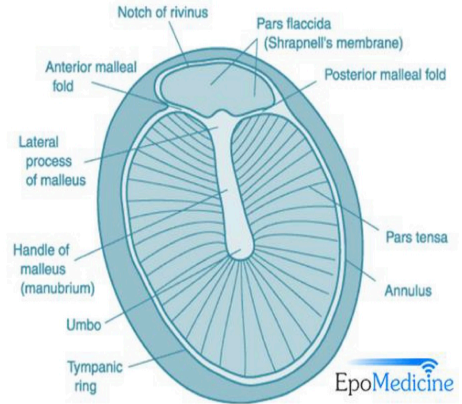
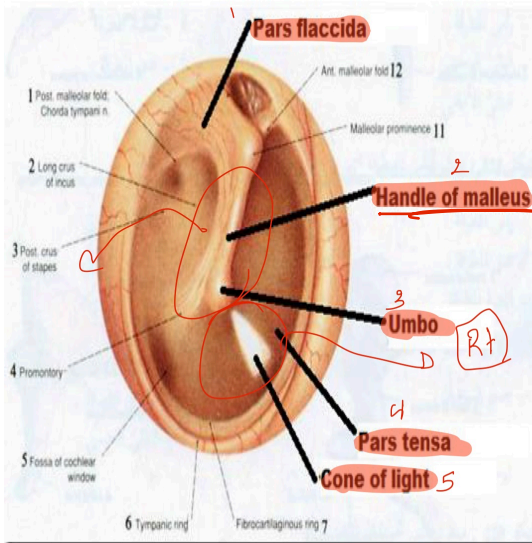


/

Ear

Tympanic membrane



Question#1

Name the structures :

- 1) Handle of malleus
- 2) Umbo
- 3) Cone of light

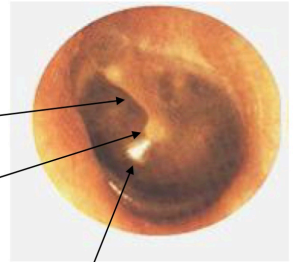
handle of
malleus
Umbo

1

2

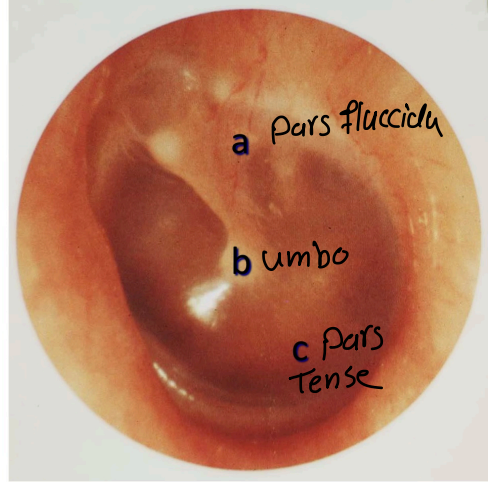
3

Cone of light



Question 2

- A) What is (a)? Pars flaccida
- B) What is (b)? Handle of Malleus (Umbo)
- C) What is (c)? Pars tensa



- Mention the names of the 3 ossicles found in the middle ear.

Uncus, malleus, stapes

2

1

3

1-uncus
2. malleus
3-Stapes

2

Otitis Externa

Otitis Externa

1. wax
2. B → 1. A
3. f → Otomycosis
4. U → H₂Z
5. Eczema

1. Impacted wax ✓

2. Bacterial : ✓

- Acute Otitis Externa (Furunculosis, staph aureus) (severe pain)

- Malignant otitis externa (pseudomonas aeruginosa)

✓ 3. Fungal : Otomycosis / (painless, itchy)

* Aspergellois — black dots

* candidiasis — white

✓ 4. Viral

* h. simplex — vesicles in TM (Myringitis)

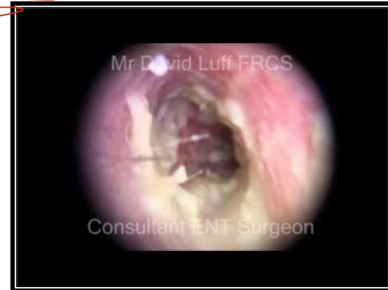
* H. zoster — Ramsay Hunt syndrome (vesicles, ear pain, facial palsy)

✓ 5. Eczematous

Q1: history of a 20 year old male with 3 days history of otorrhea, ear pain.

- **What is your diagnosis?** Acute Otitis externa ✓
- **What is the most common microorganism?**
staph. aureus ✓
- **Give one risk factor?**
Swimming/DM/Immunocompromised
- **2 treatment?**
 - 1 -aural toilet
 - 2 -local antibiotics
 - 3 -analgesics

Aural toilet : an outpatient procedure where the ENT surgeon clears wax, debris or foreign bodies from the ear canal.



Q2. a case of malignant (necrotizing) otitis externa (the dx is written in the question already)

-what's the micro organism causing this ?

pseudomonas aeruginosa

-name two complications ?

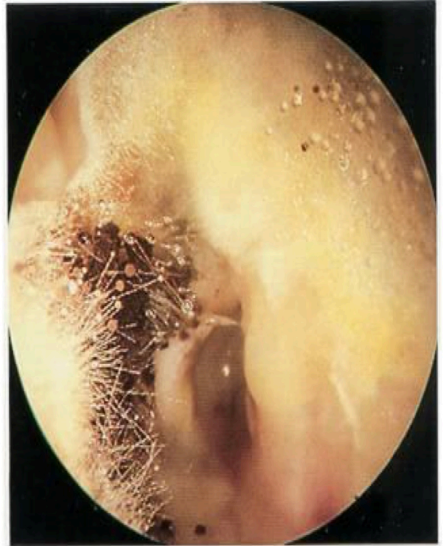
1 lower CN⁷ palsies = Bell's Palsy

2 systemic infx

⊕ Sensorineural
HL

Q3.Ear itching, discharge, ... etc

- Dx ?
- Otomycosis
- Causing MO ?
- Aspergillus niger
- Occur in ?
 - 1 • Immunocompromised patients (DM)
 - 2 • Public Swimming pool users.
 - 3 • Secondary to bacterial infection



Q5

This patient presented with ear itching

1. What is your diagnosis? *otomycosis / fungal otitis externa*

2. What's your treatment (2 points) *Aural toilet
Topical antifungal*

3. What's the most likely causative organism?

Aspergillus



Q7:

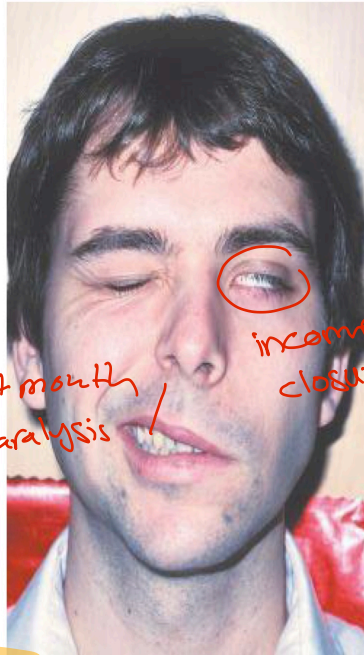
This patient had RTA, and had trauma to the temporal bone and complains of decreasing in hearing:

-Mention one findings. rt. mouth deviation / ft. mouth

-What investigation would you like to order? CT / x-Ray

-Mention 2 other causes for this condition. Bell's palsy

Ramsay-Hunt syndrome



Q8

50 year old male medically free, had ear pain and discharge and on examination he had some vesicles grouped near his ear , and this picture

1-name this syndrome. *Ramsay Hunt Syndrome*

2-name the organism responsible for this syndrome. *varicella zoster virus*

3-how do you treat .

