

SPECIAL THANKS ☺

020 Final:

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Notes before we start.

1. This file contains all the available P.Ps regarding ENT rotation sectioned by topics with each question labeled with the exam it came from so you can check it from the edited P.Ps if you need.

2. **Special thanks for correcting this file:**

Dr. Amer Sawalha
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الدعاء بالرحمة للزميل عمر عطية المرابي
اللَّهُمَّ، اغْفِرْ لَهُ وَارْحَمْهُ، وَاعْفُ عَنْهُ وَعَافِهِ، وَأَكْرِمْ نُزُلَهُ، وَوَسِّعْ مُدْخَلَهُ، وَاغْسِلْهُ بِمَاءٍ وَثَلْجٍ وَبَرْدٍ، وَنَقِّهِ مِنَ
الْحَطَايَا كَمَا يُنْقَى الثَّوْبُ الْأَبْيَضُ مِنَ الدَّنَسِ.

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دعاء قبل المذاكرة

اللَّهُمَّ إِنِّي أَسْأَلُكَ فَهَمَ النَّبِيِّينَ، وَحِفْظَ الْمُرْسَلِينَ وَالْمَلَائِكَةِ الْمُقَرَّبِينَ،
اللَّهُمَّ اجْعَلْ أَلْسِنَتَنَا عَامِرَةً بِذِكْرِكَ، وَقُلُوبَنَا بِخَشْيَتِكَ، وَأَسْرَارَنَا بِطَاعَتِكَ،
.. إِنَّكَ عَلَى كُلِّ شَيْءٍ قَدِيرٌ، وَحَسْبُنَا اللَّهُ وَنِعْمَ الْوَكِيلُ

V2

External Ear Conditions

Q4: C ✗ B ✓ /// Q7: B ✗ A ✓ /// Q15: C ✗ A ✓

Acute otitis media

Q5: A ✗ B ✓ /// Q9: A ✗ B ✓

Chronic Otitis media

Q4: E ✗ C ✓ /// Q9: B ✗ C ✓ /// Q10: E ✗ A ✓

Tinnitus

Q3: D ✗ A ✓ /// Q4: A ✗ D ✓

Hearing assessment in children

Q7: C ✗ A ✓

Hearing Loss

Q18: +ve ✗ -ve ✓ /// Note on Q21

Epistaxis

Q5: A ✗, E ✓ /// Q11: A&B ✓

Acute & Chronic Rhino-sinusitis

Q21: B ✗ A ✓ /// Q22: C ✗ B ✓ /// Q32: A ✗, B ✓ /// Q38: E ✗, A ✓

Adeno-Tonsillar Disease

Q1: C ✗, E ✓ /// Q20: E ✗ B ✓

Q23: The question ask for an contraindication, like why we have these strict indications?
Because we are afraid "thingy" gonna happen so we gotta be strict

Stridor & Tracheostomy

Q3: C ✗ B ✓ /// Q5: D ✓ (All cause stridor) /// Q10: A ✗ B ✓ /// Q11: A ✗ C ✓

Neck masses

Q6: A ✗ C ✓ /// Q9: A ✗ C ✓ (according to Dr.Amer)

Head & Oncology

Q16: (not sure about Choice C though) /// Q21: E ✗ D ✓ /// Q23: A ✗ B ✓

Q24: A ✗ C ✓ /// Q25: A ✗ B ✓ /// Q32: A ✗ D ✓ /// Q35: A ✗ B ✓

Q37: C ✗ B ✓ (according to Dr.Amer) /// Q40: B ✗ D ✓ /// Q41: B ✗ D ✓

إن أصبنا فمن الله وإن أخطأنا فمن أنفسنا

بالتوفيق جميعًا، لا تنسونا من صالح دعائكم

External Ear Conditions

1. Which of the following nerves is not associated with referred otalgia?

Final 013

- A. Trigeminal nerve
- B. Glossopharyngeal nerve
- C. Vagus nerve
- D. Hypoglossal nerve
- E. All of the above are associated with referred otalgia

Answer: D

2. The following nerve is the source of referred pain to the ear:

- A. Glossopharyngeal nerve
- B. Cochlear nerve
- C. Abducent nerve
- D. Oculomotor nerve
- E. All of the above

Answer: A

3. The cough response caused while cleaning the ear canal is mediated by stimulation of: **Final 017 & Final 016**

- A. The 10th cranial nerve
- B. The 8th cranial nerve
- C. The 5th cranial nerve
- D. Branches of the 7th cranial nerve
- E. Innervation of external ear canal by C1 and C2

Answer: A

4. A patient in head trauma, bilateral ear bleeding, first step is:

- A. Take a full hx
- B. Oral intubation
- C. Secure an IV line

Answer: B

5. The treatment of a large hematoma of the auricle is:

- A. Aspiration only
- B. Systemic antibiotics
- C. Evacuation plus pressure bandaging and antibiotics
- D. A local antibiotic ointment
- E. To leave it alone

Answer: C

6. A child fell on her ear, next day the pinna is swollen and red, what is the management: Final 020

- A. Incision and drainage with oral antibiotics
- B. Incision and drainage with topical antibiotics
- C. Aspiration and drainage with pressure dressing
- D. Pressure dressing and topical antibiotics

Answer: C

7. All of the following about otitis externa is true EXCEPT:

- A. In a young adult
- B. Diabetic patient
- C. Pseudomonas infection

Answer: A

8. All of the following are common associated symptoms of furuncle of the vibrissae except: Final 017

- A. Fever
- B. Headache
- C. Pus-filled discharge
- D. Painful swelling
- E. Nasal obstruction

Answer: B

9. What is the most common cause of acute diffuse otitis externa?

Final 019&013

- A. Pseudomonas aeruginosa
- B. Staphylococcus aureus
- C. Candida albicans
- D. Aspergillus fumigatus
- E. Streptococcus pyogenes

Answer: A

10. Which of the following is not a typical feature of malignant otitis externa?

Final 016

- A. Presence of granulation tissue
- B. Mitotic figures are high
- C. Patients are usually old
- D. Caused by Pseudomonas aeruginosa
- E. Patient are usually immune compromised

Answer: B

11. The most common fungus in otomycosis externa is:

- A. Candida albicans
- B. Aspergillus fumigatus
- C. Penicillium
- D. Aspergillus niger
- E. None of the above

Answer: D

12. Which of the following is the treatment of fungal otitis externa: Final 020

- A. Oral antifungals for 1 week
- B. Oral antifungals for 3 weeks
- C. Local antifungals for 1 week
- D. Local antifungals for 2 weeks
- E. Local antifungals for 3 weeks

Answer: E

13. A patient came complaining of itching. On otoscopy, black dots are seen in the ear canal, what's the best management option? Final 017

- A. Oral antifungal
- B. Topical antibiotic
- C. Aural toilet & topical antifungal
- D. Oral antibiotic
- E. Oral antihistamines

Answer: C

14. During aural toilet, the direction of the saline wash is: Final 017

- A. Anterior inferior
- B. Posterior inferior
- C. Posterior superior
- D. Anterior superior

Answer: C

15. Otitis externa due to aspergillus nigra is treated with:

- A. 2% sodium bicarbonate
- B. Systemic antifungal
- C. Local antifungal steroids

