true about rhinoscleroma EXCEPT:

- a. It is endemic in Egypt.
- b. It is a disease of low immunity & low resistance.
- c. It runs in families due to genetic inheritance.
- d. It is sub-epithelial inflammatory granuloma.

- 5. Mikulicz cell is a characteristic histological finding in:**
- Rhinoscleroma.
 - Rhinopneumocystosis.
 - Aspergillosis.
 - Sarcoidosis.
- 6. Russell bodies is a characteristic histological finding in:**
- Rhinoscleroma.
 - Rhinopneumocystosis.
 - Aspergillosis.
 - Sarcoidosis.
- 7. Perforation of bony part of the nasal septum occurs in:**
- Sarcoidosis.
 - Rhinoscleroma.
 - Tuberculosis.
 - Syphilis.
- 8. Keim test is positive in:**
- Sarcoidosis.
 - Rhinoscleroma.
 - Tuberculosis.
 - Syphilis.
- 9. Spontaneous recovery is usual in:**
- Rhinopneumocystosis.
 - Sarcoidosis.
 - Tuberculosis.
 - Syphilis.
- 10. The causative agent of rhinoscleroma is:**
- Sporozoon.
 - Low virulent T.B bacillus.
 - Treponema Pallidum.
 - Gram -ve short capsulated diplobacillus.
- 11. Sarcoidosis is:**
- Chronic sub-epithelial inflammatory granuloma of upper respiratory tract.
 - Non caseating granuloma with histological picture similar to T.B.
 - Fungal infection of nasal mucosa.
 - Infection with sporozoon.
- 12. The causative agent of lupus vulgaris is:**
- Sporozoon.
 - Low virulent T.B bacillus.
 - Treponema Pallidum.
 - Gram -ve short capsulated diplobacillus.

13. Apple-jelly nodules of the nasal mucosa is a clinical finding in:

- a. Saroidosis.
- b. Rhinoscleroma.
- c. Lupus vulgaris.
- d. Tuberculosis.

14. Nasal furunculosis is due to:

- a. Staphylococcal infection of a pilosebaceous gland.
- b. T.B infection of nasal mucosa.
- c. Fungal infection of nasal skin.
- d. H.influenza infection of the nose.

15. F.B of nose is represented by:

- a. Bilateral nasal obstruction.
- b. Unilateral nasal discharge.
- c. Bilateral nasal epistaxis.
- d. Unilateral nasal obstruction.

16. If a patient represented with edema & swelling after nasal trauma:

- a. Repair should be done immediately.
- b. Repair should be delayed for 3-10 days.

17. The ideal intranasal decongestant:

- a. Must not damage the cilia.
- b. Must not be followed by rebound congestion.
- c. Must be isotonic & faintly alkaline.
- d. All of the above.

18. The mechanism of nasal allergy is:

- a. Type 1 hypersensitivity reaction.
- b. Type 2 hypersensitivity reaction.
- c. Type 3 hypersensitivity reaction.
- d. Type 4 hypersensitivity reaction.

19. Eosinophils in great numbers in nasal secretion is a finding in:

- a. Atrophic rhinitis.
- b. Chronic rhinitis.
- c. Allergic rhinitis.
- d. Acute rhinitis.

20. The most common type of nasal polypi is:

- a. Allergic.
- b. Infective.
- c. Secondary to malignancy in the nose.

21. The allergic nasal polyp is:

- a. Soft & mobile.
- b. Rigid & non mobile.
- c. Reddish in color.
- d. Grayish in color.

22. Sneezing is a prominent feature in:

- a. Atrophic rhinitis.
- b. Chronic rhinitis.
- c. Allergic rhinitis.
- d. Acute rhinitis.

23. Watery nasal discharge is a finding in:

- a. Atrophic rhinitis.
- b. Allergic rhinitis.
- c. Chronic rhinitis.
- d. CSF rhinorrhea.

24. All the following lines of treatment could be applied in rhinoscleroma EXCEPT:

- a. Rifampicin.
- b. Cytotoxic drugs.
- c. Surgery to canalize the stenosed canal.
- d. Laser surgery.

25. Unilateral polypoidal mass arising from the lateral wall of the nose in 55 years old man is most probably:

- a. Inverted papilloma.
- b. Rhinoscleroma.
- c. Allergic nasal polyp.
- d. Antrochoanal polyp.

26. Anterior ethmoid presents bulge in the middle meatus called:

- a. Bulla ethmoidalis.
- b. Concha bullosa.
- c. Lamina papyracea.
- d. Hattaus semilunaris.

27. The most common site of origin of allergic nasal polpi is:

- a. Maxillary sinus.
- b. Ethmoidal sinus.
- c. Frontal sinus.
- d. Sphenoid sinus.

28. CSF rhinorrhea is characterized by all of the following EXCEPT:

- a. Clear color.
- b. Sediment formation after standing in a test tube.
- c. Containing glucose.
- d. Accelerated flow rate with straining.

29. All are true about the treatment of CSF rhinorrhea EXCEPT:

- a. Antibiotics to avoid infection.
- b. Nasal drops.
- c. Treatment of the cause.
- d. Cleaning & sterilization of the skin of the nasal vestibule.

30. Perforation of the cartilaginous part of the nasal septum may be due to

Except:

- a. Lupus.
- b. Leprosy.
- c. T.B.
- d. Syphilis.