4-in which side is the palsy. *→ Rt*

- 1- corneal protection
- 2- oral steroid
- 3- oral antiviral



Q9

- **Pic and case – easy diagnosis Ramsey Hunt Syndrome**

- - What is your diagnosis *Ramsey hunt syndrome*

- - Organism?

Varicella zoster

- - 1 complication?

Permanent hearing loss and facial weakness

Q.10-what's your dx?

Left side Facial palsy

-name two diseases that
can cause this ?

①

Ramsay hunt syndrome, ✓

② MS, ✓

temporal bone fx, ✓

③

mastoiditis ✓

④



- Q11. A patient with left facial palsy
 - 1-what is this (mention the side)
 - 2-treatment if no underlying cause was found?

Steroid

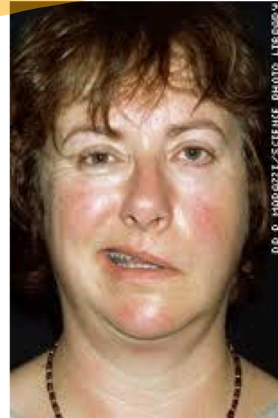
Q11

- What is ur diagnosis? *Facial*
(mentioning the side is IMP
/left in this Pic)

- Mention 3 ENT causes ?

Mastoiditis, ramsay hunt, temporal bone fracture

Facial palsy in the Lf. Side





- Q12. What is your diagnose and which side is affected here? *Facial Palsy in the Rt. Side*
- Mention two diseases of the ear could lead to this.
 - 1- Ramsay Hunt Syndrome*
 - 2- mastoiditis*

Question #13

1. What's your diagnosis? Auricular hemorrhage
2. Mention 1 way for treating it. incision and drainage
3. Mention 1 complication if left untreated.



↓ cauliflower ear

Q14

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

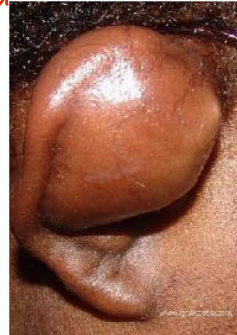
1) What is your diagnosis *hematoma* *auricular hemorrhage*

2) Mention 2 options for the

Treatment *incision and drainage* / *needle aspiration*

3) Mention 1 complication

cauliflower ear



Q15

A 25 year old presented to the ER after a struggle with this picture.

1. What's your diagnosis?
2. What's your treatment?
3. Give 2 complications if it's left untreated.

1. Cauliflower
2. infection

3. abscess



Q16

1- What is the diagnosis? *Perichondritis*

-Give 2 causes. *Trauma
mastoid surgery
ear piercing*

-Give one complication.

*Spread of infection to the ear
cartilage [Chondritis]*



- Q17) A history of patient coming to ER with trauma

- 1 - Diagnosis.
- 2 - One Complication.
- 3 - 2 lines of treatment

Answers

- 1 subperichondrial hematoma.
- 2 - Infection and abscess formation
- 3 - evacuation, IV antibiotic

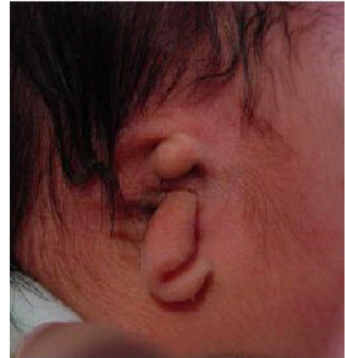


Q18

- 2 years old child, saying only Dada, Mama

- 1) What you can see?
- 2) Mention 1 test you want to do for this pt
- 3) What is the treatment?

- 1 Microtia
- 2 ABR: auditory brainstem Response test?
kidney US?
- 3 Reconstruction of external ear

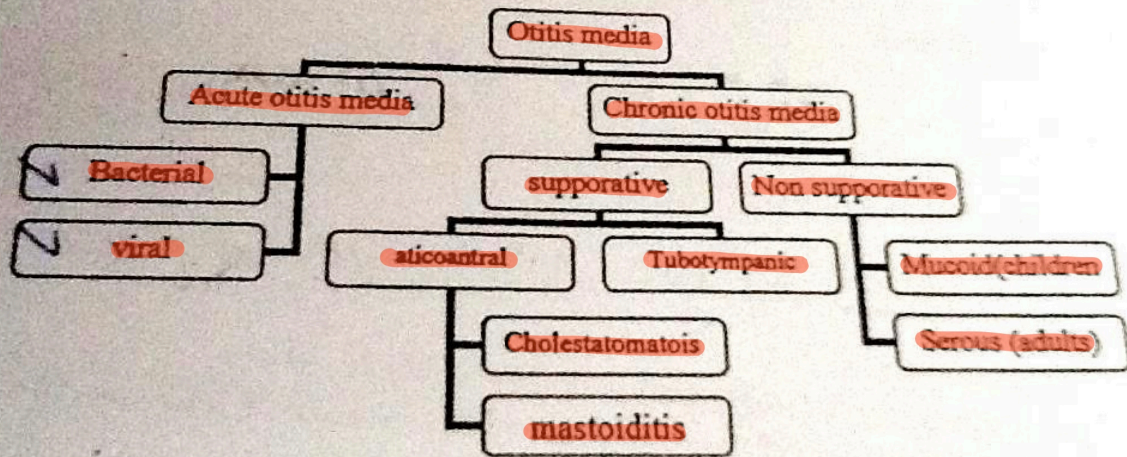


- Q19
- 1)what is the diagnosis? **otitis externa**
- 2)What is the treatment?
 1. aural toilet
 2. oral antibiotics



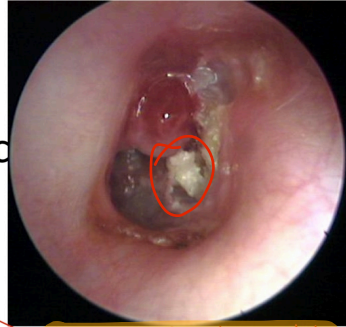
3

Otitis Media



Question#1

Patient presented with ear symptoms (I can't remember them :S) and the following picture examination :



1) what's your diagnosis ?

2) Treatment ? → Surgical removal of cholesteatoma and antibiotics

Chronic suppurative otitis media [tympanic type]

3) Complications ?

↓
1. Facial palsy
2. Brain abscess

3. meningitis
4. cavernous sinus thrombosis

1. Perforation
2. Labyrinthitis

Chronic Suppurative Otitis Media

Q2:

-what is the diagnosis?

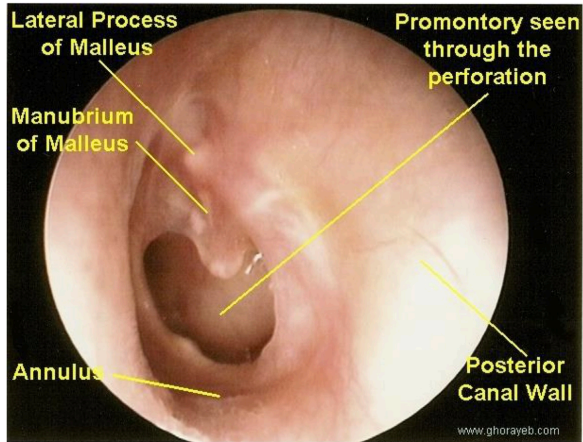
-What is treatment?

