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| Fifth-year ENT Exams | | | |

**This folder contains ENT MCQ questions for the years :  
2010/2011/2012/2014/2016/2017/2018/2019/2020/2021  
and from 3 folders of unknown years  
 and notes for Laryngeal CA**

**قام بجمع وترتيب هذه الأسئلة أحمد الخطايبة لغاية امتحانات سنة 2017 ..  
 وتم إضافة وتنسيق الإمتحانات حتى عام 2019عن طريق طارقأبولبدة&عمار العضايلة ..  
و امتحان 2020 عمل اسماعيل البدوي**

**وامتحان 2021 عمل تمارا الزيود   
 وبإشراف لجنة الطب والجراحة ..**



**ENT final exam 2021**

1. **Vocal nodules:**

Select one:

a. Often require surgical therapy.

b. Always result in dysphonia.

C. Are congenital.

d. Are usually unilateral.

e. Usually respond to medical and behavioral therapy.

1. **In otomycosis, black-headed filamentous growth caused by**

Select one:

a. Aspergillus niger

b. Aspergillus fumigatus

C. Aspergillus flavus

d. Candida albicans

e. Dermatophytes

1. **What does not apply to benign positional nystagmus:**

a. Brief sudden attacks of vertigo.

b. Precipitated by head movements.

C. Supposed to be due to cupulolithiasis.

d. Fatiguable.

e. No latency period.

1. **Which of the following is indication for adenoidectomy:**

a. Malocclusion.

b. Delayed speech development.

c. Recurrent peritonsillar abscess.

d. Recurrent tonsillitis.

e. Pharyngeal abscess.

1. **What is not true about tubotympanic type of CSOM?**

Select one:

a. Commonly occur as a complication of acute otitis media

b. The discharge is scanty and purulent.

C. The perforation in the pars flaccida.

d. It rarely gives rise to serious complications

e. Medical treatment is the first line of treatment

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

Select one:

a. Otitis media with effusion.

b. Menier's disease

C. Otosclerosis

d. Tympanosclerosis.

e. Presbyacusis.

1. **The narrowest part in the infantile larynx is:**

a. The supraglottic area

b. The subglottic area

C. The vocal cords.

d. The pyriform sinus.

e. None of the above.

1. **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.

e. Congenital vocal cord paralysis.

1. **What is not true about acute epiglottitis:**

Select one:

a. Common in children.

b. Caused by H.influenzae.

C. Hoarseness is presenting symptom. ??

d. Painful swallowing.

e. Drooling of saliva.

1. **Which of the following is the most sensitive and specific test for an acoustic tumour.**

Select one:

a. Brainstem evoked response audiometry. ??

b. MRI with gadolinium.

C. CT with contrast.

d. Electrocochleography. O

e. Air contrast CT.

1. **Neonatal hearing screening is done using:**

Select one:

a. Tympanometry.

b. PTA.

C. BERA.

d. OAE

e. ECOG.

1. **Kiesselbach's plexus receives branches from all except**

Select one:

a. Sphenopalatine artery.

b. Superior labial artery.

c. Posterior ethmoidal artery.

d. Anterior ethmoidal artery.

e Greater palatine artery

1. **Which muscle opens the larynx?**

Select one:

a. Cricothyroid.

b. Posterior cricoarytenoid.

C. Lateral cricoarytenoid.

d. Interarytenoid.

e. Thyroarytenoid.

1. **The hallmark finding in Ramsy- Hunt syndrome is:**

Select one:

a. Sensorineural hearing loss.

b. Nystagmus (with vertigo)

c. Facial paralysis.

d. Otitis externa.

e. Vesicles.

1. **The commonest cause of congenital stridor:**

Select one:

a. Epiglottitis

b. Vocal cord paralysis.

c. Laryngael web.

d. Subglottic stenosis.

e. Laryngomalacia.

1. **Tonsillectomy should be considered for the following except**

Select one:

a. Obstructive sleep apnea.

b. Three episodes tonsillitis in three consecutive years.

c. 2nd attack of peritonsillar abscess.

d. Asymptomatic tonsillar hyperplasia.

e. Unilateral tonsillar hyperplasia.

1. **Foreign bodies in the external canal, one is true:**

Select one:

a. Are commonest in adults.

b. Live insects should be removed with forceps.

C. A postaural incision may be required for removal in some cases.

d. Forceps should be used to remove round and smooth subjects.

e. Vegetable foreign bodies should be removed by syringing.

1. **A glottic tumour involving both cords with normal mobility and no extension to other sites is staged as:**

Select one:

a. T1

b. T1a

C. T1b

d. T2

e. T3

1. **Peritonsillar abscess, the commonest etiology:**

Select one:

a. Group a b-hemolytic streptococcus

b. Haemophilus influenza

c. Staphylococcus aureus

d. mixed flora (aerobes and anaerobes)

e. Bacteroides

1. **Mainstay of treatment in acute otitis media in children is:**

Select one:

a. Myringotomy

b. Ear drops.

C. Antibiotics orally or parentrally.

d. Local and systemic antibiotics.

e. Local and systemic antibiotics in addition to myringotomy.

1. **In patients with recurrent peritonsillar abscess, tonsillectomy is done Select one:**

a. Immediately??

b. 2 weeks

C. 4 weeks

d. 6 weeks

e. 12 weeks??

1. **Temporal bone fractures, one incorrect:**

Select one:

a. The commonest is the longitudinal type

b. Facial nerve involvement is rare with longitudinal fractures

C. facial nerve involvement is common with transverse fractures

d. Transverse fractures is less common than longitudinal fractures

e. Bleeding from the ear is common with transverse type

1. **Nasal polyposis associated with all of the following diseases except Select one.**

a. Allergic rhinitis

b. Cystic fibrosis

C. Aspirin intolerance

d. Kartageners syndrome

e. Follicular tonsillitis

1. **Stapedial reflex is mediated by:**

Select one:

a. V and VII cranial nerves.

b. V and VIl cranial nerves.

C. VI and VIl cranial nerves.

d. VII and VIII cranial nerves,

e. VI and VIII cranial nerves

1. **Which is the best treatment for a patient with allergy to dog dander.**

a. Avoidance.

b. Terfenadine.

c. Cromolyn.

d. Beclomethasonel

e. Prednisolone

1. **All of the following contribute to the sensory innervations of the external ear Except**

a. Great auricular nerve.

b. Facial nerve.

C. Jacobson's nerve.

d. Auriculotemporal nerve.

e. Vagus nerve.

1. **Meniere's disease, one true statement**

a. Vertiginous attacks characteristically occur without warning.

b. A normal caloric response excludes the diagnosis.

c. Endolymphatic hydrops is the underlying pathology.

d. Copious otorrhoea is common.

e. Progressive, high frequency SNHL is characteristic.

1. **Blood supply of the palatine tonsils includes all of the following except:**

a. Tonsillar branch of the facial artery

b. Sphenopalatine artery

C. Ascending palatine artery

d. Dorsal lingual artery

e. Ascending pharyngeal artery.

1. **All of the following are true except**

a. Sphenoid sinus drain into the sphenoethmoidal recess

b. Maxillary sinus drain into the middle meatus

c. Frontal sinus drain into the superior meatus

d. Nasolacrimal duct open into the inferior meatus

e. Anterior ethmoldal sinus drain into the middle meatus

1. **Septal haematomas, one true statement**

Select one:

a. Unilateral nasal obstruction is the commonest symptom.

b. They are likely to resolve spontaneously without complications.

C. Treatment is conservative unless an abscess develops.

d. Usually traumatic in origin.

e. All of the above.

1. **Malignant tumors of the paranasal sinuses, all are true except one:**

Select one:

a. CT or MRI scanning is essential to determine the extent of the tumour.

b. Biopsy is usually unnecessary as the diagnosis can be made radiologically.

c. Adenocarcinoma is associated with woodworkers in the furniture industry

d. Retropharyngeal and cervical lymph node metastases are uncommon.

e. Squamous cell carcinoma is the commonest type

1. **The most common cranial nerve palsy in nasopharyngeal carcinoma is:**

Select one

a. VII nerve

b. V nerve

C. IV nerve

d. VI nerve

e. XII nerve

1. **Juvenile angiofibroma, one false statement:**

Select one

a. Benign.

b. Non invasive.

C. Adolescent male predominance.

d. Nasal obstruction and epitaxis.

e. 0.5% of head and neck neoplasms

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

Select one:

a. Nasopharyngeal neoplasm.

b. Allergy

C. Otitic barotraumas.

d. Inadequate treatment of acute otitis media.

e. Chronic sinusitis.

1. **The most important methodology in the diagnosis of unilateral peripheral vestibular lesions is:**

Select one:

a. History:

b. Physical exam

C. Audiometric tests.

d. Vestubular function test.

e. Radiology.??

1. **During direct laryngoscopy examination, all of the following sites are visualized except:**

Select one:

a. Epiglottis

b. Arytenoides

C. subglottic space

d. Pyriform sinus

e. Vocal cords

1. **All are true except**:

Select one

a. The commonest manifestation of supraglottic carcinoma is hoarseness of voice

b. Glottis carcinoma never present with nodal metastasis

C. T1 supraglotic cancer, treatment of choice is radiotherapy

d. Tumor limited to the larynx with vocal cord fixation staged as T3

e. Leukoplakia is premalignant for laryngeal carcinoma

1. **Nasopharyngeal carcinoma, all of the following statement are true except:**

Select one:

a. More common in Chinese population.

b. Cervical neck mass is the commonest presentation.

C. High index of suspicion is required for early diagnosis.

d. Surgery is the treatment of choice.

e. Biopsy is required for definitive diagnosis

1. Unilateral foul smelling nasal discharge in a child, one should exclude:

Select one:

1. Rhinolith
2. Foreign body
3. C. Choanal atresial
4. d. Adenoid hypertrophy
5. e. Antrochoanal polyp
6. **The malignant salivary gland neoplasm that shows the greatest propensity for perineural invasion is**:

Select one:

a. Adenocarcinoma.

b. Adenoid cystic carcinoma.

