



MINI-OSCE

ENT

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Notes Before we start

1- This File covers all Mini-OSCEs up to 2024/2025

(As it contains the questions for 006,011,015,017-020 Batches)

2- Special thanks to all our colleagues from all over the years who helped collecting these questions

3- If you have any note regarding any question , please don't hesitate to tell us by pressing the code



Q1. Picture of endoscopy showing a nasopharyngeal mass in a 55 year old man

A. Differential diagnoses:

Nasopharyngeal carcinoma (NPC)

Nasopharyngeal lymphoma

Tornwaldt's cyst / benign nasopharyngeal cyst



B. How to confirm the diagnosis:

Endoscopic-guided biopsy

Q2. 55-year-old man with vertigo and fluctuating hearing loss

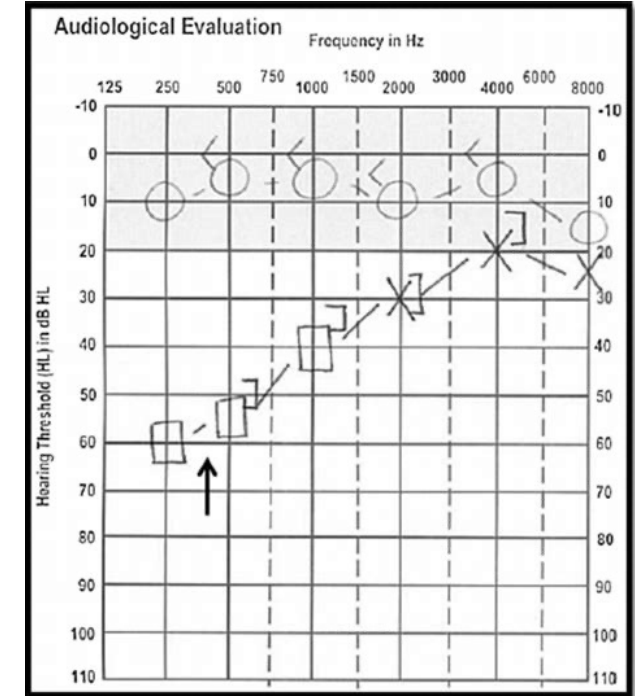
A. Diagnosis:

Ménière's disease

B. First-line treatment (choose two):

Low-salt diet (dietary sodium restriction)

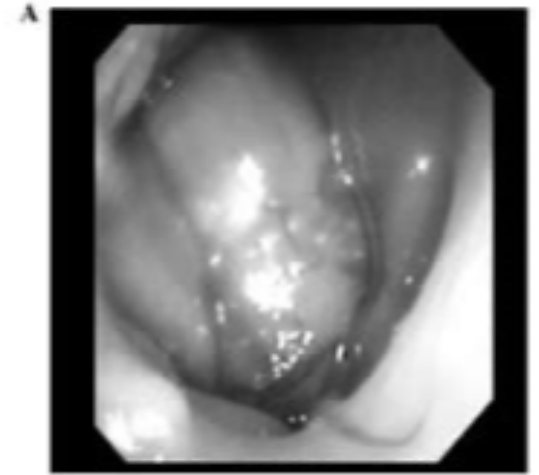
Diuretics



Q3. Neoplasm in the nasal cavity with suggestive history

A. Describe:

- Mass in the nasal cavity, may appear polypoid or irregular
- Possible ulceration, friability, or bleeding
- May cause nasal obstruction, epistaxis, facial swelling, or anosmia



B. How to confirm:

Endoscopic-guided biopsy

C. Treatment:

Surgical excision ± radiotherapy/chemotherapy depending on histology and stage

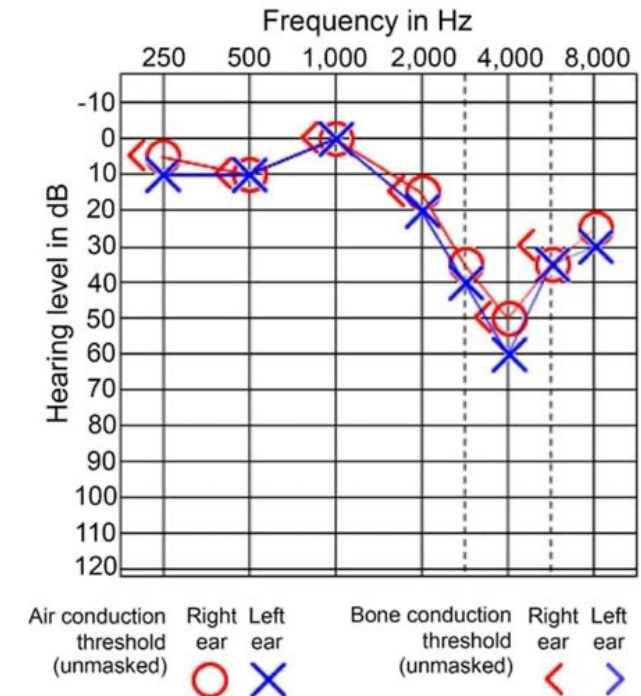
Q4. Audiogram showing bilateral sensorineural hearing loss at high frequency — around 4000 Hz

A. Diagnosis:

Noise-induced hearing loss

B. Most important question to ask in history:

“Have you had significant occupational or recreational exposure to loud noise?”



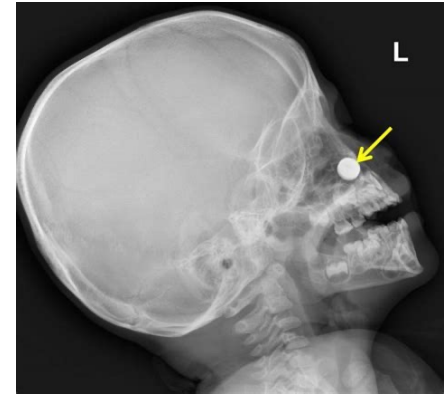
Q5. Picture of lateral skull X-ray

A. Diagnosis:

Nasal foreign body

B. Treatment:

Removal of the foreign body under direct visualization, usually with nasal endoscopy or appropriate extraction instruments



Q6. Neck mass at the angle of jaw, non-tender, hard, grows rapidly

A. Diagnosis:

Malignancy, most probably from tonsillar origin

B. First investigation:

Fine-needle aspiration (FNA)



Q7. Child with history of URTI came with fever and itching ear

A. Describe:

Red tympanic membrane with bulge

B. Diagnosis:

Acute otitis media

C. Treatment:

Antibiotic and analgesics



Q8. Child with snoring and mouth breathing

A. Diagnosis:

Adenoid hypertrophy

B. Most common complication:

Otitis media with effusion

C. Treatment:

Adenoidectomy



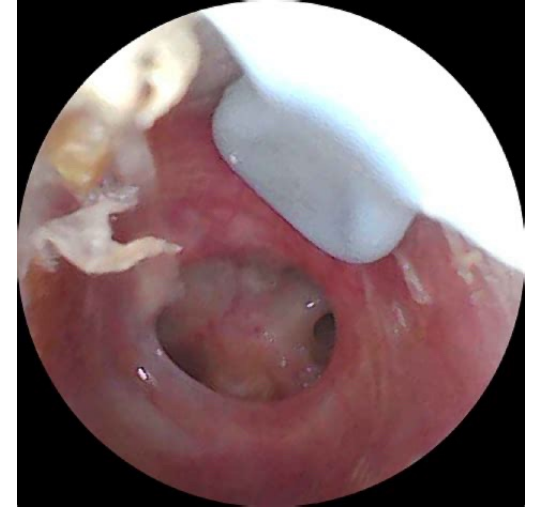
Q9. Large central dry tympanic membrane perforation with sclerosis and intact ossicles

A. Diagnosis:

Chronic otitis media with tympanic membrane sclerosis

B. Treatment:

Tympanoplasty



Q10. Fracture in the nasal bone with septal deviation, hump/swelling, wound...

A. Describe:

Nasal bone fracture with associated swelling or hump at the nasal bridge

Septal deviation evidenced by asymmetry

Possible overlying wound or bruising

B. Treatment:

Closed or open reduction of the nasal fracture, ideally performed once swelling subsides, depending on severity and septal involvement.

(Rule out septal hematoma)



Q11. Old female with colorless, odorless runny nose and no other symptoms...

A. Diagnosis:

CSF rhinorrhea

B. Investigations to confirm:

- CT scan of skull base
- Beta-2 transferrin test

Q12. Tonsils enlarged, swollen with pus

A. Differentials:

- Acute follicular tonsillitis
- Infectious mononucleosis
- Diphtheria / Leukemia

B. Investigations to confirm:

- Throat swab and culture
- Complete blood count (CBC) with differential
- Monospot test / Peripheral blood smear



Q13. Presented a few days following treatment, with trismus

A. Diagnosis:

Acute membranous tonsillitis

B. Investigations to confirm:

Peritonsillar abscess (quinsy)

C. Treatment:

Incision and drainage (or needle aspiration) plus antibiotics and supportive care



Q14.

A. One indication:

Removal of impacted earwax (cerumen) causing hearing loss or discomfort

B. One contraindication:

Perforated tympanic membrane



Q15.

A. Diagnosis:

Singer's nodules (vocal cord nodules)

B. Most important question to ask in history:

“Do you use your voice professionally or overuse it (e.g., singing, teaching, cheering)?”



Q16.

A. Diagnosis:

Otitis media with effusion (glue ear)

B. Two organs to examine:

- Ear
- Nasopharynx



Q17.

A. Disease in a 4-year-old:

Chronic otitis media with effusion (glue ear) or recurrent otitis media with effusion.

B. Next step for a 70-year-old (with a grommet in place):

Perform a thorough ENT evaluation to rule out underlying pathology or complications, especially if the tube is newly placed or symptoms persist.



Q18.

A. Test:

Lateral neck (nasopharyngeal) X-ray

B. Diagnosis:

Adenoid hypertrophy



Q19.

A. Test:

Fine-needle aspiration (FNA)

B. 2 indications:

- Evaluation of a neck mass or cervical lymphadenopathy to rule out malignancy
- Diagnosis of salivary gland swellings (e.g., parotid or submandibular gland tumors)



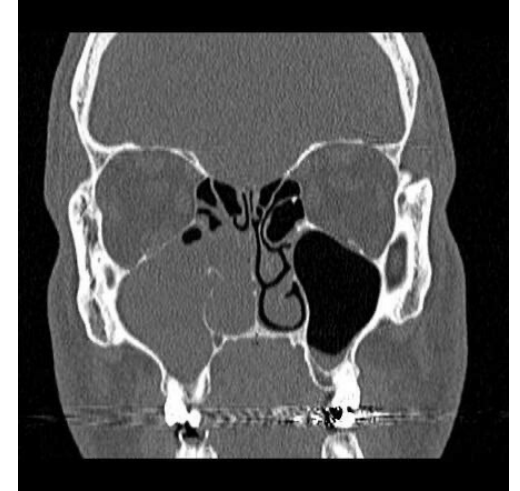
Q20.

A. Diagnosis:

Antrochoanal polyp

B. Surgery:

Functional endoscopic sinus surgery (FESS)



Q21.

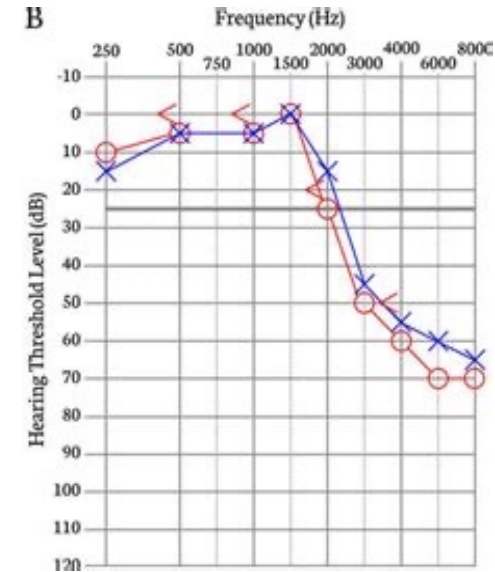
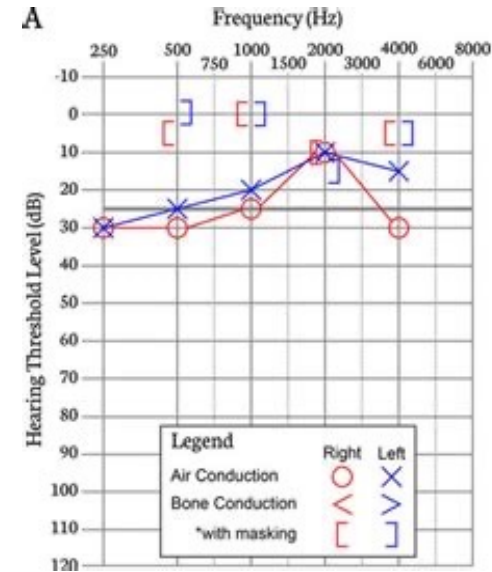
A. Test:

Pure-tone audiometry (PTA)

B. Probable cause:

Pic A: Bilateral middle ear effusion (commonly due to otitis media with effusion)

Pic B: Presbycusis



Q22.

A. Diagnosis:

Cobblestone pharynx (indicative of chronic pharyngitis)

B. Predisposing factor:

Postnasal drip (commonly from allergic rhinitis or sinusitis; this chronic irritation contributes to the cobblestone appearance)



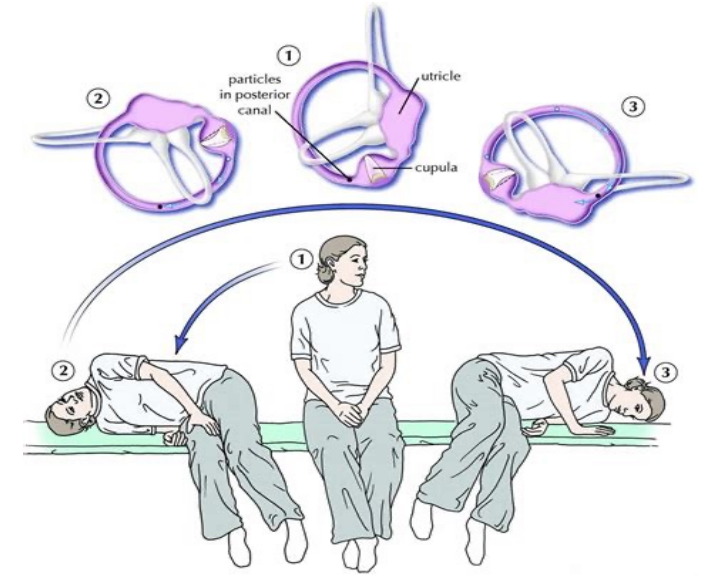
Q23.

A. What is the maneuver?

Canalith repositioning maneuver

B. Used to treat which disease?

Benign paroxysmal positional vertigo (BPPV)



Q24.

A. Involved organ:

Sublingual salivary gland

B. Diagnosis:

Ranula (mucocele of the sublingual gland)

C. Management:

Marsupialization or excision of the ranula with removal of the involved sublingual gland



Q25.

A. Diagnosis:

Auricular hematoma

B. Two complications (important to remember):

- Cauliflower ear deformity from untreated hematoma
- Perichondritis or cartilage necrosis leading to permanent deformity or infection

C. Treatment:

- Prompt evacuation (incision and drainage), followed by a pressure dressing to prevent reaccumulation
- Early specialist referral (ENT/plastics) if delayed presentation or recurrence risk



Q26. Allergic rhinitis...