-What the type of hearing you expect to find? *conductive HL*

-What is the 2 most common microorganism that cause this condition?
1. Pseudomonas aeruginosa
2. Staphylococcus aureus

→ Tympanoplasty

1. aural toilet
2. oral antibiotic
3. Topical antibiotic



- Q3)A picture of perforated tympanic membrane for patient with chronic ear pain and discharge

- Diagnosis?

Chronic suppurative otitis media ✓

- Treatment?

tympanoplasty ✓

Q4

History of patient with 10 years Hx of ear discharge , atic perforation ,.....

- What is your diagnosis ? Chronic suppurative otitis media
- Mention 2 complications? 1. labyrinthitis 2. intracranial abscess 3. Petrositis
- What is your treatment? 1. local antibiotic 2. aural toilet 3. local steroid → to control granulation tissue

Q5

- A patient with right ear discharge and hearing loss for 10 yrs

Mention 4 complication (and
OM complication)

Treatment:

Aural toilet and proper antibiotic

② Myringoplasty

①

Aural toilet and proper antibiotic

③



meningitis
abscess
facial nerve palsy
petrositis

info

- **Glue ear** is a common childhood condition in which the middle ear becomes filled with fluid. The medical term for glue ear is **otitis media with effusion (OME)**
- (also known as secretory otitis media, **otitis media with effusion**, or **serious otitis media**)
- The most common cause in children is **enlarged Adenoid.**

- Q 6...
- 1)what is ur diagnosis?
secretory otitis media ✓
- 2)Give a predisposing factor? **Adenoid hypertrophy**



- Q7) A picture of tympanic membrane (intact) with History of adenoid hypertrophy and ear pain

1-diagnosis?

Otitis media with effusion

2-treatment ?

myringotomy, grommet tubes, adenoidectomy

①

②

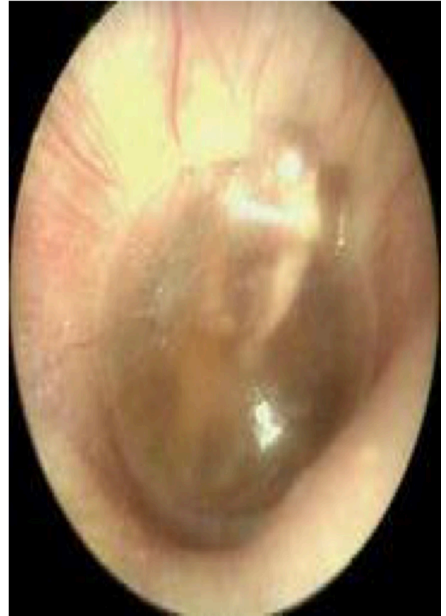
③

- Q8) A 4 year old child presented with history of hearing loss and fullness of 1 month duration.

- 1 - What is the diagnosis?
- 2 - What is the main line of treatment?
- 3 - Mention 2 predisposing conditions?

Answers

- 1 - Glue ear
- 2 - Antihistamine, nasal decongestant, nasal spray (steroid)
- 3 - Adenoid hypertrophy, Eustachian tube dysfunction



Q10. History of ear fullness and decrease in hearing for 5 months

- 1) What is your diagnosis ? **OME** *→ otitis media effusion
→ secretory otitis media
→ Glue ear*

2) What is the treatment ?

Myringotomy with ventilation tube

①

②

↓
grommets tube



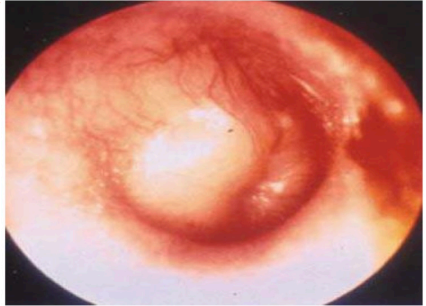
Question #9

- There was a history showing that it's Acute (3 days) & that it's bacterial.

Step 2

Acute otitis media

1. What's your diagnosis?
2. What's the most common microorganism causing this?
3. Mention 3 extracranial complications.



1. Acute mastoiditis ✓

2. Facial palsy ✓

3. Petrositis ✓

- Q...
- 1)what is ur diagnosis? **Acute otitis media** ✓
- 2)what is the best treatment?
 1. aural toilet ✓
 2. Steroid ✓
 3. Antibiotic ✓



Q11. Ear pushing downward and forward with fever ..

Etc >>> Mastoiditis

- Rx ?

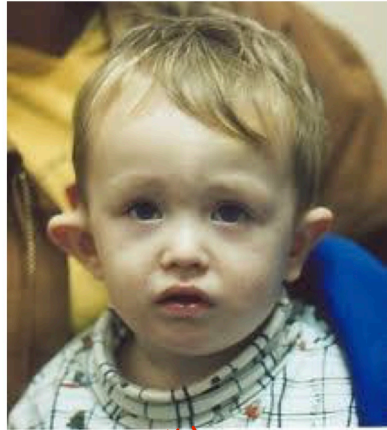
- 1 antibiotics ✓

- 2 mastoidectomy... ✓

- 1 extracranial complication?

- ① osteomyelitis, and
② abscesses deep within the neck

- ③ Facial palsy



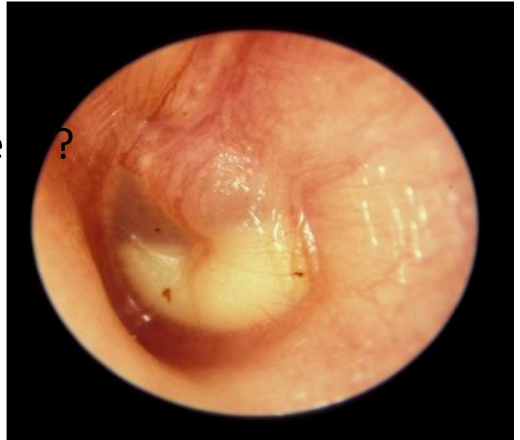
1- osteomyelitis
2- neck abscess
3- facial palsy

Q12. A 5 year old child with fever and earache 3 days ago

*acute
otitis
media*

- 1) Mention 3 possible complications ? (1)
Subdural (2)
abscess, epidural abscess, lateral sinus (3)
thrombosis, meningitis, facial nerve palsy, (5)
(6) mastoiditis, etc. (4)

- 2) What is the best treatment ?
antibiotics



Question#13

I can't remember the history ! But
It's obvious from the picture :



- 1) what's your diagnosis ? **Mastoiditis** ✓
- 2) Treatment ? **IV Antibiotics + mastoidectomy**
- 1) 3) Complications ? **Facial palsy** ①
- ② **brain abscess**
- ③ **petrositis**

Q14. tympanosclerosis: calcification
of tissues in the middle ear

- you did otoscope examination and you find this picture.

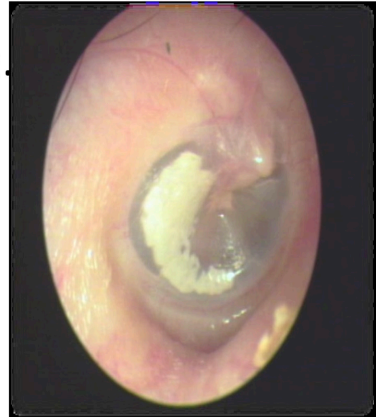
1-What is this. tympanosclerosis ✓

2-give 3 causes for this condition.

