MBBS FINAL YEAR

ENT

QUESTION BANK

Otorhinolaryngology · Chapter-wise · Topic-wise Previous-Year Questions

Third Professional MBBS (Part I) Theory Papers · 2011 – 2025

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Academy for Emergency, Trauma & Critical care Medicine

By

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MBBS FINAL YEAR — ENT (OTORHINOLARYNGOLOGY)

(Third Professional MBBS · Part I · Theory Paper)

Chapter-wise, Topic-wise Previous-Year Question Bank

Theory Papers · January 2011 – March 2025

17 chapters · 54 topics · 383 questions (328 after merging repeats) · 40 MCQs · 15 diagrams

Compiled from 25 theory papers of the Third Professional MBBS Otorhinolaryngology examination, Amrita Vishwa Vidyapeetham, Kochi

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Preface

Dear students,

Ear, nose and throat complaints walk into every clinic in the country. The child with a painful ear after a cold, the teenager with a bleeding nasal mass, the farmer with a foul-smelling discharging ear, the smoker whose voice has changed, the patient in the ICU who needs a tracheostomy — these are the problems an Indian Medical Graduate must recognise and begin to manage, and the examiners return to them year after year.

Every question set in the Third Professional MBBS Otorhinolaryngology theory papers from January 2011 to March 2025 has been collected here, arranged chapter by chapter and topic by topic, and tagged with the examination in which it appeared. The papers cover both the older 40-mark pattern and the CBME 100-mark pattern with multiple-choice questions, short essays and AETCOM-based counselling questions. Repeated questions are marked, so that you can see at a glance which topics the examiners value most.

Use this book actively. Start each chapter with its most-asked topics. Read the topic from your textbook, then come back and write the answers to the previous questions in your own words, within the time you would have in the examination hall. Practise the case-based questions the way you would present a patient in the ENT OPD: diagnosis, differential diagnosis, investigations and management, in that order. Draw the diagrams — the tympanic membrane, the organ of Corti, the audiograms and tympanograms, Little's area, the osteomeatal complex, Waldeyer's ring and the view on indirect laryngoscopy — until you can draw them from memory, and attempt the MCQs before you look anything up.

A question bank is not a substitute for clinical postings, a head mirror and tuning forks, or a good textbook. It is a map. It shows you where the roads are, how often each road is travelled, and which ones you must know well before you set out. Combined with regular OPD work and honest revision, it will help you walk into the examination with confidence.

I wish every one of you the very best for your examinations and for the years of clinical practice that lie ahead. Work steadily, stay curious, and remember that hearing, breathing, swallowing and speaking are what make daily life possible for your patients.

With best wishes,



Dr. Gireesh Kumar K.P.
Kochi, October 2026

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How to use this question bank

Coverage. Every question from the 25 Otorhinolaryngology theory papers of the Third Professional MBBS examination between January 2011 and March 2025 (regular and supplementary sittings), including the MCQ papers of the 2023–2025 CBME pattern.

Organisation. Questions are grouped into 17 chapters — Ear, Nose and Throat in that order — and, inside each chapter, into topics. Within a topic, 10-mark long essays and case-based questions come first, then the 6-mark short essays of the CBME pattern, then repeated questions, then the remaining short answers in alphabetical order.

Source tags. Each question ends with the sitting in which it appeared, e.g. "Jan 2019" = January 2019 examination. **(S)** marks a supplementary examination.

Repeats = high-yield. A question set in more than one paper is listed once with all its appearances and a count in magenta, e.g. **[4×]**. Each topic heading shows how many papers asked it, and the box at the top of each chapter lists the most-asked topics.

Diagrams and MCQs. "Draw and label" questions and the MCQs of the 2023–2025 papers are collected at the end of each chapter.

Note. The papers were scanned and converted to text; obvious scanning and spelling errors have been corrected and the original wording otherwise retained. Check against the original paper if a word looks odd.

Contents and question distribution

#	Chapter	Topics	Questions	Diagrams	MCQs	Page
1.	Anatomy, Physiology and Assessment of the Ear	5	21	5	2	5
2.	Diseases of the External Ear	2	8	0	1	7
3.	Diseases of the Middle Ear	4	36	0	4	8
4.	Otosclerosis and Hearing Loss	4	19	1	4	11
5.	Vertigo and Diseases of the Inner Ear	2	16	0	2	13
6.	Facial Nerve	2	6	0	2	15
7.	Anatomy and Physiology of the Nose and Paranasal Sinuses	4	10	2	3	16
8.	Nasal Septum and Facial Trauma	3	13	0	3	17
9.	Epistaxis	1	5	0	0	18
10.	Rhinitis and Granulomatous Diseases of the Nose	3	13	0	4	19
11.	Nasal Polyps and Sinusitis	4	18	0	2	22
12.	Tumours of the Nose, Paranasal Sinuses and Nasopharynx	2	18	0	0	24
13.	Oral Cavity and Pharynx	7	37	3	5	26
14.	Larynx	6	29	3	7	29
15.	Tracheostomy and Bronchoscopy	1	9	0	0	32
16.	Oesophagus and Dysphagia	3	11	1	1	33
17.	Neck and Salivary Glands	1	4	0	0	34
	TOTAL	**54**	**273**	**15**	**40**	
	Appendix — Papers covered and examination pattern					*35*
	Index of major topics					*36*

"Questions" counts each question once after merging repeats.

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1. Anatomy, Physiology and Assessment of the Ear (28 questions)

★ Most-asked topics in this chapter

- Tests of hearing – tuning fork tests, audiometry, tympanometry, BERA, hearing aids and implants — ***asked in 16 papers***
- Anatomy and physiology of the ear — ***asked in 7 papers***
- Otalgia — ***asked in 1 paper***

1.1 Anatomy and physiology of the ear *(7 papers)*

1. Contents of middle ear — *Jun 2011 (S)*
2. Describe normal tympanic membrane — *Jan 2016*
3. Different groups of mastoid air cells — *May 2022*
4. Eustachian tube and tests to assess its function — *Jan 2020*
5. MacEwen's triangle — *Jan 2014*
6. MacEwen's triangle and its importance — *Sep 2023 (S)*
7. Organ of Corti — *Nov 2022 (S)*

1.2 Tests of hearing – tuning fork tests, audiometry, tympanometry, BERA, hearing aids and implants *(16 papers)*

1. **Short essay [6 marks]** Describe the physiology of hearing. Enumerate the audiological tests you know. — *Mar 2025*
2. Tympanometry — ***Jun 2014 (S) · Jun 2015 (S) · Jul 2020 (S) [3×]***
3. Cochlear implant — ***Jun 2012 (S) · Jan 2016 [2×]***
4. False Rinne negative test — ***Jan 2012 · Jun 2019 (S) [2×]***
5. Tuning fork tests — ***Jun 2013 (S) · Jan 2015 [2×]***
6. Absolute bone conduction test — *Jan 2020*
7. BERA — *Jun 2014 (S)*
8. Brainstem evoked response audiometry — *Apr 2021*
9. Cochlear implants — *Jan 2011*
10. Hearing aids – types and indications — *May 2022*
11. Impedance audiometry — *Nov 2021 (S)*
12. Pure tone audiometry — *Jan 2013*
13. Tests for the diagnosis of non-organic hearing loss — *Jan 2011*

1.3 Otalgia *(1 paper)*

1. Otalgia — *Jun 2014 (S)*

1.4 Diagrams – draw and label *(5 papers)*

1. **Short essay [6 marks]** Diagrammatically describe the structure of the organ of Corti. Enumerate the causes of sudden sensorineural hearing loss. — *Mar 2023*
2. **Short essay [6 marks]** Diagrammatically describe the structures of the medial wall of the middle ear. Mention two conditions that can cause a false positive fistula test. — *Sep 2023 (S)*
3. **Short essay [6 marks]** Draw and label the organ of Corti and explain in detail ototoxicity. — *Jan 2024*
4. Draw and label: Normal tympanic membrane of left ear — *Jun 2017 (S)*
5. Draw and label: Types of tympanograms — *Jan 2011*

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1.5 MCQs from recent papers (2023–2025) *(2 MCQs)*

1. Tensor tympani muscle is supplied by: *— Jan 2024*
   (a) Branch of facial nerve (b) Branch of mandibular nerve (c) Arnold's nerve (d) Jacobson's nerve
2. Which of the following is a boundary of Prussak's space? *— Mar 2023*
   (a) Tensor tympani (b) Tegmen tympani (c) Neck of malleus (d) Chorda tympani

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2. Diseases of the External Ear (9 questions)

> ★ **Most-asked topics in this chapter**
>
> - Otitis externa, malignant otitis externa, otomycosis, keratosis obturans and preauricular sinus — ***asked in 10 papers***