C. Acinous cell carcinoma.

d. Mucoepidermoid carcinoma

e. Carcinoma ex-pleomorphic adenoma.

**2020**

Q1: Quinsy is the collection of pus in one of the following spaces:

Select one:

a. Peritonsillar space

b. Parapharyngeal space

c. Retropharyngeal space

d. Within the tonsil crypts

e. Sublingual space

Q 2: The most common cause of vocal cord palsy is:

Select one:

a. Total thyroidectomy

b. Bronchogenic carcinoma

c. Aneurysm of aorta

d. Tubercular lymph nodes

e. Vinca Alkaloids therapy

Q3: Regarding Acute epiglottitis, the most appropriate sentence is:

Select one:

a. Only occurs in children.

b. Streptococcus pneumonia is the usual causative agent.

c. The peak age of incidence is between 18 months and 3 years.

d. It is characterized by mild fever and most commonly affect females.

e. The airway should be secured primarily.

Q4: A 6-month-old baby has had mild inspiratory stridor for the last 2 months. The most likely cause of this is:

Select one:

a. Laryngomalacia

b. Acute epiglottitis

c. Croup

d. Tonsillar hypertrophy

e. Foreign body aspiration

Q5: A cause for conductive hearing loss may include all the following except:

Select one:

a. Otosclerosis

b. Presbycusis

c. Cholesteatoma

d. Foreign body

e. Tympanic membrane perforation

Q6: True about safe Chronic suppurative otitis media (Tubotympanic disease):

Select one:

a. Etiology is multiple bacteriology

b. Oral antibiotics are not affective

c. Ear drops and topical therapy have no role

d. Otitic hydrocephalus is a known complication

e. The treatment is exclusively and urgently surgical

Q7 :All of the following are causes of bilateral nasal obstruction except:

Select one:

a. Adenoids.

b. Allergic rhinitis.

c. Antrochoanal polyp.

d. Atrophic rhinitis.

e. Ethmoidal polyp.

Q8: SNHL, one is false:

Select one:

a. Presbycusis is the most common cause

b. Associated with QT prolongation in Jervell and Lange–Nielsen syndrome

c. Associated with goiter in Usher syndrome

d. Air conduction is better than bone conduction in the affected ear on Rinne’s test

e. Idiopathic Sudden SNHL can be treated with steroids

Q9: Most common presentation in patients with nasopharyngeal carcinoma:

Select one:

a. Epistaxis

b. Hoarseness of voice

c. Nasal stuffiness and congestion

d. Cervical lymphadenopathy

e. Ear pain

Q10: One is derived from internal carotid artery:

Select one:

a. Anterior ethmoid artery

b. Sphenopalatine artery

c. Maxillary artery

d. Superior labial artery

e. Greater palatine artery

Q11: One is true about tympanometry:

Select one:

a. Perforated tympanic membrane gives type C tympanogram

b. Tympanometry is not suitable for children less than 6 years of age

c. Otosclerosis gives type C tympanogram

d. Otitis media with effusion gives type B tympanogram

e. Ossicular discontinuity gives type B tympanogram

Q12: 55 year old patient, Smoker, he presented with hoarseness and dyspnea, he was found to have laryngeal tumor that invaded the pre-epiglottic space, vocal folds are fixed. According to TNM staging, his primary tumor stage is:

Select one:

a. T1

b. T2

c. T3

d. T4a

e. T4b

Q13: Complications of radiotherapy to the head and neck include all of the following except:

Select one:

a. Xerostomia

b. Necrosis of bone

c. Hepatic dysfunction

d. Cataract formation

e. Thyroid cancer

Q14: The abductor of vocal cord is:

Select one:

a. Cricothyroid muscle

b. Posterior cricoarytenoid muscle

c. Lateral cricoarytenoid muscle

d. Cricohyoid muscle

e. Interarytenoid muscle

Q15: Ideal tympanic membrane site for myringotomy incision and grommet insertion is:

Select one:

a. Anterior superior quadrant

b. Anterior inferior quadrant

c. Posterior superior quadrant

d. Pars flacida

e. Posterior inferior

Q16: Early post-tonsillectomy complications include all of the following except:

Select one:

a. Pneumonia

b. Referred otalgia

c. Oedema of uvula.

d. Bleeding secondary to infection.

e. Anaesthetic complications.

Q17: Most common site of bony osteomas among paranasal sinuses is:

Select one:

a. Maxillary

b. Frontal

c. Ethmoid

d. Sphenoid

e. Maxillary and ethmoid

Q18: One of the following is false:

Select one:

a. Uvula papilloma usually associated with submucous cleft

b. Bifid uvula may be a sign for submucous cleft

c. Uvula deviation usually seen with peritonsillar abscess

d. Tonsillar exudates usually seen with follicular tonsillitis

e. Follicular tonsillitis could be managed by antibiotics and analgesics

Q19: The best way to diagnose laryngomalacia is:

Select one:

a. Clinical history

b. Neck soft tissue lateral view

c. Flexible fibreoptic laryngoscopy

d. Direct laryngoscopy under general anesthesia

e. Videostroboscopy

Q20: Type 1 hypersensitivity reaction is mediated by:

Select one:

a. IgG.

b. IgA.

c. IgE.

d. IgD.

e. IgM.

Question 21???

All the following are true regarding Adenoid hypertrophy except:

Select one:

a. Sleep apnea may be present

b. OME may be present

c. Dysphagia may be present

d. Nasal discharge and nasal speech may be present

e. More common in children

Q22: All points towards chronic middle ear effusion except:

Select one:

a. Negative Rinne’s test.

b. Red tympanic membrane.

c. Reduced mobility of the drum.

d. Flat typmanogram.

e. Conductive deafness.

Q23: Which of the following are the two most important tools in diagnosing cholesteatoma?

Select one:

a. Otoscopy and radiographic imaging

b. History and culture data

c. Audiometry and otoscopy

d. Radiography and audiometry

e. Physical examination and patient demographics

Q24: Hyperacusis in Bell’s palsy is due to the paralysis of the following muscle:

Select one:

a. Tensor tympani

b. Levator palati

c. Tensor veli palatini

d. Stapedius

e. Posterior auricular muscle

Q25: Regarding symptoms in mouth and throat disease, one is false:

Select one:

a. Laryngeal cancer may cause odynophagia

b. Quinsy may cause xerostomia

c. Quinsy may cause trismus

d. Laryngeal cancer may cause stridor

e. Anticholinergic drugs may cause xerostomia

Q26: In right middle ear pathology, weber’s test will be:

Select one:

a. Centralized.

b. Normal.

c. Lateralized to the right.

d. Lateralized to the left.

e. Negative.

Q27: Regarding cholesteatoma, one is true:

Select one:

a. Should be left untreated

b. Consists of columnar epithelium

c. May metastasize to contralateral temporal bone

d. Mainly treated medically

e. Eustachian tube dysfunction may be an etiology

Q28: Best section in CT scan for maxillary sinus is:

Select one:

a. Axial.

b. Coronal.

c. Three dimensional.

d. Sagittal.

e. Transverse.

**Q29:** Which of the following is the most common neoplasm of the tonsil?

Select one:

a. Lymphoma

b. Metastatic carcinoma

c. Squamous cell carcinoma

d. Salivary neoplasm

e. Adenocarcinoma

**Q30:** Vocal nodules, one false statement:

Select one:

a. Are more common in females

b. Treated with speech therapy

c. Typically occur midway along the vocal cord

d. Rarely treated with micro-laryngeal excision

e. On laryngeal examination appear soft, red and do not occur unilaterally

**Q31:** Posterior nasal packing, which of the following statements is false?

Select one:

a. Almost always placed in conjunction with an anterior pack

b. The most commonly used is a Foley's catheter/balloon (size 12 French)

c. Seals the posterior nasal choana

d. Patients should be admitted to the hospital

e. Insertion of the Foley's catheter and inflation both done blindly

**Question 32????**

All of the following regarding Antrochoanal polyp are true, except:

Select one:

a. Arises from maxillary sinus ostium and grows anteriorly.

b. Is often a unilateral condition.

c. Often affects younger populations.

d. Is best treated using endoscopic sinus surgery.

e. Simple polypectomy can magnify the risk of recurrence.

**Q33:** The most common cause of epistaxis is:

Select one:

a. Hypertension

b. Fracture nasal bone.

c. Blood diseases.

d. Idiopathic.

e. Hereditary hemorrhagic telangiectasia.

**Q34:** Which type of petrous bone fractures will most likely cause facial nerve paralysis:

Select one:

a. Longitudinal fractures

b. Transverse fractures

c. Comminuted fractures

d. All types of fractures result in facial paralysis immediately

e. Spiral fractures

**Q35:** The typical audiogram finding in noise induced hearing loss is:

Select one:

a. Conductive hearing loss in the low frequencies

b. Conductive hearing loss at 4000 Hz

c. Sensorineural hearing loss at 2000 Hz

d. Sensorineural hearing loss at 4000 Hz

e. Mixed hearing loss in the high frequencies

**Q36:**Which of the following symptoms is most suggestive of allergic rhinitis?

Select one:

a. Anterior rhinorrhea

b. Posterior rhinorrhea

c. Itching and sneezing

d. Nasal congestion

e. Purulent post nasal drip

**Q37:**True about Eustachian tube are:

Select one:

a. Length is 36 mm in adults

b. Contraction of tensor palate muscle closes the tube during swallowing

c. The outer one third of the tube is cartilaginous

d. More horizontal in adults

e. Angulated in infants

**Q38:** Prolonged use of vasoconstrictor nose drops results in:

Select one:

a. Rhinitis sicca.

b. Vasomotor rhinitis.

c. Allergic rhinitis.

d. Rebound phenomenon.

e. Mulberry turbinates.