Answer: A

16. One is true about mycosis of the external ear:

- A. Causes severe pain
- B. High fever
- C. Excessive ear discharge
- D. Ear blockage

Answer: D

17. What is true about necrotizing otitis externa?

- A. Staph is the main cause
- B. More common in diabetic elderly
- C. More in children

Answer: B

Acute Otitis Media

1. Which of the following is false regarding acute otitis media? Final 020

- A. Most commonly caused by viral infection
- B. Rhinovirus is the main causative pathogen
- C. H.infleunza is a common cause
- D. 2% complicated by bacterial infection

Answer: D

2. Common organisms in acute suppurative otitis media include all the following EXCEPT:

- A. H. influenzae
- B. Pseudomonas aeruginosa
- C. Staphylococcus aureus
- D. Streptococcus pneumoniae
- E. Moraxella catarrhalis

Answer: B

3. Which is not a factor in causing otitis media:

- A. Allergy
- B. Eustachian tube dysfunction
- C. Bacterial infection
- D. Dental infection
- E. Immotile cilia

Answer: D

4. Bullous myringitis is caused by: Final 017

- A. Bacterial infection
- B. Viral infection
- C. Fungal infection
- D. Trauma to the eardrum
- E. Allergic reaction

Answer: B

5. Regarding acute otitis media, which of the following is correct? Final 018

- A. >80% of AOM cases are bacterial
- B. %50-45 of bacterial AOM are due to S. pneumoniae

Answer: B

6. The most common microorganism causing acute otitis media is:

- A. Streptococcus pneumoniae
- B. H. influenzae

Answer: A

7. The most common cause of OM in children is:

- A. Eustachian tube dysfunction

Answer: A

8. Otitis media is caused via one route:

- A. Eustachian tube
- B. Hematogenous
- C. Nasal

Answer: A

9. Which of the following is not indicated in the second phase of acute otitis media? Final 018

- A. Use of cold compressors on the legs
- B. Topical antibiotics
- C. Local hyperthermia
- D. Systemic antibiotics
- E. Myringotomy

Answer: B

10. A patient with a history of otitis media who subsequently developed severe headache, high-grade fever, with no meningeal irritation signs. What is the most likely diagnosis? Final 018

- A. Subdural empyema
- B. Meningitis
- C. Epidural abscess
- D. Mastoiditis

Answer: C

11. Intracranial complication due to otitis media occurs via one route:

- A. Direct extension
- B. Temporal bone osteomyelitis
- C. Hematogenous

Answer: A

12. What is the most common intracranial complication of otitis media?

Final 014

- A. Meningitis
- B. Cerebral abscess
- C. Facial nerve palsy
- D. Labyrinthitis
- E. Mastoiditis

Answer: A

13. The earliest symptom in a patient with an intracranial complication due to a discharging ear is usually: Final 010

- A. Headache
- B. Deafness
- C. Ataxia
- D. Vertigo
- E. Tinnitus

Answer: A

Chronic Otitis Media

1. A 20 year old female presented with bad odor ear discharge, she has recurrent ear discharge and hearing loss since childhood, what is the next step:

Final 020

- A. CT temporal bone
- B. Take culture of discharge and start antibiotics
- C. Empiric antibiotics for 7-10 days

Answer: A

2. Most children with palatal cleft have:

- A. Secretory otitis media
- B. Branchial cyst
- C. Thyroglossal cyst
- D. Sensorineural defect
- E. Cardiac anomaly

Answer: A

3. Which is not a feature of discharge of chronic suppurative otitis media atticofacial type? **Final 015&010**

- A. Persistent
- B. Purulent
- C. Foul smelling
- D. Profuse
- E. Scanty

Answer: D

4. What is the most common persistent symptom of chronic otitis media?

Final 014

- A. Tinnitus
- B. Vertigo
- C. Conductive hearing loss
- D. Sensorineural hearing loss
- E. Otorrhea (ear discharge)

Answer: C

5. In chronic otitis media, atticointral pattern is associated with all of the following except: Final 012,011

- A. The perforation is central
- B. The discharge is scanty & foul-smelling
- C. The polyp is red & fleshy
- D. Granulation is a common finding
- E. Cholesteatoma is present

Answer: A

6. Cholesteatoma, all EXCEPT:

- A. After central perforation of tympanic membrane
- B. After attic perforation of tympanic membrane
- C. After marginal perforation of tympanic membrane
- D. May cause vertigo
- E. May cause intracranial complications

Answer: A

7. what is the cause of persistent mucopurulent discharge after resolution of otitis media: Final 019

- A. Cholesteatoma
- B. Secretory otitis media
- C. Coalescent mastoiditis

Answer: A

8. What is the most common cause of hearing loss in children aged 3-5 years?

Final 018

Answer:

Otitis media with effusion

9. Serous otitis media, the most common cause is:

- A. Incomplete treatment
- B. Allergy
- C. Adenoids

Answer: C

10. Definite diagnosis of cholesteatoma is done by: Final 014

- A. Otoscopy
- B. Pure tone audiometry
- C. Tympanometry
- D. MRI
- E. CT scan

Answer: A

11. Cholesteatoma is:

- A. Growing pocket

Answer: A

12. The characteristic of pus in cholesteatoma:

- A. Scanty and foul

Answer: A

13. Cholesteatoma, all EXCEPT:

- A. After central perforation of tympanic membrane
- B. After attic perforation of tympanic membrane
- C. After marginal perforation of tympanic membrane
- D. May cause vertigo
- E. May cause intracranial complications

Answer: A

14. All are true about attico-antral disease EXCEPT (otitis media):

- A. Scanty amount of discharge
- B. Foul-smelling discharge
- C. Central perforation
- D. Treatment is mainly surgical

Answer: C

15. All are common complications of secretory otitis media EXCEPT:

- A. Cholesteatoma
- B. Cholesterol granuloma
- C. Sensorineural deafness
- D. Adhesive otitis media
- E. Acute suppurative otitis media

Answer: C

16. All are possible causes of intracranial complications in chronic suppurative otitis media EXCEPT:

- A. Skull fracture
- B. Complication after radical mastoidectomy
- C. Complication through vascular channels
- D. Local osteomyelitis
- E. Congenital defect

Answer: D

17. The management of recent traumatic tympanic membrane perforation is:

- A. Systemic steroids
- B. Antibiotic ear drops
- C. Immediate repair of the perforation
- D. Watchful observation
- E. None of the above

Answer: D

18. Treatment of dry traumatic rupture of tympanic membrane is: Final 016

- A. Myringoplasty
- B. Ear pack soaked with antibiotic
- C. Systemic antibiotics
- D. Antibiotic ear drops
- E. Protection of ear against water

Answer: E

Tinnitus

1. Which of the following is a cause of objective tinnitus? Final 017

- A. Meniere's disease
- B. Acoustic neuroma
- C. Noise-induced hearing loss
- D. Palatal myoclonus
- E. Ototoxicity

Answer: D

2. Which of the following is true about Meniere's disease? Final 012

- A. It is caused by a viral infection
- B. It is a type of conductive hearing loss
- C. It is characterized by sudden onset of severe pain in the ear
- D. It is associated with tinnitus & aural fullness
- E. It is treated with antibiotics & antihistamines

Answer: D

3. Tinnitus is seen in all EXCEPT:

- A. Loud noise
- B. Meniere's disease
- C. High sensorineural hearing loss
- D. Otitis media

Answer: A

4. First treatment of tinnitus:

- A. Masking
- B. Hearing aids
- C. Sedatives
- D. Retraining

Answer: D

Vertigo

1. Which part of the inner ear is responsible for sensing angular movement?

Final 012

- A. Cochlea
- B. Semicircular canals
- C. Utricle & saccule
- D. Vestibulocochlear nerve

Answer: B

2. What is the most common cause of vertigo? Final 014

- A. Benign Paroxysmal Positional Vertigo (BPPV)
- B. Meniere's disease
- C. Vestibular neuritis
- D. Migraine

Answer: A

3. Scenarios describing a sudden onset of vertigo without hearing loss for 3 days duration, that resolved on its own: Final 019

- A. Labyrinthitis
- B. Vestibular neuritis
- C. Meniere
- D. BPPV.