31. Perforation of the bony part of the nasal septum may be due to:

- a. Lupus.
- b. Leprosy.
- c. T.B.
- d. Syphilis.

32. Radiological finding of sinusitis include all of the following EXCEPT:

- a. Bone destruction.
- b. Opacity of the affected sinus.
- c. Fluid level.
- d. Mucosal thickening.

33. Unilateral chronic maxillary sinusitis is usually of:

- a. Nasal origin.
- b. Dental origin.
- c. Orbital origin.
- d. All of the above.

34. The main presenting symptom of ethmoidal nasal polyp are all of the following EXCEPT:

- a. Attack of severe epistaxis.
- b. Persistent nasal obstruction.
- c. Rhinorrhea.
- d. All of the above.

35. Which of the following is used to confirm nasal allergy:

- a. Eosinophilia in nasal secretion.
- b. Eosinophilia in blood.
- c. Elevated serum IGE.
- d. All of the above.

36. Nasal regurgitation occurs in all of the following EXCEPT:

- a. Ethmoid carcinoma.
- b. Palatal paralysis.
- c. Advanced maxillary sinus carcinoma.
- d. Cleft palate.

37. Post nasal discharge may occurs:

- a. At puberty.
- b. At pregnancy.
- c. In diabetes.
- d. All of the above.

38. Post nasal discharge may occurs in:

- a. Adenoid abscess.
- b. Acute & chronic sinusitis.
- c. Non of them.
- d. All of them.

39. Unilateral nasal obstruction in newly born infant may be due to:

- a. Antrochoanal polyp.
- b. Allergic nasal polyp.
- c. Choanal atresia.
- d. Non of the above.

40. Unilateral mucopurulent & purulent nasal discharge may be due to:

- a. Unilateral sinusitis.
- b. FB in the nose.
- c. Non of them.
- d. All of them.

41. The frontal mucocele may be caused by:

- a. Chronic frontal sinusitis.
- b. Obstruction of a duct of a mucus gland.
- c. All of the above.

42. The following are some general causes of epistaxis EXCEPT:

- a. Anemia.
- b. Arterial hypertension.
- c. Nasopharyngeal angiofibroma.
- d. Renal failure.

43. The most common site of nasal bleeding is:

- a. Little's area.
- b. Mac ewing triangle.
- c. Pyriform fossa.
- d. Sphenoethmoidal recess.

44. Rhinoscleroma characterized by the following EXCEPT:

- a. Hard-like nodules.
- b. Histopathology shows Mikulicz cells.
- c. Responses to rifampicin.
- d. Ulceration of the surrounding tissue.

45. Resistant epistaxis from below the middle turbinate requires ligation of:

- a. The anterior ethmoidal artery.
- b. The sphenopalatine artery.
- c. The maxillary artery.
- d. The internal jugular vein.

46. Little's area is the site of anastomosis of the following arteries EXCEPT:

- a. Anterior ethmoidal artery.
- b. Sphenopalatine artery.
- c. Greater palatine artery.
- d. Ascending pharyngeal artery.

47. Nasopharyngeal carcinoma cause Horner's syndrome as a result of infiltration of:

- a. 3rd cranial nerve.
- b. 5th cranial nerve.
- c. 7th cranial nerve.
- d. Cervical sympathetic chain.

48. The following drugs can cause epistaxis EXCEPT:

- a. Salicylates.
- b. Anticoagulants.
- c. Quinine.
- d. Ampicillin.

49. Periodic headache is a characteristic symptoms in:

- a. Frontal sinusitis.
- b. Ethmoidal sinusitis.
- c. Maxillary sinusitis.
- d. Non of the above.

50. The following lesions may leads to proptosis EXCEPT:

- a. Nasopharyngeal angiofibroma.
- b. Nasopharyngeal carcinoma.
- c. Adenoid hypertrophy,
- d. Nasopharyngeal sarcoma.

51. The following are cranial complications of sinusitis EXCEPT:

- a. Osteomyelitis of the maxillary & frontal bone.
- b. Fistula formation.
- c. Subperiosteal abscess.
- d. Extradural abscess.

52. The commonest cause of nasal polypi is:

- a. Infective.
- b. Malignant.
- c. Secondary to malignancy.
- d. Allergic.

53. The commonest cause of CSF rhinorrhea is:

- a. Congenital.
- b. Traumatic.
- c. Infective.
- d. Neoplastic.

54. The commonest complication of sinusitis is:

- a. Meningitis.
- b. Orbital.
- c. Extradural abscess.
- d. Brain abscess.

55. Alternating nasal obstruction is mainly:

- a. Allergic.
- b. Infective.
- c. Neoplastic.
- d. Non of them.

56. Cyclic asphyxia is the presenting symptom is:

- a. Bilateral choanal atresia.
- b. Adenoids.
- c. Acute laryngitis.
- d. Nasal allergy.

57. The main manifestation of antrochoanal polyp is:

- a. Proptosis.
- b. Unilateral nasal obstruction.
- c. Headache.
- d. Sneezing.

58. The commonest cause of epistaxis in 50 years old man is:

- a. Hypertension.
- b. Angiofibroma.
- c. Allergic nasal polypi.
- d. Antrochoanal polyp.

59. Non symptomatic deviated nasal septum needs:

- a. Septoplasty.
- b. No treatment.
- c. Sub-mucoperichondrial resection.
- d. Cauterization.

60. The following is complication of SMR of deviated nasal septum:

- a. Septal haematoma.
- b. Septal abscess.
- c. Septal perforation.
- d. All of the above.