2.1 Otitis externa, malignant otitis externa, otomycosis, keratosis obturans and preauricular sinus *(10 papers)*

1. **Short essay [6 marks]** Write a note on the aetiology, clinical features and management of malignant otitis externa. *— Jan 2024*
2. Malignant otitis externa ***— Jan 2011 · Jun 2012 (S) · Jan 2014 · Jan 2018 · Jan 2020 [5×]***
3. Aural syringing *— Jun 2014 (S)*
4. Keratosis obturans *— Jan 2018*
5. Keratosis obturans – differential diagnosis and complications *— Nov 2022 (S)*
6. Management of otomycosis *— Jun 2017 (S)*
7. Otomycosis – organism and treatment *— Nov 2022 (S)*
8. Preauricular sinus *— Jan 2012*

2.2 MCQs from recent papers (2023–2025) *(1 MCQs)*

1. An 18-year-old arrives in the ED complaining of ear pain and discharge for 2 days. He denies fever or headache but feels some pressure in his head, and pulling the pinna elicits pain. There is no hearing loss. Which is most appropriate for his condition? *— Sep 2023 (S)*
   (a) CT scan of the head (b) IV antibiotics for Naegleria fowleri (c) Surgery
   (d) Topical medications and cleaning

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3. Diseases of the Middle Ear (40 questions)

★ Most-asked topics in this chapter

- Chronic otitis media and its complications – mastoiditis, lateral sinus thrombosis, Gradenigo's syndrome — ***asked in 15 papers***
- Otitis media with effusion (secretory otitis media / glue ear) — ***asked in 8 papers***
- Acute suppurative otitis media and myringotomy — ***asked in 7 papers***

3.1 Acute suppurative otitis media and myringotomy *(7 papers)*

1. **Case-based question [10 marks]**
   A six-year-old child presented to the ENT out-patient department with history of acute left ear pain for one day. He gave history of common cold for two days prior to his ear pain. *— Jun 2011 (S)*
   a. What is your most probable diagnosis?
   b. Give two differential diagnoses.
   c. Enumerate the aetiological factors of your most probable diagnosis.
   d. Discuss the emergency management.
   e. Discuss the complications of this disease.

2. **Case-based question [10 marks]**
   A 5-year-old boy presented with right ear pain following an upper respiratory tract infection. On examination his right tympanic membrane was red and bulging. *— Mar 2025*
   a. What is your diagnosis?
   b. What is the pathology and clinical features?
   c. What is the management?
   d. Make a note of complications if untreated.

3. **Short essay [6 marks]** List the indications for myringotomy. Describe the steps involved and complications of myringotomy. *— Mar 2023*
4. Bacteriology of acute suppurative otitis media *— Jul 2020 (S)*
5. Bacteriology of ASOM *— Jun 2015 (S)*
6. Indications and complications of myringotomy *— Jan 2011*
7. Myringotomy *— Jan 2015*
8. Name the stages of acute otitis media *— Mar 2023*

3.2 Otitis media with effusion (secretory otitis media / glue ear) *(8 papers)*

1. **Long essay [10 marks]**
   Define secretory otitis media. Describe the aetiopathogenesis, clinical features and management of secretory otitis media. What are the complications? *— Jan 2013*

2. **Long essay [10 marks]**
   What is glue ear? Discuss the aetiopathology, clinical features, investigations and management of this condition. *— Jan 2014*

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3. **Case-based question [10 marks]**
   A 5-year-old child presented with defective hearing in both ears for one year. On examination both tympanic membranes were intact but retracted, with Rinne negative on tuning fork test. — *Jan 2019*
   a. What is your most probable diagnosis?
   b. List the aetiological factors resulting in this condition.
   c. Draw a labelled diagram of the signs in the tympanic membrane (right side) in this condition. Mention any other positive clinical signs you may find.
   d. Describe the relevant investigations you would do.
   e. What are the complications of this condition if left untreated?

4. A 5-year-old child has otitis media with effusion refractory to medical therapy. What surgery will you do? Mention one other indication for the same. — *Mar 2025*
5. Enumerate the clinical features of otitis media with effusion with a brief discussion on management — *Jun 2013 (S)*
6. Glue ear — *Jan 2015*
7. In a case of bilateral otitis media with effusion, what will the tympanogram show? — *Jan 2024*
8. Treatment of secretory otitis media — *Apr 2021*

3.3 Chronic otitis media and its complications – mastoiditis, lateral sinus thrombosis, Gradenigo's syndrome *(15 papers)*

1. **Long essay [10 marks]**
   Mention the complications of chronic suppurative otitis media. Describe the clinical features, investigations and treatment of lateral sinus thrombophlebitis. — *Jan 2011*

2. **Long essay [10 marks]**
   Enumerate the complications of chronic suppurative otitis media. Describe the clinical features, diagnosis and treatment of acute mastoiditis. — *Jan 2012*

3. **Long essay [10 marks]**
   Enumerate the complications of otitis media. Describe the clinical features and management of lateral sinus thrombosis. — *Jan 2018*

4. **Case-based question [10 marks]**
   Complications of CSOM: — *Jun 2019 (S)*
   a. Enumerate the complications of CSOM.
   b. Mention the routes of spread of infection from the middle ear and mastoid to the intracranial cavity.
   c. Discuss the clinical features and management of lateral sinus thrombosis.
   d. Draw a labelled diagram of the mastoid air cells.

5. **Case-based question [10 marks]**
   A 35-year-old woman presents to the ENT OPD with history of intermittent, copious, mucopurulent otorrhoea associated with hearing loss in her left ear for more than 5 years. — *Nov 2022 (S)*
   a. What is the most likely diagnosis? Describe how you came to this diagnosis.
   b. Describe the most probable tuning fork test result in this patient.
   c. What is the conservative management and the advice to be given to the patient?
   d. What could be the possible causes of her hearing loss?
   e. What are the principles of surgery in this case?

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6. **Case-based question [10 marks]**
   A 50-year-old male complains of right-sided ear discharge and hearing loss for 3 years. On examination there is a central perforation of the right tympanic membrane. — *Jan 2024*
   a. What is the probable diagnosis?
   b. What are the relevant investigations?
   c. What are the differential diagnoses for conductive hearing loss?
   d. How will you manage this case?
7. **Short essay [6 marks]** Describe the intratemporal complications of chronic otitis media squamosal disease. Describe in detail the clinical features, diagnosis and management of lateral sinus thrombophlebitis. — *Sep 2023 (S)*
8. Fistula test ***— Jun 2013 (S) · Apr 2021 [2×]***
9. Gradenigo's syndrome ***— Jan 2013 · Jan 2019 [2×]***
10. Bezold's abscess — *May 2022*
11. Gradenigo syndrome – expand and name the clinical condition it is associated with — *Sep 2023 (S)*
12. Hennebert's sign — *May 2022*
13. Labyrinthine fistula — *Jan 2019*
14. Lateral sinus thrombosis — *Jan 2014*
15. Name four indications for cortical mastoidectomy — *Mar 2025*
16. Name two conditions showing a false positive fistula test — *Jan 2024*
17. TB otitis media — *Jun 2014 (S)*
18. Types of mastoidectomy — *Jan 2019*
19. What is tympanosclerosis? — *Jan 2024*
20. What pathology is associated with Gradenigo syndrome? — *Jan 2024*

3.4 MCQs from recent papers (2023–2025) *(4 MCQs)*

1. A 15-year-old has fever with unilateral postauricular pain, the pinna pushed forwards, downwards and outwards with obliteration of the postauricular sulcus, and a history of chronic persistent pus discharge from the same ear. Treatment of choice is: — *Sep 2023 (S)*
   (a) Antibiotics only (b) Incision and drainage (c) Antibiotics and incision and drainage
   (d) Mastoidectomy with incision and drainage and antibiotics
2. An 8-year-old with nasal block and bilateral conductive deafness – most likely diagnosis is: — *Sep 2023 (S)*
   (a) Glue ear (b) Otosclerosis (c) Tympanosclerosis (d) Bilateral atresia of auditory canal
3. Griesinger's sign is seen in: — *Jan 2024*
   (a) Petrositis (b) Lateral sinus thrombophlebitis (c) Labyrinthitis (d) Extradural abscess
4. Which cranial nerve does not pass through the cavernous sinus? — *Mar 2023*
   (a) III (b) IV (c) VI (d) II

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4. Otosclerosis and Hearing Loss (24 questions)

★ Most-asked topics in this chapter

- Otosclerosis and middle ear surgery – stapedectomy, tympanoplasty, myringoplasty — ***asked in 12 papers***
- Hearing loss in children and adults – deaf child, ototoxicity, noise-induced, NPPCD — ***asked in 5 papers***

4.1 Otosclerosis and middle ear surgery – stapedectomy, tympanoplasty, myringoplasty *(12 papers)*

1. **Long essay [10 marks]**
   Define otosclerosis. Enumerate the types, pathology, clinical features, investigations and treatment of otosclerosis. — *Jan 2015*

2. **Case-based question [10 marks]**
   A 30-year-old female complains of hearing loss aggravated after her recent pregnancy. There is no history of ear discharge or earache. On examination the tympanic membrane was normal and Rinne's test was bilaterally negative. — *Jan 2020*
   a. What is the most probable diagnosis?
   b. List four middle ear pathologies which cause conductive hearing loss.
   c. Draw a pure tone audiogram detailing bilateral conductive hearing loss.
   d. Describe myringotomy – its indications, procedure and complications.
   e. Give an account of mastoiditis.