Answer: B

4. In which age group is vertigo and unsteadiness most common? Final 014

- A. Children under 5 years' old
- B. Children & teenagers aged 5 to 19 years' old
- C. Adults aged 20 to 40 years' old
- D. Old aged above 60 years' old
- E. It occurs equally across all age groups

Answer: D

5. Intermediate duration vertigo is seen in:

Answer:

Meniere's disease

6. One will cause unilateral vertigo without deafness:

- A. Vestibular neuritis
- B. Cerebellopontine angle tumor
- C. Benign paroxysmal vertigo
- D. Meniere's disease

Answer: A

7. One is not a feature of central nystagmus:

- A. Spontaneous
- B. All directions
- C. Decreases with time
- D. Not affected by visual fixation
- E. Usually unilateral

Answer: C

8. Regarding peripheral nystagmus, all are correct EXCEPT:

- A. May be rotational
- B. Will not fatigue on Hallpike's maneuver

Answer: B

9. Not a characteristic of peripheral nystagmus:

- A. Change direction with different postures

Answer: A

Hearing Assessment in Children

1. The assessment of hearing in bilateral congenital aural atresia is best accomplished using: Final 015&010

- A. ABR
- B. Pure tone audiogram
- C. Pure tone audiogram with masking
- D. Otoacoustic emission
- E. Speech audiogram

Answer: A

2. How is neonate hearing assessment typically performed?

Final 017&016&011

- A. Pure-tone audiometry
- B. Speech audiometry
- C. ABR
- D. Tympanometry
- E. Tinnitus matching

Answer: C

3. ARB is done to all the following except: Final 018

- A. Congenital infections
- B. Family history of hearing loss at young age
- C. Hyperbilirubinemia
- D. Maternal severe depression
- E. Low birth weight

Answer: D

4. In Auditory brainstem reflex, you detect: Final 020

- A. Auditory neuropathy
- B. Central processing disorder
- C. Non organic hearing loss

Answer: A

5. Which of the following carries the highest risk of developing hearing loss in the future for a baby managed in the ICU? Final 020

- A. Intubation for 3 days with pathological hyperbilirubinemia
- B. Entered the NICU for five days + treated with Aminoglycoside + hyperbilirubinemia

Answer: B

6. Which of the following is not a child with a high risk for hearing loss?

Final 017

- A. History of meningitis
- B. Family history of hearing loss
- C. Congenital rubella infection
- D. The use of ototoxic drugs
- E. Children born by cesarean delivery

Answer: E

7. Child of 5 years, delay in speech and inattention, diagnosis?

- A. OME
- B. Sensorineural hearing loss
- C. Autism

Answer: A

Hearing Loss

1. The most common cause of acquired sensorineural hearing loss in children is:

- A. Mumps
- B. Measles
- C. Trauma
- D. Meningitis

Answer: D

2. The most common cause of acquired sensorineural hearing loss: **Final 013**

- A. Mumps
- B. Measles
- C. Trauma
- D. Meningitis
- E. Influenza

Answer: D

3. Which of the following is a cause of sensorineural hearing loss?

Final 016&011

- A. Longitudinal fracture of the temporal bone
- B. Tympanosclerosis
- C. Cholesteatoma
- D. Otosclerosis
- E. Presbycusis

Answer: E

4. Which of the following is NOT a common cause of sensorineural hearing loss?

Final 014

- A. Aging
- B. Noise exposure
- C. Ototoxic medications
- D. Viral infections
- E. Otosclerosis

Answer: E

5. Which of the following is NOT a common cause of hearing loss? Final 014

- A. Aging
- B. Noise exposure
- C. Otitis media
- D. Otitis externa
- E. Meniere's disease

Answer: D

6. Which of the following conditions does NOT require screening for hearing loss? Final 014

- A. Aging
- B. Occupational noise exposure
- C. Family history of hearing loss
- D. History of otitis media
- E. History of otitis externa

Answer: E

7. What are the 2 most important risk factors for hearing loss? Final 018

- A. Family history & aging
- B. Aging & noise-induced

Answer: B

8. Sensorineural hearing loss, one is correct:

- A. Talks in a loud voice
- B. Hears better in noisy places
- C. Good discrimination score
- D. Tolerates high intensity

Answer: A

9. Not a cause of conductive hearing loss:

- A. Otitis media
- B. Perforation
- C. Loud noise deafness

Answer: C

10. Recruitment is associated with: Final 019&018

- A. Cochlear hearing loss
- B. Malingering
- C. Psychogenic cause
- D. Auditory neuropathy

Answer: A

11. A 65 year old patient with bilateral hearing loss, more in the right side with perforated tympanic membrane on the right, what is the best to do? Final 020

- A. Myringoplasty
- B. Hearing aid
- C. Hearing aid + myringoplasty
- D. Observation

Answer: C

12. One of these statements regarding tympanometry is False: Final 019&018

- A. Tympanometry is a hearing test.
- B. can't be used if the patient has wax in his ears.
- C. Flat line (B) means there's fluid behind the tympanic membrane
- D. Can't be used when ear wax

Answer: A

13. Which of the following statements is true about tympanometry? Final 012

- A. Type A curve indicates fluid in the middle ear
- B. Type C curve represents abnormal compliance or stiffness of the middle ear system
- C. Type A curve lies in the midline
- D. Type B curve represents normal middle ear pressure & compliance
- E. Type A curve lies to the left of the midline

Answer: C

14. In tympanometry, which of the following is true?

- A. An A curve is in the middle
- B. Curve in positive region
- C. B curve in negative
- D. As curve is high
- E. Ad curve is low

Answer: A

15. One will differentiate B curve from other causes:

- A. Absent stapedial reflex
- B. Increased external canal volume
- C. Increased compliance

Answer: B

16. The characteristic finding on audiogram in a patient with presbycusis:

Final 017

- A. Bilateral low-frequency sensorineural hearing loss
- B. Bilateral high-frequency sensorineural hearing loss with a sloping pattern
- C. Bilateral conductive hearing loss
- D. Unilateral sensorineural hearing loss with a flat audiogram
- E. Mixed hearing loss with a predominance of sensorineural component