**Q39:**Which subtypes of Human Papilloma Virus (HPV) are associated with most of juvenile onset recurrent respiratory papillomatosis cases?

Select one:

a. 11 and 16.

b. 6 and 16.

c. 6 and 11.

d. 16 and 18.

e. 31 and 33.

**Q 40:**Which of the following statements is true regarding nystagmus classical of BPPV?

Select one:

a. It is not fatigable.

b. It is ageotropic.

c. It has a latent period.

d. The latent period is more than 2 minutes

e. It is up-beating horizontal nystagmus

**2019**

**1-Muscle which paralyzed at facial nerve palsy and causes hyperacusis :  
Stapedius**

**2- Site of myringotomy :  
Anterior inferior**

**3- Results of audiometry for Noise induced hearing loss :   
Sensorineural hearing loss at 4000 frequency**

**4- Laryngeal cancer with solitary LN above 3 cm :  
N2A**

**5- Laryngeal cancer with vocal cord fixation and invading Para glottic space :  
T3**

**6- For confirmation of nasopharyngeal carcinoma we use :  
endonasal fibro-optic**

**7- One of the following is not a cardinal feature of chronic sinusitis :   
Fever**

**8- Most common presentation of nasopharyngeal carcinoma:   
Cervical lymphadenopathy**

**9- One is not cause of unilateral nasal obstruction :   
antochoanal polyp**

**10-Most common site of paranasal osteoid :  
Frontal sinus**

**11- Wrong regarding Tracheostomy :  
High pressure low volume cuff of tube**

**12- Wrong regarding Inverted papilloma :  
more in female**

**13- Facial palsy due to acute otitis media :  
IV antibiotics & steroids**

**14- History of mild stridor for 6 month infant for 2 months , most likely diagnosis :  
laryngeomalacia**

**15- Confirmatory test for diagnosis of laryngomalacia :   
flexible laryngoscopy**

**16-Most common complication of acute otitis media :  
Mastoiditis**

**17- Most common cause of epistaxis :  
nasal bone fracture**

**18- abductor of vocal cords :   
Posterior cricoarytenoid muscle**

**19- True regarding BBPV nystagmus :  
There is Latency period**

**20-One is not a complication of early tonsillectomy :  
Bleeding due to infection ( late- complication )**

**21-Wrong regarding adenoid :   
immediate surgery for adenoid is needed even with minor symptoms**

**22- Earliest manifestations of acoustic neuroma :   
Tinnitus and loss of corneal reflex**

**23- Q about hearing assessment :  
?? inner hair ?**

**24- True about Eustechian tube :  
its length is 36 mm**

**25- True about safe type of chronic suppurative otitis media :  
Polymicrobial in origin**

**26-Orientation of CT scan to diagnose maxillary sinusitis :   
coronal section**

**27- Wrong about Vocal cord nodules :   
Usually are midway.**

**28-Wrong about treatment of posterior epistaxis :  
We insert foley’s catheter and inflate it blindly.**

**29-Most common cause of vocal cords paralysis :   
Total thyroidectomy**

**30-Wrong statement :  
submucosal cleft palate is associated uvula papilloma**

**31- Most common fracture that causes facial nerve palsy :  
Transverse fracture**

**32- Most suggestive symptoms of allergic rhinitis :   
sneezing itching**

**33-Quinsy tonsil is collection of pus at :  
peritonsillar space**

**34- Nasal obastuction after long term using of vasoconstrictor :   
rebound phenomenon**

**35- Wrong association :   
Quinsy tonsil is associated with xerostomia**

**36- One is not a charactestic feature of otitis media with effusion :   
Red tympanic membrane**

**37- Best tests for diagnosis of Cholesteatoma :  
otoscopy and radiological**

**38- Wrong statement :   
Usher’s syndrome is associated with goiter**

**39-Wrong matching :   
watery discharge with allergic rhinitis ( I’m not sure )**

**2018**

1. **All of the following are contraindication for adenictomy except  
   Cleft lip**
2. **Impedince audiometry for otosclerosis ?  
   Normal pr. Low compliance**
3. **Pt 65 Yo with SNHL (unilateral at Rt side) + tinnitus what's next step ?**

**brain MRI**

1. **Not Indication for tonsillectomy   
   Parapharyngyal abscess**
2. **Ramsy hunt syn .. Which is wrong ?  
   95 % back to normal ?**
3. **Hyperacusis**

**bells palsy**

1. **Trigeminal supply all of the following except**

**Buccinators**

1. **Wrong about SE of radiotherapy?**

**Hepatic dysfunction**

1. **6 weeks child with stridor what is the most common cause**

**Layrngomalacia**

1. **Posterior nasal packing?**

**Blindly ?**

1. **Type of tonsil CA**

**squamous cell carcinomas**

1. **Branch From internal carotid artery ?**

**Anterior Ethmoidal**

1. **Wrong about Vocal nodule**

**occur at midway of vocal cord**

1. **Conductive hearing loss except**

**Presbycusis**

1. **50 yrs male with recurrent epistaxsis, bleeding spots were identified in rt anterior septum, next step**

**Silver nitrate cautery**

1. **Not seen is chronic otitis media w effusion**

**Red membrane**

1. **Cause for cholesteatoma ?**

**ETD ( Eustachian tube dysfunction)**

1. **Otosclerosis tympanometry**

**Normal pr high compliance**

1. **SNHL at**

**4000hz**

1. **Wrong about nasopharyngeal ca ???**
2. **Wich of the following is wrong**

**ashur syndrome has goiter**

1. **Adult patient came with otits media with effusion what is ur next .**

**flexible nasal endoscopy**

1. **Which is wrong**

**Supraglotticca present(or first presentation ) with hoarseness**

1. **Most early lymph node or agressivemets**

**Supraglottic**

1. **Wrong about symptom of laryngeal CA ?**

**wheeze**

1. **Which is wrong :**

**quinsy between tonsillar capsule and superior constrictor muscle**

1. **Not indication for tracheostomy**

**lung consolidation**

1. **Vertigo**

**positive positional test with nystagmus**

1. **Which ia wrong**

**OAE (otoacoustic emissions ) for internal hair cell**

1. **SNHL except:**

**otosclerosis**

1. **paplimatosis with submucosal cleft**
2. **The muscle which produces abduction**

**Posterior cricoartynoid**

1. **In neck disection**

**Preserve phrenic... Vagus.. Glossopharyngeal..**

**2017**

1. **strep. Pneumonia , for :  
   APM**
2. **Steeple sign for :  
   acute laryngotrach**
3. **Wrong about laryngomalacia:  
   50% need surgery**
4. **Case hearing loss:  
   R SN L**
5. **Dose not cause cancer:  
   syphilis**
6. **Laryngeal tumor with m1 :  
   stage IVc**
7. **Child with purulant discharge and epistaxis:  
   rlue out FB**
8. **Treatment of maxillary cancer:  
   maxilectomy followed by radiation (not sure)**
9. **Otosclerosis wrong:  
   always bilateral**
10. **Cholestotoma right :  
    Eustachia tube dysfunction**
11. **4 years old fever 39 progressive dyspneoa, dynamicall stable , managment :  
    lateral xray theatre**
12. **Muscle that close eustachian tube ?**
13. **Not part of Kiesselbach's plexus:  
    inferior labial**
14. **Best evaluation for otitis media with effusion:  
    impedance audiometry**
15. **Choanal poly:  
    maxillary sinus**
16. **Ethmoidal polyp:  
    allergic origin**
17. **Wrong about mennier:  
    vertigo lasts seconds to minutes (may be this)**Paroxysmal vertigo  
    Low frequency SNHL  
    Cochlear symptoms preceding vestibular symptoms
18. **Not cuz of snoring:  
    angiofibroma (may be this)  
    papillomatosis**
19. **elderly sensorineural hearing loss and tinnitus:  
    brain MRI**
20. **First sign in laryngeal CA:  
    voice change**
21. **nasopharyngeal tumor :  
    neck mass**
22. **unilateral effusion ,adult :   
    flxiblenasoendoscopy (not sure)**
23. **cholesteatoma diagnosis :  
    otoscope**
24. **Used tuning fork:**512  
    256
25. **Carhart Notch:  
    2.0 kHz**
26. **Rhinitis medicamentosa:  
    oxymetaxolamid**
27. **cadaveric position of vocal cords:**paralyzed abd abducted  
    bowing
28. **adenoid hypertrophy:  
    corpulmonale**
29. **Rx for conalatrasia:  
    oral airway**
30. **Regarding bell's palsy , which M is affected ?  
    stapidius M**
31. **rumsy hunt syndrome:  
    varecilla zoster**
32. **Adeniod - wrong covered by squamous**
33. **Wrong about benign paroxysmal positional vertigo:  
    Nin fatigueable**
34. **active contraction of eustachian tube by:  
    Tensor veli palatine (not sure)**

**2016**

1. **T3 N2 M0 (about glottis or supraglottis ), which stage :**stage I  
   StageII  
   Stage III  
   **Stage IV \*\***  
   Stage V
2. **Regarding laryngomalacia ,by which of the following you can diagnose :**

Clinical (Hx + PE ) ???!  
**Fiberoptic flexible laryngoscopy \*\***

1. **Wrong about Meniere's disease:**

**High frequency HL \*\***

1. **Bad prognosis in sudden hearing loss :**  
   associated with vertigo  
   Low frequency

Elderly

1. **Wrong about Facial nerve palsy :**  
   **Only 50% will be recovered**
2. **Ethmoid sinus tumor is :**

Neoplastic in origin

Infective in origin

1. **In Epistaxis , if anterior packing is failed ,what is the next step ?**

**Posterior packig**

1. **Tracheostomy decrease dead space by :**

80-100 %   
60-70 %

**30-50 % \*\***

10-20 %

20-25%

1. **Common site for Malignancy :**

**Maxillary sinus \*\***

Frontal sinus

1. **Laryngeal Cancer /1st sign :**  
   **Hoarseness\*\***
2. **All of the following are benign except :**