61. Headache in sinusitis is due to:

- a. Tension headache.
- b. Vacuum headache.
- c. Toxic headache.
- d. All of the above.

62. The time of occurrence of headache in frontal sinusitis:

- a. All the day.
- b. At night.
- c. Periodic.
- d. Non of them.

63. Chronic sinusitis has:

- a. Low grade fever.
- b. Intermittent fever.
- c. Remittent fever.
- d. No fever.

64. The point of tenderness in acute frontal sinusitis is:

- a. The inner canthus.
- b. The supra-orbital margin.
- c. The infra-orbital margin.
- d. Non of them.

65. The point of tenderness in acute ethmoidal sinusitis is:

- a. The inner canthus.
- b. The supra-orbital margin.
- c. The infra-orbital margin.
- d. Non of them.

66. The point of tenderness in acute maxillary sinusitis is:

- a. The inner canthus.
- b. The supra-orbital margin.
- c. The infra-orbital margin.
- d. Non of them.

67. Unilateral nasal discharge and unilateral nasal obstruction in 13 years old boy is most probably diagnostic of:

- a. Choanal atresia.
- b. Adenoids.
- c. Nasopharyngeal carcinoma.
- d. Non of them.

68. In frontal sinusitis, the discharge is in:

- a. The anterior part of the middle meatus.
- b. The posterior part of the middle meatus.
- c. All over the middle meatus.
- d. The inferior meatus.

69. In ethmoidal sinusitis, the discharge is in:

- a. The anterior part of the middle meatus.
- b. The posterior part of the middle meatus.
- c. All over the middle meatus.
- d. The inferior meatus.

70. In maxillary sinusitis, the discharge is in:

- a. The anterior part of the middle meatus.
- b. The posterior part of the middle meatus.
- c. All over the middle meatus.
- d. The inferior meatus.

71. The nasolacrimal duct opens in:

- a. Superior meatus.
- b. Middle meatus.
- c. Inferior meatus.
- d. Non of them.

72. Watery fluid in the maxillary sinus indicates:

- a. Suppurative inflammation with irreversible mucosal damage.
- b. Suppurative inflammation with reversible pathology.
- c. Allergic sinusitis.
- d. Catarrhal inflammation.

73. Muroid fluid in the maxillary sinus indicates:

- a. Suppurative inflammation with irreversible mucosal damage.
- b. Suppurative inflammation with reversible pathology.
- c. Allergic sinusitis.
- d. Catarrhal inflammation.

74. Mucopurulent fluid in the maxillary sinus indicates:

- a. Suppurative inflammation with irreversible mucosal damage.
- b. Suppurative inflammation with reversible pathology.
- c. Allergic sinusitis.
- d. Catarrhal inflammation.

75. Purulent fluid in the maxillary sinus indicates:

- a. Suppurative inflammation with irreversible mucosal damage.
- b. Suppurative inflammation with reversible pathology.
- c. Allergic sinusitis.
- d. Catarrhal inflammation.

76. Headache may be due to:

- a. Eye origin.
- b. Dental origin.
- c. Non of them.
- d. All of them.

77. Headache may be due to:

- a. Sinus origin.
- b. Cervical origin.
- c. Non of the above.
- d. All of the above.

78. Headache may be due to:

- a. Temporal arteritis.
- b. Neurogenic origin.
- c. Non of them.
- d. All of them.

79. Headache may be due to:

- a. Psychogenic.
- b. Allergic origin.
- c. Non of them.
- d. All of the above.

80. Headache may be due to:

- a. Constipation.
- b. Hypotension.
- c. Non of the above.
- d. All of the above.

81. Headache may be due to:

- a. Anemia.
- b. Premenstrual.
- c. Hypoglycemia.
- d. All of the above.

82. FB in the nose may be characterized by:

- a. Unilateral nasal discharge.
- b. Unilateral obstruction.
- c. Unilateral epistaxis.
- d. All of the above.

The pharynx

1. The cause of secondary hemorrhage is:

- a. Wound sepsis.
- b. Unprepared patient.
- c. Injury of the pharyngeal muscle.
- d. Rising of blood pressure with slipping ligature.

2. The cause of reactionary hemorrhage is:

- a. Wound sepsis.
- b. Unprepared patient.
- c. Injury of the pharyngeal muscle.
- d. Rising of blood pressure with slipping ligature.

3. The cause of primary hemorrhage is:

- a. Wound sepsis.
- b. Unprepared patient.
- c. Injury of the pharyngeal muscle.
- d. Rising of blood pressure with slipping ligature.

4. Fever in diphtheria is:

- a. High grade fever.
- b. Low grade fever.
- c. Remittent fever.
- d. Intermittent fever.