A-grommet insertion. ✓

B-perforation. ✓

C-infection ✓



Q15

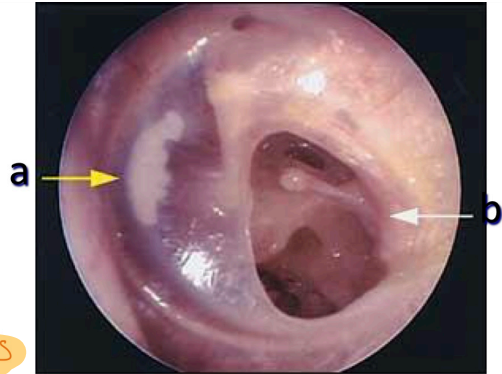
- Pic of **Tympanosclerosis**
- - diagnosis?
- - 2 predisposing factors

① glue ear

② Insertion of a tympanostomy tube → Grommet tube

Question 16

This is the exact same picture we had in the exam



- A) What is (a)? Tympanosclerosis
- B) What is (b)? Tympanic membrane perforation
- C) What is the treatment of (b)? Tympanoplasty

4

Inner ear

Vertigo

Benign paroxysmal positional
Vertigo

- In inner ear

1. BPPV (no effect on hear, self limiting, reassurance, attack last few seconds)
2. Meniere's disease (vertigo, sensorineural hearing loss, tinnitus, N+V) / attack last few hours
3. Labyrinthitis

- In the nerve itself

1. Acoustic neuroma

2. Vestibularitis by URTI, no hearing loss, it is reassurance

upper respiratory
tract infection

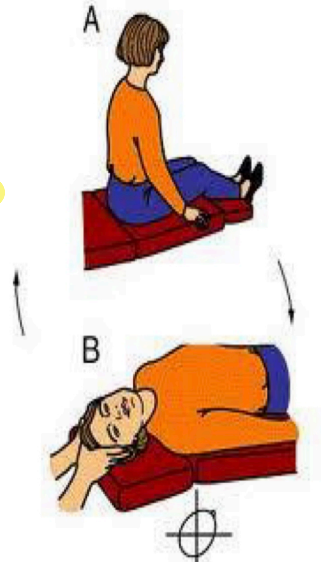
Question#1

Patient complained of dizziness for few seconds initiated by movement of the head.

- 1) what's your diagnosis ? BPPV (benign paroxysmal positional vertigo) ✓
- 2) Test to confirm your diagnosis ? Dix-hall pike test
- 3) The maneuver we use to treat such condition. Epley maneuver

Q2

- Hx suggestive of BPPV.....
- What is your diagnosis ? BPPV
- What is name of this test? Dix-hall pike test



Q3

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

1) What is your diagnosis? BPPV

2) What the name of this maneuver? Epley maneuver

1) What is the treatment?

Canalith Repositioning Procedures [CRP]

x Epley maneuver



Q4: patient with history with aural fullness, vertigo, hearing loss.

- **What is your diagnosis?** meniere's disease
- **Give 2 examples of peripheral vertigo?** BPPV, labyrinthitis 2
- **Two methods of treatment?**
 - 1 - low salt diet
 - 2 - diuretics
 - 3 - B-Histidine (B-Serc)
 - 4 - Anti-emetic
 - 5 - surgery

Q.5

a patient had a meniere's disease

name the three symptoms he will have ?

Hearing loss^①, tinnitus^②, vertigo^③

what's the name of the procedure used to treat BPPV. → CRP

Epley's maneuver

Q6

- **Menniere's triad**

Vertigo 1

Hearing loss 2

Tinnitus 3

Q7. Hearing loss for 20 minutes + vertigo + tinnitus ... etc

- What is the type of hearing loss ?

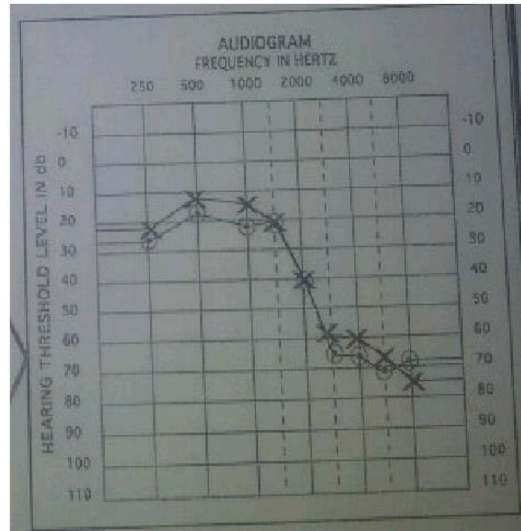
• **Sensorineural**

- What's the cause ?

• **Meniere**

- Rx?

- ¹ Low salt diet, ² diuritics, ³ b-histidine, antivertigo & antiemetic .. etc. ⁴



Question#8

According to this diagram :

- 1) What's the name of the test used ? PTA (pure tone audiometry) ✓
- 2) what's the type of hearing loss ? Conductive hearing loss (Air-bone gap > 10)
- 3) Give two causes? Otitis media with effusion ^①,
otitis externa ^②



Question #9

1. What's the name of this test?

pure tone audiometry

2. What's the type of hearing loss?

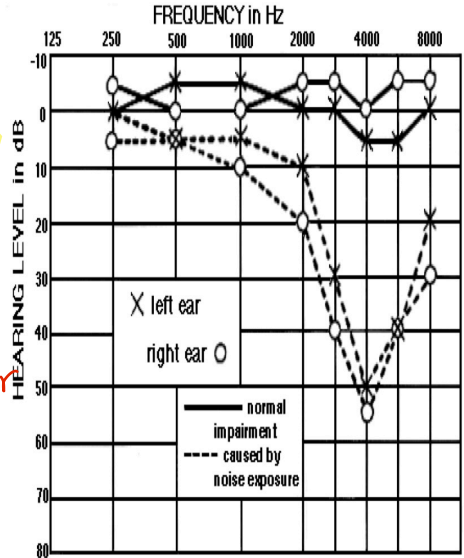
sensorineural hearing loss

3. Mention 2 differential diagnoses.

1- noise-induced hearing loss

2- presbycusis

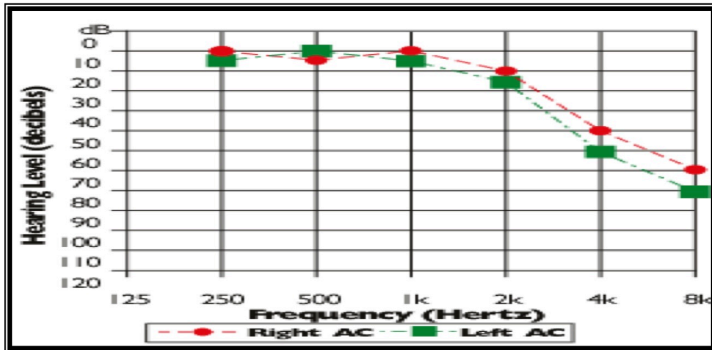
ramsay herman's virus

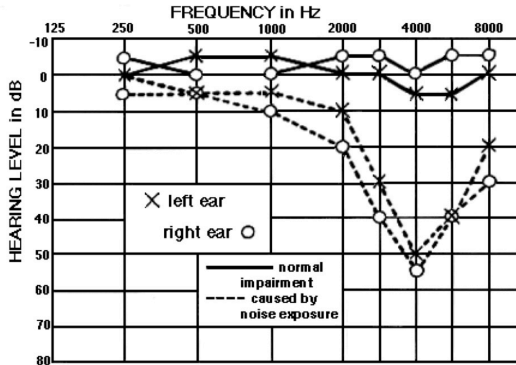


Q10: 50 year old male presented with a history of gradual hearing loss without any other findings and sent for PTA the result as you see.