Answer: B

17. Which of the following is correct about audiogram? Final 011

- A. Otosclerosis is associated with abnormal bone conduction
- B. Sensorineural hearing loss is associated with abnormal air conduction
- C. Conductive hearing loss is associated with abnormal bone conduction
- D. Mixed hearing loss is associated with both abnormalities

Answer: D

18. Patient with Rt. conductive hearing loss and normal Lt. ear, what would you expect him to have when doing Weber and Rinne tests:

- A. Rt. -ve Rinne with Weber lateralization to the Rt

Answer: A

19. In right middle ear pathology Weber's test will be: Final 016

- A. Lateralized to left side
- B. Lateralized to right side
- C. Normal
- D. Centralized
- E. Positive

Answer: B

20. If tuning fork test revealed right Rinne negative, left Rinne positive, & Weber test lateralizes to the right, the patient most likely has:

Final 015&014&010

- A. Left sensorineural hearing loss
- B. Right conductive hearing loss
- C. Normal hearing
- D. Left conductive hearing loss
- E. Right sensorineural hearing loss

Answer: B

21. Hearing tests: patient with Rinne negative on left and positive on right ear. On Weber test, there is localization to the right ear. What is the most likely diagnosis?

- A. Right conductive deafness
- B. Severe left sensorineural deafness
- C. Bilateral conductive deafness
- D. Mixed right hearing loss

- False Negative Rinne-

Answer: B

22. Patient with Rt. ear conductive hearing loss has:

- A. Rt. Rinne +ve
- B. Lt. Rinne -ve
- C. Lateralization to Lt
- D. Lateralization to Lt + Rt. Rinne -ve
- E. Lateralization to Rt + Rt. Rinne -ve

Answer: E

Epistaxis & Nasal Trauma

1. Kiesselbach's plexus receives branches from all except: Final 015&013

- A. Superior labial artery
- B. Anterior ethmoidal artery
- C. Greater palatine artery
- D. Sphenopalatine artery
- E. Posterior ethmoidal artery

Answer: E

2. Woodruff's plexus receives branches from the following vessel: Final 015

- A. Sphenopalatine artery
- B. Greater palatine artery
- C. Superior ethmoidal artery
- D. Superior labial artery
- E. Anterior ethmoidal artery

Answer: A

3. The most common area of epistaxis is: Final 011

- A. Kiesselbach's plexus (Little's area)
- B. Inferior turbinate
- C. Middle turbinate
- D. Woodruff's plexus
- E. Paranasal sinuses

Answer: A

4. Percentage of bleeding from Kiesselbach's plexus in epistaxis:

- A. 50%
- B. 60%
- C. 70%
- D. 80%
- E. 90%

Answer: E

5. Active anterior right epistaxis in a 60-year-old patient in ED, what is the next step: Final 020

- A. Anterior packing
- B. Anterior and posterior packing
- C. Observation
- D. Do a CBC
- E. Electrocautery of the bleeder

Answer: E

6. One is true about epistaxis in children:

- A. Usually caused by foreign bodies
- B. Caused by inflammation and trauma
- C. Caused by tumor and bone destruction
- D. Allergic condition

Answer: B

7. One of these statements about posterior nasal packing is correct: Final 019

- A. Can't be used with anterior packing
- B. Used only for severe cases
- C. Need to monitor for apnea, hypoxia or arrhythmias
- D. Need to monitor for hypocarbia

Answer: C

8. True about posterior packing of the nasal cavity: 018 Final

- A. Posterior packing requires admission & monitoring
- B. It should be the first line treatment
- C. Should not be done with anterior packing

Answer: A

9. Trauma in a child, the next day:

- A. Septal hematoma

Answer: A

10. Which of the following is wrong regarding septal hematoma: Final 017

- A. Mostly unilateral
- B. Treated by aspiration
- C. Between the perichondral cartilage and the mucosa
- D. It's a result of nasal trauma
- E. Drainage of the hematoma is not necessary if it is small in size

Answer: E

11. All of the following are true about nasal trauma EXCEPT: Final 011

- A. Do reduction when the patient presents within 6 hours
- B. If the patient presents after 1 week, we should wait 3–6 weeks before reduction

According to slides... A: 1-2 hours -- B: after 1 week u do reduction, u can't wait longer than 14 days!!

Answer: A&B

12. A case of nasal trauma that developed redness and swelling in the nose, most probably the cause is:

- A. Rhinitis medicamentosa
- B. Allergic rhinitis
- C. Septal hematoma / turbinate hypertrophy
- D. Vasomotor rhinitis

Answer: C

13. In the management of a case of nasal fracture after trauma, one of the following is false:

- A. Correct it after three weeks

Answer: A

Acute & Chronic Rhinosinusitis

1. The most common cause of perennial allergy (+ in Jordan): **Final 012**

- A. Fruit allergy
- B. Egg
- C. Dust mite
- D. Drug
- E. Olive pollens

Answer: C

2. How is vasomotor rhinitis diagnosed? **Final 013**

- A. By skin prick testing
- B. By a complete blood count (CBC)
- C. By imaging studies such as CT scan
- D. By a physical examination
- E. By exclusion of other causes of rhinitis

Answer: E

3. A 40-year-old man with unilateral nasal obstruction and rhinorrhea, what is the next step? **Final 020**

- A. Biopsy
- B. CT of the sinuses
- C. Plan for surgery
- D. Skin prick test
- E. Angiography

Answer: B

4. Which of the following is true regarding vasomotor rhinitis? **Final 017**

- A. Due to malignancy
- B. Allergic
- C. Due to allergic & malignancy
- D. Has two types: eosinophilic & non-eosinophilic
- E. Infection

Answer: D

5. What is the most effective treatment for allergic rhinitis?

Final 020&013

- A. Antibiotics
- B. Antihistamines
- C. Topical decongestants
- D. Oral corticosteroids
- E. Avoidance of the allergen

Answer: E

6. A case of allergic condition who underwent skin prick test & didn't get a reaction to any of the substances: 018 Final

Answer:

There are two key possibilities:

1. The patient is not IgE-sensitized
2. The actual allergen was not included in the test panel

In a patient who clearly has allergic symptoms, option #2 is the correct interpretation. Allergen is not present in the test

7. Regarding atrophic rhinitis, which of the following is not true?

Final 015&013&010

- A. The mainstay in surgical treatment is narrowing or closure of the nasal cavities
- B. The medical treatment consists of peeling of the crusts & lubricants
- C. The patient usually complains of bad odor from the nose (ozena)
- D. The organism most often associated is *Klebsiella ozaenae*
- E. More common in females

Answer: A

8. In atrophic rhinitis the following are present except:

- A. There is enlargement of the nasal cavity
- B. There is crusting and infection
- C. There are polyps in the nose
- D. There is loss of sense of smell
- E. There is bad smell in the nose

Answer: C

9. Most common cause of acute rhinitis:

- A. Allergic rhinitis
- B. Non-allergic rhinitis
- C. Common cold
- D. Influenza

Answer: C

10. What is the cause of rhinitis medicamentosa? Final 013

- A. Bacterial infection
- B. Allergic reaction
- C. Chronic sinusitis
- D. Overuse of nasal decongestants
- E. Environmental irritants