A. Describe:

Inflammation of the nasal mucosa due to IgE-mediated hypersensitivity to allergens.

B. Test to diagnose:

Skin prick test or serum-specific IgE test

C. Treatment:

Allergen avoidance, antihistamines, intranasal corticosteroids, Nasal irrigation

D. Presented symptoms:

Sneezing, nasal congestion, watery rhinorrhea, nasal/ocular itching

Q27.

A. Test:

Pure-tone audiometry (PTA)

B. Findings:

- Air-bone gap indicative of conductive hearing loss, especially at low frequencies
- **Carhart's notch** - a dip in bone conduction around 2000 Hz

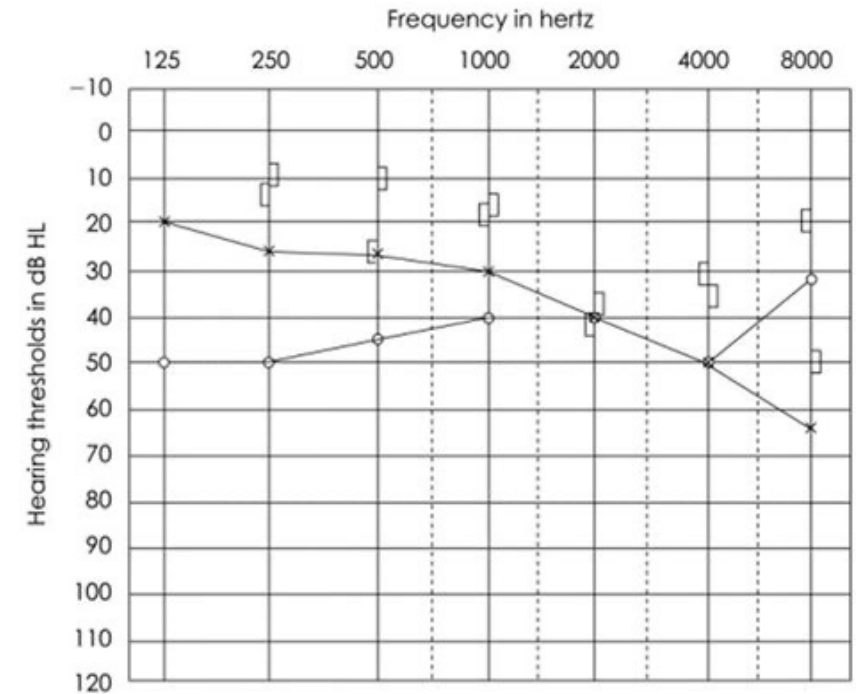
C. Diagnosis:

Otosclerosis

D. Treatment:

Surgical: Stapedectomy or stapedotomy to replace or bypass the immobilized stapes

Non-surgical options: hearing aids; medical therapy (e.g., sodium fluoride or bisphosphonates) may slow progression but not reverse the disease



Q28.

A. Pathogenesis:

Persistence of the thyroglossal duct after thyroid descent

B. Treatment:

Sistrunk operation = excision of thyroglossal cyst + central hyoid bone (to prevent recurrence)



Q29.

A. Describe:

Grommet tube in the tympanic membrane

B. Used for what?

Otitis media with effusion (glue ear)

C. Medical treatment for this condition:

Intranasal corticosteroids and antihistamines



Q30.

A. What is the maneuver?

Heimlich maneuver

B. Indications:

Complete airway obstruction by a foreign body in a conscious person



Q31.

A. Diagnosis:

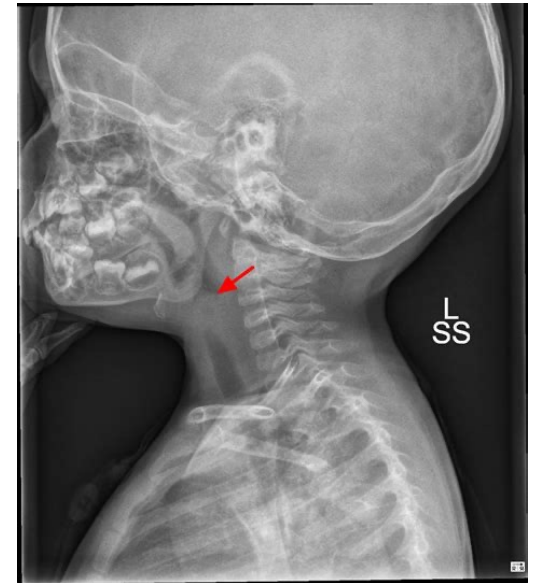
Acute epiglottitis

B. Organism?

Haemophilus influenzae type b (Hib)

C. Treatment:

Secure airway + IV antibiotics (e.g., ceftriaxone)



Q32. Pharyngitis caused by rhinosinusitis or GERD....

A. Diagnosis:

Pharyngitis secondary to rhinosinusitis or gastroesophageal reflux disease (GERD)

B. How to confirm cause?

For rhinosinusitis: Nasal endoscopy / sinus imaging

For GERD: pH monitoring / upper endoscopy

C. Treatment:

Treat underlying cause (e.g., antibiotics for bacterial sinusitis, proton pump inhibitors for GERD)

Q33.

A. Test:

Pure-tone audiometry (PTA)

B. Findings:

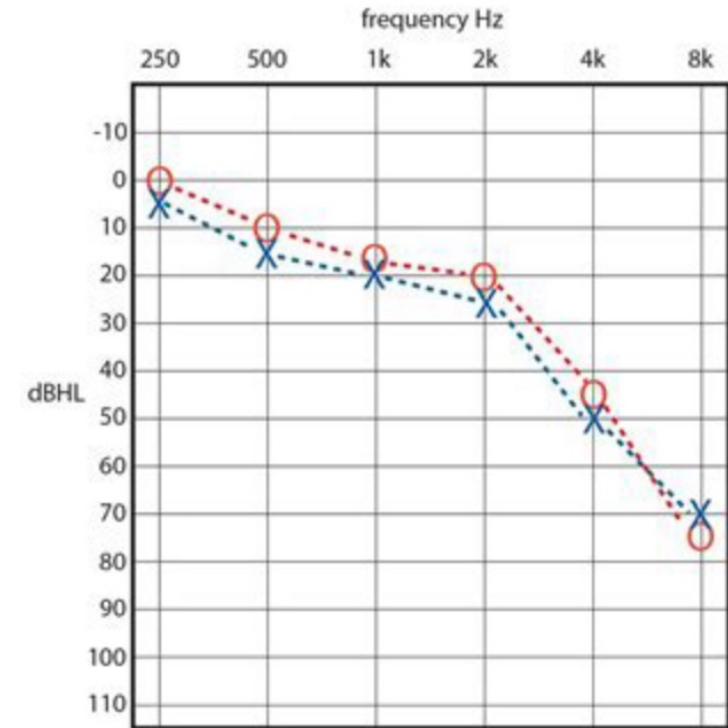
Bilaterally sloping sensorineural hearing loss more pronounced at high frequencies

C. Diagnosis:

Presbycusis

D. Treatment:

Hearing aids (custom-fitted amplification targeting high frequencies), auditory rehabilitation, and counseling on environmental modifications



Q34.

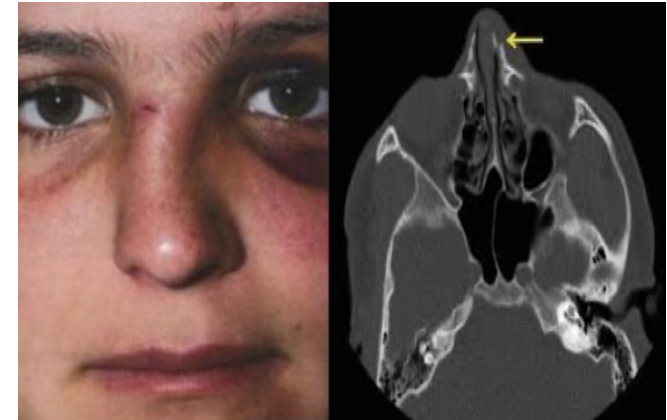
A. Diagnosis:

Nasal bone fracture with associated epistaxis

B. Treatment:

- Control bleeding (e.g., pinching ala, topical vasoconstrictors, cautery, or packing if necessary)
- Once swelling subsides (typically within 1–2 weeks), perform closed reduction to realign the nasal bones -under local or general anesthesia depending on complexity-.

Rule out septal hematoma



Q35. Why FNA is the first investigation to be done in neck masses?

A. Reason 1:

Cheap

B. Reason 2:

Safe

Q36. Silver nitrate

A. Use:

Cauterization of small bleeding points in anterior epistaxis

B. Alternative?

Electrical cautery

Q37.

A. Diagnosis:

Diphtheria (membranous tonsillitis by *Corynebacterium diphtheriae*)

B. Diagnostic Test:

Throat swab and culture for *Corynebacterium diphtheriae*, with confirmation of toxin production

C. Treatment:

Immediate administration of diphtheria antitoxin and antibiotics (e.g., penicillin or erythromycin)



Q38.

A. Diagnosis:

Orbital cellulitis

B. Treatment:

- IV broad-spectrum antibiotics (e.g., ceftriaxone + vancomycin $\pm$ metronidazole)
- Surgical drainage if abscess present or vision threatened



Q39.

A. Diagnosis:

Juvenile nasopharyngeal angiofibroma (JNA)

B. Treatment:

Surgical excision (preferred) $\pm$ preoperative embolization to reduce bleeding risk



Q40.

A. Diagnosis:

Tonsillar hypertrophy

B. Symptoms:

Snoring, dysphagia, muffled “hot potato” voice

C. Most dangerous symptom:

Airway obstruction

D. Treatment:

Tonsillectomy



Q41.

A. Diagnosis:

Nasal polyp

B. Which side?

Left

C. Surgical treatment:

Excision

D. Medical treatment:

Corticosteroid



nasal polyps/polypoid inflammatory sinusitis: Prof Richard Harty - Sydney, Australia

Q42.

A. Diagnosis:

Peritonsillar abscess

B. Management:

1. Incision and drainage
2. IV antibiotics
3. Tonsillectomy after 6 weeks



Q43.

A. Modality of imaging:

Coronal section CT of paranasal sinus without contrast

B. Three findings:

1. Left Septal deviation
2. Right Concha bullosa

C. Treatment:

1. Allergy medications
2. Septoplasty
3. Decapping



Q44.

A. Diagnosis:

Right Vocal cord polyp

B. Risk factors?

- Smoking
- Voice abuse

C. Treatment:

1. Speech therapy
2. Voice rest
3. Surgical resection



Q45.

A. Device:

Grommet tube

B. Used for:

Secretory otitis media

C. Medical management:

1. Antihistamines
2. Antibiotics



Q46.

A. Diagnosis:

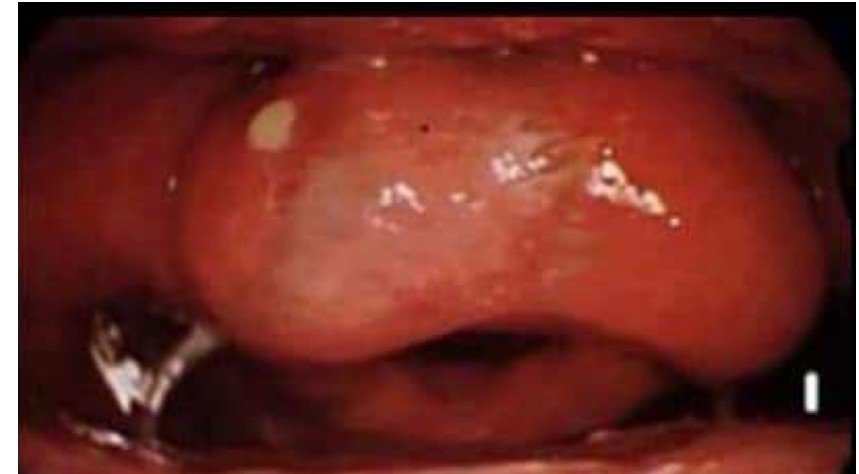
Acute epiglottitis

B. Most common causative organism?

Haemophilus influenzae type b (Hib)

C. Treatment:

Secure airway + IV antibiotics (e.g., ceftriaxone)



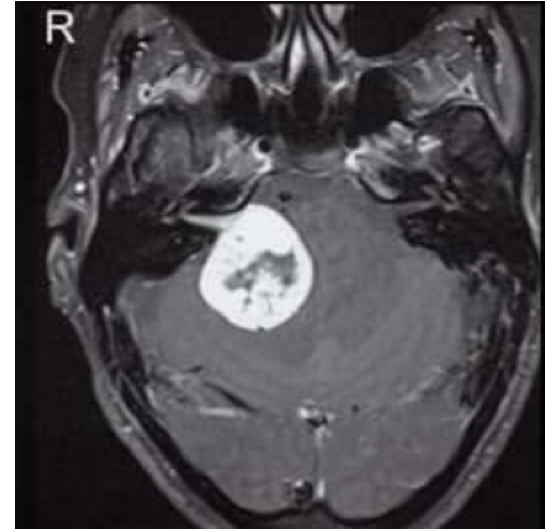
Q47. Hearing loss and vertigo

A. Diagnosis:

Acoustic neuroma (vestibular schwannoma)

B. Treatment:

- Surgical excision
- Radiotherapy (e.g., stereotactic radiosurgery)



Q48. Young adult with hearing loss

A. Diagnosis:

Ear wax impaction

B. Treatment:

Ear wash / aural toilet (Suctioning of the wax + wax-softening ear drops + syringing with NS)



Q49. Sinus CT with air-fluid level and septal deviation and hilar cells

A. Diagnosis:

Acute sinusitis

B. Predisposing factor (according to image):

Septal deviation and hilar cells

C. Treatment:

1. Nasal irrigation + decongestant steroid spray + antibiotic

FESS surgery if there are intracranial or orbital complications

2. Septoplasty



Q50.

A. Diagnosis:

Acute localized otitis externa (furunculosis)

B. Treatment:

Local antibiotic drops, analgesia, and possible incision & drainage if abscess forms

C. Hearing status:

Normal



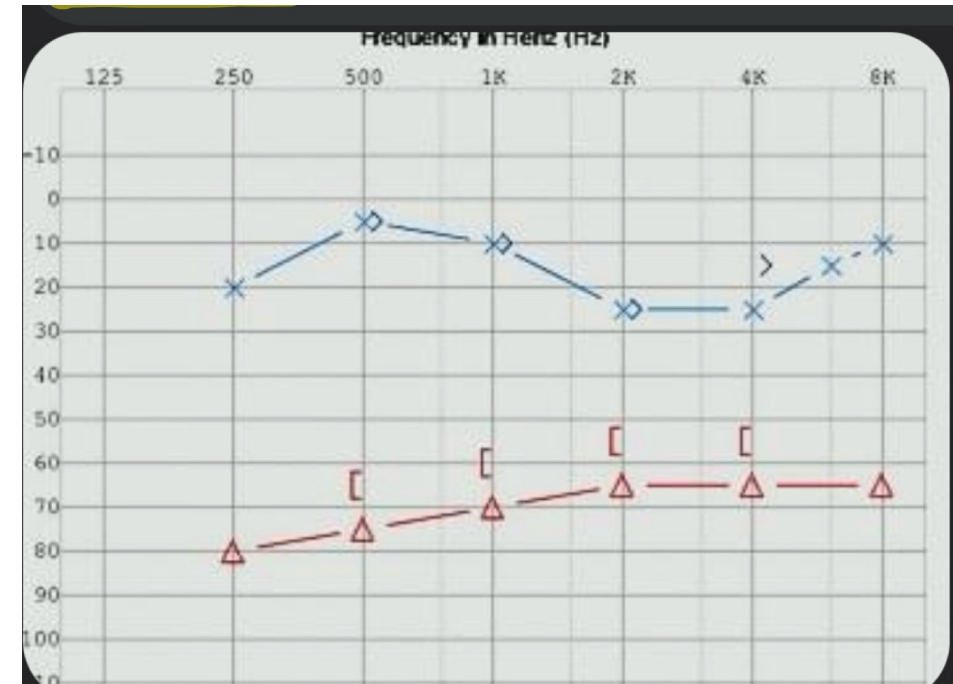
Q51.