- 5. the pulse in diphtheria is:**
- Weak rapid pulse.
 - Full bounding pulse.
 - Synchronous with the temperature.
 - Non synchronous with the temperature.
- 6. In a case of 5 years old boy with a membranous faucial lesion , temp 38° & pulse 180/min, the most probable diagnosis is:**
- Infectious mononucleosis.
 - Acute follicular tonsillitis.
 - Diphtheria.
 - Agranulocytosis.
- 7. The causative agent of vincent`s agent:**
- Boreli vicienti.
 - Candida albicans.
 - Barr-epestin virus.
 - Streptococci.
- 8. The causative agent of infectious mononucleosis:**
- Boreli vicienti.
 - Candida albicans.
 - Barr-epestin virus.
 - Streptococci.
- 9. The causative agent of thrush stomatitis is:**
- Boreli vicienti.
 - Candida albicans.
 - Barr-epestin virus.
 - Streptococci.
- 10. Membranous tonsillitis may be due to :**
- Diphtheria.
 - Acute follicular tonsillitis.
 - Infectious mononucleosis.
 - All of the above.
- 11. Paul-bunnell test is diagnostic for:**
- Diphtheria.
 - Acute follicular tonsillitis.
 - Infectious mononucleosis.
 - Thrush stomatitis.
- 12. Pharyngeal ulcer may be due to:**
- Herpes simplex.
 - Herpes zoster.
 - TB.
 - All of the above.

13. Pharyngeal ulcer may be due to:

- a. Syphilis.
- b. Behcet's syndrome.
- c. AIDS.
- d. All of the above.

14. Pharyngeal ulcer may be due to:

- a. Blood diseases.
- b. Skin diseases (lichen planus).
- c. Toxic (heavy metals).
- d. All of the above.

15. Leucoplakia of the oral & pharyngeal mucosa is:

- a. Malignant condition.
- b. Precancerous condition.
- c. Inflammatory condition.
- d. Toxic condition.

16. The following antibiotic is contraindicated in infectious mononucleosis :

- a. Ampicillin.
- b. Erythromycin.
- c. Cephalosporin.
- d. Non of the above.

17. Adenoid hypertrophy may lead to all of the following EXCEPT:

- a. Adenoid face.
- b. Otitis media with effusion.
- c. Sensory neural deafness.
- d. Night mares.

18. Acute tonsillitis may cause all of the following EXCEPT:

- a. Acute retropharyngeal abscess.
- b. Chronic retropharyngeal abscess.
- c. Para Pharyngeal abscess.
- d. Quinsy.

19. Chronic retropharyngeal abscess is treated by:

- a. External drainage posterior to sternomastoid.
- b. External drainage anterior to sternomastoid.
- c. Internal drainage via longitudinal incision.
- d. Non of the above.

20. Acute retropharyngeal abscess is treated by:

- a. External drainage posterior to sternomastoid.
- b. External drainage anterior to sternomastoid.
- c. Internal drainage via longitudinal incision.
- d. Non of the above.

21. Chronic retropharyngeal abscess is caused by:

- a. TB of bodies of the cervical vertebrae.
- b. Suppuration of the retropharyngeal gland.
- c. Diphtheria bacilli.
- d. Non of the above.

22. Acute retropharyngeal abscess is caused by:

- a. TB of bodies of the cervical vertebrae.
- b. Suppuration of the retropharyngeal gland.
- c. Diphtheria bacilli.
- d. Non of the above.

23. Frog face appearance, is a clinical manifestation of:

- a. Ludwig's angina.
- b. Juvenile nasopharyngeal angiofibroma.
- c. Retropharyngeal abscess.
- d. Non of the above.

24. the possible cause of death in case of juvenile nasopharyngeal angiofibroma is:

- a. Recurrent infection.
- b. Sever epistaxis.
- c. Upper respiratory tract obstruction.
- d. Non of the above.

25. Juvenile nasopharyngeal angiofibroma spread to the surrounding tissue because it is:

- a. Malignant.
- b. Non capsulated.
- c. Pre-malignant.
- d. Highly vascular.

26. The cause of bleeding in cases of juvenile nasopharyngeal angiofibroma is:

- a. Soft friable tissue.
- b. Non muscle coated blood vessels.
- c. Non capsulated.
- d. Malignancy.

27. Juvenile nasopharyngeal angiofibroma may cause:

- a. Conductive deafness.
- b. Sensory neural deafness.
- c. Mixed deafness.
- d. All of the above.

28. Ludwig's angina is:

- a. Cellulitis of the pyriform fossa.
- b. Cellulitis in the parapharyngeal space.
- c. Cellulitis in the retropharyngeal space.
- d. Cellulitis of the floor of the mouth.

29. The most dangerous complication of ludwig`s angina is:

- a. Acute laryngeal edema.
- b. CHL.
- c. Bleeding.
- d. Nasal obstruction.

- 30. The swelling in acute retropharyngeal abscess is:**
- In the middle line.
 - Lateral to the middle line.
 - Appears from outside the neck.
 - Non of the above.
- 31. The most common site of quinsy is:**
- Superior to tonsils.
 - Lateral to tonsils.
 - Posterior to tonsils.
 - Inferior to the tonsils.
- 32. Chordoma is:**
- Malignant tumor.
 - Locally malignant tumor.
 - Benign tumor.
 - Non of the above.
- 33. Trotter's syndrome occurs in:**
- Nasopharyngeal carcinoma.
 - Oropharyngeal carcinoma.
 - Hypopharyngeal carcinoma.
 - Postcricoid carcinoma.
- 34. 6th nerve paralysis occurs in the following cases EXCEPT:**
- Nasopharyngeal carcinoma.
 - Cavernous sinus thrombosis.
 - Postcricoid carcinoma.
 - Petrositis.
- 35. Tonsillectomy is indicated in all of the following EXCEPT:**
- Blood diseases.
 - Diphtheria carrier.
 - Chronic tonsillitis.
 - Impacted FB.
- 36. Tonsillectomy is indicated in all of the following EXCEPT:**
- During epidemic of polio.
 - Tumors of tonsils.
 - After peritonsillar abscess.
 - Symptoms of septic focus.
- 37. Tonsillectomy is contraindicated in all of the following EXCEPT:**
- During epidemic of polio.
 - During acute attack.
 - Malignant hypertension.
 - Diphtheria carrier.
- 38. Tonsillectomy is contraindicated in all of the following EXCEPT:**
- During menses.
 - Uncontrolled diabetes.
 - After peritonsillar abscess.
 - Full stomach.