3. **Case-based question [10 marks]**
   A 40-year-old lady presented with progressively worsening bilateral conductive hearing loss. On examination the tympanic membranes were in 'mint' condition. — *Apr 2021*
   a. What is your most probable diagnosis?
   b. Mention the clinical features of this condition.
   c. Make a note of the relevant investigations you would do, with any specific signs you would look for.
   d. What are the management options for this condition?
   e. Draw a labelled diagram of the (right) tympanic membrane you would find in this case.

4. **Case-based question [10 marks]**
   A 31-year-old female presented with history of bilateral progressive hearing loss of two years duration. Her symptoms aggravated during her pregnancy. Examination showed a normal tympanic membrane. — *Mar 2023*
   a. What is the probable diagnosis?
   b. Describe the common clinical features of the condition.
   c. What are the relevant investigations with their characteristic findings?
   d. Describe the treatment options for this condition.
   e. How will you counsel them regarding the surgical management of the condition? (AETCOM)

5. **Short essay [6 marks]** Describe the aetiology, clinical features and investigations of a patient diagnosed with otosclerosis. Mention the medical line and surgical principles of management of this condition. — *Sep 2023 (S)*
6. **Short essay [6 marks]** Write a note on the aetiology and clinical features of otosclerosis. Name the treatment options for the same. — *Jan 2024*
7. **Short essay [6 marks]** Otosclerosis – clinical features and investigations. How will you counsel a patient with otosclerosis? — *Mar 2025*
8. Tympanoplasty — ***Jun 2013 (S) · Jan 2020 [2×]***
9. Carhart's notch — *May 2022*
10. Mention the prerequisites for tympanoplasty — *Sep 2023 (S)*

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11. Myringoplasty – indications and graft materials — *Nov 2021 (S)*
12. Paracusis Willisii — *Jun 2019 (S)*
13. Stapedectomy — *Jun 2012 (S)*

4.2 Hearing loss in children and adults – deaf child, ototoxicity, noise-induced, NPPCD *(5 papers)*

1. **Case-based question [10 marks]**
   A 4-month-old child is brought to the ENT OPD with a history of suspected hearing loss. — *Jun 2013 (S)*
   a. How will you evaluate the child?
   b. If hearing loss is confirmed, how will you proceed?
   c. What are the causes of hearing loss in a child?
2. A 58-year-old patient on medicines for cardiac failure developed hearing loss. What is the diagnosis? Enumerate any three drugs that cause it. — *Mar 2023*
3. Characteristic pure tone audiogram pattern in noise-induced hearing loss — *Sep 2023 (S)*
4. List the methods of hearing assessment in infants and children — *Jun 2017 (S)*
5. What is Hitselberger's sign and in which condition is it seen? — *Sep 2023 (S)*
6. What is the full form of NPPCD in relation to hearing programmes in India? — *Mar 2025*

4.3 Diagrams – draw and label *(1 paper)*

1. Diagrammatically represent PTA with noise-induced sensorineural hearing loss — *Jun 2011 (S)*

4.4 MCQs from recent papers (2023–2025) *(4 MCQs)*

1. 4 kHz dip in audiogram is seen in: — *Jan 2024*
   (a) Otosclerosis (b) Presbycusis (c) Noise-induced hearing loss (d) Sudden sensorineural hearing loss
2. Most common site of otosclerosis is: — *Mar 2025*
   (a) Posterior edge of the oval window (b) Round window (c) Anterior edge of the oval window
   (d) Internal acoustic meatus
3. Numbness of the posterosuperior meatal wall in acoustic neuroma is known as: — *Mar 2025*
   (a) Hennebert sign (b) Griesinger's sign (c) Holman-Miller sign (d) Hitselberger's sign
4. Schwartze sign is seen in: — *Jan 2024*
   (a) Glomus tumour (b) Acute otitis media (c) Otosclerosis (d) Meniere's disease

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5. Vertigo and Diseases of the Inner Ear (18 questions)

★ Most-asked topics in this chapter

- Meniere's disease, BPPV and vestibular tests — ***asked in 13 papers***

5.1 Meniere's disease, BPPV and vestibular tests *(13 papers)*

1. **Long essay [10 marks]**
   Describe the pathology, clinical features, investigations, differential diagnosis and medical treatment of Meniere's disease. — *Jan 2016*

2. **Case-based question [10 marks]**
   A 40-year-old female presented with recurrent episodes of rotatory vertigo brought about by sudden turning to one side. Symptoms started after a period of immobilisation following knee surgery. The vertigo lasts for a few seconds. There is no history of hearing loss or tinnitus. — *Nov 2021 (S)*
   a. What is the most probable diagnosis?
   b. Enumerate the causes of vertigo.
   c. How do you differentiate between central and peripheral vertigo?
   d. Discuss the presentation, evaluation and treatment of Meniere's disease.
   e. Draw a typical pure tone audiogram of sensorineural hearing loss.

3. **Short essay [6 marks]** Enumerate the causes of peripheral vertigo. Write the relevant investigations and management of Meniere's disease. — *Mar 2023*
4. **Short essay [6 marks]** What is the pathology of Meniere's disease? Describe Tullio phenomenon. — *Jan 2024*
5. **Short essay [6 marks]** Benign paroxysmal positional vertigo – clinical features and management. — *Mar 2025*
6. Meniere's disease — ***Jun 2011 (S) · Jun 2012 (S) [2×]***
7. Benign paroxysmal positional vertigo – aetiopathogenesis — *May 2022*
8. Bithermal caloric test — *Jan 2012*
9. Differential diagnosis of fluctuant hearing loss — *Nov 2022 (S)*
10. Epley manoeuvre — *Apr 2021*
11. Epley's manoeuvre — *Jun 2019 (S)*
12. Hallpike test — *Jan 2016*
13. List four specific diagnostic tests for Meniere's disease — *Jun 2017 (S)*
14. Mechanism of vestibulo-ocular reflex (VOR) — *Jun 2017 (S)*
15. Name four drugs used to control vertigo — *Jun 2011 (S)*
16. Name two causes of objective tinnitus — *Mar 2025*

5.2 MCQs from recent papers (2023–2025) *(2 MCQs)*

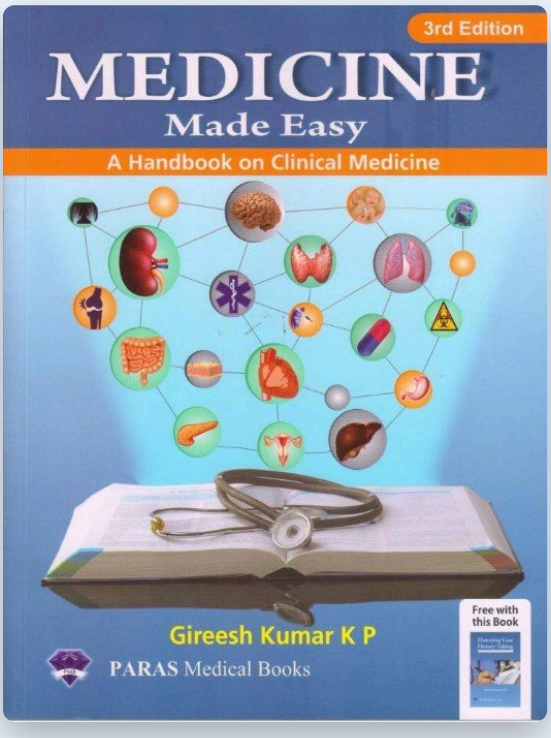
1. Dix-Hallpike test is done in: — *Mar 2023*
   (a) BPPV (b) Meniere's disease (c) Serous labyrinthitis (d) Vestibular neuronitis
2. Fluctuating hearing loss is seen in: — *Mar 2023*
   (a) Presbyacusis (b) Acoustic neuroma (c) Perilymph fistula (d) Otosclerosis

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FROM THE SAME AUTHOR

Dr. Gireesh Kumar K.P.