Mucocele

**Neurobalstoma \*\***

Papilloma

1. **Supraglottic tumors except:**

More aggressive

Lymph mets to epiglottic area

**Invade pre-epiglotic area \*\***

1. **AOM with effusion :**

**All of the above**

1. **Regarding allergic rhinitis all except :**

**Type 1 hypersensitivity \*\***

1. **The causative organism in Epiglottitis is :**  
   **H.influanza\*\***

Parainfluenza I & II

1. **Osteoma in fontal bone :**

slow progression

maybe asymp.

can progress to deformity

**ALL OF ABOVE\*\***

1. **Vocal cod :**  
   **No lymph nodes\*\***
2. **Case : 3-year-old male was brought to your clinic with his mother complaining of metallic in his ear ,you are the resident there , You are going to :**  
   GA + removal

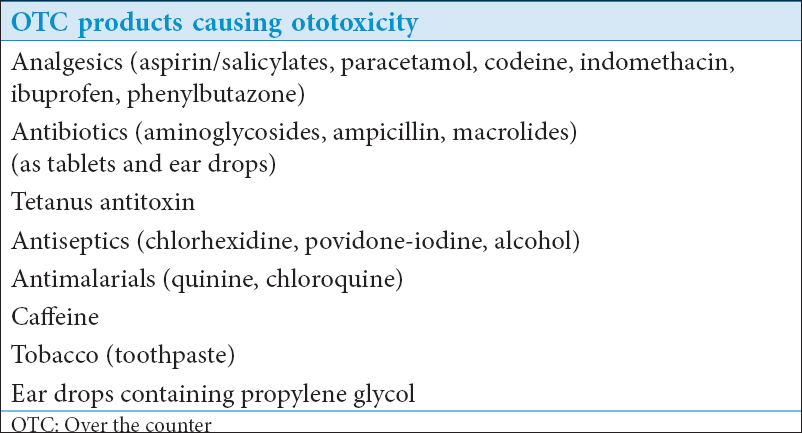
Send him home and wait for 48 hours then let him come back and remove it under GA

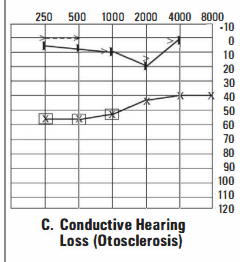
None of the above

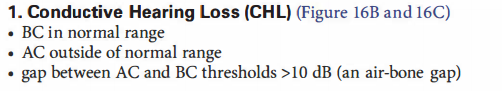
1. **Hearing loss assessment in the neonate by :**

**ARB (Auditory Brainstem Response)\*\***

1. **All the following are ototoxic except:**



1. **Regarding Otosclerosis (which is CHL) ,which one is wrong :  
   Speech discrimination test is affected \*\***  
   

****

1. **The most common type of tongue cancer is :  
   squamous cell carcinoma \*\***
2. **Fossa of Rosenmuller in :  
   Nasopharynx**
3. **Question regarding secondary hemorrhage as a complication of tonsillectomy … I think it was about its management : all true except :**

**2ndry h’age is managed by cautery \*\***

1. **Acute otitis media :**

**Streptococcus pneumonia \*\***

1. **Epiglotitis treatment :**

**cefuroxime, cefotaxime**

1. **The most common site of tongue cancer is :**

**lateral border of the tounge \*\***

1. **Incision btw 1st thyroid cartilage and cricoid cartilage** 🡪 **One of the following is true :**a .good procedure

b. complicated as laryngeal stenosis

c. Cricothyroidotomy

d. non of the above ??

e. all of the above

1. **Second primary tumor + laryngeal cancer occur in :**

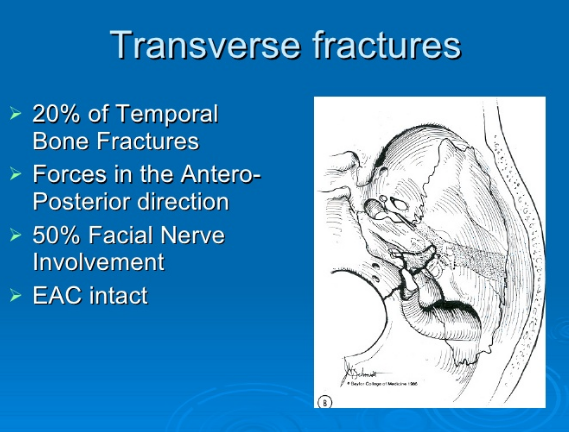
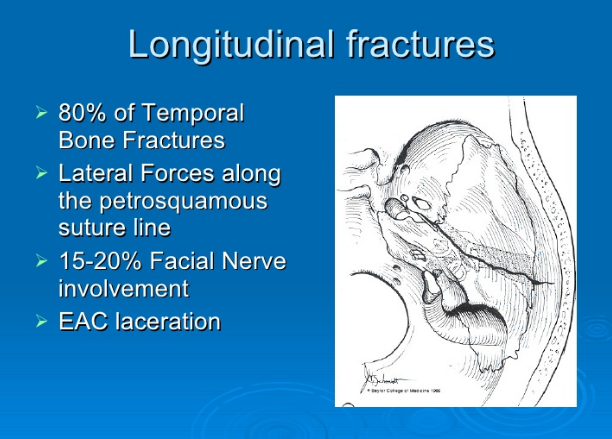
**Esophegus \*\***

1. **Best ttx of glottis can :**

**Radio+surgery /radio /surgery \*\***

1. **Bilateral recurrent laryngeal nerve injury occurs in ….**
2. **All of the following regarding temporal bone fracture is true :**

****

****

1. **Angiofibroma :**

**all of the above \*\***

1. **Bleeding nasal polyps :**

**hemangioma in nasal septa \*\***

1. **Adenoid face features except –**

**pinch nose \*\***

1. **Do not use Pneumatic otoscopy in :**
2. **Most common ca in head w neck :**

**Squemous cell carcinoma \*\***

1. **Antrochonal polyps Except:**

**pre malignant \*\***

1. **The commonest malignant tumour ….:**

**Squemous Cell CA \*\***

1. **Most common symptom of nasopharyngeal tumor :**

**upper neck mass \*\***

**2014**

1. **Wrong about benign positional vertigo:**
   1. **No latency period \*\***
2. **Regarding septalhaematomas, one of the following is true**
   1. **Septalhaematomas are usually traumatic in origin \*\***
   2. Unilateral nasal obstruction is the commonest symptom
   3. They are likely to resolve spontaneously without complication
   4. Treatment is conservative unless an abscess develops.
   5. All of the above
3. **A patient with chronic suppurative otitis media, one is correct:**
   1. On audiogram: Air conduction 10, bone conduction 5
   2. On audiogram: Air condution 40, bone condution 20
   3. Type C tympanogram
   4. Speech decrimination is affected
4. **Correct about vocal cord nodules:**
5. **At the junction bw ant 1/3 and post 2/3 \*\***
6. Posterior commissures
7. At the junction bw ant 2/3 and post 1/3
8. **The best method to diagnose submucosal vocal lesions:** 
   1. Indirect laryngoscopy
   2. Direct flexible laryngoscopy
   3. Direct rigid laryngoscopy
   4. Video stroboscopy
9. **True about removal of foreign bodies in the ear:**
   1. Vegetables are removed by syringing
   2. **Round metallic object are removed by forcepsm \*\***
   3. Live Insects are removed by forceps
   4. Postauricular incision is sometimes needed

I guess its wrong :/

1. **A newborn with cyanosis which was relieved after oral airway:**
   1. **Bilateral choanal atresia \*\***
   2. Congenital vocal cord paralysis
   3. Laryngeal web
   4. laryngomalacia
2. **Regarding tinnitus, all the following are correct, except:**
   1. Subjective tinnitus is heard by the patient only
   2. Objective tinnitus is more likely to be treated
   3. Aspirin can cause tinnitus
   4. Tinnitus in patients with SNHL is made worse in quiet environment
   5. **Maskers are not needed in patients with hearing aids \*\*???**
3. **Which one is used to assess hearing in infants :**
4. ABR
5. **OAE \*\***
6. **Which is important in early allergy :**  
   a) IgE

b) IL-6  
c) IL-4

d) bardykinin  
e) all of above

1. **Malignant otitis externa caused by :**
2. S.aureus
3. H.influenza
4. **Pseudomonus \*\***
5. **All true about Meniere disease except :**
6. Fluctuant hearing loss
7. Tinnitus
8. .
9. .
10. All of above

**A and b are true**

1. **Palatine tonsils are supplied by all except:**
2. **Sphenopalatine \*\***
3. Facial
4. Ascending palatine
5. Dorsal lingual
6. Ascending pharyngeal
7. **about adenoids:**
8. Lined by sequamous epithelium
9. No crypts
10. No capsule
11. **In the posterior nasopharynx \*\***
12. **About quinsy pus lies :**
13. Lateral to the superior constrictor muscle
14. medial to the superior constrictor muscle
15. ??
16. ??
17. ??
18. **Cholesteatoma mostly found :**  
    a) attic

b) posterior to the hand of malleouls

c) anterior to the hand of malleouls

d) ??  
e) none of above

1. **which one is wrong about laryngeomalacia**:   
   **a) needs surgery immediately \*\***  
   b) appears as sigma sign

c) may need tracheostomy   
d)??   
e)??

1. **Stapedial reflex is mediated by:**

a. V and VII cranial nerves.

b. V and VIII cranial nerves.

c. VI and VII cranial nerves.