A. Name the test shown:

Pure Tone Audiometry (PTA)

B. Diagnosis:

Meniere's disease



Q52.

A. Scenario:

A child with enlarged adenoids.

B. Name of the test:

Skull lateral soft tissue X-ray



Q53.

A. Diagnosis:

Acute follicular tonsillitis

B. If the patient still complains of fever & trismus after 1 week of treatment, what is the most likely diagnosis?

Peritonsillar abscess



Q54.

A. Diagnosis:

Laryngomalacia

B. Prognosis:

Benign, improves as the child reaches the age of 1 year



Q55.

A. Diagnosis:

Acute follicular tonsillitis

B. After a week, if there's no improvement after taking antibiotics and there's trismus, what's the most likely diagnosis?

Peritonsillar abscess (quinsy)



Q56.

A. Test:

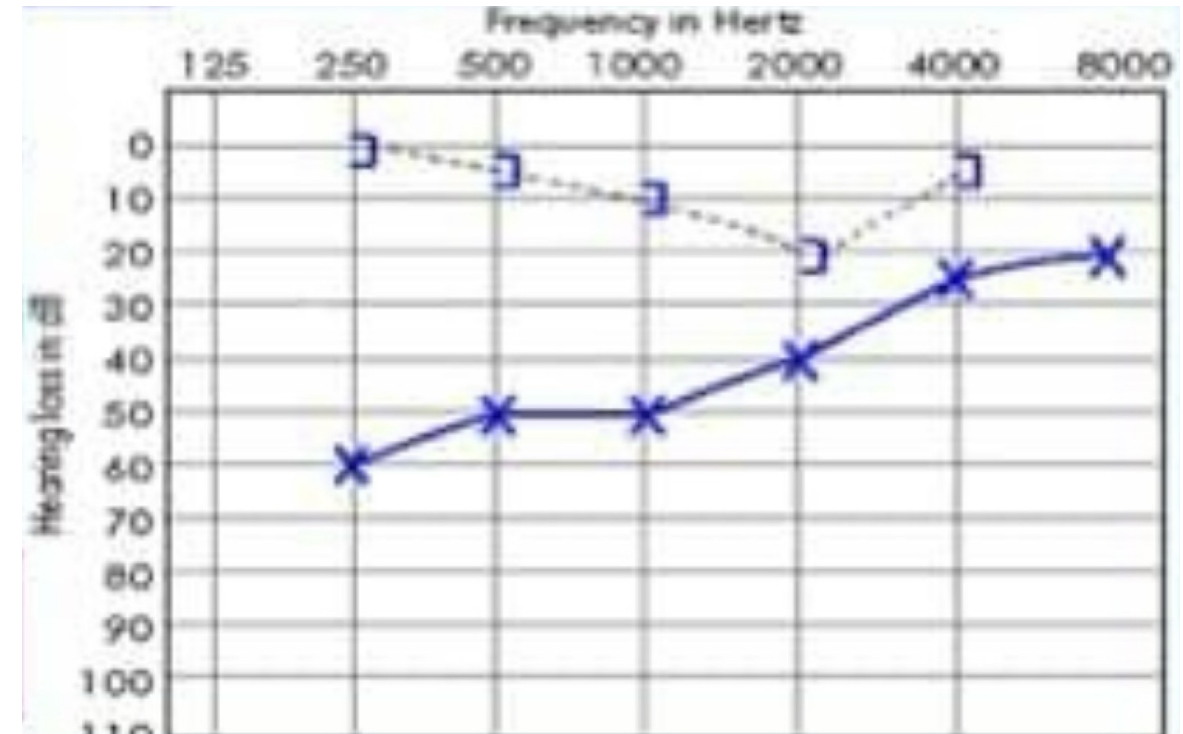
Pure-tone audiometry (PTA)

B. Cause:

Left otosclerosis

C. Type of hearing loss:

Left conductive hearing loss



Q57. A patient presented to the clinic complaining of ear discharge tha is foul smelling

A. Diagnosis:

Cholesteatoma (with chronic suppurative otitis media)

B. Management:

Excision of the cholesteatoma (tympanoplasty + mastoidectomy)



Q58.

A. Test:

Lateral postnatal space X-ray

B. Diagnosis:

Adenoid hypertrophy



Q59.

A. Diagnosis:

Squamous cell carcinoma of the tongue

B. How to confirm the diagnosis:

Biopsy of the lesion for histopathological confirmation

C. Treatment:

Excision + Radiotherapy



Q60.

A. What does it measure?

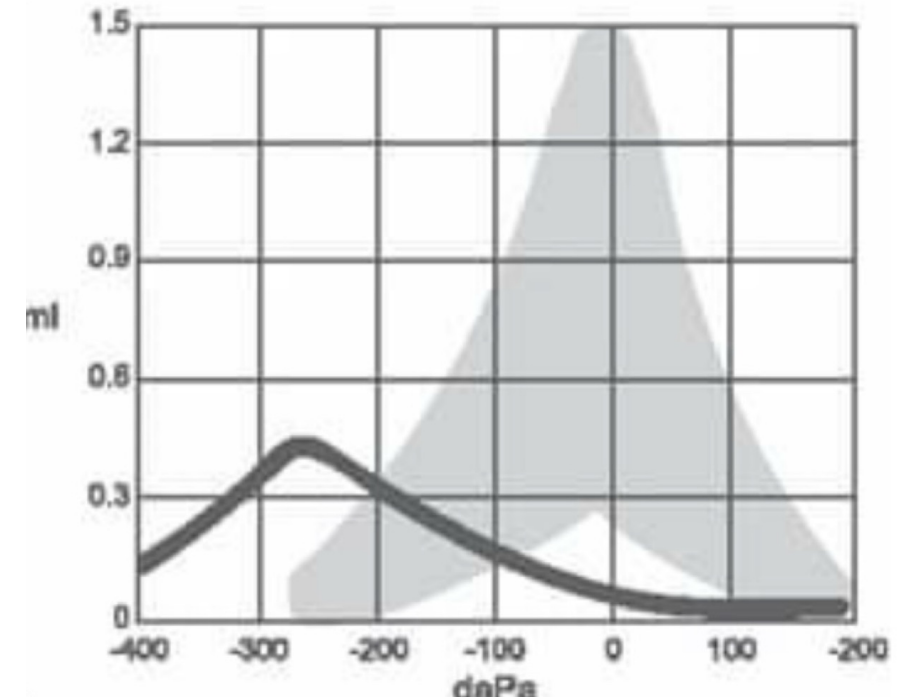
Compliance of tympanic membrane

B. What's the pathology?

Eustachian tube dysfunction

C. Most common cause:

Adenoid hypertrophy



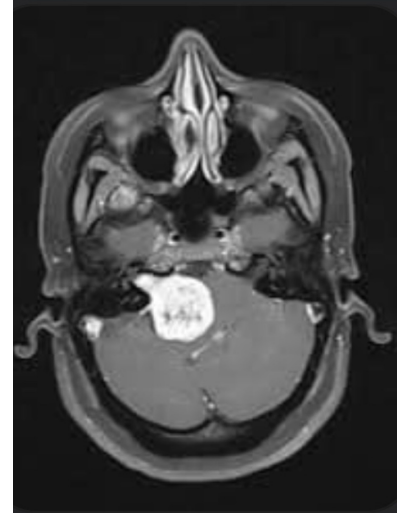
Q61.

A. Diagnosis:

Acoustic neuroma

B. Treatment:

Surgical excision + radiotherapy



Q62.

A. Diagnosis:

Chronic otitis media atticoantral + cholesteatoma

B. Treatment:

Antibiotics, tympanoplasty, removal of cholesteatoma + mastoidectomy



Q63. History of 5 months

A. Diagnosis:

Chronic left maxillary sinusitis

B. Treatment:

Nasal irrigation + antihistamines

Decongestant steroid spray

FESS surgery if intracranial or orbital complications

Septoplasty



Q64.

A. Name of pic:

Axial section CT of paranasal sinus without contrast

B. Diagnosis:

Bilateral chronic maxillary sinusitis + septal deviation

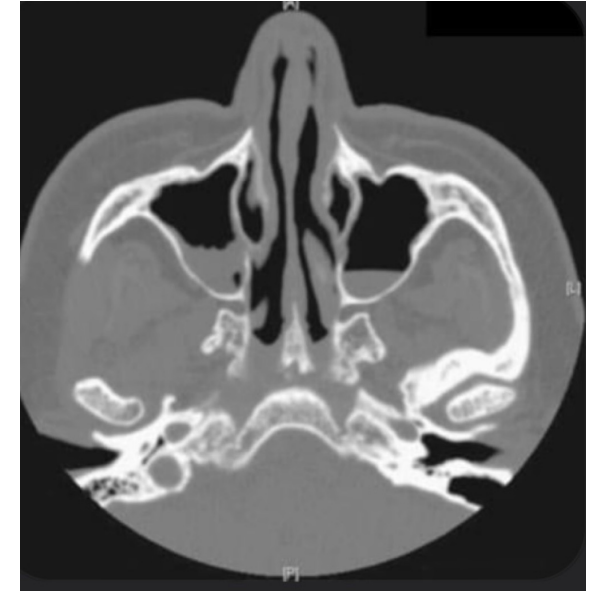
C. Treatment:

Nasal irrigation + antihistamines

Decongestant steroid spray

FESS surgery if intracranial or orbital complications

Septoplasty



Q65. A patient presented with a history of facial trauma 3 days ago.

A. Diagnosis:

Septal hematoma

B. Treatment:

Incision & drainage of the blood.

C. Mention 2 complications?

Infection with abscess formation; septal perforation.



Q66. A 55-year-old man complaining of vertigo & episodes of fluctuating hearing loss.

A. Test:

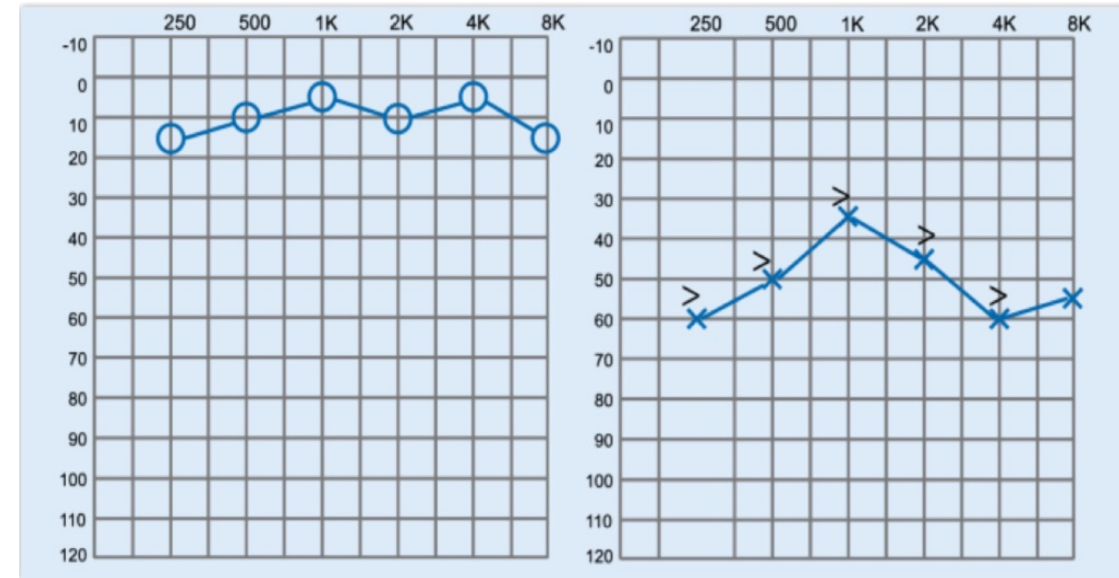
Pure-tone audiometry (PTA)

B. Diagnosis:

Left ear Meniere's disease.

D. 2 Treatments:

Hearing aids (custom-fitted amplification targeting high frequencies), auditory rehabilitation, and counseling on environmental modifications



Q67. A 20-year-old complaining of ear fullness for 2 days after swimming.

A. Diagnosis:

Wax impaction

B. Treatment:

Suctioning of the wax



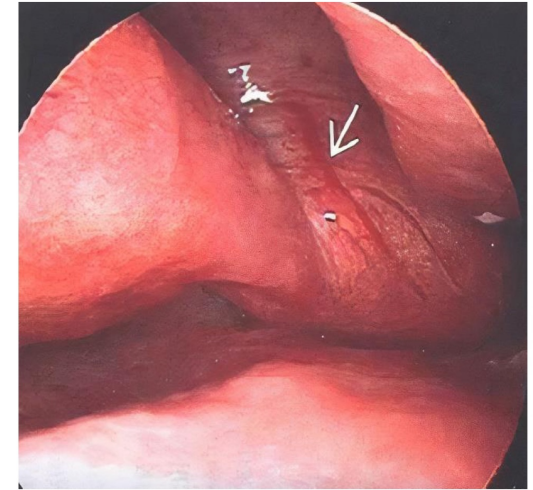
Q68.

A. Mention 3 differential diagnoses:

Polyp, inverted papilloma, rhabdomyosarcoma, Angiofibroma

B. How do you confirm your diagnosis?

Biopsy & histopathology



Q69. A child presented with inability to breathe through her nose.

A. What's the name of the imaging modality?

Lateral paranasal sinuses X-ray

B. Diagnosis:

Adenoid hypertrophy



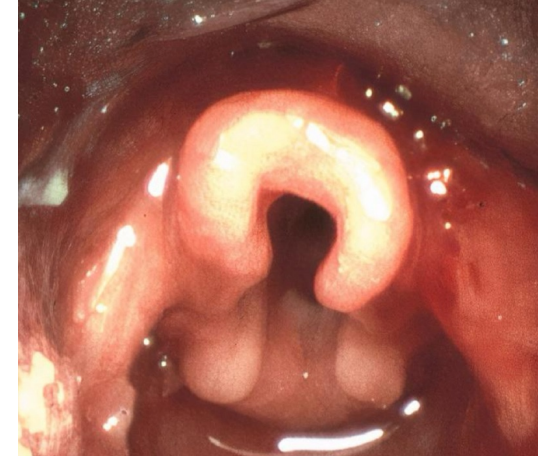
Q70. An infant presented with inspiratory stridor. This is his fiber-optic laryngoscopy during the inspiratory phase.