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6. Facial Nerve (8 questions)

> ★ **Most-asked topics in this chapter**
> - Facial nerve – Bell's palsy, Ramsay Hunt syndrome and topodiagnosis — ***asked in 10 papers***

6.1 Facial nerve – Bell's palsy, Ramsay Hunt syndrome and topodiagnosis *(10 papers)*

1. Bell's palsy ***— Jun 2011 (S) · Jan 2015 · Jun 2015 (S) · Nov 2021 (S) [4×]***
2. Ramsay Hunt syndrome ***— Jan 2014 · Jan 2018 [2×]***
3. Bell's palsy – treatment principles *— Jul 2020 (S)*
4. Principles of management of Bell's palsy *— Jun 2017 (S)*
5. Topodiagnostic tests for lesions of facial nerve *— Jan 2011*
6. Write four causes of LMN facial palsy *— Mar 2023*

6.2 MCQs from recent papers (2023–2025) *(2 MCQs)*

1. Bilateral facial paralysis may be seen in: *— Mar 2023*
   (a) Lyme disease (b) Bell's palsy (c) Facial neuroma (d) Ramsay Hunt syndrome
2. Topodiagnostic tests of facial nerve include all except: *— Mar 2025*
   (a) Stapedial reflex (b) Minor's starch iodine test (c) Schirmer test (d) Submandibular salivary flow test

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7. Anatomy and Physiology of the Nose and Paranasal Sinuses (15 questions)

> ★ **Most-asked topics in this chapter**
> - Nasal anatomy, blood supply, osteomeatal complex and physiology of the nose — ***asked in 7 papers***
> - Choanal atresia — ***asked in 2 papers***

7.1 Nasal anatomy, blood supply, osteomeatal complex and physiology of the nose *(7 papers)*

1. **Short essay [6 marks]** Describe the olfactory pathway. Enumerate the causes of hyposmia. — *Mar 2023*
2. Nasal valve ***— Jan 2014 · Jan 2019 [2×]***
3. Kiesselbach's plexus — *Jun 2011 (S)*
4. Little's area — *Jan 2014*
5. Name the arteries of the nasal septum — *Mar 2023*
6. Name the sinuses draining into the middle meatus — *Jan 2024*
7. Osteomeatal complex of nose — *Jan 2012*
8. Physiological functions of the nose — *Jun 2017 (S)*

7.2 Choanal atresia *(2 papers)*

1. Bilateral choanal atresia — *Jan 2016*
2. Bilateral choanal atresia – clinical features and emergency management — *May 2022*

7.3 Diagrams – draw and label *(2 papers)*

1. **Short essay [6 marks]** Diagrammatically explain the osteomeatal complex. Write its clinical significance. In which surgery is this a 'key area'? — *Mar 2025*
2. Diagram showing the arterial supply to the septum of the nose — *Nov 2022 (S)*

7.4 MCQs from recent papers (2023–2025) *(3 MCQs)*

1. All of the following form Kiesselbach's plexus except: — *Jan 2024*
   (a) Anterior ethmoidal artery (b) Sphenopalatine artery (c) Superior labial artery (d) Posterior ethmoidal artery
2. Antrum of Highmore is the: — *Mar 2025*
   (a) Mastoid antrum (b) Sphenoid sinus (c) Frontal sinus (d) Maxillary sinus
3. Water's view X-ray is: — *Mar 2025*
   (a) Submentovertical view (b) Occipitofrontal view (c) Occipitomental view (d) Lateral skull view

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8. Nasal Septum and Facial Trauma (16 questions)

★ Most-asked topics in this chapter

- Septal haematoma, septal perforation, deviated septum, foreign body and nasal bone fracture — ***asked in 11 papers***
- Maxillofacial fractures and CSF rhinorrhoea — ***asked in 6 papers***

8.1 Septal haematoma, septal perforation, deviated septum, foreign body and nasal bone fracture *(11 papers)*

1. Septal perforation ***— Jan 2018 · Nov 2021 (S) · May 2022 [3×]***
2. Septal haematoma ***— Jan 2012 · Jan 2013 [2×]***
3. A 3-year-old boy presented to the OPD with unilateral foul-smelling nasal discharge for 1 week. What is the most probable diagnosis? *— Jan 2024*
4. A 58-year-old patient was diagnosed to have a perforated nasal septum. Mention four causes of septal perforation. *— Mar 2025*
5. A patient with deviated nasal septum complains of headache. Write any two causes for the headache in deviated nasal septum. *— Mar 2023*
6. Enumerate four causes of septal perforation *— Sep 2023 (S)*
7. Fracture nasal bone *— Jun 2012 (S)*
8. Nasal bone fracture management *— Jan 2013*
9. Saddle nose deformity *— Jun 2011 (S)*

8.2 Maxillofacial fractures and CSF rhinorrhoea *(6 papers)*

1. **Case-based question [10 marks]**
   A 20-year-old boy met with a road traffic accident after which he complains of watery discharge from his left nostril. He was evaluated in the otorhinolaryngology department. *— Nov 2021 (S)*
   a. What is the most likely condition?
   b. How do you evaluate a person with the above complaints?
   c. Give an account of the Le Fort fractures.
   d. How do you manage a case of epistaxis presenting to casualty following a vehicular accident?
2. Blowout fracture ***— Jan 2018 · Jan 2019 [2×]***
3. CSF rhinorrhoea ***— Jun 2014 (S) · Jan 2020 [2×]***
4. Diagnosis of CSF rhinorrhoea *— Jun 2019 (S)*

8.3 MCQs from recent papers (2023–2025) *(3 MCQs)*

1. Ideal time for correction of nasal bone fracture is: *— Sep 2023 (S)*
   (a) Immediately (b) After a few days (c) After 2 weeks (d) After 3–4 weeks
2. In fracture of the maxilla, the fracture line passing through the root of the nose, lacrimal bone, floor of orbit, upper part of maxillary sinus and pterygoid plates is: *— Mar 2025*
   (a) Le Fort 2 fracture (b) Le Fort 1 fracture (c) Tripod fracture (d) Le Fort 3 fracture
3. Tear drop sign is seen in: *— Mar 2023*
   (a) Blowout fracture (b) Le Fort fracture (c) Tripod fracture (d) Fracture nasal bone

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9. Epistaxis (5 questions)

★ Most-asked topics in this chapter

- Epistaxis – causes and management — ***asked in 5 papers***

9.1 Epistaxis – causes and management *(5 papers)*

1. **Long essay [10 marks]**
   Discuss the differential diagnosis, investigations and management of nasal bleeding in a sixty-year-old man. — *Jan 2013*

2. **Case-based question [10 marks]**
   A 68-year-old man presents in casualty with active epistaxis of 3 days onset. There is no similar past history and no other nasal symptoms. Relatives report that the patient is on medications for other conditions. — *Jun 2017 (S)*
   a. What are the immediate steps of management?
   b. Specific points in history to find the possible cause of this epistaxis.
   c. Describe the blood supply of the nose.
   d. Surgical options: indications and procedures.

3. **Case-based question [10 marks]**
   A 60-year-old gentleman presented to the casualty with profuse bleeding from the nose and mouth for the first time. — *Apr 2021*
   a. How will you manage this case in the casualty in the first one hour?
   b. What are the most probable causes for this epistaxis?
   c. Draw labelled diagrams of the areas which bleed within the nasal cavity.
   d. Write a note on the commonest benign tumours of the nose and paranasal sinuses seen in this age group.

4. A 60-year-old male presented to emergency with spontaneous bleeding from the nose and oral cavity, soaking two handkerchiefs, which stopped on compression of the nose. Mention the most common aetiology and name the site involved. — *Sep 2023 (S)*

5. Management of epistaxis — *Jan 2011*

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10. Rhinitis and Granulomatous Diseases of the Nose (17 questions)

★ Most-asked topics in this chapter

- Atrophic, allergic and vasomotor rhinitis — ***asked in 11 papers***
- Rhinoscleroma and granulomatous lesions of the nose — ***asked in 2 papers***

10.1 Atrophic, allergic and vasomotor rhinitis *(11 papers)*

1. **Long essay [10 marks]**
   Define atrophic rhinitis. Enumerate the types, clinical features, investigations and treatment of atrophic rhinitis. *— Jun 2014 (S)*

2. **Case-based question [10 marks]**
   An 18-year-old lady is brought to the hospital with complaints of foul-smelling breath of two years duration. She also has persistent bilateral nasal block and recently had epistaxis on blowing her nose. *— Jan 2019*
   a. What is your differential diagnosis?
   b. How will you confirm your diagnosis? Mention all relevant investigations you would do.
   c. What are the complications of acute infection in the nose and sinuses?
   d. Describe a surgery of the paranasal sinuses that you know, mentioning the key steps of the procedure.