Answer: D

11. The most common cause of rhinosinusitis is: Final 011

- A. Allergic rhinitis
- B. Non-allergic rhinitis
- C. Viral rhinitis
- D. Chronic bacterial rhinitis

Answer: C

12. Which of the following is true about a patient with external nasal infection? Final 017

- A. Cavernous sinus thrombosis is not a possible complication
- B. Furunculosis is not painful
- C. Furunculosis is most commonly streptococcal
- D. The infection is treated by an antibiotic
- E. Topical treatment is the preferred method of treatment for all cases of external nasal infection

Answer: D

13. The most common microorganism causing rhinosinusitis is:

- A. Rhinovirus
- B. Streptococcus
- C. Moraxella
- D. Staphylococcus

Answer: A

14. Which of the following is true about rhinosinusitis? Final 018

- A. Extension to subdural space happens through peri-neural spaces of olfactory nerve
- B. Frontal bone is the most common bone involved in osteomyelitis

Answer: B

**15. The most common cause of acute bacterial rhinosinusitis is
Final 015&010**

- A. Pseudomonas aeruginosa
- B. Streptococcus viridans & Staphylococcus aureus
- C. Proteus & Klebsiella
- D. Streptococcus pneumoniae & Haemophilus influenzae
- E. Staphylococcus aureus & anaerobes

Answer: D

16. Wrong about chronic rhinosinusitis:

- A. Allergic rhinitis
- B. 90% heal

Answer: B

17. What is the first-line antibiotic of choice for the treatment of acute bacterial rhinosinusitis? Final 014

- A. Trimethoprim-sulfamethoxazole
- B. Doxycycline
- C. Levofloxacin
- D. Ceftriaxone
- E. Amoxicillin with clavulanic acid

Answer: E

18. Which of the following statements is NOT true regarding chronic infective rhinosinusitis? Final 014

- A. It is usually caused by bacterial or fungal infections
- B. It may present with nasal congestion or discharge
- C. It may cause a decreased sense of smell or taste
- D. It can present with sneezing or facial pain
- E. It is typically treated with antibiotics and/or surgery

Answer: D

19. One of the following is not from the diagnostic criteria for chronic rhinosinusitis: Final 020

- A. Facial pain
- B. Sneezing
- C. Anosmia
- D. Nasal discharge
- E. Decrease the sense of smell

Answer: B

20. Presentation of nasal tumor:

- A. Nasal obstruction
- B. Bleeding
- C. Anosmia

Answer: A

21. Nasal polyps most commonly originate from: Final 011

- A. Anterior ethmoid sinus
- B. Posterior ethmoid sinus
- C. Maxillary sinus
- D. Sphenoidal sinus

Answer: A

22. Correct about nasal polyps:

- A. You should exclude cystic fibrosis
- B. Most are ethmoidal in origin
- C. Steroid treatment is very effective
- D. 30% of the population
- E. 70% recurrence

Answer: B

23. Which of the following is wrong regarding nasal polyp theory? Final 012

- A. Allergic inflammation is a contributing factor
- B. Chronic infection is the underlying cause
- C. It involves a disturbance of the balance between inflammatory mediators
- D. Genetic predisposition may play a role

Answer: B

24. Antrochoanal polyps most commonly arise from which of the following structures? Final 014&012

- A. Nasal septum
- B. Frontal sinus
- C. Sphenoid sinus
- D. Maxillary sinus
- E. Eustachian tube

Answer: D

25. Which of the following is wrong about antrochoanal polyps? Final 017

- A. They arise from the mucosa of the maxillary sinus
- B. They are usually unilateral
- C. They can turn into a malignant lesion & bleed easily
- D. They can't be treated medically

Answer: C

26. An asthmatic child who has polyps has sensitivity to:

- A. Penicillin
- B. Antihistamine
- C. Tetracycline
- D. Aspirin

Answer: D

27. Which of the following sinuses are present at birth:

- A. Ethmoid and frontal
- B. Ethmoid and maxillary
- C. Maxillary and sphenoid
- D. Sphenoid and frontal

Answer: B

28. Best view for maxillary sinus is:

- A. Water's view

Answer: A

29. The sinus draining in the superior meatus is:

- A. Posterior ethmoidal sinus

Answer: A

30. Which of the following opens in the inferior meatus? Final 011

- A. Nasolacrimal duct
- B. Posterior ethmoidal sinus
- C. Maxillary sinus

Answer: A

31. The most common sinus infected in children:

- A. Ethmoid

Answer: A

32. In a child of 4 years the commonest sinus infection occurs in?

- A. Maxillary sinus
- B. Ethmoidal sinus
- C. Frontal sinus
- D. Sphenoidal sinus

Answer: B

33. Ethmoidal sinusitis is the most common in children and that is because:

- A. Ethmoidal sinuses are the only developed sinuses till the age of 8 years
- B. Ethmoidal sinuses have a very poor drainage system

Answer: A

34. In ethmoiditis, most common complication in children is:

- A. Brain abscess
- B. Osteomyelitis of medial orbital wall
- C. Cavernous sinus thrombosis
- D. Meningitis
- E. Subperiosteal abscess in the orbit

Answer: E

35. A 10-year-old girl presented with pain between the eyes, frontal headache, discharge from the nose, post nasal drip, & high fever. What is the provisional diagnosis? Final 016

- A. Acute sphenoidal sinusitis
- B. Chronic ethmoidal sinusitis
- C. Acute ethmoidal sinusitis
- D. Sphenoidal tumour
- E. Acute frontal sinusitis

Answer: C

36. Acute maxillary sinusitis in children, one of the following is true: Final 020

- A. Dental infection is present in 1 percent of cases
- B. Localized tenderness over the sinus
- C. More common than ethmoiditis in children
- D. Is the sinus infected in periorbital cellulitis

Answer: B

37. Which of the following is true regarding sinusitis? Final 017

- A. Surgery is the first-line treatment for acute infection
- B. Antibiotics are rarely necessary for the treatment of bacterial sinusitis
- C. A patient presenting with acute sinusitis should undergo X-ray, CT, & MRI
- D. Acute sinusitis usually resolves on its own without treatment

Answer: D

38. Which of the following is true regarding pain due to acute sinusitis?

Final 016

- A. It has a diurnal variation
- B. Not associated with otalgia
- C. It is not related to the sinus involved
- D. It is agonizing in open type of sinusitis
- E. Pain killers alone relieve it

Answer: A

39. The most common three causative bacterial agents of acute sinusitis are:

Final 016

- A. Streptococcus pneumoniae, Staphylococcus aureus, & Moraxella catarrhalis
- B. Streptococcus pneumoniae, Haemophilus influenzae, & Moraxella catarrhalis
- C. Streptococcus pneumoniae, Haemophilus influenzae, & anaerobic bacteria
- D. Streptococcus pneumoniae, Haemophilus influenzae, & Staphylococcus aureus
- E. Staphylococcus aureus, Haemophilus influenzae, & Moraxella catarrhalis