A. Diagnosis:

Laryngomalacia

B. Prognosis:

Good prognosis (they usually resolve on their own at the age of 1 year)



Q71. A 27-year-old presented with a 3-month history of right nostril discharge

A. Diagnoses:

Foreign body in the nasal cavity

B. Treatment:

Removal of the foreign body



Key exam clue: Unilateral foul-smelling nasal discharge in an adult or child → think foreign body.

Q72. A patient with a history of ear itching

A. Diagnoses:

Otomycosis

B. Organism:

Aspergillus

C. Treatment:

1. irrigation with alcohol to prevent fungal growth.
2. Aural toileting and suction
3. Topical Antifungal ear drops minimum for 3 wks infections, Antibiotics are used for 1 wk.



Q73. A patient with decreased hearing

A. Diagnoses:

Otitis media with effusion

B. What are 2 other organs you should examine other than the ear?

Nose & nasopharynx

Key exam clue: Dull TM, fluid level → OME.



Q74. A 47-year-old boy presented with a 5- month history of fever & thick, yellow nasal discharge

A. Name of the test:

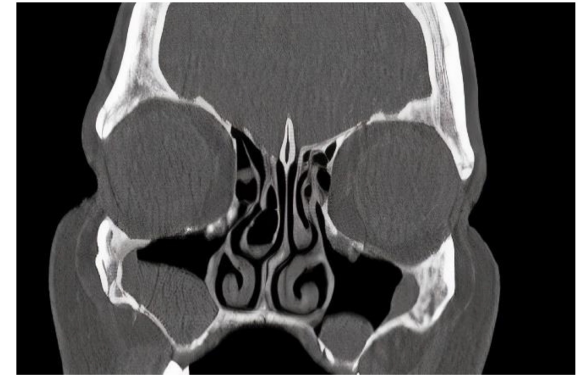
Paranasal sinuses CT scan, coronal cut

B. Diagnoses:

Chronic maxillary sinusitis & septal deviation

C. Treatment:

Surgery (FESS) & septoplasty



Key exam clue: Long history, nasal blockage, purulent discharge, CT showing sinus opacification
→ Chronic sinusitis.

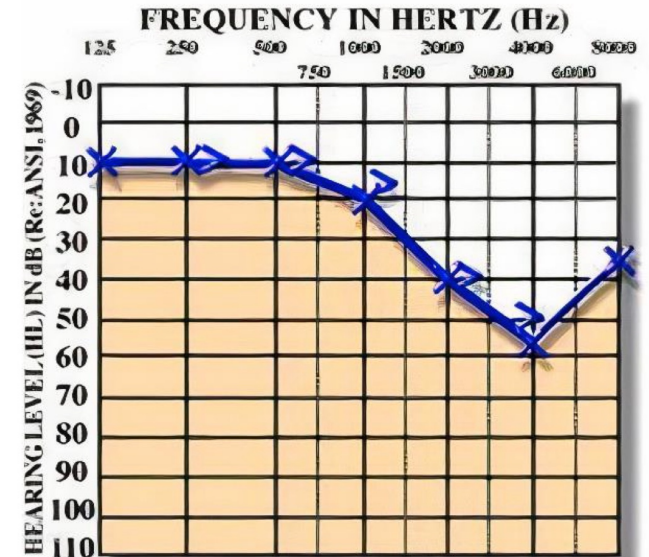
Q75. A 35-year-old complaining of decreased hearing

A. Diagnoses:

Noise-induced sensorineural hearing loss

B. Important things to ask about in the history:

Ask about his occupation



Q76. A 23-year-old came complaining of sore throat & odynophagia

A. Diagnoses:

Follicular tonsillitis

B. After a week if there's no improvement after taking antibiotics, & there's trismus, what's the most likely diagnosis?

Peri-tonsillar abscess



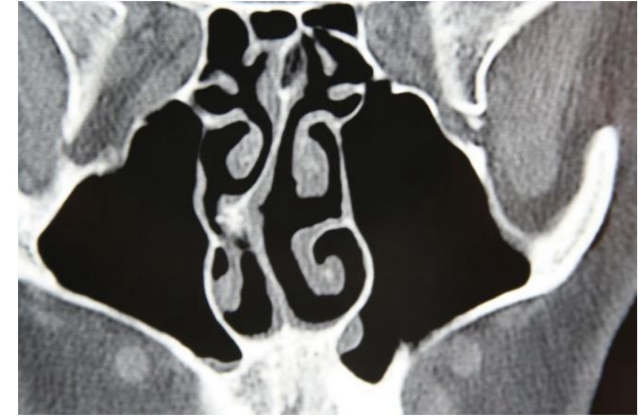
Q77.

A. Diagnoses:

Septal deviation

B. Treatment:

Septoplasty



Q78. A patient with a history of ear itching

A. Diagnoses:

Otomycosis

B. Organism:

Aspergillus

C. Treatment:

Aural toilet & topical antifungal

D. Duration of treatment:

>3 weeks



Q79.

A. Diagnoses:

Peritonsillar abscess

B. What is the most important thing to do for treatment?

Drainage of the abscess

C. What is the most important complication?

Blockage of the airway/sepsis



Q80. A patient presented to the clinic complaining of ear discharge that is foul smelling

A. Diagnoses:

Cholesteatoma

B. Treatment:

Surgical excision + tympanoplasty + mastoidectomy

C. Complication:

Intratemporal (petrositis, facial paralysis, labyrinthitis) & intracranial (lateral sinus thrombosis, meningitis, abscess formation).



Q81.

A. Diagnoses:

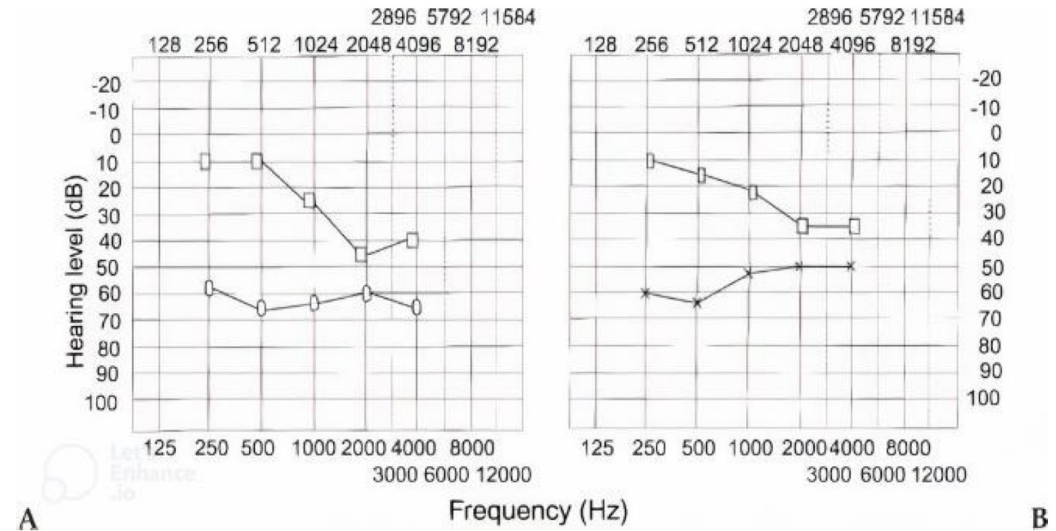
Otosclerosis

B. What is the name of this test?

Pure tone audiometry

C. What is the type of hearing loss?

Conductive hearing loss. As hearing loss progresses, a sensorineural component is sometimes seen, resulting in a mixed hearing loss.



Q82. A patient presented with a history of facial trauma 3 days ago

A. Diagnoses:

Septal hematoma

B. Cause:

Facial trauma

C. How to treat saddle nose deformity?

Rhinoplasty

D. Mention 2 complications:

Infection with abscess formation; septal perforation



Q83. A patient presented to the clinic complaining of ear discharge that is foul smelling

A. Diagnoses:

Cholesteatoma

B. Treatment:

Surgical excision + tympanoplasty + mastoidectomy



Q84.

A. Diagnoses:

Squamous cell carcinoma of the tongue

B. How to confirm the diagnosis:

Biopsy

C. Treatment:

Excision & radiotherapy



Q85.

A. Diagnoses:

Left facial nerve palsy

B. What is the best medical treatment?

Corticosteroids



Q86. A child complaining of nasal blockage for 2 months

A. Give 3 differential diagnoses:

Nasal polyp

Allergic rhinitis

Tumour (Juvenile nasopharyngea angrofibroma – rhabdomyosarcoma)

B. What is the best investigation to confirm the diagnosis?

Biopsy & histopathology



Q87. A patient with a history of an URTI presented with the following

A. Diagnoses:

Peri-orbital cellulitis

B. Treatment:

IV antibiotics



Q88. A child presented with inability to breathe through her nose

A. What's the name of the imaging modality?

Lateral paranasal sinuses X-ray

B. Diagnosis:

Adenoid hypertrophy



Q89. A patient with a history of an URTI presented with the following

A. Diagnoses:

Peri-orbital cellulitis

B. Treatment:

IV antibiotics



Q90.

A. Name of the procedure:

Syringing

B. Name one indication:

Wax removal

C. Name one contraindication:

Tympanic membrane perforation



Q91.

A. What does this measure?

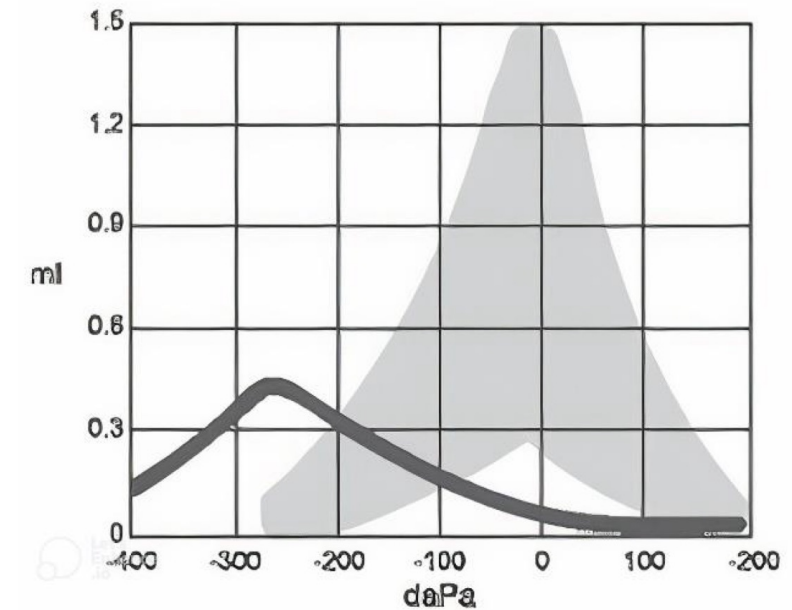
Compliance of the tympanic membrane

B. What is the pathology in this graph?

Eustachian tube dysfunction

C. What is the most common cause of this pathology?

Adenoid hypertrophy



Q92.

A. What's the name of the imaging modality?

Brain MRI, coronal cut

B. Diagnoses:

Acoustic neuroma

C. Treatment:

Surgical excision & radiotherapy



Q93.

A. Diagnoses:

Septal deviation

B. Treatment:

Septoplasty



Q94.

A. What are 3 structures of head & neck that could be affected?

Nasopharynx

Thyroid

Nose

B. First step in diagnosis:

Ultrasound then FNA **(Very imp!!!)**



Q95.

A. What is the name of this test?

Tympanometry

B. What does this measure?

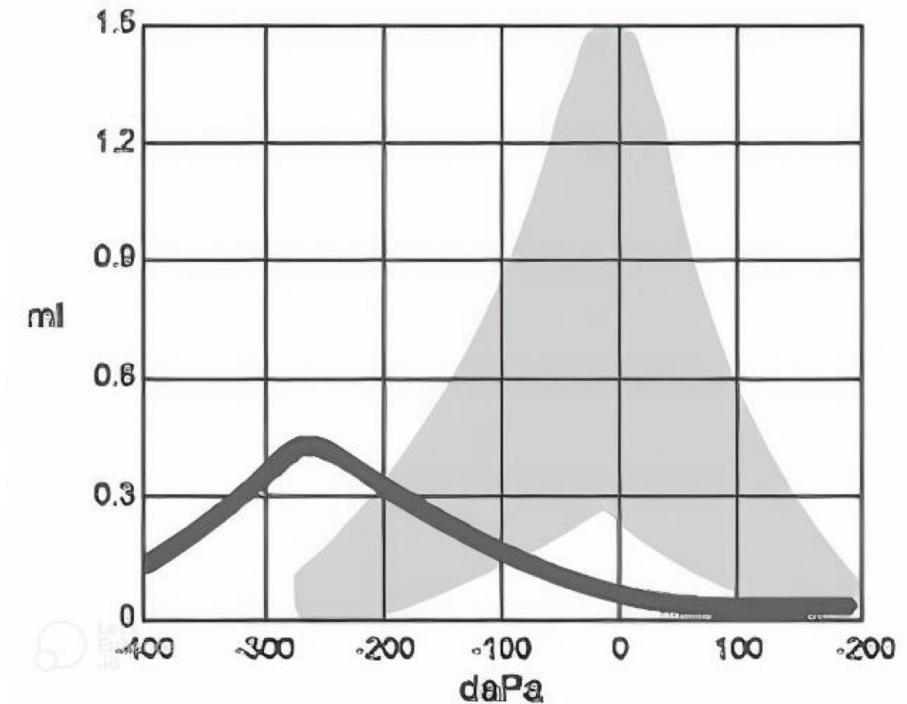
Compliance of the tympanic membrane

C. What is the pathology in this graph?

Eustachian tube dysfunction

D. Predisposing factors?

Upper respiratory tract infections (e.g., common cold), Allergic rhinitis (e.g., hay fever), Sinusitis, Adenoid hypertrophy (especially in children), Cleft palate or craniofacial abnormalities, Smoking or exposure to secondhand smoke



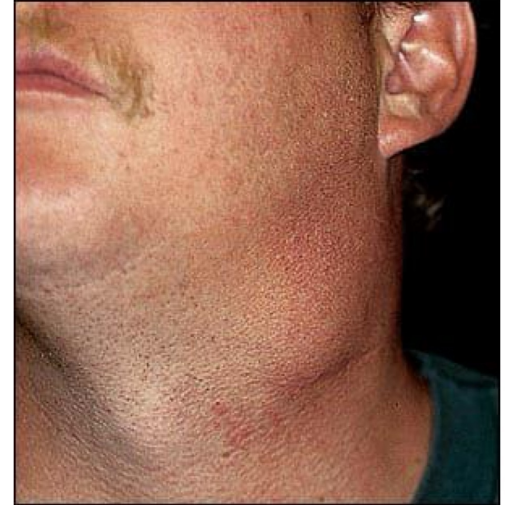
Q96.

A. What is the best first investigation?

Ultrasonography

B. What is the best next step for investigation?

FNA & biopsy



Tip: Always think in steps for neck lump workup:

1. **Clinical exam** (site, mobility, tenderness, consistency).
2. **Ultrasound** (first investigation).
3. **FNA cytology** (next step for diagnosis).
4. **Further imaging** (CT/MRI) if deep or complex

Q97. A 47-year-old boy presented with a 5- month history of fever & thick, yellow nasal discharge

A. Name of this test:

Paranasal sinuses CT scan, axial cut



B. Diagnoses:

Bilateral acute maxillary sinusitis & septal deviation

C. Treatment:

Antibiotic & septoplasty.