pre sbycusis

- **1.what is your Dx? SNHL (Presbycusis)**
- **2.what is the result of weber test? Centralized**
- **3.what is the result of rinne test? + ve**





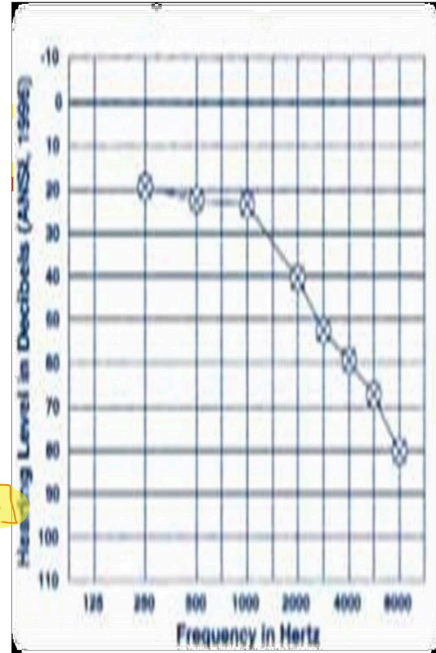
→ Sensorineural hearing loss

- What is your diagnose? (**Presbycusis**)
- What is the name of this test? (**Audiometry**)
- How will you treat this patient? (**Hearing aid**)

→ Pure tone audiometry

Q11

- 75 year old is complaining from bilateral progressive hearing loss and his audiogram showed this .
- 1-what is the most likely cause. *Aging [presbycusis]*
- 2-how do you treat . *Hearing aid*

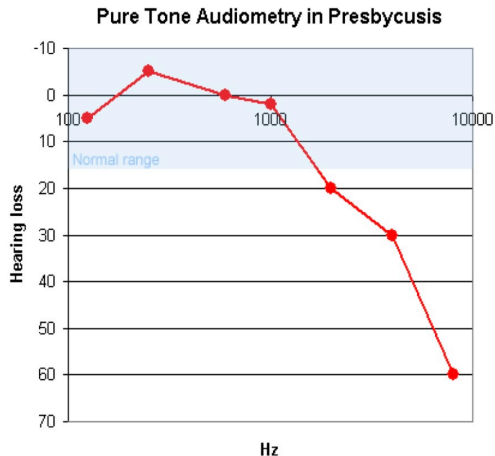


- Q12

- What is the diagnosis?

- (sensorineural hearing loss).... (presbycusis)

↓
aging



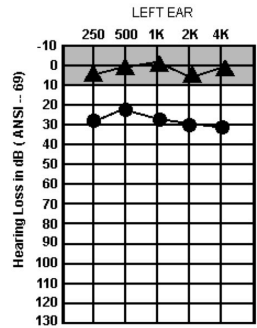
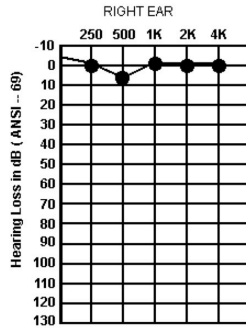
Question 13

اسی سنج

Patient presented with hearing loss in his left ear. His Rinne's test is negative in left ear and this is his audiogram.

A) Mention 4 possible causes of deafness in this patient.

- 1- Ear wax block
- 2- Otitis externa
- 3- Acute otitis media
- 4- congenital atresia of external canal
- 5- Otosclerosis
- 6- Tympanic membrane perforation





Tonsils and Adenoid

Tonsillitis

1. Acute catarrhal/superficial viral

2. Acute parenchymatous → tonsil is uniformly enlarged

3. Acute follicular crypts full of pus as yellow spots.

4. Acute membranous exudates coalesce to form membrane on the surface

5 • Chronic follicular yellow spots

6 • Chronic parenchymatous very much enlarged almost touching each other.

7 • Chronic fibroid small but infected, with history of repeated sore throat.

Q1.High fever, sore throat, .. etc

- Dx?
- Acute follicular tonsillitis... ✓
- 2 complications?
- ① Peritonsillar abscess ..
- ② Retropharyngeal abscess... Rheumatic ③ fever



Question 2

1. What's your diagnosis? *Acute follicular tonsillitis*

2. What's the most common *Group A, B hemolytic Strep* microorganism?

3. The antibiotic of choice is? *Penicillin/Amoxicillin*

4. Mention 2 non-suppurative complications. *1-obstructive Sleep Apnea
2-Rheumatic fever + Arthritis*

5. Mention 2 suppurative complications *1-peritonsillar abscess [quinsy]
2-Retropharyngeal abscess*



acute follicular tonsillitis

Q3

- 4 year old child have fever and sore throat since 5 days and the throat exam show this picture.

- 1-what is your diagnosis.
- 2-what is the name of bacteria that cause this condition. *Group A/B hemolytic strep*

Antibiotic

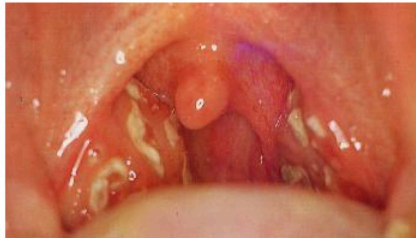
- 3-how would you treat him.
- 4-give 2 complications if left untreated.

- 1-Peritonsillar abscess
- 2-Retropharyngeal abscess



Q4

- ...history of fever & ...(obvious)
- 1)what is ur diagnosis? **acute follicular tonsillitis**
 - 1- Peritonsillar abscess
- 2)Give 2 complication? **2- Retropharyngeal abscess**



- Q1) A Picture of follicular tonsillitis (it was unilateral!!)

- 1-diagnosis

- 2-treatment

^①Antibiotic (amoxicillin), ^②antipyretic, ^③analgesic

- 3-two complications

^①Quinsy, ^②retropharyngeal abscess

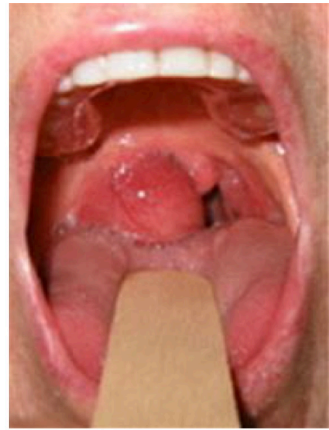
↓
peritonsillar abscesses

Question#5

The patient came with severe pain and fever:

- 1) what's your diagnosis? Peritonsillar abscess
- 2) What is the treatment? incision + draining + Antibiotic [6 weeks] → Tonsillectomy
- 3) What are the complications of his condition?

p.s : sorry couldn't find a better picture.