3. **Case-based question [10 marks]**
   A 41-year-old lady presents with complaints of bilateral nasal block and loss of smell for 1 year. On examination foul-smelling crusts are seen filling both nasal cavities. *— Sep 2023 (S)*
   a. What is your most likely diagnosis?
   b. Describe the aetiopathology and clinical features of this condition.
   c. Principles of treatment of this condition.
   d. How will you counsel the lady and her relatives about this condition?

4. **Short essay [6 marks]** Allergic rhinitis: clinical features, investigations and management. *— Mar 2023*
5. **Short essay [6 marks]** Describe the aetiology, clinical features, medical and surgical treatment of atrophic rhinitis. *— Jan 2024*
6. **Short essay [6 marks]** Atrophic rhinitis – clinical features and management. *— Mar 2025*
7. Atrophic rhinitis ***— Jan 2016 · Jan 2020 [2×]***
8. Atrophic rhinitis management *— Jan 2013*
9. Management of atrophic rhinitis *— Jan 2018*
10. Two surgeries for atrophic rhinitis *— Mar 2025*
11. Vasomotor rhinitis *— Apr 2021*

10.2 Rhinoscleroma and granulomatous lesions of the nose *(2 papers)*

1. **Short essay [6 marks]** Mention any four granulomatous lesions of the nasal cavity. Elaborate on the clinical features and management of any two of them. *— Sep 2023 (S)*
2. Rhinoscleroma *— Apr 2021*

10.3 MCQs from recent papers (2023–2025) *(4 MCQs)*

1. A 20-year-old female from UP presents with nasal obstruction and crusting. Examination revealed an infiltrating lesion involving the nasal vestibule and upper lip with broadening of the nasal dorsum. Likely diagnosis is: *— Sep 2023 (S)*
   (a) Rhinosporidiosis (b) Rhinoscleroma (c) Fungal granuloma (d) Ethmoidal polyps

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2. All are true about vasomotor rhinitis except: *— Sep 2023 (S)*

(a) It is a non-allergic condition (b) It is due to parasympathetic overactivity
(c) It may cause paroxysmal episodes of sneezing (d) It is an infective condition

3. Merciful anosmia is seen in: *— Jan 2024*

(a) Allergic rhinitis (b) Atrophic rhinitis (c) Rhinitis medicamentosa (d) Vasomotor rhinitis

4. Rhinoscleroma is caused by: *— Jan 2024*

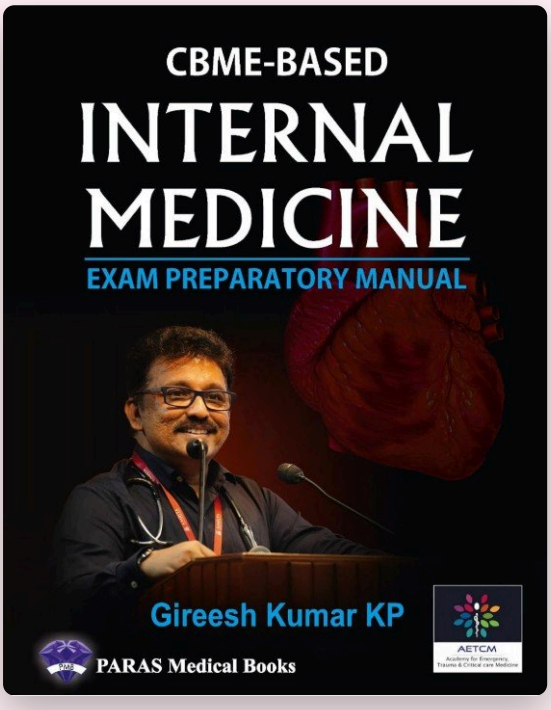
(a) Klebsiella pneumoniae (b) Rhinosporidium seeberi (c) Frisch bacillus (d) Aspergillus niger

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11. Nasal Polyps and Sinusitis (20 questions)

★ Most-asked topics in this chapter

- Ethmoidal and antrochoanal polyps — ***asked in 9 papers***
- Sinusitis and its complications; fungal sinusitis — ***asked in 8 papers***
- FESS and sinus surgery — ***asked in 3 papers***

11.1 Ethmoidal and antrochoanal polyps *(9 papers)*

1. **Long essay [10 marks]**
   Mention the differential diagnosis of a polypoidal mass in the nasal cavity. Describe the clinical features, investigations and treatment of ethmoidal polyps. *— Jan 2012*

2. **Long essay [10 marks]**
   Discuss the aetiology, clinical features and management of nasal polyp. *— Jun 2012 (S)*

3. **Case-based question [10 marks]**
   Polypoid mass in the nasal cavity: *— Jun 2019 (S)*
   a. What are the differential diagnoses of a polypoid mass in the nasal cavity?
   b. Mention the relevant investigations you will do.
   c. Discuss the clinical features and management of ethmoidal polyps.
   d. Write a note on the steps of FESS and mention the possible complications.

4. **Case-based question [10 marks]**
   A 45-year-old male presents with bilateral nasal obstruction, decreased sense of smell and bouts of sneezing. On examination, both nasal cavities are filled with smooth, round, multiple pale mass lesions. *— Jan 2024*
   a. What is the probable diagnosis?
   b. What are the investigations for allergic rhinitis?
   c. Mention the differences between ethmoidal and antrochoanal polyp.
   d. What is FESS? Name three complications of the same.

5. **Short essay [6 marks]** Describe Samter's triad. Tabulate and describe the differences between ethmoidal and antrochoanal polyps. *— Sep 2023 (S)*
6. **Short essay [6 marks]** Antrochoanal polyp: clinical features, investigation and management. *— Mar 2025*
7. Antrochoanal polyp ***— Jan 2015 · Jan 2020 · Nov 2022 (S) [3×]***

11.2 Sinusitis and its complications; fungal sinusitis *(8 papers)*

1. **Case-based question [10 marks]**
   A 50-year-old diabetic man presented with nasal obstruction, facial pain and foul-smelling postnasal discharge and a history of recent dental infection. *— Jun 2015 (S)*
   a. What is the most probable diagnosis?
   b. What is the most dreaded complication?
   c. State the reason for it to develop.

2. **Long essay [10 marks]**
   What are the complications of sinusitis? Describe the clinical features of chronic maxillary sinusitis and its treatment. *— Jan 2016*

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3. **Case-based question [10 marks]**
   A 50-year-old diabetic man presents with nasal obstruction, facial pain and foul-smelling postnasal discharge and a history of recent dental infection. — *Jul 2020 (S)*
   a. What is the most probable diagnosis?
   b. What are the most dreaded complications of this condition?
   c. What are the relevant investigations you would do?
   d. Describe the basic steps of functional endoscopic sinus surgery and list four complications of this surgery.
4. **Short essay [6 marks]** Mention the aetiology and clinical features of acute sinusitis. What is Pott's puffy tumour? — *Jan 2024*
5. Complications of sinusitis — *Jun 2013 (S)*
6. Local complications of sinusitis — *Jan 2020*
7. Mention the most common fungi causing acute invasive fungal sinusitis — *Mar 2025*
8. Types and features of fungal sinusitis — *Jun 2017 (S)*

11.3 FESS and sinus surgery *(3 papers)*

1. Caldwell-Luc operation — *Jan 2020*
2. Complications of FESS — *Jan 2014*
3. Functional endoscopic sinus surgery – indications, essential steps and complications — *Nov 2021 (S)*

11.4 MCQs from recent papers (2023–2025) *(2 MCQs)*

1. Pott's puffy tumour is seen over the: — *Mar 2023*
   (a) Maxillary sinus (b) Frontal sinus (c) Mandible (d) Ethmoid sinus
2. Syndrome with infertility and sinopulmonary disease: — *Mar 2023*
   (a) Cystic fibrosis (b) Kartagener's syndrome (c) Young's syndrome (d) Samter's triad

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12. Tumours of the Nose, Paranasal Sinuses and Nasopharynx (18 questions)

★ Most-asked topics in this chapter

- Juvenile nasopharyngeal angiofibroma and nasopharyngeal masses — ***asked in 12 papers***
- Inverted papilloma, carcinoma maxilla and unilateral nasal mass — ***asked in 6 papers***

12.1 Juvenile nasopharyngeal angiofibroma and nasopharyngeal masses *(12 papers)*

1. **Case-based question [10 marks]**

A 14-year-old boy presented to casualty with profuse effortless bleeding for the past several days. On examination there was a pinkish mass in the nasopharynx on the left side. — *Jun 2013 (S)*

a. What is the most likely diagnosis?
b. Discuss the differential diagnosis with the salient clinical features.
c. Discuss the management of the definitive condition.
d. How will you control the bleeding?