Answer: B

40. Fungal sinusitis suggests:

A. Immunodeficiency

Answer: A

41. Sinusitis complications except:

A. Meningitis

B. Temporal lobe abscess

C. Orbital cellulitis

D. Osteomyelitis

E. Cavernous sinus thrombosis

Answer: B

42. Foul discharge from the nose suggests:

A. Foreign body

Answer: A

43. What is the most likely diagnosis in a patient with unilateral foul-smelling discharge from the nose? Final 014

A. Acute sinusitis

B. Nasal polyps

C. Rhinitis medicamentosa

D. Foreign body

E. Allergic rhinitis

Answer: D

44. Which of the following is wrong regarding Wegener's granulomatosis?

Final 018

A. Wegener's granulomatosis is not fatal with no treatment

B. It's a disease of small & medium sized vessels

C. It presents with skin lesions, pulmonary, & renal involvement

Answer: A

Adeno-Tonsillar Disease

1. All of the following are true about adenoids except: Final 017

- A. They Produce IgG
- B. They Produce IgA
- C. They Produce IgD
- D. They Produce IgM
- E. They Are Well-Developed By The Age Of 1 Year

Answer: E

2. Which muscle makes up the posterior pillar of the pharynx? Final 012

- A. Palatoglossus muscle
- B. Palatopharyngeus muscle
- C. Stylopharyngeus muscle
- D. Levator veli palatini muscle
- E. Tensor veli palatini muscle

Answer: B

3. Velopharynx is found in:

- A. Hyponasality
- B. Hypernasality
- C. Adenoids
- D. Nasal obstruction

Answer: B

4. What antibiotic is recommended for the treatment of acute bacterial tonsillitis? Final 014

- A. Penicillin
- B. Doxycycline
- C. Ciprofloxacin
- D. Azithromycin
- E. Vancomycin

Answer: A

5. The most common cause of bacterial tonsillitis: Final 020

- A. H. influenza
- B. Group A beta-hemolytic streptococcus
- C. Staphylococcus

Answer: B

6. In a patient with scarlet fever, you will find on physical examination:

Final 020

- A. Koplik spots
- B. Strawberry tongue and sandpaper rash
- C. Petechial palate
- D. Lymphadenopathy and hepatosplenomegaly

Answer: B

7. A boy 10 years old complained of nasal obstruction, mouth breathing and snoring at night, and thick yellowish nasal discharge, the diagnosis is:

- A. Antrochoanal polyp
- B. Follicular tonsillitis
- C. Adenoiditis
- D. None of the above

Answer: C

8. A patient presented with membranous tonsillitis, he was treated with antibiotics but the condition did not resolve. Physical examination revealed hepatomegaly & splenomegaly. What's the most likely diagnosis? Final 014

- A. Scarlet Fever
- B. Infectious Mononucleosis
- C. Diphtheria
- D. Streptococcal Pharyngitis
- E. Acute Follicular Tonsillitis

Answer: B

9. Clinical Scenario of a Patient with Tonsillitis, Not Improving on Antibiotics, With Rash and Hepatosplenomegaly: Final 019

- A. Infectious mononucleosis
- B. Diphtheria
- C. Vincent Angina

Answer: A

10. A child presents with a high fever, sore throat, and a finding of “strawberry tongue”. Upon examination, the tonsils appear swollen and red. What is the most likely diagnosis? Final 018

- A. Infectious mononucleosis
- B. Scarlet fever
- C. Strep throat

Answer: B

11. The differential diagnosis of acute follicular tonsillitis includes all except: Final 015&010

- A. Infectious mononucleosis
- B. Diphtheria
- C. Vincent’s angina
- D. Sarcoidosis
- E. Acute leukemia

Answer: D

12. Chronic pharyngitis, which is wrong?

- A. It is here indicated to remove the tonsils
- B. Caused by GERD
- C. Posterior pharyngeal lymph nodes

Answer: A

13. What’s true?

- A. Most common cause of tonsillitis is viral
- B. Alpha strep is the most common bacterial cause

Answer: A

14. Which of the following is true about diphtheria? Final 013

- A. It is caused by a virus
- B. It primarily affects the lungs
- C. It is transmitted by fecal-oral route
- D. It is caused by the bacteria *C. diphtheriae*
- E. It is treated with antibiotics alone

Answer: D

15. Which of the following is wrong regarding pharyngitis? Final 012

- A. 20% of cases are due to β -hemolytic streptococcus
- B. Antibiotics decrease the risk of PSGN by 50%
- C. Most patients recover without the use of antibiotics within 3–4 days
- D. Most of the cases are due to viral causes

Answer: B

16. All of the following are true about non-specific pharyngitis except: Final 012&011

- A. Common in smokers
- B. Indicated to do tonsillectomy
- C. GERD is a common cause

Answer: B

17. Which one of the following is true about acute tonsillitis? Final 011

- A. The most common cause is viral infection
- B. The most common cause is alpha-hemolytic streptococcus

Answer: A

18. True about peritonsillar abscess:

- A. Treated mainly by excision and drainage

Answer: A

19. Quinsy is:

- A. Peritonsillar Abscess

Answer: A

20. The treatment of a mature uncomplicated peritonsillar abscess is:

- A. High Doses Of Systemic Antibiotics
- B. Incision, Evacuation, And Systemic Antibiotics
- C. Emergency Tonsillectomy
- D. Aspiration And Systemic Antibiotics
- E. Incision And Evacuation

Answer: B

21. Treatment of parapharyngeal abscess:

- A. External Drainage And Antibiotics
- B. Transoral Drainage And Antibiotics

Answer: A

22. Absolute indication of tonsillectomy: Final 020&017&016

- A. Chronic Tonsillitis
- B. Obstructive Sleep Apnea
- C. Glossopharyngeal Neurectomy
- D. Rheumatic Fever
- E. Diphtheria Carrier

Answer: B

23. One Of These Is the Cause of Strict Indications for tonsillectomy in Children: Final 019

- A. High risk of post-op bleeding
- B. Difficulty breathing
- C. Losing weight
- D. Increased infections post tonsillectomy
- E. Risk of decreased immunity

Answer: A

24. All are indications of tonsillectomy except:

- A. Chronic tonsillitis
- B. Peritonsillar abscess
- C. Recurrent ear infection
- D. Hypertrophy causing mechanical obstruction of breathing and swallowing

Answer: C

25. Not an indication of adenoidectomy? Final 018

- A. Presence of cleft palate
- B. Child older than 10 years
- C. Gothic palate
- D. Sleep apnea
- E. Nasal obstruction

Answer: A

26. All of the following are early complications of tonsillectomy except:

Final 017

- A. Primary Bleeding
- B. Dental Damage
- C. Temporomandibular Joint Dislocation
- D. Secondary Bleeding
- E. Injury to the Uvula

Answer: D

Stridor & Tracheostomy

1. All of the following are causes of congenital stridor except: Final 017

- A. Epiglottitis
- B. Laryngomalacia
- C. Laryngeal Webs
- D. Vocal Cord Paralysis
- E. Subglottic Stenosis

Answer: A

2. Which of the following causes biphasic stridor? Final 012

- A. Laryngeal web
- B. Tracheomalacia
- C. Croup
- D. Laryngomalacia
- E. Paradoxical vocal cord motion

Answer: A

3. What is the imaging of choice for laryngocele? Final 013

- A. Magnetic resonance imaging
- B. Computed tomography scan
- C. X-ray with Valsalva maneuver
- D. Ultrasound
- E. Positron emission tomography scan