1. Retropharyngeal abscess
2. Septicemia

#6

25 year old with trismus and uvular deviation, dysphonia

1. What's your diagnosis?

Rt. Side peritonsillar abscess

2. What's the treatment ?

(2 points)

1- IV antibiotic

2- incision + drainage

3- Tonsillectomy after 6 weeks



Q7

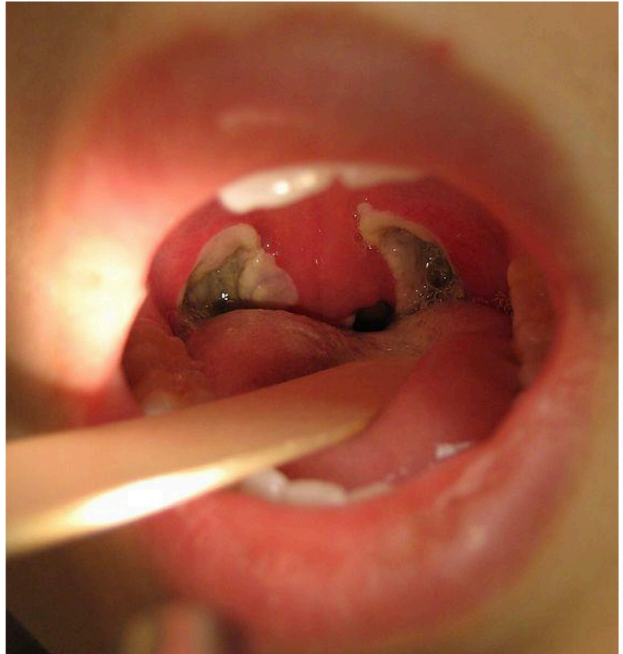
History of fever, trismus, uvular deviation,

- What is your diagnosis? Peritonsillar abscess
- How to confirm your diagnosis? Needle aspiration + culture
- What is your treatment?
 - 1- IV antibiotic
 - 2- incision + drainage
 - 3- Tonsillectomy after 6 weeks

Q8:

This patient had tonsillectomy before one week:

- What are you seeing
- Give 2 indications for tonsillectomy
- give 2 complications of tonsillectomy.



1- Typical white membrane appearance of the back of the throat post tonsillectomy.

2- a) airway obstruction ✓

b) recurrent attacks (7 in a year, 5 per year for 2 years, or 3 or more per year for 3 years)

c) tonsillitis complicated with peritonsillar abscess ✓

d) suspected malignancy ✓

3- a) bleeding (the three phases)

b) infection

c) peritonsillar abscess

- **Mention 4 indications to do tonsillectomy**

① • Sleep apnea

② • Acute Airway obstruction

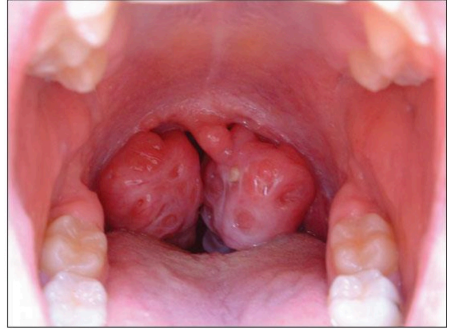
③ • Febrile seizure

④ • Peri-tonsillar abscess resistant to medication

⑤ • For biopsy

Question 10

DDX → 1- infectious mononucleosis
2- scarlet fever
3- Difteria
4- Vincent angina



A young boy presented to you complaining of snoring. This picture is seen on examining the child's throat.

Paraneoplasia

A) What is your diagnosis? Tonsillar hypertrophy

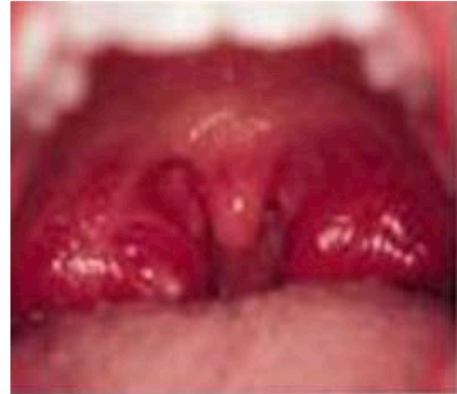
B) What is your management? Tonsillectomy

C) Give 2 indications for your management.

- 1- Sleep Apnea
- 2- Recurrent infection
- 3- Dysphagia

- A child presented with recurrent apneas with these tonsils
- 1) What is your diagnosis ? Hypertrophied tonsils

2) What is your treatment
tonsillectomy



- this 5 year old girl came with her mother to the clinic, the mother said that her daughter have nasal obstruction, snoring and mouth breathing.

adenoid hypertrophy

- 1-what is your diagnosis.
- 2-give 2 complications for this.
 - 1. otitis media with effusion
 - 2. obstructive sleep disorder
- 3-how do you treat.

Adenoidectomy



Snoring, mouth breathing, flat midface, dark circles around the eye.....

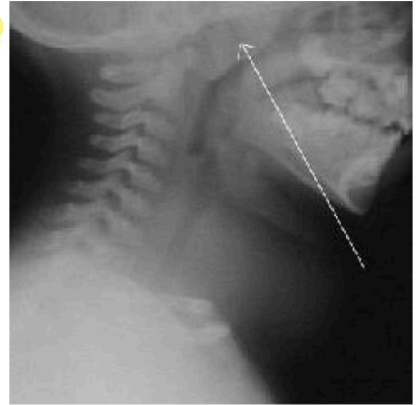
- What is your diagnosis? Adenoid hypertrophy
- Mention 2 complications? 1- Eustachian tube dysfunction
2- Otitis media
- What is your treatment? 3- obstructive sleep disorder



Adenoidectomy

- A child with a Hx suggestive of adenoids hypertrophy

adenoid hypertrophy



1) What is your diagnosis

2) Mention 2

contraindications for
the surgical intervention

1- Bleeding disorder

2- Cleft Palate

3- Velopharyngeal insufficiency

4- Acute infection

5- Uncontrolled systemic disease

6- Anemia

7- Extremes of age

- **Cant remember case, typical adenoid hypertrophy case**

- - diagnosis? *adenoid hypertrophy*

- - 2 complications

Sleep apnea, malocclusion , *otitis media with effusion*

- -treatment

adenoidectomy

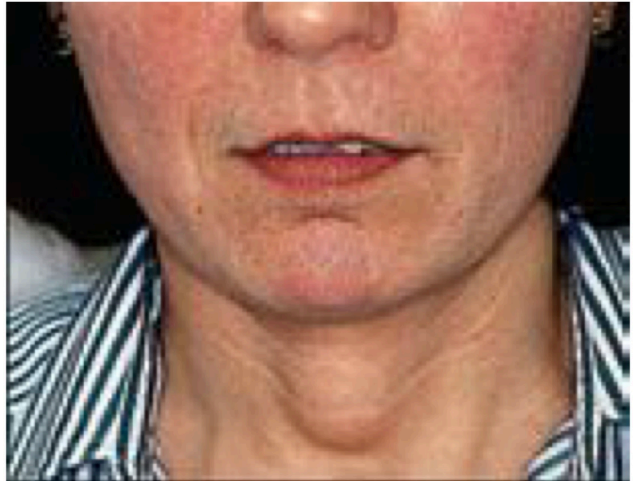
Neck masses and other

masses

6

EXTRA INFO A midline neck mass *thyroglossal cyst*

- The most common ✓
- usually presents in the midline and elevates with swallowing or tongue protrusion. To distinguish it from a congenital dermoid cyst.