39. Pain in the ear in cases of acute tonsillitis or following tonsillectomy is referred via:

- a. 5th nerve.
- b. 9th nerve.
- c. 10th nerve.
- d. 12th nerve.

40. Hemorrhage within the 24 hours following tonsillectomy:

- a. Primary.
- b. Reactionary.
- c. Secondary.
- d. Non of the above.

41. Hemorrhage during the operation of tonsillectomy is:

- a. Primary.
- b. Reactionary.
- c. Secondary.
- d. Non of the above.

42. Hemorrhage 7 days following tonsillectomy operation is:

- a. Primary.
- b. Reactionary.
- c. Secondary.
- d. Non of the above.

43. The cause of reactionary hemorrhage after tonsillectomy:

- a. Secondary infection.
- b. Rising blood pr with slipping of ligature.
- c. Injury of the pharyngeal muscles & mucosa.
- d. Non of the above.

44. The cause of secondary hemorrhage after tonsillectomy :

- a. Secondary infection.
- b. Rising blood pr with slipping of ligature.
- c. Injury of the pharyngeal muscles & mucosa.
- d. Non of the above.

45. The cause of suffocation & laryngeal spasm after tonsillectomy:

- a. Backward of the tongue.
- b. Inhalation of vomitus or blood clots.
- c. Extubation spasm.
- d. All of the above.

46. The value of post-tonsillectomy position is:

- a. To prevent backward falling of tongue.
- b. To prevent inhalation of the vomitus or blood.
- c. To detect bleeding.
- d. All of the above.

47. Acute laryngeal abscess is characterized by all of the following EXCEPT:

- a. Occur most commonly in infants.
- b. Involves the prevertebral space.
- c. Usually occurs with TB of the cervical vertebra.
- d. Is seen in lateral X-ray of neck.

48. Infection reaching the submental & submandibular space is called:

- a. Vincent angina.
- b. Ludwig's tumor.
- c. Submandibular sialadenitis.
- d. Bezold's abscess.

49. Vincent angina is characterized by :

- a. Very severe systemic symptoms & mild local symptoms.
- b. Very severe local symptoms & mild systemic symptoms.
- c. Very severe local & systemic symptoms.
- d. Very mild local & systemic symptoms.

50. Contraindication of tonsillectomy includes all of the following EXCEPT:

- a. Hemophilia.
- b. Acute attack.
- c. One attack of quinsy 2 months ago.
- d. Active rheumatic arthritis.

51. Behcet's disease is characterized by all of the following EXCEPT:

- a. Stomatitis, herpes like lesion.
- b. Conjunctivitis, corneal opacity, iridocyclitis.
- c. Genital ulcer.
- d. SNHL.
- e. Tendency to recur.

52. Treatment of Behcet's disease consists of:

- a. Corticosteroids locally & systemic.
- b. Cytotoxic drugs.
- c. Antihistaminic.
- d. None of them.

53. Stomatitis associated with skin lesions:

- a. Pemphigus.
- b. Lichen planus.
- c. Lupus erythematosus.
- d. All of the above.

54. The following metabolic disorder is associated with stomatitis:

- a. Uremia.
- b. DM.
- c. Liver disease.
- d. All of the above.

55. The following are submental swelling EXCEPT:

- a. Submental LN.
- b. Plunging ranula.
- c. Suprahyoid thyroglossal cyst.
- d. Cystic hygroma.

56. The following are midline swelling EXCEPT:

- a. Thyroglossal duct cyst.
- b. Thyroid isthmus nodule.
- c. Dermoid cyst.
- d. Pharyngeal pouch.

57. The following are lateral swelling in neck EXCEPT:

- a. Branchial cleft cyst.
- b. Carotid body tumor.
- c. Lymph gland enlargement.
- d. Dermoid cyst.

58. The following are swelling of the floor of the mouth EXCEPT:

- a. Ranula.
- b. Dermoid cyst.
- c. Tumor of the sublingual salivary gland.
- d. Cystic hygroma.

59. The following signs of pus collection in quinsy:

- a. Pain become throbbing.
- b. Fever may become hectic.
- c. Softening & fluctuation can be detected.
- d. All of them.

60. BULL NECK is known to occur in :

- a. Tonsillar diphtheria.
- b. Quinsy.
- c. Acute tonsillitis.
- d. Chronic tonsillitis.

61. Low grad fever is known to occur in:

- a. Tonsillar diphtheria.
- b. Quinsy.
- c. Acute tonsillitis.
- d. Chronic tonsillitis.

62. Feeble very rapid pulse is known to occur in:

- a. Tonsillar diphtheria.
- b. Quinsy.
- c. Acute tonsillitis.
- d. Chronic tonsillitis.