2. **Case-based question [10 marks]**

A 16-year-old boy presented with progressive nasal obstruction for the past one year with recurrent episodes of profuse, painless, unprovoked bleeding from the nose. Nasal examination showed a pinkish, smooth, globular mass filling the posterior nasal cavity and nasopharynx. — *Jan 2014*

a. What is the most probable diagnosis?
b. Discuss the clinical features, investigations and management of this condition.

3. **Case-based question [10 marks]**

A 15-year-old boy presented with a bleeding nasal mass. — *Jun 2015 (S)*

a. What is your diagnosis? Name four differential diagnoses.
b. What are the clinical tests to be done?
c. How do you investigate?
d. What are your treatment options?

4. **Long essay [10 marks]**

Describe the clinical features and management of juvenile nasopharyngeal angiofibroma. — *Jan 2018*

5. **Case-based question [10 marks]**

A 15-year-old boy presented with profuse epistaxis. On enquiry he said he had right-sided nasal obstruction of long duration. — *Jul 2020 (S)*

a. List four differential diagnoses.
b. How do you investigate this case?
c. What are your treatment options? What are the major complications of the surgery and how will you manage them?
d. Draw the possible picture of postnasal examination in this case.

6. **Long essay [10 marks]**

Describe the arterial supply of the nasal cavity. Discuss the management of juvenile nasopharyngeal angiofibroma. — *May 2022*

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7. **Case-based question [10 marks]**

   A 14-year-old male presented with history of profuse paroxysmal bleeding from the right side of the nose for one year. He also gave history of progressive right-sided nasal obstruction. He gives no history of dip bath. Examination showed a smooth-surfaced pinkish mass filling the right nasal cavity and extending into the choana. — *Mar 2023*

   a. What is the probable diagnosis?
   b. Describe the common clinical features of the condition.
   c. What are the relevant investigations with their characteristic findings?
   d. How will you counsel the boy and his parents regarding the condition?

8. A 50-year-old gentleman presents with unilateral ear block sensation for a few months. The tympanic membrane looks dull with evidence of middle ear effusion; there are no significant nasal complaints. What is the most likely diagnosis and management? — *Sep 2023 (S)*
9. A 60-year-old male was suspected to have nasopharyngeal carcinoma due to the presence of Trotter's triad. What are the components of Trotter's triad? — *Mar 2023*
10. Clinical features and spread of juvenile nasopharyngeal angiofibroma — *Jun 2014 (S)*
11. Differential diagnosis of a mass in the nasopharynx — *Nov 2021 (S)*
12. Investigations and management of nasopharyngeal angiofibroma — *Jan 2011*
13. Nasopharyngeal angiofibroma — *Jun 2012 (S)*

12.2 Inverted papilloma, carcinoma maxilla and unilateral nasal mass *(6 papers)*

1. Differential diagnosis of unilateral nasal mass in a 50-year-old man ***— Jun 2015 (S) · Jul 2020 (S) [2×]***
2. Clinical features of carcinoma maxilla — *Jan 2013*
3. Inverted papilloma — *Jan 2015*
4. Inverted papilloma of the nose — *Nov 2022 (S)*
5. Ringertz tumour — *Jun 2019 (S)*

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13. Oral Cavity and Pharynx (45 questions)

★ Most-asked topics in this chapter

- Tonsillitis, quinsy, membrane over tonsil and tonsillectomy — ***asked in 18 papers***
- Deep neck space infections – retropharyngeal abscess, Ludwig's angina — ***asked in 11 papers***
- Adenoids and adenoidectomy — ***asked in 6 papers***

13.1 Anatomy – Waldeyer's ring, tonsil bed and oropharynx *(5 papers)*

1. Tonsil bed ***— Jun 2013 (S) · Jan 2019 [2×]***
2. Waldeyer's ring ***— Jun 2015 (S) · Jul 2020 (S) [2×]***
3. Retromolar trigone *— Apr 2021*

13.2 Tonsillitis, quinsy, membrane over tonsil and tonsillectomy *(18 papers)*

1. **Long essay [10 marks]**
   Discuss the differential diagnosis of white patches on the tonsil with respect to their aetiology, clinical features, investigations and management. *— Jun 2011 (S)*

2. **Long essay [10 marks]**
   What are the components of Waldeyer's ring? Discuss in detail peritonsillar abscess. *— May 2022*

3. **Case-based question [10 marks]**
   A 26-year-old male presented with right-sided throat pain and difficulty in swallowing of three days duration. On examination he had trismus, with congestion and oedema of the soft palate on the right side. The right tonsil was pushed medially with the uvula deviated to the left. *— Mar 2025*
   a. What is the probable diagnosis?
   b. Describe the common clinical features of the condition.
   c. What is the management of the condition?
   d. What are the possible complications?
   e. How will you counsel them regarding the management of the condition?

4. **Short essay [6 marks]** Describe the differential diagnosis of 'white patch' over tonsil. Add a note on management of quinsy. *— Sep 2023 (S)*
5. **Short essay [6 marks]** Discuss haemorrhage following tonsillectomy. How will you manage each situation? *— Sep 2023 (S)*
6. **Short essay [6 marks]** Describe the cause, clinical features and management of peritonsillar abscess. *— Jan 2024*
7. Vincent's angina ***— Jan 2012 · Jun 2015 (S) · Jul 2020 (S) [3×]***
8. Clinical features of peritonsillitis ***— Jun 2015 (S) · Jul 2020 (S) [2×]***
9. Differential diagnosis of membrane over tonsil ***— Jan 2011 · Jun 2014 (S) [2×]***
10. Quinsy ***— Jan 2015 · Nov 2022 (S) [2×]***
11. A 20-year-old male presented with throat pain; examination showed a whitish membrane over both tonsils. Write four differential diagnoses. *— Mar 2023*
12. Differential diagnosis of white patch in oropharynx *— Jan 2016*
13. Faucial diphtheria *— Jan 2019*
14. Four local symptoms specific to quinsy *— Jun 2017 (S)*
15. Mention four causes of white membrane over tonsil *— Jan 2024*
16. Peritonsillar abscess *— Jan 2013*
17. Secondary bleeding after tonsillectomy *— Jan 2016*
18. Tonsillolith *— Apr 2021*

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19. Unilateral enlargement of tonsil — *Jan 2016*

13.3 Adenoids and adenoidectomy *(6 papers)*

1. Clinical features of adenoid hypertrophy ***— Jun 2015 (S) · Jul 2020 (S) [2×]***
2. A 5-year-old girl presented with nasal block, mouth breathing and snoring for 3 years. Name one investigation that can be used to arrive at a diagnosis. — *Jan 2024*
3. Complications of adenoidectomy — *Jan 2019*
4. Name four complications of adenoidectomy — *Mar 2023*
5. Name four differential diagnoses of adenoids — *Jun 2011 (S)*

13.4 Deep neck space infections – retropharyngeal abscess, Ludwig's angina *(11 papers)*

1. **Short essay [6 marks]** Chronic retropharyngeal abscess: aetiopathogenesis, clinical features and management. — *Mar 2025*
2. **Short essay [6 marks]** Ludwig's angina – clinical features and management. — *Mar 2025*
3. Retropharyngeal abscess ***— Jun 2011 (S) · Jun 2012 (S) · Jan 2014 · Jun 2014 (S) [4×]***
4. Ludwig's angina ***— Jun 2013 (S) · Jan 2015 · Jan 2020 [3×]***
5. Acute retropharyngeal abscess ***— Jun 2019 (S) · Nov 2021 (S) [2×]***
6. What is the cause of chronic retropharyngeal abscess? — *Jan 2024*

13.5 Premalignant lesions, submucous fibrosis and ranula *(5 papers)*

1. Ranula ***— Jun 2015 (S) · Jul 2020 (S) [2×]***
2. Premalignant conditions of oral cavity and pharynx — *Jun 2014 (S)*
3. Submucous fibrosis — *Jan 2015*
4. Write four premalignant lesions of the oral cavity — *Mar 2023*

13.6 Diagrams – draw and label *(3 papers)*

1. **Short essay [6 marks]** Diagrammatically describe the blood supply of the tonsil. Causes and management of reactionary haemorrhage after tonsillectomy. — *Mar 2023*
2. **Short essay [6 marks]** Draw and label the retropharyngeal space in relation to other spaces of the neck. How will you diagnose and manage retropharyngeal abscess? — *Sep 2023 (S)*
3. **Short essay [6 marks]** Diagrammatically describe Waldeyer's ring. What are the functions of Waldeyer's ring? — *Mar 2025*