Q98. A patient presented to the clinic complaining of ear discharge that is foul smelling

A. Diagnoses:

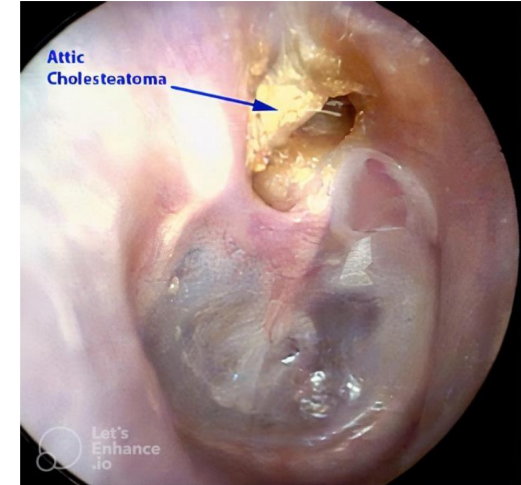
Cholesteatoma

B. Treatment:

Surgical excision + tympanoplasty + mastoidectomy

C. Which ear is the affected in this picture?

Right ear



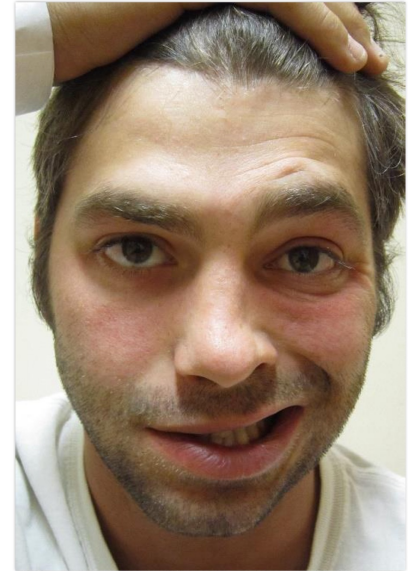
Q99.

A. Diagnoses:

Right facial nerve palsy

B. What is the best medical treatment?

Corticosteroids



Q100. A patient with bilateral nasal blockage

A. Diagnoses:

Bilateral nasal polyps

B. Treatment:

Corticosteroids & surgical excision

C. Which ear is the affected in this picture?

Right side



Q101. A patient with bilateral nasal blockage

A. Diagnoses:

Bilateral nasal polyps

B. Treatment:

Corticosteroids & surgical excision



Q102. A 15-year-old boy presents with a few months' history of recurrent epistaxis

A. Diagnoses:

Nasopharyngeal angiofibroma

B. What investigation should be done to confirm the diagnosis:

Angiography



Q103. A 1-year-old baby presents with irritability & high grade fever

A. Diagnoses:

Mastoiditis

B. Treatment:

IV antibiotics + tympanostomy tube

(Mastoidectomy in severe or refractory cases)



Q104.

A. Diagnoses:

Tympanic membrane perforation

B. Most common cause of this case?

Middle ear infection



Q105.

A. What's the name of this procedure?

Dix Hallpike maneuver

B. Which ear is being tested in this picture?

The left ear

C. Which organ does it test?

The semicircular canals

D. What's the diagnosis if the test is positive?

BPPV



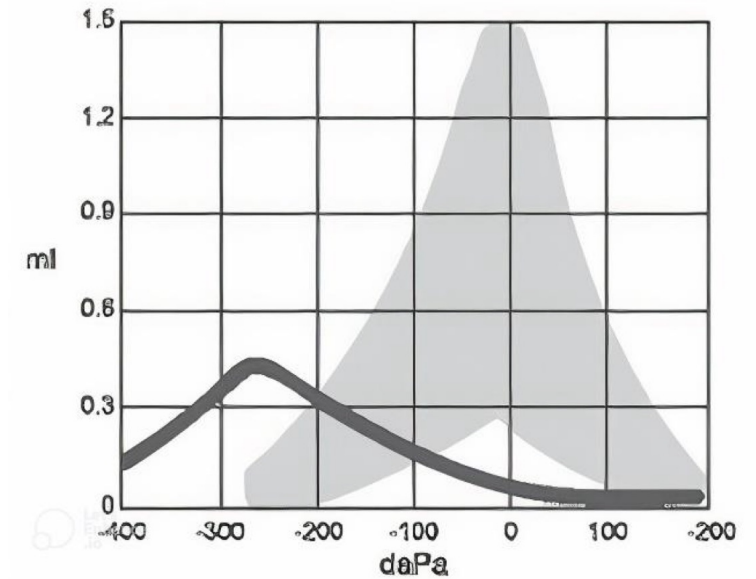
Q106. A case of a child complaining of rubbing ear

A. Diagnoses:

Eustachian tube dysfunction

B. Underlying cause:

URTI; adenoid hypertrophy



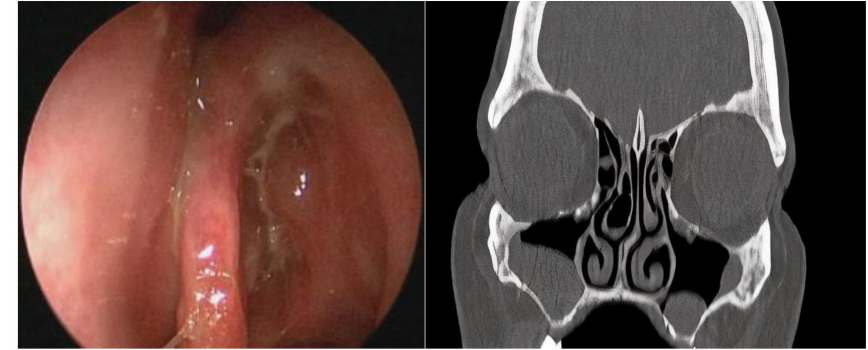
Q107. A 47-year-old boy presented with a 5- month history of fever & thick, yellow nasal discharge

A. Diagnoses:

Chronic maxillary sinusitis & septal deviation

B. Treatment:

Surgery (FESS) & septoplasty



Q108.

A. Diagnoses:

Follicular tonsillitis

B. 3 other differential diagnosis:

Infectious mononucleosis

Diphtheria

Scarlet fever

C. 2 lines of treatment:

IV antibiotics; Tonsillectomy if indicated.



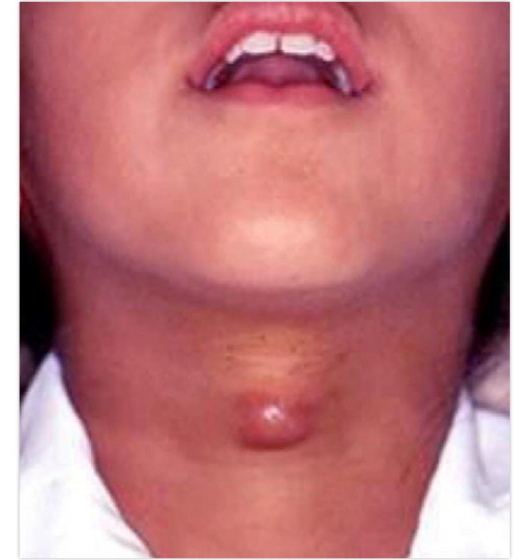
Q109.

A. Diagnoses:

Thyroglossal duct cyst

B. Treatment:

Surgical removal of the cyst & central part of the body of hyoid bone (Sistrunk operation) after resolution of any infection.



Q110. A patient presented with a history of facial trauma 4 months ago

A. Diagnoses:

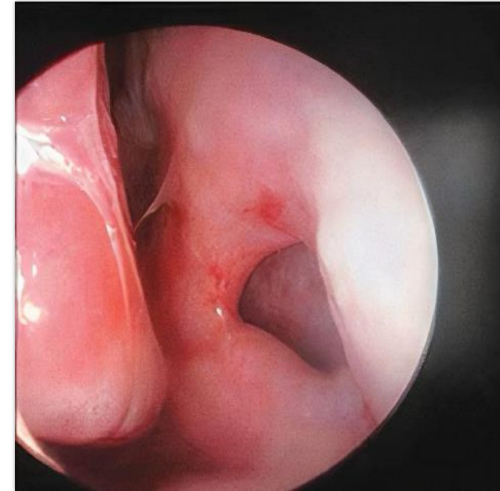
Septal perforation

B. Cause:

Facial trauma

C. Best treatment option:

Septoplasty



Q111. A 11-year-old child with a neck mass, night sweats, & liver mass

A. Diagnoses:

Lymphoma

B. Best investigations:

Ultrasound & FNA



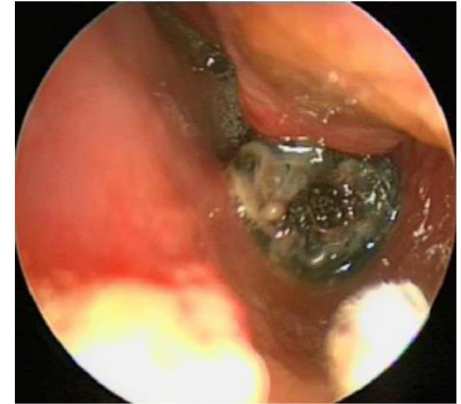
Q112. A 27-year-old presented with a 3-month history of left nostril discharge

A. Diagnoses:

Foreign body in the nasal cavity

B. Most serious complications:

Aspiration of the foreign body & airway obstruction



Q113.

A. Diagnoses:

Peritonsillar abscess

B. Best investigation to confirm the diagnosis:

Needle aspiration of the abscess site

C. Presenting symptoms:

Severe sore throat; dysphagia; very high spiking fever; trismus; hot potato voice; dehydration.

D. Treatment:

Drainage of the abscess



Q114. According to this picture, the best management is

Answer:

Incision and drainage and topical antibiotics

Q115. An 8-months baby with fever, what is the next step?

Answer:

Admission

Q116. Patient with continuous otorrhea, dose not improve after antibiotics uses, management?

Answer:

Stop antibiotics and start topical anti-fungal agent for 3 weeks

Q117. Management of vocal cord polyp?

Answer:

Surgery

Q118. Management of noise-induced hearing loss.

Answer:

High dose steroid

Q119. Pediatric patient complaining of stridor has this finding

A. What is the diagnosis?

Laryngomalacia

B. Medical management:

PPI

C. Surgical management:

Supraglottoplasty



Q120. A similar image to this ...

A. What is the diagnosis?

Acute otitis media

B. Treatment:

Oral amoxicillin for 5-7 days

C. Which ear is this?

Right ear



Q121. Image of a perforated septum

A. What is the diagnosis?

B. Name 2 causes:

Trauma / untreated septal hematoma / cocaine sniffing / Wegner's granulomatosis

C. Management:

Conservative management and lubrication initially, if it fails, we can do septoplasty

Q122.

A. What is the diagnosis?

Otomycosis- aspergillus

B. Management and duration:

Antifungals for 3 weeks duration



Q123. A smoker, complaining of hoarseness of voice was found to have this cyst on laryngoscopy

A. What is the diagnosis?

Laryngeal cyst

B. Medical management:

Voice rest/smoking cessation

C. Surgical management:

Surgical excision



Q124. Hx of a 15-year-old male with recurrent epistaxis

A. What is the diagnosis?

Juvenile nasopharyngeal angiofibroma

B. How to confirm the diagnosis?

CT angiography

C. Treatment:

Complete surgical excision

Q125. Hx of a boxer presents with this ear

A. Name the complication:

Cauliflower ear

B. Treatment:

Surgical incision and treatment



Q126. Pediatric patient complaining of daytime sleepiness

A. What is the diagnosis?

Tonsillar hypertrophy grade 4

B. How to confirm the diagnosis:

Lateral Xray

C. Treatment:

Tonsillectomy



Q127. An infant presented with (I forgot :). This is his fiber-optic laryngoscopy during the inspiratory phase.

A. Three advices you will give for the parents?

1. Reassurance

- Condition is usually benign and self-limiting.
- Improves by age 18–24 months in most infants.

2. Feeding & Positioning Advice

- Keep baby upright during and after feeds.
- Small, frequent feeds to reduce aspiration risk.
- Monitor for poor weight gain.

3. When to Seek Medical Help

- If stridor worsens, baby develops cyanosis, apnea, chest retractions, or feeding difficulties.
- Rarely, surgical intervention (supraglottoplasty) may be required in severe cases.

Q128. The patient presented with nostril discharge

A. Diagnoses:

Intranasal foreign body

B. Management:

Removal of foreign body



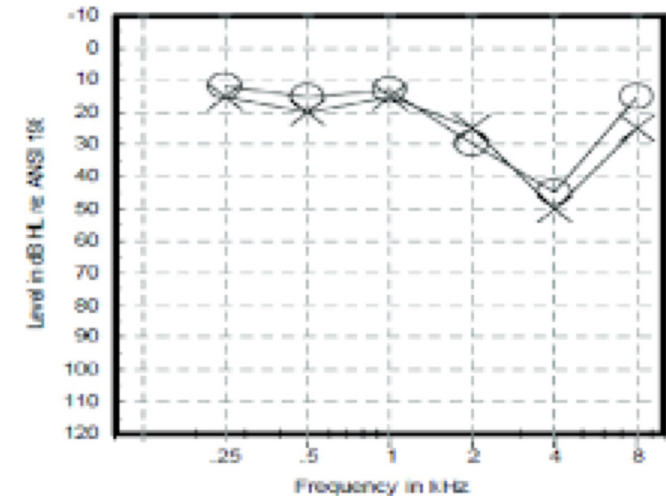
Q129. Young female complains of tinnitus since 3 days

A. What is the first line of management?

Steroids

B. If the first line failed what is the other line of management?

Hearing aid or cochlear implant



Q130.

A. **Three** questions to the patient in the history:

Smoking,

Hx of GERD,

Voice abuse

B. **Three** management:

1. Voice rest

2. Speech therapy

3. Surgical excision of the polyp



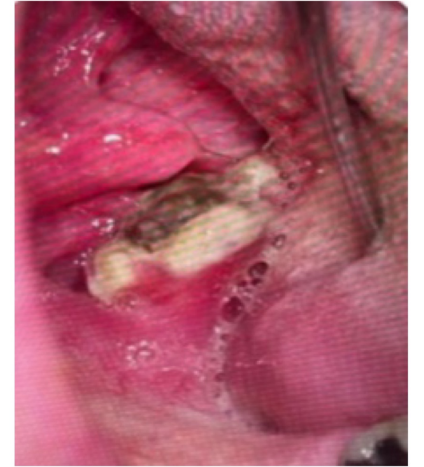
Q131.

A. Diagnoses:

Tonsillar cancer (SCC)

B. First step in investigation:

Biopsy and histopathology



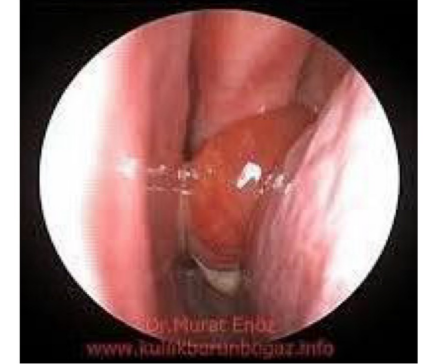
Q132.