**d. VII and VIII cranial nerves \*\***

e. VI and VIII cranial nerves

1. **Treatment of allergic rhinitis, all are true except one:**

a. A voidance of allergens is frequently impractical.

b. Desensitization based on skin testing is useful in some cases of hay fever.

c. Vasconstrictor drops provide effective immediate relief.

d. Antihistamines give useful relief of nasal obstruction, but have little effect on

Sneezing and rhinorrhea

e. Topical steroids is the mainstay of the managment of symptoms

1. **patient came with hearing loss . On examination of a patient: Weber’s test lateralizes to the right. Rinne test is bilaterally positive. The diagnosis is:**
2. Right CHL
3. **Left SNHL \*\***
4. Right SNHL
5. Left CHL
6. Bilateral SNHL
7. **Regarding bell’s facial palsy, one is incorrect:**
8. Should be diagnosed only after exclusion of other causes
9. Can be recurrect
10. Can be bilateral
11. There is ipsilateral facial weakness
12. EMG and NCS are of no value ?????
13. **Most common cause of acute OM with effusion:**

a) **Inadequate treatment of acute OM \*\***

b) adenoids

c) ETD

1. **most common site for osteoma:**

**a) frontal \*\***

b) maxillary

c) ethmoidal

1. **most common neoplasm of maxillary antrum is :**  
   **a) seqaumous cell ca \*\***  
   b)adenocarcinoma
2. **Patient with angiofibroma what will u do:**

a) surgery

b) radiotherapy

c) wait spontaneous regretion

**\* i don’t remeber the choices but the lecture mentioned the tttPrimarily Surgical with pre-operative embolization**

1. **which one of the following neoplasm doesn’t cause neck lymphnodesenlragment :**  
   a) hypopharyngeal

b) glottic ???

c) subglottic

d)tumors of base of tonuge  
e)?

1. **most common presentation of laryngeal tumors :**

**Hoarsness of voice \*\***

1. **ttt of stage l laryngeal tumors:**  
   a) radiotherapy  
   b) chemotherapy  
   c) surgery  
   d) radio-chemotherapy
2. **Which is not an indication for tracheostomy :**  
   **uncomplicated asthma**
3. **late complication of tracheostomy :**

**Tracheal stenosis**

1. **persistance of bucconasal membrane will cause:**

**Choanal atresia**

1. **Steeple sign is seen in:**  
   **acute laryngeotracheobronchitis**
2. **life threating case in children :**

**a) bilateral adductors muscle paralysis \*\***

b) ) bilateral abductors muscle paralysis

c) laryngeal nerve paralysis

d)?

e)?

1. **A newborn with cyanosis which was relieved after inserting oral tube airway:**
   1. **Bilateral choanal atresia \*\***
2. **most common site of epistaxis :**

**Little’s area**

1. **the site of Reinke edema:**

**2012**

1. **On examination of a patient: Weber’s test lateralizes to the right. Rinne test is bilaterally positive. The diagnosis is:**
   1. Right CHL
   2. **Left SNHL \*\***
   3. Right SNHL
   4. Left CHL
   5. Bilateral SNHL
2. **The most important method for diagnosis of unilateral vestibular nerve lesion is:**
   1. History
   2. Physical Examination
   3. Audiometry
   4. Vestibular function tests
   5. **Radiology \*\***
3. **The screening test for neonatal deafness is:**
   1. **OAE \*\***
   2. BEAR
   3. Audiometry
   4. Electrocochleography
   5. BER
4. **Regarding bell’s facial palsy, one is incorrect:**
   1. Should be diagnosed only after exclusion of other causes
   2. Can be recurrect
   3. Can be bilateral
   4. **There is ipsilateral facial weakness \*\***
   5. EMG and NCS are of no value
5. **The hallmark of Ramsy-Hunt syndrome is:**
   1. **Vesicles \*\***
   2. Facial weakness
   3. Otitis externa
6. **Wrong statement about (???):** 
   1. Antral washout is both diagnostic and therapeutic
   2. **The hallmark of the treatment of fungal sinusitis is antifungal drugs \*\***
7. **Most common cause of acute OM with effusion:**
   1. Inadequate treatment of acute OM
8. **A woman presented with right parotid swelling as a result of infection. The likely microorganism is:**
   1. Pseudomonas
   2. Bacteroides
   3. Strep. Pyogenes
   4. **Staph aureus \*\***
9. **Wrong about angiofibroma:**
   1. **It is not invasive \*\***
   2. Affects adolescent males
   3. In the posterolateral wall of the nasal cavity
10. **Wrong about benign positional vertigo:**
    1. **No latency period \*\***
    2. Fatiguable
    3. Postulated to result fromcopuliths
    4. Sudden attack
11. **One of the following is an indication for adenoidectomy:**
    1. **Malocclusion \*\* ??**
    2. Pharyngeal abscess
    3. Peritonsillar abscess
    4. 3rd attack of tonsillitis
12. **One is not an indication for tonsillectomy??**
    1. **More than 3 attacks in 3 consecutive years \*\* ( in 1 year ) ??**
    2. Asymptomatic tonsillar hyperplasia
    3. Unilateral tonsillar hyperplasia
    4. Obstructive sleep apnoea
13. **Correct about Mennier’s disease:**
    1. **Underlying pathology is endolymphatichydrops \*\***
    2. Presents with progressive high frequency SNHL
14. **Perineural involvement in which tumor:**
    1. Cystic adenoid carcinoma
15. **Regarding septalhaematomas, one of the following is true**
    1. **Septalhaematomas are usually traumatic in origin \*\***
    2. Unilateral nasal obstruction is the commonest symptom
    3. They are likely to resolve spontaneously without complication
    4. Treatment is conservative unless an abscess develops.
    5. All of the above
16. **Which muscle opens the larynx:**
    1. Lateral cricoarytenoid
    2. **Posteriorcricoarytenoid \*\***
    3. Anterior cricoarytenoid
    4. Cricothyroid

|  |
| --- |
| **Posterior cricoarytenoid (muscle):**  [TA]. intrinsic muscle of larynx; origin, depression on posterior surface of lamina of cricoid; insertion, muscular process of arytenoid; action, abducts vocal folds, widening rimaglottidis as for taking a deep breath; nerve supply, recurrent laryngeal. Syn: musculuscricoarytenoideus posterior [TA].  **lateral cricoarytenoid (muscle):**  [TA]. an intrinsic muscle of larynx; origin, upper margin of arch of cricoid cartilage; insertion, muscular process of arytenoid; action, adducts vocal folds (narrows rimaglottidis); nerve supply, recurrent laryngeal. Syn: musculuscricoarytenoideuslateralis [TA].  Source: Stedman’s Medical Dictionary, version 6.0, 2004 |

1. **A patient with chronic suppurative otitis media, one is correct:**
   1. On audiogram: Air conduction 15, bone conduction 5
   2. On audiogram: Air condution 40, bone condution 20
   3. Type C tympanogram
   4. Type B tympanogram with normal values
2. **Stapedial reflex is mediated by what nerves:**
   1. **VII and VIII \*\***
   2. VI and VII
   3. V and VIII
   4. VI and IX
   5. VIII and IX
3. **All of the following nerves supply the external ear, except:**
   1. **Jacksonian nerve \*\***
   2. Great auricular
   3. Vagus
   4. Trigeminal
   5. Auriculotemporal nerve
4. **Correct about vocal cord nodules:**
   1. Usually unilateral
   2. **Usually responds to medical and behavioural therapy \*\***
   3. Usually needs surgery
5. **The best method to diagnose submucosal vocal nodules:** 
   1. Indirect laryngoscopy
   2. Direct flexible laryngoscopy
   3. Direct rigid laryngoscopy
   4. **Video stroboscopy \*\***
6. **What is the stage of glottis cancer involving both cords with no fixation and no spreading outside the cords:**
   1. I
   2. Ia
   3. IB
   4. II
   5. III
7. **Most common cause of congenital stenosis:**
   1. **Laryngomalecia \*\***
   2. Subglottic stenosis
   3. Vocal cord paralysis
8. **What is the narrowest portion of the upper respiratory tract in a child?**
   1. Glottis.
   2. Supraglottic.
   3. **Subglottic \*\***
   4. Trachea.
   5. Oropharynx.
9. **Wrong about stridor:** 
   1. **In epiglottitis, x-ray reveals characteristic steeple’s sign \*\***
   2. There is no place for antibiotic treatment in croup
   3. In laryngomalacia, there is characteristic omega shape epiglottis
10. **Wrong about acute epiglottitis:**
    1. Presentation of hoarseness of voice
    2. **Usually affects children \*\***
    3. Tongue depressors are contraindicated in a child leaning forward with drooling
11. **All the following arteries share in the formation of Kisselback plexus, except:**
    1. Anterior ethmoidal
    2. **Posterior ethmoidal \*\***
    3. Greater palatine
    4. Sphenopalatine
    5. Superior labial artery
12. **Wrong about chronic suppurative OM:**
    1. Secretions are usually scanty and purulent
    2. There is perforation in the pars tensa
13. **True about removal of foreign bodies in the ear:**
    1. Most common in adults
    2. Vegetables are removed by syringing
    3. Round metallic object are removed by forceps
    4. Insects are removed by forceps
    5. **Postauricular incision is sometimes needed \*\* ??**
14. **A newborn with cyanosis which was relieved after oral airway:**
    1. **Bilateral choanal atresia \*\***
    2. Congenital vocal cord paralysis
    3. Laryngeal web
    4. laryngomalacia
15. **A middle aged woman presented with slowly progressing conductive hearing loss. On examination, normal tympanic membrane and normal eustechian tube. The likely diagnosis is:**
    1. Presbyacusis
    2. **Otosclerosis \*\***
    3. Meniere’s disease
    4. Tympanosclerosis
16. **One of the following is not used in the treatment of nasal polyps:**
    1. Systemic steroids
    2. local steroids
    3. simple polypectomy
    4. **Antibiotics \*\***
    5. Functional endoscopic sinus surgery
17. **Unilateral foul smelling nasal discharge in a child, one should exclude:**
    1. Rhinolith
    2. **Foreign body \*\***
    3. Choanal atresia
    4. Adenoid hypertrophy
    5. Antrochoanal polyp
18. **All about tracheostomy are correct, except:**
    1. The tube must be defalted frequently
    2. **There are no contraindications for percutaneous tracheostomy \*\***
    3. The thyroid isthmus can be either ligated or retracted
    4. Removal of tracheal rings is only in adults
    5. Long standing tracheostomy needs closure in theatre
19. **Wrong answer paranasal sinus tumours:**
    1. Usually there is no need for biopsy as radiology is almost diagnostic
    2. Involvement of the retropharyngeal and cervical lymph nodes is uncommon
20. **Which of the following is the most sensitive and specific test for an acoustic tumour:**

a. Brainstem evoked response audiometry

**b. MRI with gadolinium. \*\***

c. CT with contrast.

d. Electrocochleography.

e. Air contrast CT.

