**ENT Archive**

**–Final 2023**

**By : Eslam wasfi tarawneh  
[Laith Najada](https://www.facebook.com/layth.jamel?__cft__[0]=AZX8kGNZb6UoiCxqTcpXZB5YUdaNS6MvbGSQaFmXvDgu_XcwGczBE0TJvDv26xkcM8OEEfoR3G7nMJfm-uOIXYKNMNc9bMMMrx6Nm6XEHZf2NXafxuWRT5_CqfdpMvOTJbQ&__tn__=-UC,P-R)**

1-Earache after tonsillectomy caused by which nerve: Glossopharyngeal N.

2-True about cahart notch?

-May be caused by glue ear

-Its a genuine sensorineural hearing loss that requires stapedectomy

-Happens at 4000 Hz

-doesn’t improve following stapes surgery

-happens only in otosclerosis

3-A case about a child diagnosed with meningitis,confirmed by LP,administered appropriate antibiotics accordingly,he had brain imaging done which revealed opacification of the mastoid air cells on one side,the child showed initial improvement but relapsed on day 6 with fever measuring 39.5 and drowsiness, your next step in management:

A- MRI (I chose this answer because he is drowsy indicate Intracranial lesion)

B- immediate mastoidectomy

4-Most common intracranial complication of otitis media is: ناسي اذا acute or chronic

A- Meningitis (most common in acute according to google)

B- Cerebral abscess (most common in chronic)

5-Definitive Diagnosis of perilymphatic fistula: MRI

6-Correct statement about malignant otitis externa: Tc-99 is not used in assessing the prognosis of the disease

7- 8 year child with bilateral conductive hearing loss, most common cause is: Bilateral otitis media with effusion

8-Patient came with otorrhea and he is already have chronic suppurative OM, what is the best initial step: Suction and topical suitable eardrop drug

9-Wrong about Meniere’s disease: Bilateral

10-Wrong about tinnitus: rare in healthy people

11-Wrong about nasopharyngeal cancer:

Cause bilateral OME

12-Wrong about ethmoidal polyps: Allergic rhinitis is the underlaying cause

13-Common treatment for ethmoidal and antrochaonal polyps: Surgery

14-Failure to stop epistaxis after 10 minutes of direct pressure on the nose, what is the best next step: topical nasal vasoconstriction

15-3 year child with unilateral polyp, what is the best next step:

A- Surgery (حطيت هاي)???????

B- Investigations for cystic fibrosis (بس هاي اصح)

16-One is true about nasal papilloma: Inverted papilloma has high propensity for recurrence if incompletely excised

17-Type of biopsy for enlarged cervical lymph node due to nasopharyngeal cancer is:

A- Endoscopy and biopsy (حطيتها)????

B- Excisional biopsy

18-Wrong about paranasal sinus carcinoma:

65-75% of paranasal sinus carcinoma is adenocarcinoma

19-Stapes connected to?oval window

20-Cough during otoscopic exam is induced via what nerve? Vagus

21-79 year old,he has cancer arising from the ethmoidal sinus, biopsy reveals adenocarcinoma,what is the most important risk factor? Wood dust

22-Not an indication for adenoidectomy?

Vasomotor rhinitis

23-All are true regarding laryngomalacia except?

Always requires surgery

24-Correct about allergic rhinitis? Diagnosis should be correlated with symptoms

25-Regarding tracheostomy care,one is correct?

Regular suctioning to prevent obstruction

26-Male patient with difficulty speaking,swollen rt tonsil and uvula devaited to lt ,what’s the diagnosis? Quinsy

27-Wrong match? Quinsy-xerostomia

28-Nasolacrimal duct opens in? Inferior meatus

29-Ideal site for myringotomy and grommet insertion? Anterior inferior quadrant

30-One of these cause conductive hearing loss?

Acute otitis media

31-Rhinitis medicimatosa is due to prolonged use of? Xylometazoline

32-For diagnosis of cholesteatoma? Otoscopy and radiography

33-Treatment modality of choice for angiofibroma? Surgery

34-Wrong about atticoantral CSOM discharge? Profuse

35-Earliest manifestation of acoustic neuroma?

Tinnitus and loss of corneal reflex

36-Correct about Meniere's disease ? Tinnitus,vertigo,low frequency sensorineural hearing loss

37-Not a cardinal feature of chronic sinusitis? Fever

38-Most common cause of vertigo following head trauma? BPPV

39-A case about a child diagnosed with meningitis,confirmed by LP,administered appropriate antibiotics accordingly,he had brain imaging done which revealed opacification of the mastoid air cells on one side,the child showed initial improvement but relapsed on day 6 with fever measuring 39.5 ,your next step in management?

-repeat LP

-perform tympanosentesis

-obtain a detailed history about his previous ear infections

-perform head imaging

-schedule emergent mastoidectomy (I put this,not sure)

40-Acute Bacterial Rhinosinusitis management : Antibiotics + Decongestant