A. Diagnoses:

Antrochoanal polyp

B. Treatment:

Medical treatment is nasal corticosteroid and nasal decongestants if failed then surgical excision



Q133. A picture of lateral neck red mass, the patient was febrile and ill

A. Give 3 management lines:

Antibiotics / Excision / Antipyretic / Supportive care

(Most consistent with Acute suppurative lymphadenitis or Neck abscess)

Q134. A patient presented to the clinic complaining of ear discharge that is foul smelling

A. Diagnoses:

Cholesteatoma

B. Severity and type of Hearing loss:

Severe Conductive hearing loss

C. Treatment:

Surgical excision, mastoidectomy & tympanoplasty

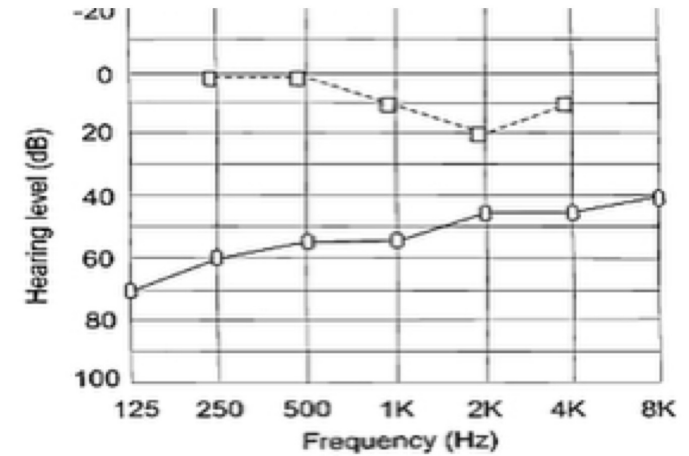
Q135.

A. Type of tympanogram curve:

Osteosclerosis

B. The management:

1. Hearing aid (non-surgical)
2. Surgery: Stapedotomy/Stapedectomy with prosthesis (definitive treatment)



Q136. Branchial cyst, asking for four management steps to be ordered in the emergency room.

Antibiotics / Excision and drainage / Antipyretic

Q137. Tonsillar squamous cell carcinoma (SCC)

A. Diagnoses:

Unilateral sore throat, tonsillar asymmetry, lymphadenopathy

B. Treatment:

Early stage → Surgery or radiotherapy

Advanced stage → Surgery + neck dissection + radiotherapy ± chemotherapy

Q138. Image of a red nasal mass with recurrent epistaxis

A. Diagnoses:

Juvenile Nasopharyngeal Angiofibroma

B. One investigation to confirm the diagnosis:

Contrast-enhanced CT/ MRI (biopsy contraindicated)

Q139. Coronal CT scan of the sinuses showing features of chronic rhinosinusitis, along with an image of an antrochoanal polyp.

A. Findings:

CRS with an antrochoanal polyp (maxillary sinus → choana)

B. Management:

Medical (saline, intranasal steroids, antibiotics) + Definitive surgical removal by FESS

Q140. Case of unilateral, mild nasal trauma with dryness

A. Diagnoses:

Septal perforation

B. Management:

Septoplasty

Q141. Laryngoscopy suggesting laryngomalacia

A. One medical therapy:

PPI

B. One surgical therapy:

Supraglottoplasty

- Laryngomalacia is usually benign and self-limiting and improves as the child reaches the age of 1 year, sometimes till 2 years
- For severe cases, a tracheostomy may be needed till it resolves spontaneously.
- surgical correction or supraglottoplasty may be considered if tight mucosal bands are present holding the epiglottis close to the true vocal cords or redundant mucosa is observed overlying the arytenoids.

Q142. A patient presented to the clinic complaining of ear discharge that is foul smelling

A. Diagnoses:

Cholesteatoma

B. Hearing status:

Conductive hearing loss

C. Treatment

Surgical excision, mastoidectomy & tympanoplasty



Q143. Patient presented to ER complaining of this...

A. Diagnoses:

Auricular hematoma

B. Most common complication:

Cauliflower ear

C. The most common cause?

Blunt trauma to the ear

D. Treatment?

Incision and drainage + compression dressing + antibiotics



Q144. Patient with history of nostril discharge

A. Diagnoses:

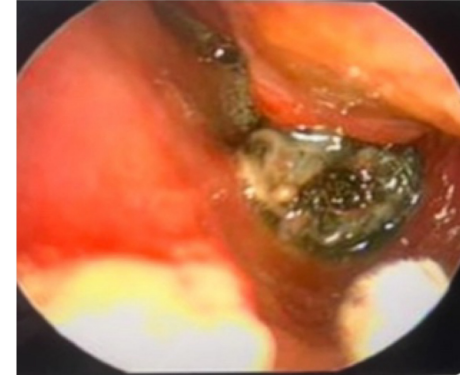
Foreign body

B. Most common complication:

Aspiration

C. Treatment

Removal by suction or forceps + irrigation, & check the contralateral side



Q145. This image...

A. Diagnoses:

Tonsillar cancer

B. Write 3 presenting symptoms?

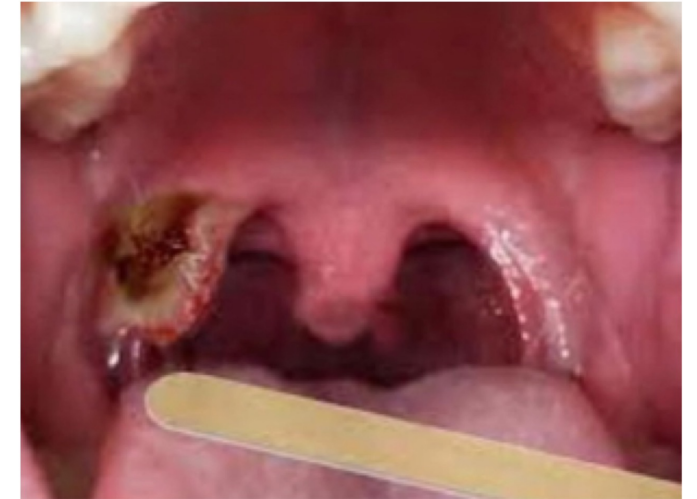
Dysphagia, neck swelling, pain in throat

C. Investigation?

Biopsy and histopathology

D. Treatment?

Bilateral tonsillectomy and radiotherapy



Q146. 17-year-old boy came with bilateral tinnitus of 2 days duration, pure tone audiometry showing bilateral sensorineural hearing loss with notch at 6k hz.

A. Type of hearing loss?

Bilateral noise-induced sensorineural hearing loss

B. Cause?

Acoustic trauma (Acute exposure to noise)

(High-frequency loss, sometimes notch at 4 kHz. Whereas Noise induced hearing is chronic exposure to noise characteristic hearing loss at 4 kHz)

C. Treatment?

Steroids (cause it's acute)

Q147. The patient presented with pain following a nasal septal surgery ...

A. Diagnosis?

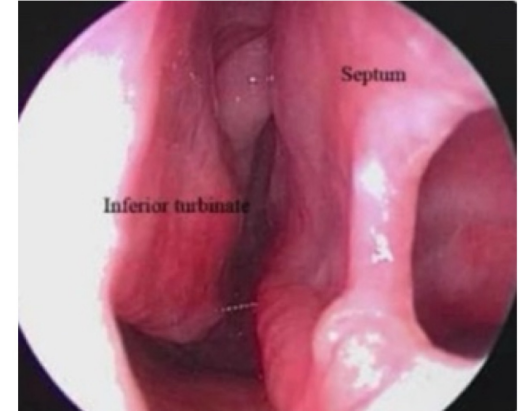
Septal perforation

B. Cause?

A possible complication of septal surgery and it could happen due to untreated septal hematoma

C. Management:

Irrigation and lubrication of the area



Q148. This test ...

A. What is the name of this procedure?

Dix hallpick maneuver

B. What ear is tested?

Left ear (downward facing ear)

C. What organ is tested?

Posterior semicircular canal

D. Diagnosis?

BPPV

E. Treatment?

Epley maneuver



Q149. This image ...

A. Diagnosis?

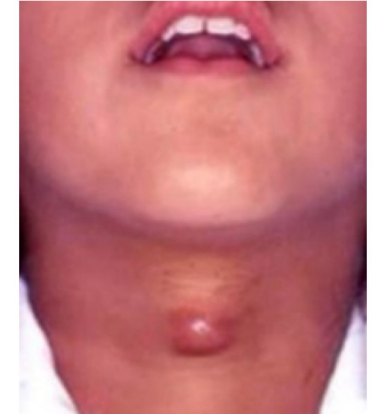
Thyroglossal duct cyst

B. Cause?

Embryologic remnant that forms due to the failure of closure of the thyroglossal duct

C. Treatment?

Surgical removal of the cyst & central part of the body of hyoid bone (Sistrunk operation) after resolution of any infection.



Q150. This image ...

A. Diagnosis?

Tympanic membrane perforation (Anterior inferior)

B. Most common cause?

Middle ear infection



Q151. 15-year-old young patient presented with recurrent epistaxis ...

A. Diagnosis?

Juvenile Nasal angiofibroma

B. Diagnostic test?

CT angiography

C. Treatment?

Complete surgical excision

Extra: Biopsy is contraindicated in JNA.



Q152. Pediatric patient complaining of stridor has this finding

A. Diagnosis?

Laryngomalacia

B. Medical treatment?

PPI

C. Surgical treatment?

Supraglottoplasty



Q153. Picture of oropharyngeal cancer, 60-year-old patient...

A. Diagnosis?

Oropharyngeal cancer

B. Expected symptoms to present with?

Dysphagia, neck swelling, pain

C. Best investigation to do?

Biopsy and histopathology



Q154. 65 years old patient came with right hearing loss and tinnitus for 3 years duration. Otoscopic examination was normal

A. Type of hearing loss?

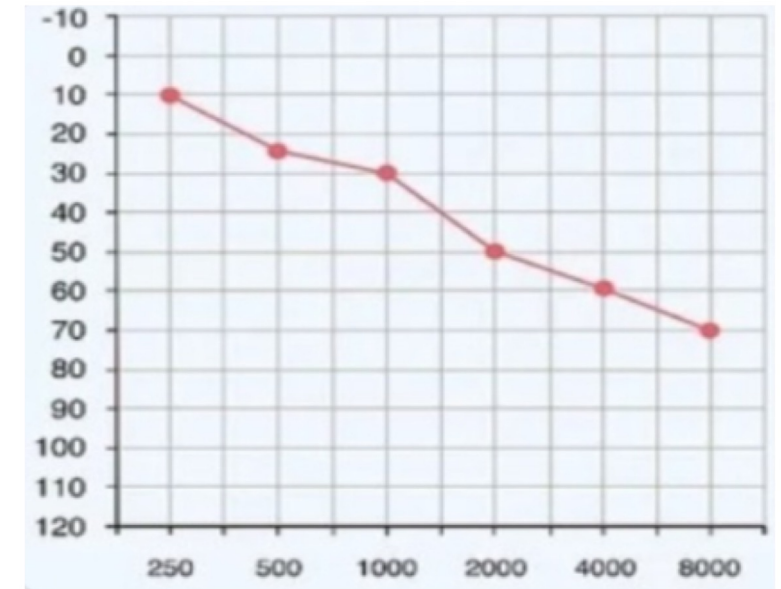
Sensorineural hearing loss

B. Diagnosis?

Presbycusis (Typical PTA)

C. Your next investigation?

MRI w/ gadolinium Contrast “rule out Vestibular Shwannoma”



Q155. A picture of lateral neck red mass, the patient was febrile and ill

A. Diagnosis?

I think it was an infected brachial cyst

B. Two management lines?

Antibiotics and excision

Q156.

A. Findings in this picture:

Right ulcerated, fibrosed tonsillar swelling. Normal left tonsil

B. Your diagnosis:

Tonsillar cancer

C. Treatment:

Unilateral excision and radiotherapy



Q157.

A. Findings in this picture:

Bulged tympanic membrane , congestion surrounding the membrane, crust in its upper part

B. Your diagnosis

Cholesteatoma

C. Symptoms:

Otorrhea,, hearing loss, headache the rest of them

D. Treatment:

Modified Radical or Radical Mastoidectomy , Tympanoplasty, Excision.



Q158.

A. Your diagnosis:

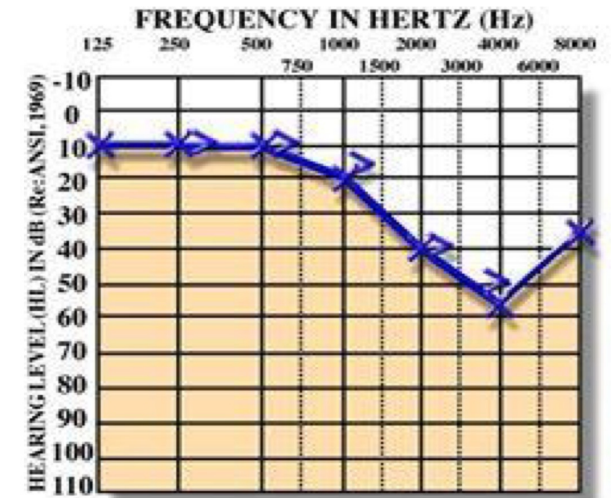
LEFT noise-induced sensorineural hearing loss

(Acoustic Trauma (if acute))

B. Treatment:

There's no treatment, the loss is permanent

If Acute give Steroids



Q159.

A. The radiological technique:

Coronal CT-scan of the nose and paranasal sinuses without contrast

B. Findings in this picture:

Soft tissue density with effacement of the left maxillary sinus extending to the nose and to the left orbit

C. Differential diagnosis:

Sinonasal carcinoma, inverted papilloma of the sinus, paranasal mucocele



Q160. 16 y/o male complaining of hearing loss and offensive discharge

A. Findings

Bulged tympanic membrane , congestion surrounding the membrane, crust in its upper parts



B. Dx

Cholesteatoma

C. Two investigations

Temporal CT, PTA

D. Treatment

Modified radical or Radical mastoidectomy , Tympanoplasty , Excision

Q161. 10 months old pt

A. Findings

Omega shaped Epiglottis

B. Dx

Laryngomalacia



C. Phase of stridor , aggravating and relieving factor

Inspiratory, Aggravated by Supine & head flexion , Relieved by prone & head extension

D. Management

Medical: PPI

Surgical: Supraglottoplasty

Q162.