13.7 MCQs from recent papers (2023–2025) *(5 MCQs)*

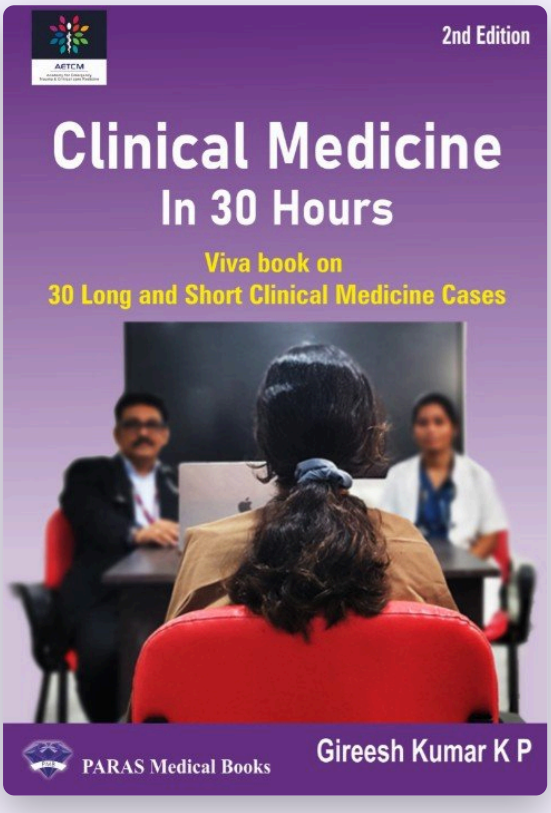
1. A 45-year-old patient complains of shooting pain in the throat, aggravated on swallowing and radiating to the ear and posterior part of the tongue. The likely diagnosis is: — *Sep 2023 (S)*
   (a) Sluder's neuralgia (b) Glossopharyngeal neuralgia (c) Disorders of temporomandibular joint
   (d) Trigeminal neuralgia
2. All are subsites of oropharynx except: — *Mar 2023*
   (a) Base of tongue (b) Palatine tonsils (c) Soft palate (d) Retromolar trigone
3. All of the following cause rhinolalia aperta except: — *Mar 2025*
   (a) Oronasal fistula (b) Nasopharyngeal mass (c) Large nasopharynx (d) Submucous palate
4. Danger space is located between: — *Sep 2023 (S)*
   (a) Buccopharyngeal and alar fascia (b) Alar and prevertebral fascia
   (c) Buccopharyngeal fascia and mandible (d) Capsule of tonsil and superior constrictor muscle
5. Stensen's duct opens: — *Jan 2024*
   (a) Opposite lower 2nd molar tooth (b) Floor of mouth (c) Opposite upper 2nd molar tooth
   (d) Opposite upper second premolar

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14. Larynx (39 questions)

★ Most-asked topics in this chapter

- Stridor, laryngomalacia, acute epiglottitis and croup — ***asked in 11 papers***
- Hoarseness – vocal nodules, vocal cord paralysis, puberphonia and laryngocele — ***asked in 11 papers***
- Anatomy and physiology of the larynx — ***asked in 9 papers***

14.1 Anatomy and physiology of the larynx *(9 papers)*

1. **Short essay [6 marks]** What are the laryngeal cartilages? Describe the laryngeal innervation. — *Jan 2024*
2. **Short essay [6 marks]** Describe the physiology of phonation. Enumerate the benign lesions of the vocal cords. — *Mar 2025*
3. Name the intrinsic and extrinsic muscles of the larynx ***— Jun 2015 (S) · Jul 2020 (S) [2×]***
4. Classify and name the muscles of larynx — *Jun 2017 (S)*
5. Cricothyroid muscle — *May 2022*
6. Functions of larynx — *Jan 2012*
7. Intrinsic muscles of the larynx — *Jan 2019*
8. Laryngeal crepitus — *Jun 2011 (S)*

14.2 Stridor, laryngomalacia, acute epiglottitis and croup *(11 papers)*

1. **Long essay [10 marks]**
   Define stridor. What are the major causes of stridor in children? Write briefly about tracheostomy. — *Jun 2012 (S)*
2. **Short essay [6 marks]** Acute epiglottitis: aetiopathogenesis, clinical features and management. — *Mar 2023*
3. **Short essay [6 marks]** Enumerate the causes of stridor in children. Describe the precautions you need to take while doing a paediatric tracheostomy. — *Mar 2023*
4. **Short essay [6 marks]** Croup – mention the aetiology and clinical features of this condition. How will you manage this condition? — *Sep 2023 (S)*
5. **Short essay [6 marks]** What is laryngomalacia? What are the indications and complications of tracheostomy? — *Jan 2024*
6. Laryngomalacia ***— Jan 2012 · Jun 2013 (S) · Jun 2019 (S) · Nov 2021 (S) · Nov 2022 (S) [5×]***
7. Acute epiglottitis ***— Jan 2014 · Jan 2015 [2×]***
8. A 2-year-old child with distinctive brassy cough and inspiratory stridor showed a characteristic finding on neck X-ray AP view. What is the finding and what is the diagnosis? — *Mar 2023*
9. Stridulous child — *Jan 2012*

14.3 Hoarseness – vocal nodules, vocal cord paralysis, puberphonia and laryngocele *(11 papers)*

1. **Case-based question [10 marks]**
   A 30-year-old man presented to the OPD with sudden onset of hoarseness without any breathing difficulty. There was no fever. There is history of cough while taking food. Laryngeal assessment showed the vocal cord in paramedian position. — *Jan 2020*
   a. Enumerate the probable causes for the condition.
   b. List the muscles acting on the vocal cord.
   c. Draw a picture of indirect laryngoscopy. List the pathologies that can be picked up from this test. Write down the blind areas of indirect laryngoscopy.
   d. Write a note on phonosurgery.

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2. **Short essay [6 marks]** Enumerate the causes of left vocal cord palsy. Write the relevant investigations and management. — *Mar 2023*
3. **Short essay [6 marks]** Vocal cord palsy: clinical features, investigations and principles of management. — *Sep 2023 (S)*
4. Puberphonia — ***Jan 2012 · Jan 2018 · Jun 2019 (S) [3×]***
5. Vocal nodule — ***Jun 2012 (S) · Jan 2014 · Jan 2019 [3×]***
6. Laryngocele — *Jun 2019 (S)*
7. Mention four causes of Reinke's oedema — *Mar 2025*
8. Unilateral vocal cord paralysis — *Jan 2018*
9. What is puberphonia? — *Jan 2024*

14.4 Carcinoma larynx and voice rehabilitation *(3 papers)*

1. **Case-based question [10 marks]**
   An elderly male presented with progressive hoarseness with occasional blood-stained sputum on coughing. On further enquiry, he is a chronic smoker and has had significant weight loss over the past 6 months. — *Sep 2023 (S)*
   a. What is the most probable diagnosis of this condition?
   b. Mention four clinical conditions that can cause hoarseness in adults.
   c. How will you manage this case?
   d. Mention voice rehabilitative measures following laryngectomy.
   e. How will you counsel the patient's relatives on the preventive aspects of this condition?
2. Pathology of squamous cell carcinoma — *Jun 2011 (S)*
3. Voice rehabilitation after laryngectomy — *Jan 2016*

14.5 Diagrams – draw and label *(3 papers)*

1. Draw and label indirect laryngoscopy. What are the blind areas of indirect laryngoscopy? — *Jun 2013 (S)*
2. Draw and label: Indirect laryngoscopic findings — *Jun 2011 (S)*
3. Draw and label: Structures seen on indirect laryngoscopy — *Jan 2011*

14.6 MCQs from recent papers (2023–2025) *(7 MCQs)*

1. A 3-year-old boy presents with multiple laryngeal papillomas involving the glottis, with hoarse voice and slight airway distress. The best treatment is: — *Sep 2023 (S)*
   (a) Tracheostomy and observation (b) Steroids (c) Interferon therapy
   (d) Microlaryngoscopy and excision
2. Acute epiglottitis is caused by: — *Jan 2024*
   (a) Haemophilus influenzae type B (b) Parainfluenza virus (c) Streptococcus pneumoniae
   (d) Staphylococcus aureus
3. Commonest cause of congenital stridor is: — *Mar 2025*
   (a) Congenital vocal cord paralysis (b) Congenital subglottic stenosis (c) Laryngeal web
   (d) Laryngomalacia
4. Kashima operation is done for: — *Sep 2023 (S)*
   (a) Bilateral vocal cord palsy (b) Atrophic rhinitis (c) Recurrent cholesteatoma (d) Choanal atresia
5. Kashima operation is done in: — *Mar 2025*
   (a) Bilateral abductor paralysis (b) Paralysis of superior laryngeal nerve (c) Unilateral vocal cord paralysis
   (d) Combined paralysis
6. The two alae of the thyroid cartilage in males meet anteriorly to form an angle of: — *Mar 2025*
   (a) 120° (b) 100° (c) 60° (d) 90°