1. **The treatment of choice for acute OM is:**
   1. Oral and parenteral antibiotics
   2. Local and systemic antibiotics
   3. Ear drops
   4. Myringotomy
   5. Steroids

**A and B I see the same , so don’t know which one is correct.**

1. **Regarding tinnitus, all the following are correct, except:**
   1. Subjective tinnitus is heard by the patient only
   2. Objective tinnitus is more likely to be treated
   3. Aspirin can cause tinnitus
   4. Tinnitus in patients with SNHL is made worse in quiet environment
   5. Maskers are not needed in patients with hearing aids
2. **In patients with dog dander allergy, the best treatment is:**
   1. Cromolyn
   2. Steroids
   3. Antihistamines
   4. Decongestants
   5. **Avoidance \*\***

**2011**

**1. External auditory meatus is cartilagenous in it’s:**

a. Outer 2/3  
 **b. Outer 1/3 \*\***  
 c. Inner 2/3  
 d. Inner 1/3  
 e. None of the above

**2. External ear is supplied by:**

a. V nerve  
 b. IX nerve  
 c. X nerve  
 d. Cervical plexus  
**e. All of the above \*\***

**3. Chief symptoms of otosclerosis are:**

**a. Deafness and tinnitus \*\***  
 b. Deafness and vertigo  
 c. Deafness and aural fullness  
 d. Tinnitus and vertigo  
 e. Vertigo

**4. Flat tympanogram is seen in:**

a. Otosclerosis  
 b. Secretory otitis media  
 c. Meniere’s disease  
 d. TM perforation  
 **e. b+d \*\***

**5. What is not true about tubotympanic type of CSOM?**

a. Commonly occur as a complication of acute otitis media  
 **b. The discharge is scanty and purulent \*\*** c. The discharge is profuse and mucopurulent  
 d. It rarely gives rise to serious complications  
 e. Medical treatment is the first line of treatment

**6. Which of the following structures drain into the inferior meatus?**

a. Maxillary sinus  
 b. Ethmoid sinus  
 c. Sphenoid sinus  
**d. Nasolacrimal duct \*\*** e. All of the above

**7. Nasal polyposis, all of the following are true except:**

a. Allergic rhinitis is the underlying etiology  
 b. Usually arise from the ethmoid sinus.  
 **c. Medical treatment is effective in many cases \*\* ??** d. Recurrence is common after surgery  
e. Nasal obstruction is a predominant symptom

**8. Allergic rhinitis is usually mediated by:**

a. IgA  
 b. IgG  
**c. IgE \*\***d. IgM  
 e. IgD

**9. Unilateral foul smelling nasal discharge in a child, one should exclude:**

a. Rhinolith  
 **b. Foreign body \*\*** c. Choanal atresia  
d. Adenoid hypertrophy  
 e. Antrochoanal polyp

**10. Peritonsillar abscess is differentiated from acute tonsillitis by:**

A. It is unilateral  
 b. There is change in voice and dribbling of saliva  
**c. There is trismus \*\* ??**d. Tonsil is pushed medially  
e. All of the above

**11. Commenst Sinus involved in cancer is:**

**a. Maxillary sinus \*\*** b. Frontal sinus  
 c. Ethmoid sinus  
 d. Sphenoid sinus  
 e. None of the above

**12. Preferred treatment for carcinoma maxillary sinus is:**

a. Surgery  
 b. Radiotherapy  
 c. Radiotherapy followed by surgery  
**d. Surgery followed by radiotherapy \*\*** e. Chemotherapy

**13. Trismus in Parapharyngeal abscess occurs due to spasm of:**

a. Temporalis muscle  
 **b. Medial pterygoid muscle \*\*** c. Lateral pterygoid muscle  
 d. Masseter muscle  
 e. Superior constrictor muscle

**14. Vocal nodules present usually at:**

a. Anterior commissure **b. At the junction of the anterior 1/3 and posterior 2/3 of the cord \*\***  
 c. Middle of the cord  
 d. Anterior 2/3 & posterior 1/3 junction  
 e. None of the above

**15. The earliest laryngeal cancer to be diagnosed is:**

a. Supraglottic  
 b. Subglottic  
 **c. Glottic \*\***  
 d. Transglottic  
 e. Postcricoid

**16. What doesn’t apply to laryngomalacia?**

a. Hoarseness is absent  
 b. It is the commonest cause of stridor in neonates  
 **c. Tracheostomy is frequently required \*\***  
 d. Diagnosis is made by fibroopticnasolaryngoscopy  
 e. Disappears by the age of 2 years

**17. Quinsy, all of the following are true except:**

a. This is defined as a peritonsillar abscess  
 b. It is commonest in young adults   
**c. The pus lies in the space between the superior constrictor muscle and the carotid Sheath \*\***  
 d. Trismus and dribbling are clinical features  
 e. Treatment consists of systemic antibiotics and drainage

**18. A laryngeal cancer limited to the larynx and causing vocal cord fixation is staged as:**

a. T1.  
 b. T2a.  
 c. T2b.  
**d. T3. \*\***  
 e. T4.

**19. Which is not one of the most likely sites for occult primary tumour?**

a. Nasopharynx.  
 b. Tonsil.  
 c. Base of tounge.  
 d. Pyriform sinus.  
 **e. Buccal mucosa. \*\***

**20. Which of the salivary glands tumours has perineural propensity?**

a. Pleomorphic adenoma.  
 b. Acinic cell tumour.  
 c. Mucoepidermoid carcinoma. **d. Adenoid cystic carcinoma \*\***  
 e. Warthinstumour

**21. The uncinate process is a portion of which bone:**

a. Maxillary.  
 **b. Ethmoid.\*\***  
 c. Palatine.  
 d. Frontal.  
 e. Sphenoid.

**22. Meniere’s disease characterized by all except:**

a. Vertigo.  
 b. Tinnitus.  
 c. Endolymphatic sac hydrops.  
 d. Symptoms may give an aura.  
 **e. High frequency fluctuating hearing loss. \*\* (low frequency)**

**23. Juvenile angiofibroma, one false statement:**

a. Benign.  
**b. Non invasive. \*\*** c. Adolescent male predominance.  
 d. Nasal obstruction and epistaxis.  
 e. 0.5% of head and neck neoplasms.

**24. The commonest malignant tumour of the tonsil:**

a. Hodgkin’s lymphoma.  
 b. Non-hodgkin’s lymphoma.  
 c. Adenocarcinoma.  
 d. Mucoepidermoid carcinoma.  
 **e. Squamous cell carcinoma. \*\***

**25. Treatment of allergic rhinitis, all are true except one:**

a. A voidance of allergens is frequently impractical.  
 b. Desensitization based on skin testing is useful in some cases of hay fever.  
 c. Vasconstrictor drops provide effective immediate relief.  
**d. Antihistamines give useful relief of nasal obstruction, but have little effect on   
Sneezing and rhinorrhea \*\* ??** e. Topical steroids give useful relief of most symptoms.

**26. Congenital choanal atresia, one true statement:**

a. This is most commonly a membranous closure.  
 b. It is most commonly bilateral.  
 c. It occurs more often in males.  
 **d. If unilateral, it tends to present late with persistant watery rhinorrhea\*\* ??**e. Bilateral cases may be fatal

**27. Stapedial reflex is mediated by:**

a. V and VII cranial nerves.  
 b. V and VIII cranial nerves.  
 c. VI and VII cranial nerves.  
**d. VII and VIII cranial nerves. \*\*** e. VI and VIII cranial nerves

**28. Which of the following is the most sensitive and specific test for an acoustictumour**:

**a. Brainstem evoked response audiometry. \*\*** b. MRI with gadolinium.  
 c. CT with contrast.  
 d. Electrocochleography.  
 e. Air contrast CT.

**29. Which muscle opens the larynx?**

a. Cricothyroid.  
 **b. Posterior cricoarytenoid. \*\*** c. Lateral cricoarytenoid.  
 d. Interarytenoid.  
 e. Thyroarytenoid.

**30. What is the narrowest portion of the upper respiratory tract in a child?**

a. Glottis.  
 b. Supraglottic.  
 **c. Subglottic.\*\*** d. Trachea.  
 e. Oropharynx.

**31. Which of the following masses present as midline neck masses?**

a. Branchial cyst and carotid body tumor.  
 b. Branchial cyst and thyroglossal duct cysts.  
 **c. Thyroglossal duct cysts and dermoid cysts \*\*** d. Pharyngoceles and laryngoceles.  
 e. Lymphangioma.

**32. The velopharyngeal sphincter is composed of all of the following except:**

a. Levatorveli palatine.  
 b. Palatopharyngeus.  
 c. Superior pharyngeal constrictor.  
 **d. Middle pharyngeal constrictor. \*\*** e. Muscularisuvulae.

**33. Which is true about antrochoanal polyps?**

a. They are the most common type of polyps.  
 b. Arises from the lining of ethmoid sinus.  
 c. The mainstay of treatment is medical.  
 d. It is common in old age groups. **E. The patient has good inspiratory airway with blockage on expiration. \*\***

**34. The infant Eustachian tube differs from that in adults in that the tube in infant is:**

a. Longer. **b. Shorter. \*\***  
 c. Less compliant.  
 d. Stiffer.  
 e. More efficient.