EXTRA INFO A lateral neck mass, ant.

Triangle — a
branchial cyst.

- present in early adulthood,
- occur anywhere along the anterior border of the SCM
- seem to appear rapidly following an URTI.



EXTRA INFO *A branchial fistula.*



EXTRA INFO *A cystic hygroma.*

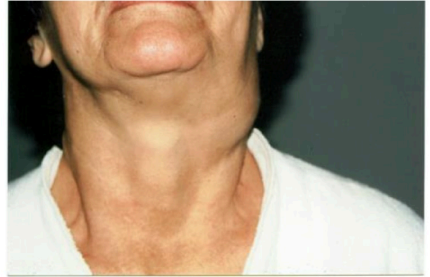
Lateral neck , post. Triangle

Lymphangiomas
present
in early infancy
and can often be
transilluminated.



EXTRA INFO Carotid body tumor

- Originate from small chemoreceptive and baroreceptive organs
- Located at the **adventitia** of the common carotid artery bifurcation.
(paragangliomas)



Question#1

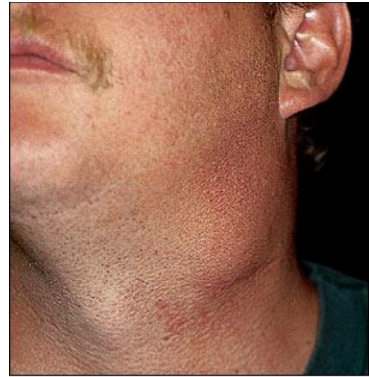


40 year old male patient presented with multiple enlarged cervical lymph nodes over the past 6 months:

- 1) Give 2 DDX *1. Lymphoma*
2. Branchial cysts
- 2) What are the investigations *FNA, US*
- 3) If the patient had glue ear what do you want to do next as an investigation? *Nasopharyngoscopy*

Question 3

I couldn't find the picture we had!



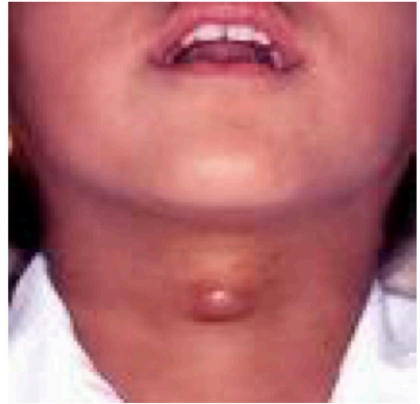
Patient presented with neck mass, anterior to the Sternocleidomastoid muscle.

- A) Give two differential diagnosis. → 1- Lymphoma
2- Dermoid cyst
- B) Give two investigations. → 1- FNA
2- CT → with contrast

- This patient presented with a PAINFUL mass.

1. Give 2 differentials.
2. Mention 2 investigations.

1. infected thyroglossal cyst
2. infected Dermoid cyst
3. infected thyroid nodule



1. US

2. FNA

3. CT



This mass moves with protruding tongue

1) What is your diagnosis ?

Thyroglossal cyst

2) Mention 2 differential diagnoses?

goiter, dermoid cyst, lipoma

- Q7) A picture of central neck mass moves with tongue protrusion

1-what is this :thyroglossal cyst ✓

2-how it is formed

vestigial remnant of thyroglossal duct

Rx: complete excision (Sistrunk procedure:
removal of central portion of hyoid + complete
excision of thyroglossal duct)

Sistrunk
procedure

15 year old female came
complaining of this mid line mass.

Q8

- 15 year old female came complaining of this mid line mass.

1-give 2 differential diagnosis.

2-what do you want to do next.

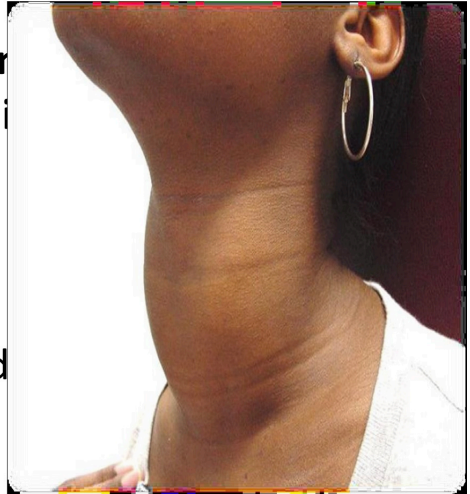
→ **U/S**

1- Goiter

2- Dermoid cyst

3- Thyroglossal cyst

4- Lipoma

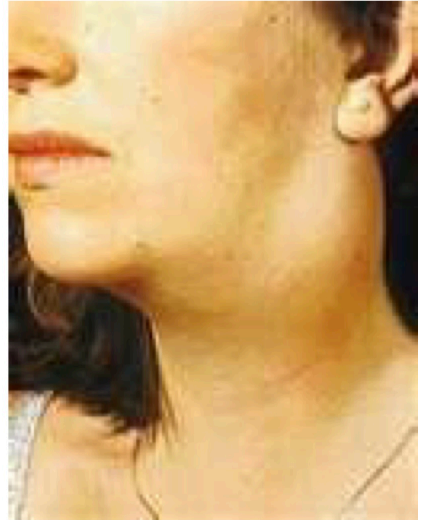


Q10

- **Mention 3 DDx**

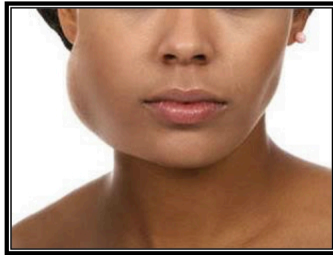
- 1 Lymphadenitis ✓
- 2 Branchial cyst ✓
- 3 Lymphoma ✓
- 4 Carotid body tumor ✓
 - If infection was excluded, what is the first investigation to be done?

FNA



Q11: 50 year old male presented with a history of painless swelling as in the picture.

- **What is the origin of this swelling?** Parotid gland
- **Give 2 causes?** Malignancy, benign adenoma



Malignant 20% (mucoepidermoid most common), benign 80% (pleomorphic adenoma)

7

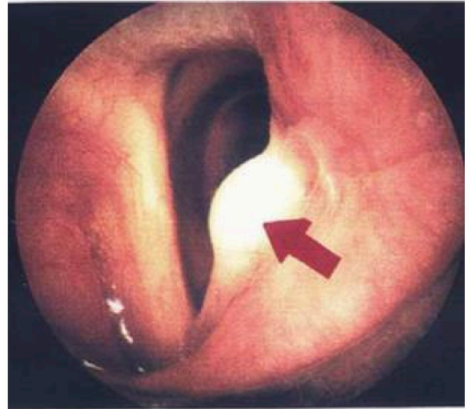
Larynx

Hoarseness Of Voice

- If cancer --- in elderly, most common is SCC, next is supraglottic CA
- Smoking --- nodule on the vocal cord.

Q1.Hx of smoking, old age, male, hoarseness of voice ...
etc

- Dx ?
- Laryngeal cancer...
- Commonest histological type?
- Sc...
- 2 lines of Rx ?
- Surgery¹ , Radiotherapy²



Question #2

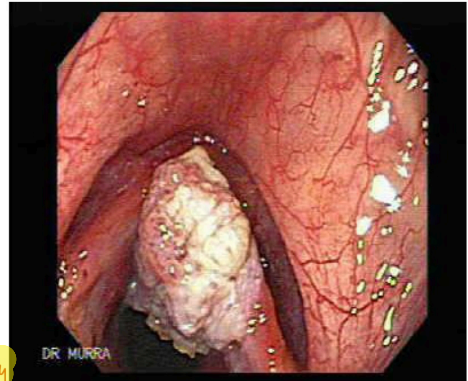
- This patient had a history of hoarseness of voice & this image on Laryngoscopy. The tumor was on the vocal cords.