Answer: B

4. What is the most likely diagnosis in a child with an Omega-shaped epiglottis & stridor? Final 014

- A. Laryngomalacia
- B. Tracheomalacia
- C. Epiglottitis
- D. Croup
- E. Vocal Cord Paralysis

Answer: A

5. Which of the following will not lead to stridor?

- A. Glottic tumor
- B. Acute laryngitis
- C. Laryngoedema
- D. All of the above

Answer: D

6. Most common cause of infant stridor:

- A. Laryngomalacia
- B. Laryngeal web

Answer: A

7. Regarding stridor all are correct except:

- A. Stridor laryngismus is associated with pyrexia
- B. Laryngomalacia is associated with good prognosis

Answer: A

8. A Newborn Baby Presented with Weak Cry & Hoarseness, The Most Probable Diagnosis Is: Final 016

- A. Vocal Cord Palsy
- B. Laryngomalacia
- C. Subglottic Stenosis
- D. Subglottic Hemangioma
- E. Tracheomalacia

Answer: A

9. What is the most common cause of unilateral vocal cord paralysis? Final 013

- A. Neck trauma
- B. Viral infection
- C. Autoimmune disease
- D. Thyroid surgery
- E. Idiopathic

Answer: D

10. The most common cause for vocal cord paralysis is:

- A. Malignancy in the neck or chest
- B. Surgical Trauma

Answer: B

11. One of the following will cause bilateral vocal cord paralysis:

- A. Ca Left Bronchus
- B. Cardiac Enlargement
- C. Ca Upper Esophagus
- D. Nasopharyngeal Ca
- E. Ca Lung

Answer: C

12. An infant who is having an inspiratory stridor is supposed to have a lesion in one of the following sites:

- A. Glottic Or Supraglottic
- B. Tracheal
- C. Bronchial
- D. Alveolar
- E. Lung Cavity

Answer: A

13. A child with fever, stridor and dysphagia. The most likely diagnosis is:

- A. Acute Laryngitis
- B. Acute Epiglottitis
- C. Foreign Body
- D. Laryngomalacia

Answer: B

14. A child represented to you with acute onset of cyanosis, respiratory distress. What is your diagnosis?

- A. F.B. aspiration
- B. Adenoid tonsillitis

Answer: A

15. About laryngeal trauma, which is true:

- A. Priority Is to Secure Airway
- B. Very Common
- C. Cartilage Framework Doesn't Fracture

Answer: A

16. Concerning treatment of acute laryngotracheobronchitis, one is false:

Final 015&013&010

- A. Oxygen
- B. Sedation
- C. Antibiotic
- D. Corticosteroids
- E. Humidification

It's a viral disease, why need antibiotics?

Answer: C

17. Which of the following is not a part of the management of mild stridor?

Final 013

- A. Observation
- B. Oxygen therapy
- C. Tracheostomy
- D. Bronchodilators
- E. Steroids

Answer: C

18. Which of the following is true about Ludwig's angina? Final 013

- A. It is a viral infection
- B. It is a type of fungal infection
- C. It commonly affects the lungs
- D. It is a potentially life-threatening condition & may require tracheostomy
- E. It can be treated with antibiotics alone

Answer: D

19. Not an indication for tracheostomy:

A. Severe upper lung atelectasis

Answer: A

20. Tracheostomy is done for the following causes except:

A. Obstructing mass in the larynx

B. Bilateral Paralysis of The Abductor Muscles in The Larynx

C. Unilateral Paralysis of The Vocal Cords

D. Aspiration Occurring Due To Paralysis of The Pharynx and Larynx

Answer: C

21. Tracheostomy is done in all except:

A. Unilateral Recurrent Laryngeal Nerve Affection

B. Complicated Abdominal or Thoracic Surgery

C. Laryngeal Tumor

D. Chronic COPD

Answer: A

Neck Masses

1. The most common congenital neck mass is: Final 015

- A. Second branchial cleft cyst
- B. Dermoid
- C. Hemangioma
- D. Delphian lymph node
- E. Thyroglossal duct cyst

Answer: E

2. Swelling of the midline of the neck could be due to all of the following except: Final 015

- A. Lymph node enlargement
- B. Thyroglossal cyst
- C. Thyroid gland enlargement
- D. Branchial cyst
- E. Dermoid cyst

Answer: D

3. Which of the following is true about dermoid cyst? Final 015

- A. Tender on palpation
- B. Rapidly progressive
- C. Rubbery in consistency
- D. FNA is essential for diagnosis
- E. Movable from side to side

Answer: E

4. Which of the following is not a median neck mass? Final 013&012&011

- A. Thyroglossal duct cyst
- B. Dermoid
- C. Thymic cyst
- D. Branchial cleft cyst
- E. Thyroid gland

Answer: D

5. Carotid body tumor wrong:

- A. Highly vascular
- B. We must do biopsy for diagnosis

Answer: B

6. Malignant parotid gland tumor with the best prognosis is:

- A. Squamous Cell Carcinoma
- B. Mixed Malignant Tumor
- C. Mucoepidermoid

Answer: C

7. 10 years old boy with recurrent intractable epistaxis, the most important to rule out is:

- A. Angiofibroma

Answer: A

8. Dx of nasopharynx angiofibroma by:

- A. MRI
- B. CT
- C. Angiography

Answer: B

9. The treatment of choice for angiofibroma:

- A. Embolisation
- B. Chemotherapy
- C. Surgery
- D. Radiotherapy

Answer: C

Head and Neck Oncology

1. What is the most common presenting symptom of nasopharyngeal carcinoma? **Final 020&013&012&011**

- A. Epistaxis
- B. Trismus
- C. Dysphagia
- D. Neck mass or cervical lymphadenopathy
- E. Otitis media with effusion

All are symptoms , look always for the commonest out of the choices (Slide 52)

Answer: D

2. What is the first presentation of nasopharyngeal carcinoma?

Final 019&018&013

- A. Epistaxis
- B. Rhinorrhea
- C. Headache
- D. Neck mass (Unilateral or bilateral cervical lymphadenopathy)
- E. Hearing loss

Answer: D

3. The most common cranial nerve palsy associated with NPC is: **Final 018**

- A. Maxillary nerve
- B. Abducens nerve
- C. Hypoglossal nerve
- D. Accessory nerve
- E. Olfactory nerve

Answer: B

4. The most common site of nasopharyngeal carcinoma is: **Final 015**

- A. Rosenmuller fossa
- B. Torus tuberosus
- C. Eustachian tube
- D. Posterior nasal septum
- E. Inferior turbinate

Answer: A

5. Rosenmuller fossa is the most common site for which of the following?

Final 012

- A. Parotid gland tumour
- B. Oropharyngeal carcinoma
- C. Acoustic neuroma
- D. Nasopharyngeal carcinoma
- E. Hypopharyngeal cancer

Answer: D

6. A 66-Year-Old Man Presents With A 2-Month History Of Neck Swelling In The Right Posterior Triangle With Associated Hearing Loss In The Right Ear. What Is The Likely Diagnosis: Final 017&016

- A. Parotid Tumour
- B. Lymphoma
- C. Metastatic Lymph Node From A Nasopharyngeal Carcinoma
- D. Metastatic Lymph Node From An Oropharyngeal Carcinoma
- E. Lipoma