A. Findings

Septal Perforation

B. Dx

Septal Perforation

C. Most common cause

Iatrogenic Trauma

D. Two other causes

Wegner Granulomatosis, cocaine, neoplasm, syphilis, TB



Q163. 7 y/o male complaining of painless mass , move with swallowing:

A. Findings

Midline Neck Mass

B. Most dx

Thyroglossal duct cyst

C. Two ddx

Dermoid cyst, Thyroid mass

D. Management

Surgical removal of the cyst & central part of the body of hyoid bone (Sistrunk operation) after resolution of any infection



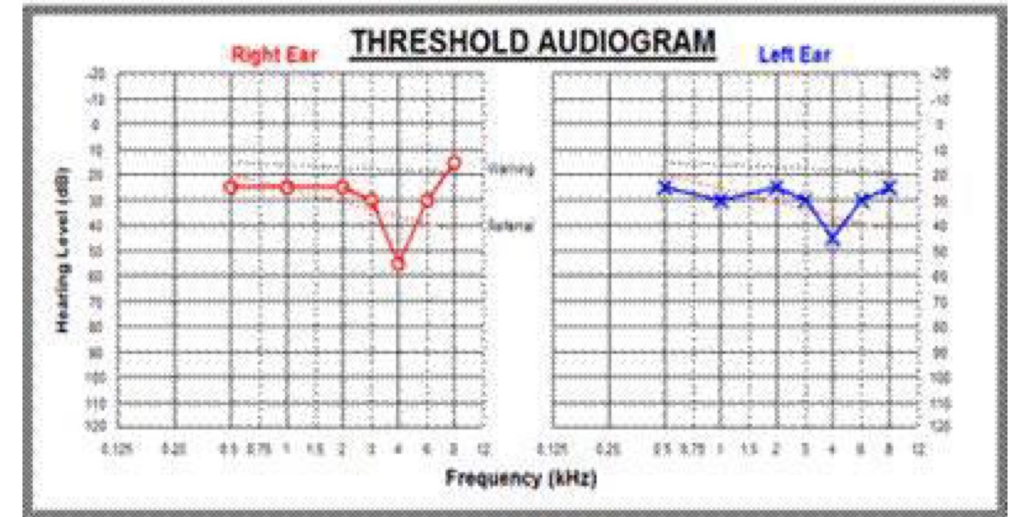
Q164.

A. Findings

Bilateral SN hearing loss at 4K Hz

B. Dx

Bilateral Noiseinduced HearingLoss



Q165. Tonsillitis (infectious mononucleosis):

A. Findings

Erythema swelling, whitish membrane

B. Ddx

Streptococcal pharyngitis, scarlet fever, viral pharyngitis (Adenovirus CMV)

C. Treatment

Antibiotics

D. Test?

Monospot test



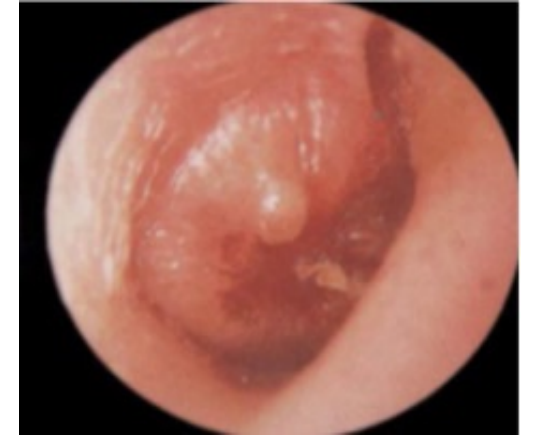
Q166. Acute otitis media:

A. Findings

Tympanic membrane bulging, Erythema, Visible vessels

B. Treatment.

Antibiotics



Q167. Audiometry:

A. Dx

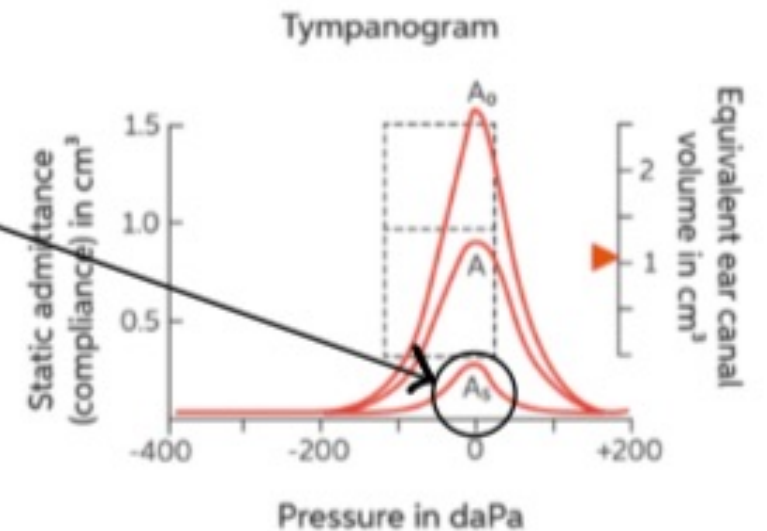
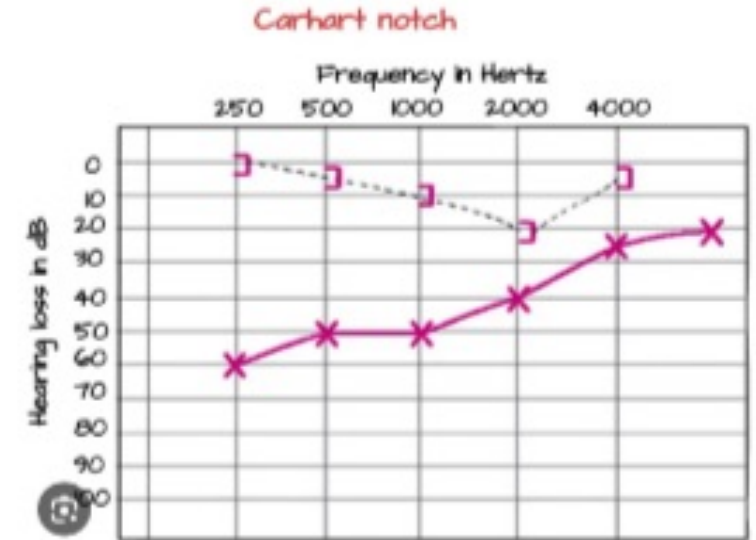
Otosclerosis

B. Type of tympanogram

A

C. Management

Stapedectomy



Q168. Perforated tympanic membrane:

A. Findings

Perforated tympanic membrane

B. Management

Supportive: keep the ear dry , if infected: give Antibiotics

Surgical: Tympanoplasty

Q169. a picture with central perforation of tympanic membrane without attic crusts

A. What is the type of chronic suppurative otitis media

Was a tubotympanic

B. Name the pointed part

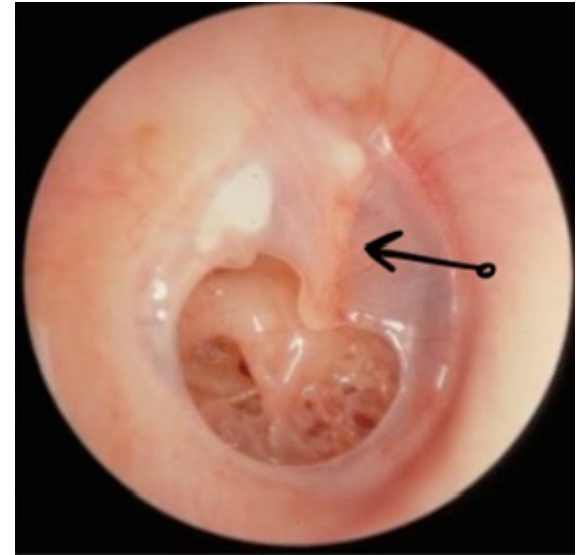
Handle of malleus

C. What is the management of choice

Tympanoplasty

D. Which ear is this

Right



Q170. Type B tympanogram picture

A. What is the type

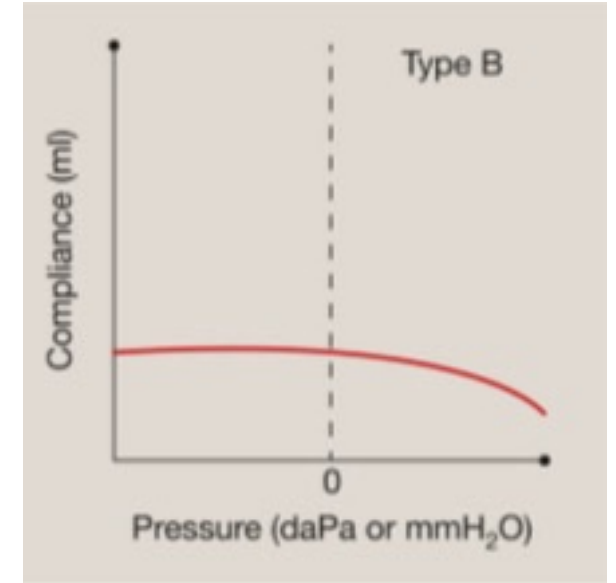
Type B, flat

B. What are the two most common causes

perforation and effusion

C. How can you differentiate between them

By volume



Q171. A picture showing grommet

A. Why do we use it

To drain excess fluid from middle ear

B. For how long

6-18 months

C. Most common indication for its insertion

Acute otitis media with effusion



Q172. X-ray showing thump sign

A. what is this sign

Thump sign

B. what is the diagnosis

Acute epiglottitis

C. what is the most common organism causing it

H.influenza type B

D. what is the age group affected by it

2-7 years



Q173. A picture showing bilateral vocal cord nodules

A. What is the diagnosis

Singer's nodules

B. What is the most common cause for it

Strenuous or abusive voice practices such as yelling, poor singing techniques, and coughing

C. Which group of population is most commonly affected

Teachers ,singers..

D. What is the first line management

Voice therapy, voice rest



Q174. Describe the pathology that you see.

A. What is your diagnosis?

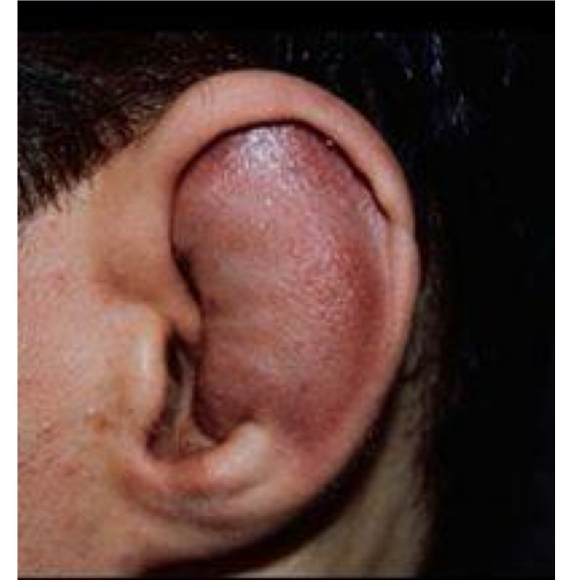
Auricular hematoma

B. What is the most common complication?

Cauliflower ear

C. What is the treatment?

Incision and drainage



Q175.

A. Describe the hearing according to this audiogram.

Sensorineural hearing loss at 4k hz

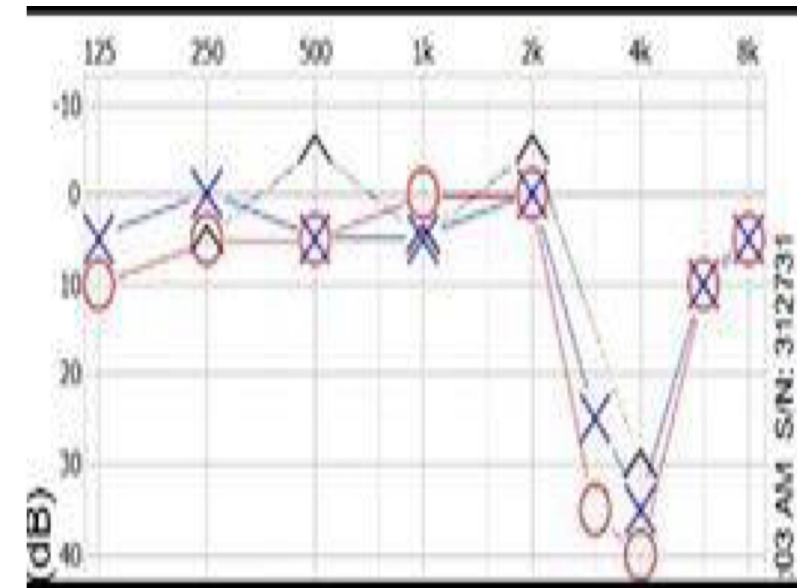
B. What is your diagnosis?

Acoustic trauma (if acute) / Noise induced hearing loss (if chronic)

C. What is the treatment?

Assurance (no treatment) if chronic

Corticosteroids if acute



Q176.

A. Describe the pathology you can see.

Ulceration on the lateral aspect of the tongue

B. DDx?

Tumor

C. What is the investigation that you do to confirm the diagnosis?

Biopsy

D. What is the treatment for this 46 y/o male pt?

Lateral glossectomy



Q177. 4 year old child , describe the pathology you see

A. What is the diagnosis?

Foreign body

B. Complication?

Aspiration

C. Treatment?

Removal of the foreign body, Check Contralateral side, Irrigation



Q178.

A. What is this image?

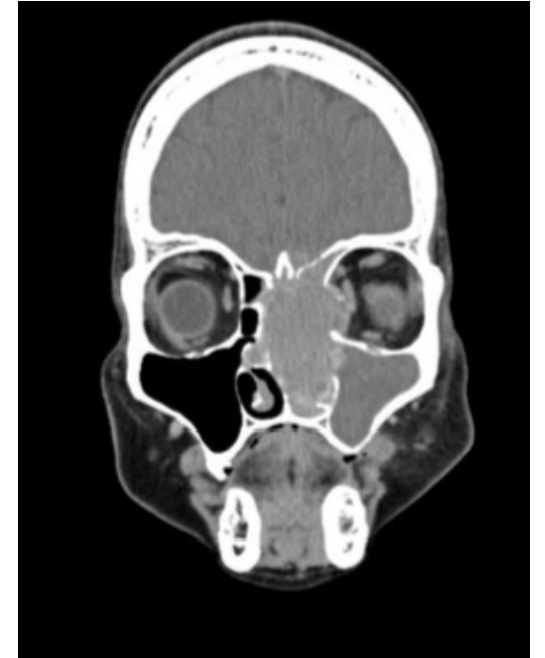
Axial CT scan for nose and paranasal sinuses

B. Describe what you see (diagnosis)

Opacification of the maxillary sinus on the left side and orbital fracture

C. Apparent symptom in the eye?

Enophthalmos



Q179. This is an audiogram

A. Describe this hearing loss

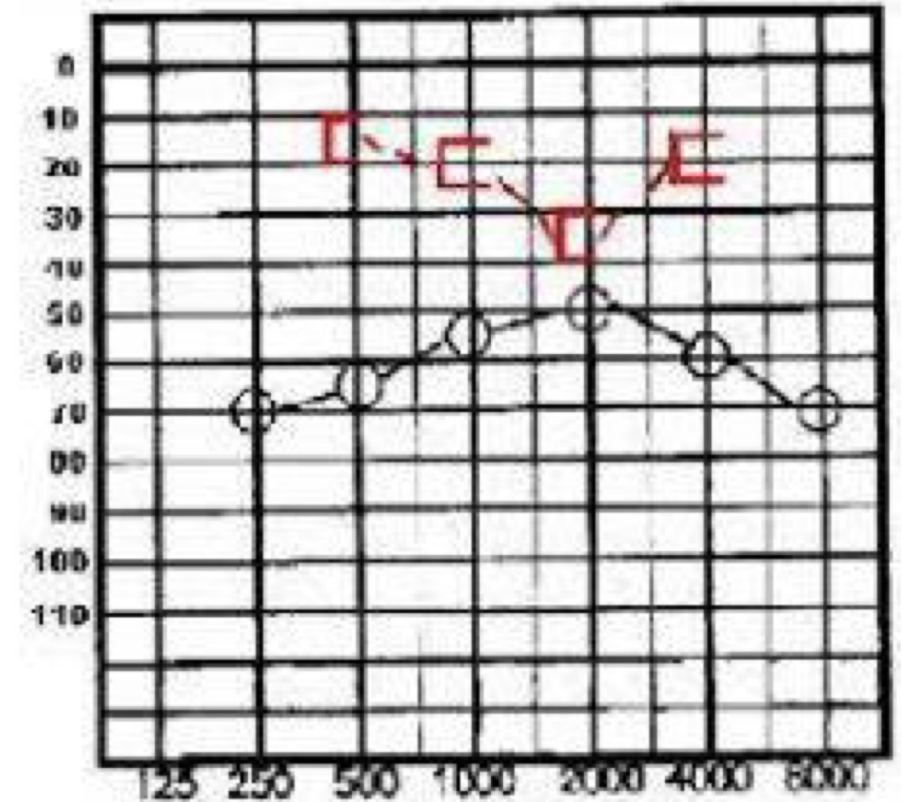
Rt conductive H Loss + SN H LOSS at 2K Hz

B. What is the name of this condition

Otosclerosis

C. What is the treatment

Stapedectomy



Q180.