**35. Congenital stridor: one false statement**

a. An inhaled foreign body should be excluded.  
 b. A vocal cord paralysis may be present  
 c. If due to laryngomalacia, the prognosis is good. **d. Expiratory stridor usually indicates supraglottic obstruction\*\*??**  
 e. If an infant with a normal appearance of the larynx, an enlarged thymus may exist.

**36. Unilateral otitis media with effusion in an adult, one should exclude:**

a. Malignant tumours of the middle ear cleft.  
 b. Adenoid hypertrophy.  
 c. Oropharyngealtumours. **d. Nasopharyngeal tumours. \*\***  
 e. Allergic rhinitis.

**37. Bell’s palsy:**

a. UMN lesion of the facial nerve. **b. LMN lesion of the facial nerve. \*\***  
 c. Trigeminal nerve lesion.  
 d. Surgery is required in most of cases.  
 e. Full recovery uncommon.

**38. Which is not a sign of retracted tympanic membrane?**

a. Prominent lateral process of malleus. **b. Normal cone of light. \*\***  
 c. The handle of malleus becomes more horizontal.  
 d. Air bubbles.  
 e. Dilated blood vessels on the tympanic membrane.

**39. Which is not associated with allergic rhinitis?**

a. Nasal obstruction.  
 b. Sneezing.  
 c. Itching. **d. Purulent rhinorrhea \*\***  
 e. Positive skin testing.

**40. Nasopharyngeal carcinoma, all of the following statement are true except:**

a. More common in Chinese population.  
 b. Cervical neck mass is the commonest presentation.  
 c. High index of suspicion is required for early diagnosis. **d. Surgery is the treatment of choice. \*\***  
 e. Biopsy is required for definitive diagnosis.

**ENT 2010**

1. **The best and most desirable treatment for allergy is :**
2. SART-based immunotherapy
3. skin test-based immunotherapy
4. nonsedative antihistamine
5. nasal corticosteroid
6. **allergen avoidance \*\***
7. **Most common cause of infant stridor:**
8. **Laryngomalacia\*\***
9. laryngeal web
10. **most common cancer metastasize to cervical L.N:**
11. **naso pharyngealcarcinoma \*\***
12. **the most common cause ofperiannual allergy is:**
13. fruit allergy
14. egg
15. **dust mite \*\***
16. drug
17. **tinnitus in all except :**
18. loud noise
19. meniere's disease
20. high sensorineural loss –something
21. **O.M \*\***
22. **not a cause of conductive hearing loss :**
23. otitis media
24. perforation
25. **loud noise deafness \*\***
26. **carotid body tumorwrong :**
27. hugely vascular
28. **we must do biopsy for dx \*\***
29. **drugfor treating child with ...**
30. **ampicillin \*\***
31. erythromycin
32. **dx of nasopharynxangiofibroma by :**
33. MRI
34. CT
35. **Angiography \*\***
36. **peritonsillarabcess =**
37. **quincy \*\***
38. **most common oral cavitytumor :**
39. valuculum
40. **tonsils \*\***
41. base of tongue
42. **mostcommon cause of vertigo:**
43. **benign paroxysmal positional \*\***
44. **not anindication for tracheostomy :**
45. **severe upper lung atelactasis \*\***
46. **cholesteotoma is:**
47. **growing pocket \*\***
48. **most common cause of otitis media is:**
49. strep pneumonia \*\*
50. **sinusitis complications except :**
51. meningitis
52. temporal lobe abcess
53. orbital cellulitis
54. **osteomylitis \*\***
55. cavernous sinusthrombosis

**Extra**

**1-Regarding nasal secretion, one of the following is true :**

a. glycoproteine are produced by the serous glands

**b. Lactoferrin are present only in nasal secretion and not present in the serum \*\***

c. the action of lysozmes depends on the presence of bacterial capsules for effect.

d. PH of the nasal secretion tend to be on the alkaline side of neutrality

e. The potassium level is high in excessive nasal secretion of allergic

**2- In necrotizing ( alignant ) otitis exerna, all of the following statements are true except one :**

a. Usually affects those over the age of 50 years

**b. Affects only diabetic patients \*\***

c. Granulation may involve the lower cranial nerves

d. Most patient have evidence of microvascular disease

e. this condition may be associated with active chronic ear disease

**3- A child presenting with stridor due to ild to moderate tracheomalacia, best to be managed by :**

a. dilatation

b. High dose steroids

**c. Careful observation \*\***

d. Intubation

e. Antibiotics

**4- All of the following are true in a cute epiglottitis except one :**

a. The commonest organism is haemophilus influenza type one.

b. Occure mainly in children age between 2-7 years

**c. Usually hosness of voice started few hours later \*\***

d. Direct laryngoscopy befor induction of endotracheal tube

e. Dysphagia developed following by refusal of oral food

**5- Lymphoma of the oropharynx on of the following is true :**

a. Most cases are Hodgkin’s

**b. The B- cell is the commonest cell of origin \*\***

c. Burkitt’s lymphoma is associated with the heres simplex virus,

d. Investigations should include exploratory

e. Complete surgical excision is the treatment of choice

**6- Menier’s syndrome has been associated with all of the following except :**

a. Otosyphilis

b. Acousticneuroma

c. autoimmunedisease

d. Viral labyrinthitis

**e. Gardener’s syndrome \*\***

**7- In 8 year old child with bilateral conductive deafness, the diagnosis is :**

**a. glue ear \*\***

b. Otosclerosis

c. tympanosclerosis

d. bilateral atresia of auditory canal

e. Space occupying lesion

**8- The commonest casue of acute maxillary sinusitis is :**

a. Staphylococcus Epidermis

b. streptviridans

**c. SreptPeneumonia \*\***

d. H. influenza

e. Staphylococcus aueruis

**9- Regarding septalhaematomas, one of the following is true:**

**a. Septalhaematomas are usually traumatic in origin \*\***

b. a septal abscess is always secondary to septalaematoma.

c. Unilateral nasal obstruction is the commonest symptom

d. they are likely to resolve spontaneously without complication

e. Treatment is conservative unless an abscess develops.

**10 – All of the following are contraindication to ear syringing except one :**

a. Previous ear surgery

**b. Meniere’s disease \*\***

c. young children

d. History of chronic otitis media

e. history of otitis externa following previous syringing

**11- Complications of suppurative otitis media one of the following is false:**

a. these include a retropharyngeal abscess

b. they involve the middle carnial fossa

c. Complication may give a positive tobe – ayer test

**d. They are more likely to give rise to otogenic intracranial hypertension with the  
 left ear \*\***

e. Complication may be confused with mumps

**12- Otitis media with effusion ( secretory otitis media) the following are true except one :**

a. Is most prevalent in the first decade life

b. Eustachian tube dysfunction is an important aetiolgoical factor

c. this more likely in the presence of large infected adnoid

d. passive smoking dose play a role

**e. Bacterial infection is unlikely to play any role, because the effusion is sterile \*\***

**13- Acute mastoiditis, all of the following are true except :**

a. This is most common in young children

b. A postaruicular swelling with anterior displacement of the pinna is the commonest

presenting sign

c. Saggin of the posterosuperior meatal wall is an important diagnostic sign

**d. Parenteral antibiotics should be given only after culture and sensitivity \*\***

e. Surgery , normally a simple cortical mastoidectomy, is ecessary if a subperiosteal

abscess has formed

**14- Malignant otitis external , all of the following are true except one :**

a. The causative agent is usually pseudomonas aeruginosa

b. The parotid gland is involved by direct extension of disease

**c. A purulent discharge coming through a tympanic performation is commonly**

**seen\*\***

d. A urinalysis is indicated

e. A gradenigo syndrome may result

**15- clinical examination of the ear , one of the following is not true :**

**a. The normal tympanic membrane is blue in colour \*\***

b. Mobility of the eardrum can be assessed with siegles speculum

c. the pars flaccidia is also known clinically as the attic

d. Pneumatic otoscopy is helpful in differentiating a perforation from a retraction

pocket

e. Examination of the nasopharyngeal end of the Eustachian tube should be routine

in the presence of an effusion .

**16- Congenital choanal atresia, one of the following is true :**

a. this is most commonly a membranous closure

b. It is most commonly bilateral

c. It occurus more often in females

**d. It unilateral , it tends to present late with persistent watery rhinorrhoea \*\***

e. Nasal discharge is thin and tenacious

**17- Foreign bodies in the nose. All of the following are false except :**

a. these usually present in adult life.

b. Epistaxis is the commonest clinical feature.

c. Non – organic materials cause more tissue than organic

d. A bead should be removed with non –tooth dissecting forceps

**e. General anaesthetic is often required in children \*\***

**18- Inflammation of the external nose, all the following are true except one:**

a. Furunculosis arises from a staphylococcal infection of a pilosebaceous follicle in the

vestibule .

b. Cavernous sinus thrombosis may complicate furnuculosis

c. Painful fissures occur in chronic vestibulitis

**d. Erysipelas is an acute, spreading staphylococcal dermatitis \*\***

e. Acne rosacea may progress to rhinophyma

**19- A cute infective sinusitis, one of the following is true :**

a. Pain is limited to the area overlying the affected sinus

b. Mucopurulent nasal discharge is necessary to make the diagnosis

c. There is initially reduced mucosal glandular secretion

**d. Oedema of the overlying tissues is commoner in children \*\***

e. An empyema is a collection of seromucinous fluid in the sinus.