The Oesophagus

1. **The dysphagia in plummer-vinson syndrome start to:**
 - a. Solids then to fluids.
 - b. Fluids then to solids.
 - c. Fluid & solids at the same time.
 - d. All of the above.
2. **The dysphagia in cardiac achalasia starts to:**
 - a. Solids then to fluids.
 - b. Fluids then to solids.
 - c. Fluid & solids at the same time.
 - d. All of the above.
3. **Plummer-Vinson syndrome is:**
 - a. Malignant condition.
 - b. Pre-malignant.
 - c. Locally malignant.
 - d. Non of the above.
4. **Plummer-Vinson syndrome predispose to:**
 - a. Postcricoid carcinoma.
 - b. Cancer larynx.
 - c. Cancer oesophagus.
 - d. Non of the above.
5. **The anemia in Plummer Vinson syndrome is:**
 - a. Microcytic hypochromic.
 - b. Macrocytic.
 - c. Both.
 - d. Non of them.
6. **X-ray barium swallow showing tea-pot appearance is a finding in:**
 - a. Plummer Vinson syndrome.
 - b. Cardiac achalasia.
 - c. Pharyngeal pouch.
 - d. Cancer oesophagus.
7. **X-ray barium swallow showing rat-tail appearance is a finding in:**
 - a. Corrosive oesophagitis.
 - b. Cardiac achalasia.
 - c. Pharyngeal pouch.
 - d. Cancer oesophagus.
8. **X-ray barium swallow showing parrot-peak appearance is a finding in:**
 - a. Plummer Vinson syndrome.
 - b. Cardiac achalasia.
 - c. Pharyngeal pouch.
 - d. Cancer oesophagus.

9. Dysphagia in cancer oesophagus is :

- a. Progressive.
- b. Regressive.
- c. Stationary.
- d. Intermittent.

10. Dysphagia in cardiac achalasia is:

- a. Progressive.
- b. Regressive.
- c. Stationary.
- d. Intermittent.

11. Dysphagia lusoria is:

- a. Compression of the oesophagus by abnormally located RT subclavian artery or double aorta.
- b. Herniation of the pharyngeal mucosa via kllian dehiscence.
- c. Chronic superficial oesophagitis with web formation.
- d. Failure of relaxation of cardiac sphincter.

12. PATRESON-BROWN-KELLY syndrome is:

- a. Compression of the oesophagus by abnormally located RT subclavian artery or double aorta.
- b. Herniation of the pharyngeal mucosa via kllian dehiscence.
- c. Chronic superficial oesophagitis with web formation.
- d. Failure of relaxation of cardiac sphincter.

13. Cardiac achalasia is:

- a. Compression of the oesophagus by abnormally located RT subclavian artery or double aorta.
- b. Herniation of the pharyngeal mucosa via kllian dehiscence.
- c. Chronic superficial oesophagitis with web formation.
- d. Failure of relaxation of cardiac sphincter.

14. The cause of death in corrosive oesphagitis may be:

- a. Dehydration due to electrolytes imbalance.
- b. Stridor due to laryngeal oedema.
- c. Both of them.
- d. Non of them.

15. X-ray with barium swallow showing multiple stricture in the oesophagus ia a diagnostic finding in:

- a. Chronic corrosive oesophagitis.
- b. Cardiac achalasia.
- c. Plummer Vinson syndrome.
- d. Non of them.

16. Failure of relaxation of crico-pharyngeal sphincter during swallowing leads to:

- a. Plummer Vinson syndrome.
- b. Cardiac achalasia.
- c. Pharyngeal pouch.
- d. Cancer oesophagus.

17. Pharyngeal pouch occurs mostly in:

- a. Old males.
- b. Old females.
- c. Infants.
- d. Adult males.

18. All are correct about corrosive oesophaditis EXCEPT:

- a. Shock may occur due to electrolytes imbalance.
- b. Normal feeding is encouraged.
- c. Vomiting is not encouraged.
- d. Cortisone in the acute stage is contraindicated.

19. Dysphagia may be due to:

- a. Aneurysm of the aorta.
- b. Enlarged left atrium.
- c. Mediastinal tumor.
- d. All of the above.

20. Dysphagia may be due to:

- a. Aneurysm of the ICA.
- b. Enlarged thyroid.
- c. Enlarged malignant gland.
- d. All of the above.

21. Violent vomiting or large meal may cause:

- a. Pharyngeal pouch.
- b. Cardiac achalasia.
- c. Spontaneous rupture of the oesophagus.
- d. Plummer Vinson syndrome.

The Larynx, Trachea & Bronchi

1. Apnea immediately after opening the trachea is due to:

- a. Rise of the blood carbon dioxide level.
- b. Rise of the blood O₂ level.
- c. Wash of the blood carbon dioxide level.
- d. Non of the above.

2. Which is true about laryngeal carcinoma:

- a. Commoner in males.
- b. The commonest type is squamous cell carcinoma.
- c. Is predisposed by smoking.
- d. All of the above.

3. Inhaled smooth small FB is commonly arrested in:

- a. The larynx.
- b. The trachea.
- c. The right bronchus.
- d. The left bronchus.