Answer: C

7. A patient who received radiation therapy to the nasopharynx and neck years ago may go on to develop:

- A. Choanal Polyp
- B. Choanal Atresia
- C. Loss Of Taste
- D. Thyroid Carcinoma
- E. Neurologic Tumors

Answer: D

8. The first presentation of nasopharyngeal cancer could be (Out of these):

- A. Diplopia
- B. Nasal obstruction
- C. Secretory otitis media
- D. Epistaxis

Answer: C

9. A male of 50 years old presented with a hard mass in the left side of the neck, left bloody nasal discharge with gradual left nasal obstruction and blockage of the left ear, the diagnosis could be:

- A. Acute Left Maxillary Sinusitis
- B. Infected Nasal Polyposis
- C. Carcinoma Of The Post Nasal Space
- D. Chordoma Of The Post Nasal Space
- E. Infected Chordoma Of The Post Nasal Space

Answer: C

10. Unilateral OME in adults raises suspicion of which of the following?

Final 014

- A. Parotid gland tumour
- B. Oropharyngeal carcinoma
- C. Acoustic neuroma
- D. Nasopharyngeal carcinoma
- E. Hypopharyngeal cancer

Answer: D

11. True about pharyngeal tumors:

- A. Second most common is lymphoma
- B. Usual treatment is radiotherapy

Answer: B

12. Nasopharyngeal cancer, all except:

- A. Earliest Manifestation Is Lymph Node Enlargement In The Neck
- B. Nasal Blockage And Epistaxis Are Of The Earliest Manifestations

Answer: B

13 Most common cancer metastasizes cervical lymph nodes:

- A. Nasopharyngeal carcinoma

Answer: A

14. The most common primary malignant tumor of the neck is: Final 013&010

- A. Adenocarcinoma
- B. Sarcoma
- C. Squamous cell carcinoma
- D. Lymphoma
- E. Melanoma

Answer: C

15. Which of the following is NOT a hidden primary tumor of SCC of head and neck? Final 020

- A. Supraglottic larynx
- B. Vocal cords
- C. Tonsils
- D. Piriform fossa
- E. Tongue

Answer: B

16. One Of These Options Is NOT A Hidden Primary Location For Head & Neck Squamous Cell Carcinoma: Final 019

- A. Base of tongue
- B. Vocal cords
- C. Glottis

Answer: B

17. FNA For Neck Mass Showed Metastatic SCC, What Is The Most Appropriate Next Step? Final 019

- A. Pan-endoscopy to find the primary tumor
- B. Radical neck dissection
- C. Chemotherapy or radiotherapy

Answer: A

18. The major function of the larynx:

- A. Protection Of The Lung

Answer: A

19. A patient presented with dysphagia & referred otalgia, laryngoscopy is done to rule out which of the following conditions? Final 014

- A. Hypopharyngeal Tumour
- B. Nasopharyngeal Carcinoma
- C. Oropharyngeal Carcinoma
- D. Vocal Cord Paralysis
- E. Laryngitis

Answer: A

20. What is the most common presentation of glottic tumours? Final 014

- A. Dysphagia
- B. Odynophagia
- C. Hemoptysis
- D. Hoarseness
- E. Stridor

Answer: D

21. The earliest sign of supraglottic tumors:

- A. Neck mass
- B. Cough
- C. Lymph nodes
- D. Dysphagia
- E. Hoarseness

Answer: D

22. Glottis cancer stage T1b corresponds to:

- A. Tumor Restricted To Anterior Commissure
- B. Tumor Restricted To Arytenoids Process
- C. Fixed Vocal Cords
- D. Tumor Extending To Subglottic Area
- E. Tumor Involving Both Vocal Cords

Answer: E

23. T2 Glottic tumor is equivalent to:

- A. Tumor confined to one vocal cord only
- B. Tumor extending to subglottic or epiglottic area
- C. Tumor involving bilateral fixed cord

Answer: B

24. Laryngeal tumors all except :

- A. 45% Of History Of Neck Tumors
- B. Glottis Tumor First Present With Hoarseness Of Voice
- C. Vocal Cord Tumors Commonly Have Deep Cervical Lymph Nodes
- D. Tobacco Is One Of The Causes Of Laryngeal Tumors

Answer: C

25. Which isn't true about laryngeal tumors:

- A. Juvenile Papilloma Is The Most Common Benign Tumor In Children
- B. Diagnosis Is By Direct Laryngoscopy
- C. Presents With Hoarseness
- D. More In Older Smoker Males

Answer: B

26. Singer's node is present in:

- A. Vocal cords
- B. Anterior commissure
- C. Posterior commissure

Answer: A

27. Which tumor is most likely to present early:

- A. Voluculae
- B. Vocal cord
- C. Fossa of Rosenmuller

Answer: B

28. All of the following tumors could remain silent except: Final 012&011

- A. Vocal cord tumours
- B. Piriform fossa tumours
- C. Esophageal tumours

Answer: A

29. Best prognosis tumour: Final 012

Answer:

Vocal cord tumours

30. Metastasis to the cervical lymph nodes are most commonly from: Final 013

Answer:

Tonsils

31. Most common oral cavity tumor:

- A. Valleculum
- B. Tonsils
- C. Base of tongue

Answer: C

32. Early tumor of pyriform fossa will give rise to:

- A. Hoarseness Of Voice
- B. Aspiration
- C. Neck Pain
- D. Referred Otagia
- E. Dysphagia

Answer: D

33. A cautionary measure in management of a mass in the foramen caecum is:

- A. Obtain Tomogram
- B. Request T3 And T4
- C. Inject Iodized Oil
- D. Perform Tracheostomy
- E. Request Thyroid Scan

Answer: E

34. 60-year-old with regurgitation of food, diagnosis?

A. Zenker

Answer: A

35. Foreign body in esophagus, correct:

- A. Fish bone is most common
- B. Mediastinitis is the most fatal complication
- C. Lower esophagus is the most common site

Answer: B

36. Associated with esophageal reflux except:

- A. Heartburn is a late presentation
- B. Risk factor for laryngeal carcinoma
- C. Anterior laryngeal not posterior

Answer: C

37. Advantage of FNA over biopsy:

- A. Safety
- B. Cost
- C. Simplicity
- D. Reliability

According to Dr.Amer: B , according to AI: A

Answer: B

38. All about Bell's palsy true except:

- A. Unknown Origin
- B. Pain Is Found
- C. Usual Treatment Is Surgery

Answer: C

39. The superficial great petrosal nerve contains:

- A. Secretory Preganglionic Parasympathetic Fibers

Answer: A

40. What is true about Eustachian tube (anatomy)?

- A. Opens in the lateral third of the oropharynx
- B. Opens by the action of levator palati muscle
- C. Wider in adults than children
- D. Is 2.5 cm in length
- E. All of the above are correct

Answer: D

41. The treatment of choice for a patient with cancer of the superior part of the maxillary sinus is:

- A. Total maxillectomy
- B. Radiotherapy
- C. Total maxillectomy and removal of the orbit
- D. B + C

Answer: D

تم بحمد الله

إن أصبنا فمن الله وإن أخطأنا فمن أنفسنا

بالتوفيق جميعاً، لا تنسونا من صالح دعائكم