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7. Which muscle is most important for the inflow of air through the larynx? *— Mar 2023*

(a) Lateral cricoarytenoid (b) Posterior cricoarytenoid (c) Thyroarytenoid (d) Interarytenoid

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15. Tracheostomy and Bronchoscopy (9 questions)

★ Most-asked topics in this chapter

- Tracheostomy – indications, types, care and complications; foreign body bronchus — ***asked in 8 papers***

15.1 Tracheostomy – indications, types, care and complications; foreign body bronchus *(8 papers)*

1. **Long essay [10 marks]**
   Define stridor. Describe the indications, types, post-operative care and complications of tracheostomy. — *Jan 2011*

2. **Long essay [10 marks]**
   Mention the types of tracheostomy. Enumerate the indications, procedure and complications of tracheostomy. — *Jun 2014 (S)*

3. **Case-based question [10 marks]**
   An elderly male, comatose after a brainstem CVA (stroke), has been on endotracheal intubation for 15 days. He is referred to ENT to perform elective tracheostomy. — *Jun 2017 (S)*
   a. Specific indication for tracheostomy in this case.
   b. Classify and list the indications for tracheostomy.
   c. List two things to check on the first post-procedure day.
   d. Describe two specific tracheostomy care measures to be counselled to the caretakers.
   e. List four late complications of tracheostomy.

4. **Case-based question [10 marks]**
   A 74-year-old female had a cerebrovascular accident, followed by placement on a ventilator in the ICU. The attending neurologist feels that the patient will take time to recover and asks ENT for a tracheostomy. — *Nov 2022 (S)*
   a. What is the specific indication for tracheostomy in this case?
   b. Classify and list the overall indications for this procedure.
   c. Types of tracheostomies.
   d. List the immediate complications specific to this procedure.

5. Complications of tracheostomy ***— Jan 2013 · Nov 2022 (S) [2×]***
6. A 70-year-old male who underwent tracheostomy for obstructed airway developed apnoea following the procedure. What is the probable cause? — *Mar 2025*
7. Foreign body bronchus — *Jan 2013*
8. Immediate complications of tracheostomy — *Jan 2016*
9. Indications of tracheostomy — *Jan 2018*

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16. Oesophagus and Dysphagia (13 questions)

★ Most-asked topics in this chapter

- Dysphagia, achalasia, Plummer-Vinson syndrome and carcinoma oesophagus — ***asked in 11 papers***

16.1 Dysphagia, achalasia, Plummer-Vinson syndrome and carcinoma oesophagus *(11 papers)*

1. **Long essay [10 marks]**
   Define dysphagia. Enumerate the causes and investigations of dysphagia. — *Jan 2015*
2. **Short essay [6 marks]** Describe the physiology of swallowing. Enumerate the causes of dysphagia. — *Mar 2023*
3. **Short essay [6 marks]** Enumerate the causes of dysphagia. Enumerate the investigations. What are the salient features of achalasia cardia? — *Jan 2024*
4. Achalasia cardia — ***Jun 2012 (S) · Jun 2019 (S) [2×]***
5. Plummer-Vinson syndrome — ***Jan 2018 · Nov 2021 (S) [2×]***
6. Carcinoma oesophagus — *Jun 2012 (S)*
7. Dysphagia lusoria and its aetiology — *Sep 2023 (S)*
8. Four causes of oesophageal dysphagia — *Mar 2025*
9. Investigations for dysphagia — *Jan 2013*
10. Postcricoid carcinoma — *Apr 2021*
11. Zenker's diverticulum — *Apr 2021*

16.2 Diagrams – draw and label *(1 paper)*

1. Describe the anatomical constrictions of the oesophagus with a diagram — *Sep 2023 (S)*

16.3 MCQs from recent papers (2023–2025) *(1 MCQs)*

1. Plummer-Vinson syndrome includes all except: — *Jan 2024*
   (a) Koilonychia (b) Glossitis (c) Dysphagia (d) Haematemesis

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17. Neck and Salivary Glands (4 questions)

★ Most-asked topics in this chapter

- Thyroglossal cyst, lingual thyroid, lymph nodes of the neck and Frey's syndrome — ***asked in 4 papers***

17.1 Thyroglossal cyst, lingual thyroid, lymph nodes of the neck and Frey's syndrome *(4 papers)*

1. Frey's syndrome — *May 2022*
2. Lingual thyroid — *Jun 2011 (S)*
3. Lymph nodes of the head and neck — *Nov 2021 (S)*
4. Thyroglossal cyst — *Jun 2013 (S)*

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Appendix — Papers covered and examination pattern

#	Sitting	Type	Pattern	Questions
1	Jan 2011	Regular	40 marks · 2 hours	12
2	Jun 2011	Supplementary	40 marks · 2 hours	15
3	Jan 2012	Regular	40 marks · 2 hours	12
4	Jun 2012	Supplementary	40 marks · 2 hours	12
5	Jan 2013	Regular	40 marks · 2 hours	12
6	Jun 2013	Supplementary	40 marks · 2 hours	12
7	Jan 2014	Regular	40 marks · 2 hours	12
8	Jun 2014	Supplementary	40 marks · 2 hours	12
9	Jan 2015	Regular	40 marks · 2 hours	12
10	Jun 2015	Supplementary	40 marks · 2 hours	12
11	Jan 2016	Regular	40 marks · 2 hours	12
12	Jun 2017	Supplementary	40 marks · 2 hours	12
13	Jan 2018	Regular	40 marks · 2 hours	12
14	Jan 2019	Regular	40 marks · 2 hours	12
15	Jun 2019	Supplementary	40 marks · 2 hours	12
16	Jan 2020	Regular	40 marks · 2 hours	12
17	Jul 2020	Supplementary	40 marks · 2 hours	12
18	Apr 2021	Regular	40 marks · 2 hours	12
19	Nov 2021	Supplementary	40 marks · 2 hours	12
20	May 2022	Regular	40 marks · 2 hours	12
21	Nov 2022	Supplementary	40 marks · 2 hours	12
22	Mar 2023	Regular	CBME · 100 marks (incl. 10 MCQs)	32
23	Sep 2023	Supplementary	CBME · 100 marks (incl. 10 MCQs)	32
24	Jan 2024	Regular	CBME · 100 marks (incl. 10 MCQs)	32
25	Mar 2025	Regular	CBME · 100 marks (incl. 10 MCQs)	32

Examination pattern at a glance

2011 – 2022 (40 marks, 2 hours). Section A and Section B of 20 marks each. Each section opens with a 10-mark long essay or structured case, followed by five 2-mark short answers (some sittings used 1-mark short answers and a draw-and-label question).

2023 onwards — CBME pattern (100 marks, 3 hours). A 10-mark MCQ paper (10 minutes); in each section a 10-mark structured case (often with an AETCOM counselling part), five 6-mark short essays and five 1-mark very-short-answer questions.

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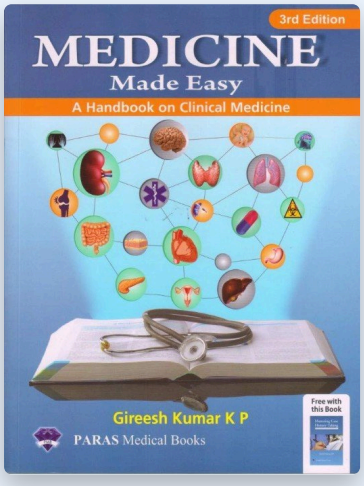
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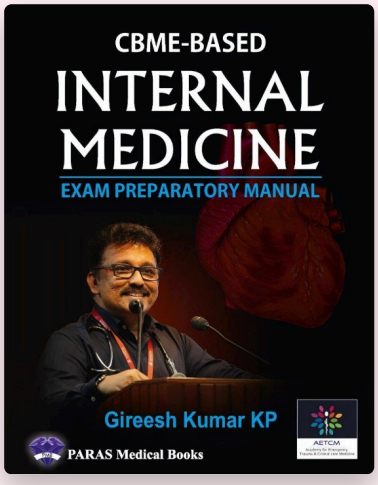
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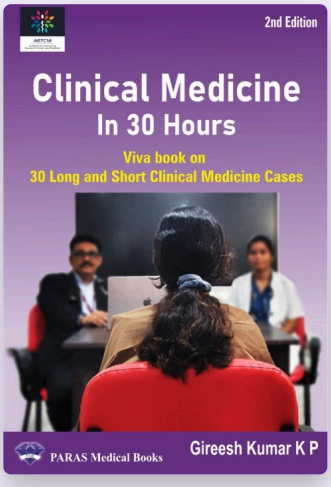
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