**20- Aetiology of allergic rhinitis, all of the following are true except :**

a. It is often familial

b. IgE is the reaginic antibody

c. coexisting asthma or eczema implies atopy

d. Inhaled allergens are the commonest trigger factor

**e. Asirin gives relief by reducing the inflammatory reaction \*\***

**21- Lesion of the sciatic nerve causes all of the following Except one :**

a. Weakness in the abduction of the thigh

b. ankle reflex intact

**c. Loss of the knee reflex \*\***

d. Loss of sensation below the knee

e. An inability to stand on the heels of the affected foot

**22- CSF otorrhoea occurs in trauma to :**

1. Parietal bone
2. Cribriform plate
3. **Petrous temporal bone \*\***
4. tympanic membrane
5. Occipital bone

**23- Acute tonsillitis, one of the following is true :**

a. Peak incidence is in the 1- 3 years ago group

**b. A preceding viral infection of the upper respiratory tract is a predisposing   
factor\*\***

c. The alpha haemolytic streptococcus is the commonest bacterial cause

d. Enlargement of the juglodigastric lymph nodes is rarely seen except in glandular

fever.

e. Infectious mononucleosis ( glandular fever) , the absolute lymphocyte count is

reduced

**24- Chronic non- specific pharyngitis, all of the following are true except :**

a. this is associated with smoking

b. It is exacerbated by chronic bronchitis

c. Lymphoid hypertrophy is seen in some cases

**d. Tonsillectomy is the treatment of choice \*\***

e. The patient should be discouraged to clear the throat regularly.

**25- Quinsy, all of the following are true except :**

a. this is defined as a peritonsillar abscess

b. It is commonest in young adults

**c. the pus lies in the space between the superior constrictor muscle and the carotid**

**sheath \*\***

d. Trismus and dribbling are clinical features

e. Treatment consist of systemic antibiotics and drainage

**Extra 2**

1. **Light reflex lies in which quadrant of normal tympanic membrane:**

**Anteroinferior**

1. **The normal colour of the tympanic membrane is:**

**Pearly grey**

1. **During Otoscopic examination, the pinna should be retracted:**

**Upward and backward**

1. **During Neck examination, all of the following groups of LN are included except:**

**Retropharyngeal LN**

1. **The afferent arm for the gag reflex is mediated via:**

**Afferent is Glossopharyngeal… Efferent is Vagus**

1. **unilateral secretory OM YOU should exclude one of the following :**  
   **nasopharyngelaca**
2. **main tx of NPC (**nasopharyngeal carcinoma)**is :**  
   **radiotharpy**
3. **most common type of NPC is :**  
   **scca ( type 3 ) Undifferentiated**
4. **tonsillar artery branch of :**  
   **facial artery**
5. **w kmanhdolmohmen ta3on eltympanometry**  
   a- normal bsfehmneoh no3een ( AS\_ Y3NII sclerosis)  
   AD y3niii osssiculardistruption  
   B - PERFORATION AO o.m WITH EFFUSION  
   C - ostachian tube dysfunction
6. **only tumor of head & neck of no association w smoking & alcohol is :**  
   **neoplasm of nose & paranasal sinus**
7. **main treatment for tumor of sinus is :**  
   **surgery followed by radiotherapy**
8. **trismus ( locked jaw ) due to spasm of wt muscle :**  
   **medial trigoid muscle**
9. **tumor of nose & sinus w peineuralchrch is :  
   adenoid cystic ca**
10. **most common location of nasophyrngealcais :**  
    **fossa of rosenmuller**

**Extra 3**

**1. Light reflex lies in which quadrant of normal tympanic membrane:**

A. Anterosuperior  
 **B. Anteroinferior \*\***  
 C. Posteroinferior  
 D. Posterosuperior  
 E. Central

**2. The normal colour of the tympanic membrane is:**

A. White  
 B. Grey  
 **C. Pearly grey \*\***  
 D. Red  
 E. None of the above

**3. During Otoscopic examination, the pinna should be retracted:**

A. Upward  
 B. Backward  
 C. Downward  
 **D. Upward and backward \*\***  
 E. Downward and backward

**4. During Neck examination, all of the following groups of LN are included except:**

A. Preauricular LN  
 B. Occipital LN  
 C. supraclavicular LN  
 D. Deep cervical LN **E. Retropharyngeal LN \*\***

**5. The afferent arm for the gag reflex is mediated via:**

**A. Glossopharyngeal N \*\***  
 B. Vagus N  
 C. Hypoglossal N  
 D. Accessory N  
 E. Facial N

**Extra 4**

**Q1. Infectious mononeocleoses , one is false :**

1. **associated with atypical lymphocytosis \*\*\***
2. associated with increased liver enzymes
3. transmitted by close contact

**Q2. The main management of Laryngeal tumors is :**

1. surgery
2. **radiotherapy \*\*\***
3. chemotherapy

**Q3. lever ratio in ossicles is :**

1. 1.1 :1
2. 1.2 :1
3. **1.3 :1 \*\*\***

**Q4. the mainstay of treatment in allergy to dogs is :  
avoidance \*\*\*  
Q5. indications of tonsillectomy, one is false :  
right cord palsy \*\*\*  
Q6. A child present to you with unilateral foul smelling in his right nostril , the most likely diagnosis is  
foreign body \*\*\***

**Q7. the appearance of sialogram in sialectasis is :**

1. snow storm appearance
2. non-characteristic
3. ???
4. ???

**Q8. anatomy of external auditory meatus , one is false :**

1. about 2.5 cm in length
2. **the most common site for foreign body to lodge in is the isthmus \*\*\***

**Q9. all the intrinsic muscles of the larynx are supplied by the recurrent laryngeal nerve except :**  
**cricothyroid muscle \*\*\***

**Q10. abduction ( or adduction ???) of the vocal cords is made by :**

1. posterior thyroretinoid
2. lateral thyroretinoid

**Q11. the most common cause of facial palsy is**   
bell's palsy  
**Q12. the most common cause of infection in otitis media with effusion is  
strept. Pneumonia  
Q13. the temperature of solution in syringing procedure is**

1. at room temperature
2. 30
3. 40
4. **37 \*\*\***

**Q14. foreign body removal one is true**

1. round foreign bodies are removed by forceps
2. vegetable materials are removed by syringing
3. insects are removed by forceps
4. retro-orbital incision is needed sometimes

**Q15. regarding antrochoanal polyp one is false ;**

1. arise from the maxillary sinus
2. usually solitary
3. more in females
4. associated with sinusitis
5. may be bilateral & causing obstruction

**Q16. otosclerosis one is false**

1. more in females
2. never bilateral

**Q17. the most common sinus to be inflamed is   
maxillary sinus  
Q18. the difference in incidence in maxillary sinusitis between children & adults is attributed to:  
level of the floor of the sinus  
Q19. the best description of deafness in meniere'sdse is   
steadily progressive sensorineural deafness  
Q20. benign paroxysmal positional vertigo one is false  
no latency period  
Q21. acoustic neuroma ???  
Q22. complications of septal hematoma include ( one is true)**

1. anosmia
2. saddle nose
3. ??
4. ??

Q23. causes of septal perforation one is false

1. leshmaniasis
2. T.B
3. Leprosy
4. Trauma
5. Syphilis

**Q24. the most important differential diagnosis to be excluded in an adult with unilateral otitis media media with effusion is  
nasopharyngeal carcinoma  
Q25. the most common site for malignancy of hypopharynx is**

1. piriform fossa
2. post cricoid

**Q26. management of bilateral choanal atresia ( first aid )**

1. tracheostomy
2. **oral airway \*\*\***

**Q27. the water-shed area in the larynx is**

1. epiglottis
2. vocal cords

**Q28. the most common site for epistaxis is   
kessil-bach area  
Q29. nasolacrimal duct open into ;  
inferior meatus**  
Q30. vocal cord nodule ( singers node) one is false

1. associated with excessive alcohol drinking
2. Is a pre malignant condition
3. Should be removed
4. ??
5. ??

**Q31. quinsy one is false**

1. associated with trismus
2. associated with drolling

Q32. cromoglycate , malocclusion , hoarseness , the most common presenting symptom is bleeding , AB orally & parenterally ( these are answers of Qs I can't remember well )

**Note :**

**Remember that these are guidelines only, & the Qs are written after the exams had been finished so that they are vulnerable to mistakes!!**

**I think that 27 Qs are from the lecture notes , 7 Qs from the doctor,& 6 Qs we don’t know the source of them!!**

**Notes**

**Laryngeal cancer :**

* 25 % of headand neck cancer
* Most common age(60-70)
* M:F=4:1
* **Subtypes :**

1. Glottic 60%
2. Subglottc (least one )
3. Supraglottic 40%

* **Risk factor :**

1-smoking

2-acohol

3-infection( HPV 16,,18)

1. Chemical irritatnt
2. GERD
3. Radiation

\*\* **commonone** : SCC

\*\* supraglottic is aggressive type ,,,,,, more lymph invasion and highly localyonvasive

\*\* glottis spread to subgottic is bad prognosis

\*\***presentation**:

1. Horsness of voice ----most commone
2. Thyroid and neck examination should be done
3. Dysphagia
4. Odynophagia
5. Hemoptysis
6. Throat pain
7. Aspiration
8. Neck mass

**Work up :**

1. Triple endoscopy \*\* direct laryngoscopy,,bronchoscopy,,, esophagscopy
2. Biobsy
3. Chest xray
4. PETs scan
5. CBC

**Staging of laryngeal cancer :**

**Important point**

* T0….NO tumor
* TIS….tumour not invade basement membrane\]
* All 3 types share the same stage 3 ….involvment of the larynx with vocal cord fixation
* N,,,,N0: no lyph node palpable or present on ultrasound

If you have +ve N ….this decrase 5 year survival up to 50%

* M,,,, M0: no mets
* M1,,,+ve mets
* If N1 ,,, it mean stage 3
* If M1 ,,, it mean stage 4 c

**Treatment**

* Premalignant ….Co2 lazerexecion
* T1,T2,,,,, radiotherapy
* Advanced stage ,,, laryngectomyy +/- readiotherapy
* If +ve lymph node ---modefied neck dissection

**Prognosis**:

**5year survivl :**

* Stage 1🡪> 95%
* Stage 2🡪 75-85%
* Stage 3 🡪 60-75%
* Stag 4 🡪 50-60%

\*\*

**Follow up :**

-most of recurrence occur in 1st two year ]

- follow up each 5 year

**The end**