A. What is this radiological modality

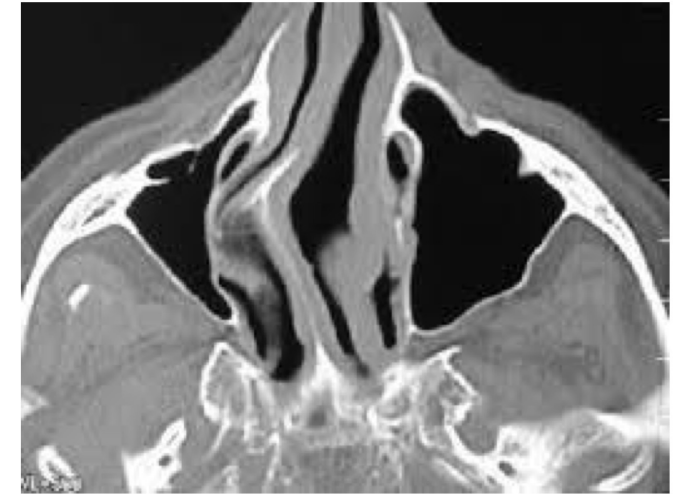
Axial Ct sinus without contrast

B. What is the main finding in the picture

Septal deviation

C. What is the treatment

Septoplasty



Q181.

A. What is your diagnosis

Cystic hygroma

B. Name radiological modalities you will use it in your evaluation

US (1st line), CT (size and extension), MRI (Surgical planning)

C. What is the types of this mass

Macrocytic (>2cm)

D. What is the treatment

Surgical excision, Sclerotherapy



Q182.

A. What is the diagnosis?

singer nodules

B. What is the most common cause for it?

Voice abuse

C. Which group of population is most commonly affected?

Teachers, singers

D. What is the first line management?

Voice rest, voice therapy



Q183. A 20 year old male with history of trauma 10 years ago

A. What is your diagnosis?

Septal deviation

B. What is the treatment?

Septoplasty



Q184.

A. What is your diagnosis?

Otitis externa

B. What is the first line of treatment?

Regular aural toilet , drainage



Q185. A child presented with recurrent apneas with these tonsils

A. What is your diagnosis?

Hypertrophied tonsils

B. What is your treatment?

Tonsillectomy



Q186. A 40 year old man smoker presented with change in voice

A. What is your diagnosis?

Laryngeal cyst

B. Mention 2 risk factors?

Intubation , congenital, smoking, vocal abuse

C. what is the treatment?

Surgery (excision)

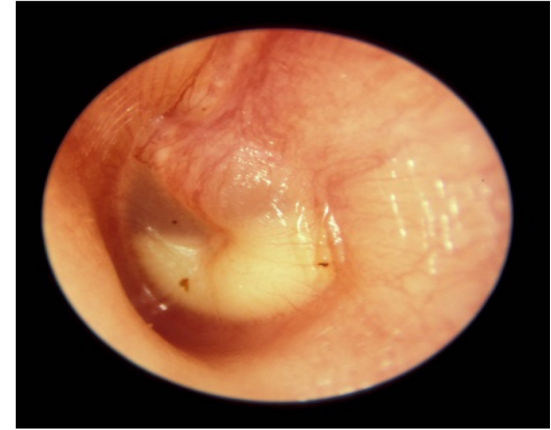
Q187. A 5 year old child with fever and earache 3 days ago

A. Mention 3 possible complications?

Subdural abscess, epidural abscess, lateral sinus thrombosis, meningitis, facial nerve palsy, mastoiditis, etc.

B. What is the best treatment?

Antibiotics



Q188. This mass moves with protruding tongue

A. What is your diagnosis?

Thyroglossal cyst

B. Mention 2 differential diagnoses?

Goiter, dermoid cyst, lipoma



Q189. History of ear fullness and decrease in hearing for 5 months

A. What is your diagnosis?

OME

B. What is the treatment?

Myringotomy with ventilation tube / grommet

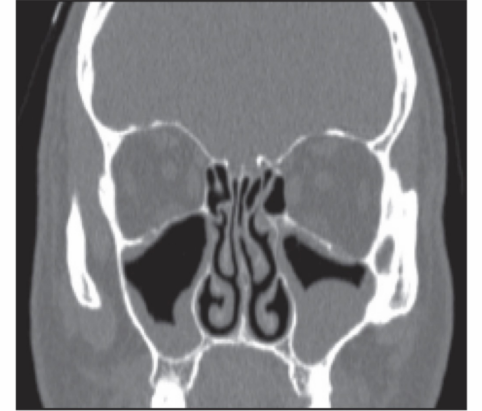


Q190. History of facial pain and runny nose

A. What is your diagnosis?

Sinusitis or rhinosinusitis

Chronic (thickening of mucosal lining)



B. Mention 2 possible complications?

Meningitis, subdural/ epidural/ brain- abscess, cavernus sinus thrombosis, etc.

C. Mention 2 common microorganism causing this?

S. pneumonia, H.influenza.

Q191.

A. What is this instrument?

Tuning fork

B. Mention 2 hearing tests done by it?

Rennei's test, Webber's test



Q192. A 7 year old child presented to the ER with stridor and toxic appearance and fever with difficulty in breathing

A. What is the diagnosis?

Acute epiglottitis

B. What is the most common cause for it?

H.influenza type B



Q193. A 40 year old male presented with multiple small red spots on his cheeks and lips and tongue with epistaxis, he has 2 brothers and 3 sisters, 2 of them had the same disease

A. What is your diagnosis?

Hereditary telangiectasia

B. Mention 3 risk factors for epistaxis?

HTN, hemophilia, trauma, etc.



Q194. A 10 year old male having this pic with runny nose and sneezing that is increased every summer

A. What is your diagnosis?

Allergic rhinitis

B. Mention 2 possible complications?

Sinusitis, otitis media, epistaxis

C. what is the main treatment?

Avoid the allergen, nasal decongestant, nasal corticosteroids



Q195. A child presented with sudden stridor with this CXR

A. What is your diagnosis?

Foreign body aspiration

B. What is the main step in treatment?

Bronchoscopy

C. Mention one possible

Asphyxiation, death, etc.



Q196. 2 years old child, saying only Dada, Mama

A. What you can see?

Microtia

B. Mention 1 test you want to do for this pt

ABR

C. What is the treatment?

Auriculoplasty



Q197. A Hx of painless mass for 2 yrs in a young adult

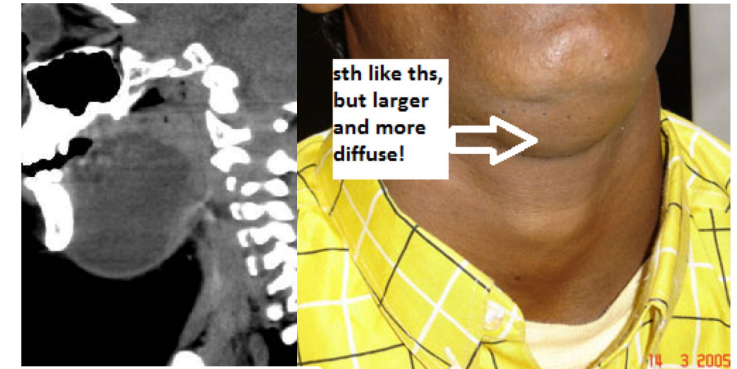
(there were 2 pics, 1 for a large mass below the chin and another one for an axial head CT showing the mass!,, actually I dnt know what they were thinking about! I didn't find anything that looked like the pics they brought, but these 2 are example)

A. What is your diagnosis?

B. What is your treatment?

C. Give 1 DDx.

Note: we left it unanswered on purpose...



Q198. Mention the names of the 3 ossicles found in the ear.

ANS:

Malleus, incus, stapes

Q199. A pt presented with hx of recurrent attacks of vertigo that continues for seconds with moving the head.

A. What is your diagnosis?

BPPV

B. What the name of this maneuver?

Dix-hallpike

C. What is the treatment?

Epley Maneuver



Q200. A 20 years old female was found to have this mass

A. Mention 2 risk factors

Smoking

B. Mention 2 investigations you want to do for her

Biopsy



Q201. A child with a Hx suggestive of adenoids hypertrophy

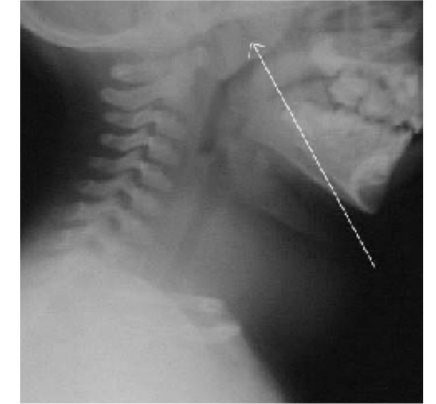
A. What is your diagnosis

Adenoid hypertrophy

B. Mention 2 contraindications for the surgical intervention

Acute upper respiratory infection.

Bleeding disorders.



Q202.

A. Recurrent attacks of vertigo, tinnitus and hearing loss:

Meniere's disease

B. Unilateral nasal obstruction in an adult most commonly is:

Septal deviation

Q203. Mention 3 important qs in Hx you want to ask for a pt with epistaxis

ANS:

Trauma history

Bleeding disorders

Hypertension

Q204.

A. What is the name of this tube?

Grommet

B. Mention 2 indications for using it

Otitis media with effusion, Recurrent acute otitis media , Estachian tube dysfunction

C. Mention 1 complication

Permenant effusion



Q205. This pt presented with this problem following septoplasty

A. What is your diagnosis

Septal perforation

B. Mention 2 other causes

Cocaine, Wegener disease, Hematoma



Q206. This pt presented with hx of ear itchiness and discharge

A. What is your diagnosis

Otomycosis

B. Mention 2 causative Microorganisms

Aspergillus, Candida

C. What is the most important step in the treatment?

Drainage, aural toileting



Q207. A 6 years old child presented to you with this condition after he fall on his ear while he was riding a bicycle

A. What is your diagnosis

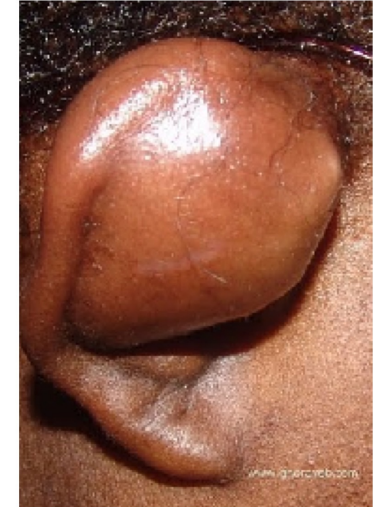
Auricular hematoma

B. Mention 2 options for the Treatment

Incision & drainage, needle aspiration

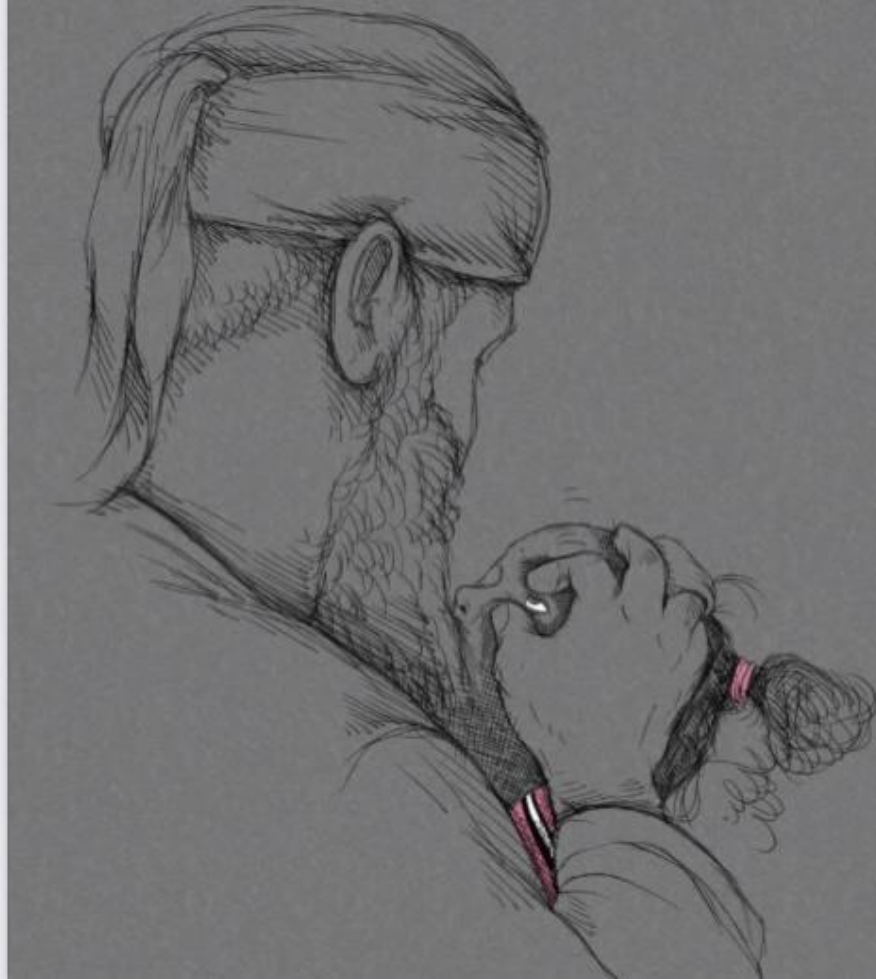
C. Mention 1 complication

Cauliflower ear



Resources:

- 2025 slides
- Doctors' notes
- UpToDate
- ChatGPT



أَحِبَّاؤُنَا فِي جَنَاتِ اللَّهِ قَدْ نَهَوَا
لَقَدْ سَقَيْنَا بِهِمْ لُكْنَهُمْ سَعِدُوا
تَأَلَّقُوا فِي سَمَاءِ الْمَجْدِ مَا خَدَّتْ
رَغَمَ الْعَوَاصِفِ ذِكْرَهُمْ وَمَا خَدَّوْا
رُوحَ الشَّهِيدِ بِنُورِ اللَّهِ مَا هَمَدَتْ
كَبَّتْ قَلِيلًا تَرَى الظُّلَامَ قَدْ كَهَمَدُوا...
خُفُّوا أَهْلُنَا فِي الْقَطَاعِ وَفِي سَائِرِ بِلَادِ الْإِسْلَامِ بِحَثِيَةِ الدُّعَاءِ

Made by Lejan 024