- 4. 30 years old female suffering from bilateral nasal obstruction, crusty nose, hoarseness of voice & stridor. The most probable cause is:**
- Allergic rhinitis.
 - Vasomotor rhinitis.
 - Rhino laryngo scleroma.
 - Acute rhinosinusitis.
- 5. The left recurrent laryngeal nerve swing in the chest around:**
- Aortic arch.
 - Left main bronchus.
 - Left ventricle.
 - Thoracic duct.
- 6. The commonest cause of breathing difficulty after tracheostomy is:**
- Pneumonia.
 - Obstruction of the tube by secretion.
 - Surgical emphysema.
 - Pneumothorax.
- 7. Laryngeal lesions are investigated by:**
- CT.
 - MRI.
 - Endoscopy & biopsy.
 - All of the above.
- 8. Singer's nodules:**
- Localized epithelial hyperkeratosis on the free edge of the vocal cord.
 - Premalignant nodules.
 - Chronic infectious granuloma.
 - Allergic nodules.
- 9. The site of singer's nodules is:**
- At the epiglottis.
 - At the junction of the anterior 1/3 with posterior 2/3 of the vocal cords.
 - At the arytenoids.
 - Non of the above.
- 10. Leucoplakia of the larynx is:**
- Epithelial hyperplasia.
 - Epithelial hypertrophy.
 - Epithelial degeneration.
 - Non of the above.
- 11. The causative agent of acute laryngo-tracheal bronchitis is:**
- Pneumococci.
 - Staphylococci.
 - Streptococcus haemolyticus.
 - Non of the above.

12. TB of the larynx affects:

- a. The posterior part.
- b. The middle part.
- c. The anterior part.
- d. The subglottic part.

13. Scleroma of the larynx affects:

- a. The posterior part.
- b. The middle part.
- c. The anterior part.
- d. The subglottic part.

14. Syphilis of the larynx affects:

- a. The posterior part.
- b. The middle part.
- c. The anterior part.
- d. The subglottic part.

15. Painful cough & dysphagia occur in:

- a. Syphilis of larynx.
- b. Scleroma of the larynx.
- c. TB of the larynx.
- d. Lupus of the larynx.

16. Single laryngeal papilloma is:

- a. Locally malignant lesion.
- b. Malignant lesion.
- c. Precancerous.
- d. Non of the above.

17. Single laryngeal papilloma occurs in:

- a. Adults.
- b. Children.
- c. Both of them.
- d. Non of them.

18. Multiple laryngeal papilloma occurs in:

- a. Adults.
- b. Children.
- c. Both of them.
- d. Non of them.

19. The following conditions cause stridor EXCEPT:

- a. Laryngeal diphtheria.
- b. Acute laryngitis in adult.
- c. Acute laryngitis in children.
- d. Multiple laryngeal papilloma.

20. The following conditions cause stridor EXCEPT:

- a. Acute epiglottitis.
- b. Bilateral abductor paralysis.
- c. Bilateral adductor paralysis.
- d. Laryngoscleroma.

21. A newborn with cyanosis and respiratory difficulty improved by insertion of an oral airway. The most probable diagnosis is:

- a. Laryngomalacia.
- b. Congenital laryngeal web.
- c. Congenital subglottic stenosis.
- d. Congenital bilateral choanal atresia.

22. The narrowest part in the infantile larynx is:

- a. The supraglottic area.
- b. The subglottic area.
- c. The pyriform fossa.
- d. Non of the above.

23. Cyclic asphyxia is a manifestation of:

- a. Congenital bilateral choanal atresia.
- b. Laryngeal web.
- c. Acute laryngitis.
- d. Non of the above.

24. Surgical emphysema after tracheostomy occurs due to:

- a. When small tube is used and a wide opening made in the trachea.
- b. Injury of the pleura.
- c. Non of them.
- d. Both of them.

25. Surgical emphysema after tracheostomy occurs due to:

- a. When the skin is not closed tightly.
- b. Injury of the pleura.
- c. Non of them.
- d. Both of them.

26. Mediastinal emphysema after tracheostomy occurs due to:

- a. When the pretracheal fascia is sutured tightly.
- b. Injury of the pleura.
- c. Non of them.
- d. Both of them.

27. Pneumothorax after tracheostomy occurs due to:

- a. When the pretracheal fascia is sutured tightly.
- b. Injury of the pleura.
- c. Non of them.
- d. Both of them.

28. The following drug is contraindicated after tracheostomy:

- a. Expectorants.
- b. Analgesics.
- c. Opiates.
- d. Non of them.

29. The best position after tracheostomy:

- a. Supine.
- b. Semi-sitting.
- c. Standing.
- d. On one side.

30. Dyspnea, crepitation and expectoration of large amount of frothy stained sputum after tracheostomy is suspected of:

- a. Pneumothorax.
- b. Acute pulmonary edema.
- c. Mediastinal emphysema.
- d. Non of them.

31. The tube may slip due to:

- a. Small sized tube.
- b. Pulled out by violent cough.
- c. Loosely tied tape.
- d. All of the above.

32. Valvular obstructive emphysema occurs due to:

- a. Partial obstruction of the bronchus.
- b. Complete obstruction of the bronchus.
- c. When the pretracheal fascia is sutured tightly.
- d. Injury of the pleura.

33. Ulceration of the vocal cord edge (mouth nibbled) occurs in:

- a. TB.
- b. Scleroma.
- c. Syphilis.
- d. Sarcoidosis.

34. Structures in the larynx responsible for sphincteric function:

- a. Vocal cords.
- b. Ventricular bands.
- c. Aryoepiglottic folds.
- d. All of the above.

35. Laryngeal stenosis may be due to:

- a. Scleroma.
- b. TB.
- c. High tracheostomy.
- d. All of the above.

36. Laryngeal stenosis may be due to:

- a. Scleroma.
- b. Congenital.
- c. Traumatic.
- d. All of the above.

37. Laryngeal stenosis may be due to:

- a. Perichondritis.
- b. Endotracheal intubation.
- c. Syphilis.
- d. All of the above.

The Answers

• The Ear

- | | | | | | | | |
|----------|----------|----------|------------|----------|--------|--------|--------|
| 1) a. | 2) c. | 3) b. | 4) c. | 5) a. | 6) a. | 7) a. | 8) a. |
| 9) e. | 10) b. | 11) c. | 12) c. | 13) a. | 14) b. | 15) a. | 16) a. |
| 17) b. | 18) b. | 19) a. | 20) a. | 21) c. | 22) a. | 23) e. | 24) c. |
| 25) c. | 26) a,c. | 27) a,c. | 28) c. | 29) f. | 30) d. | 31) e. | 32) a. |
| 33) e. | 34) e. | 35) a,b. | 36) c,d,e. | 37) b,c. | 38) c. | 39) c. | 40) c. |
| 41) b,d. | 42) e. | 43) b,d. | 44) f. | 45) c. | 46) a. | 47) a. | 48) b. |
| 49) a. | 50) a. | 51) b. | 52) d. | 53) b. | 54) d. | 55) b. | 56) d. |
| 57) d. | 58) d. | 59) d. | 60) b. | 61) d. | 62) c. | 63) c. | 64) b. |
| 65) b. | 66) d. | 67) b. | 68) c. | 69) c. | 70) d. | 71) d. | 72) c. |
| 73) c. | 74) a. | 75) d. | 76) b. | 77) d. | 78) c. | 79) b. | 80) b. |
| 81) a. | 82) d. | 83) b. | 84) d. | 85) c. | 86) d. | 87) d. | 88) a. |
| 89) d. | 90) b. | 91) b. | 92) c. | 93) c. | 94) c. | 95) a. | 96) a. |
| 97) d. | 98) c. | 99) c. | 100) e. | | | | |

• The Nose

- | | | | | | | | | |
|----------|--------|--------|--------|----------|----------|--------|--------|--------|
| 1) d. | 2) d. | 3) a. | 4) c. | 5) a. | 6) a. | 7) d. | 8) a. | 9) b. |
| 10) d. | 11) b. | 12) b. | 13) c. | 14) a. | 15) b,d. | 16) b. | 17) d. | 18) a. |
| 19) b,c. | 20) a. | 21) a. | 22) c. | 23) b,d. | 24) b. | 25) a. | 26) a. | 27) b. |
| 28) b. | 29) b. | 30) d. | 31) d. | 32) a. | 33) b. | 34) a. | 35) d. | 36) a. |
| 37) d. | 38) d. | 39) c. | 40) d. | 41) d. | 42) c. | 43) a. | 44) d. | 45) b. |
| 46) d. | 47) d. | 48) d. | 49) a. | 50) c. | 51) d. | 52) d. | 53) b. | 54) b. |
| 55) a. | 56) a. | 57) b. | 58) a. | 59) b. | 60) d. | 61) d. | 62) c. | 63) d. |
| 64) b. | 65) a. | 66) c. | 67) a. | 68) a. | 69) c. | 70) b. | 71) c. | 72) c. |
| 73) d. | 74) b. | 75) a. | 76) d. | 77) d. | 78) d. | 79) d. | 80) d. | 81) d. |
| 82) d. | | | | | | | | |

• The Pharynx

- | | | | | | | | | |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 1) a. | 2) d. | 3) a. | 4) b. | 5) d. | 6) c. | 7) a. | 8) c. | 9) b. |
| 10) d. | 11) c. | 12) d. | 13) d. | 14) d. | 15) b. | 16) a. | 17) c. | 18) b. |
| 19) a. | 20) c. | 21) a. | 22) b. | 23) b. | 24) b. | 25) b. | 26) b. | 27) a. |
| 28) d. | 29) a. | 30) a. | 31) a. | 32) b. | 33) a. | 34) c. | 35) a. | 36) a. |
| 37) d. | 38) d. | 39) b. | 40) b. | 41) a. | 42) c. | 43) b. | 44) a. | 45) d. |
| 46) d. | 47) d. | 48) c. | 49) b. | 50) b. | 51) e. | 52) d. | 53) a. | 54) d. |
| 55) d. | 56) d. | 57) d. | 58) d. | 59) d. | 60) a. | 61) a. | 62) a. | |

• The Oesophagus

- | | | | | | | | | |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 1) a. | 2) b. | 3) b. | 4) a. | 5) a. | 6) c. | 7) d. | 8) b. | 9) a. |
| 10) d. | 11) a. | 12) c. | 13) d. | 14) c. | 15) a. | 16) a. | 17) a. | 18) d. |
| 19) d. | 20) d. | 21) d. | | | | | | |

• The Larynx, Trachea & Bronchi

- | | | | | | | | | |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 1) c. | 2) d. | 3) c. | 4) c. | 5) a. | 6) b. | 7) d. | 8) a. | 9) b. |
| 10) a. | 11) c. | 12) a. | 13) d. | 14) c. | 15) c. | 16) c. | 17) a. | 18) b. |
| 19) b. | 20) c. | 21) d. | 22) b. | 23) a. | 24) a. | 25) a. | 26) a. | 27) b. |
| 28) c. | 29) b. | 30) b. | 31) d. | 32) a. | 33) a. | 34) d. | 35) d. | 36) d. |
| 37) d. | | | | | | | | |

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