1. What's your diagnosis? *Laryngeal Carcinoma*

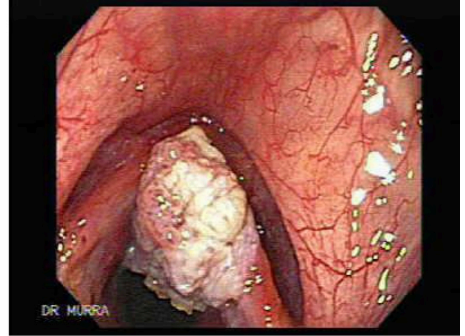
2. What's the most common histological type? *SCC*

3. Mention 2 investigations. *1- CT
2- Biopsy*

4. Mention 2 modalities of treatment. *1- Surgery
2- Radiotherapy*



Question 3



This is a patient with Laryngeal carcinoma complaining of hoarseness of voice

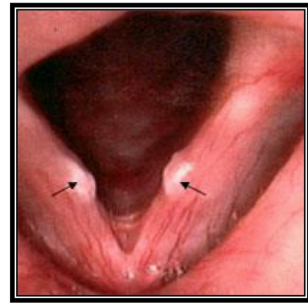
A) What is the most common type of laryngeal cancer? *SCC*

B) Give two predisposing factors. *1. Smoking*
2. Voice abuse

C) Suggest two other complains. *1. Cough*
2. Stridor
3. Sore throat
4. Bad breath

Q4: This picture is a laryngoscope for adult female presented with a 2 months history of hoarseness of voice.

- **What is your diagnose?** Vocal cord nodule
- **Give 2 risk factors?** Voice abuse, smoking
- **two lines of treatment?**
 - ① -voice rest
 - ② speech therapy
 - ③ surgery for resistant cases



Q5:

1. What is the diagnosis?

Singer's nodule

2. give 2 causes

a) Voice abuse

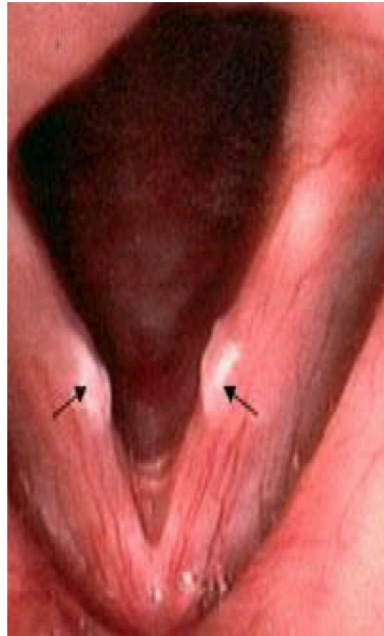
b) frequent URTI

c) smoking

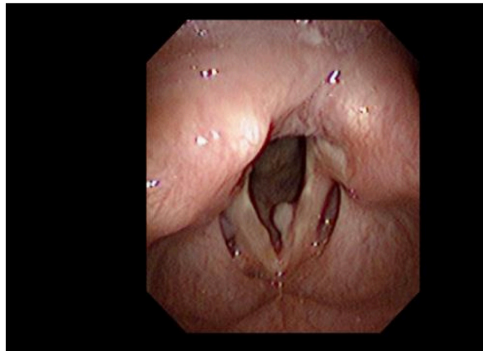
3. what is the treatment?

① voice rest / speech ②
therapy

surgical removal ③



- Q6..history that the patient is teacher & has hoarseness of voice(from lecture note)
- 1)what is the diagnosis? Singer's nodule
- 2)give 2 causes? Voice abuse & cough
- 3)what is the treatment?
 - 1- Voice rest
 - 2- Speech therapy
 - 3- Surgical remove



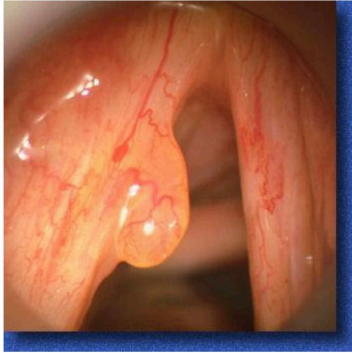
- A 20 years old female was found to have this mass

- 1) Mention 2 risk factors
- 2) Mention 2 investigations you want to do for her

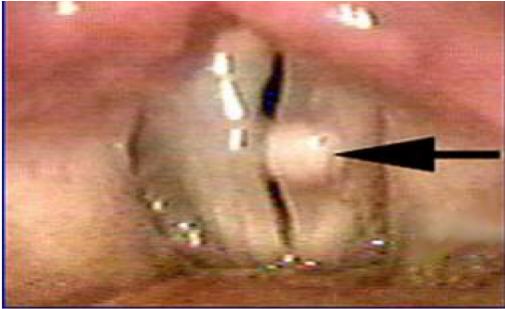
Vocal cord polyp
GERD, voice abuse

1. Nasopharyngoscopy
2. FNA





- What is your diagnose? **vocal cord polyp**
- How will you treat this patient? **Surgical remove**



Q8. A 40 year old man smoker presented with change in voice

1) What is your diagnosis ?

Laryngeal cyst

2) Mention 2 risk factors ?

① Intubation , congenital ②

3) what is the treatment ? surgery

Q9

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



1) What is the diagnosis ?

2) What is the most common cause for it ?

- 1) Acute epiglottitis
- 2) H.influenza type B
Haemophilus influenzae type b

- **Mention 3 causes of inspiratory stridor**

- 1 Foreign body ✓
- 2 Laryngeal tumors ✓
- 3 Acute Epiglottitis ✓

1- Foreign body
2- Laryngeal tumor.
3- Acute epiglottitis

CG

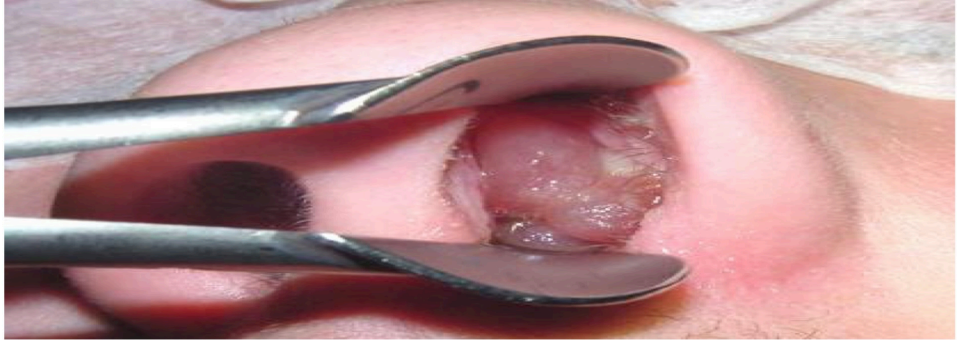
Nose

Question #1

- History of a young male with runny nose, nasal congestion & obstruction.

1. What's your diagnosis. *Nasal Polyp*
2. Mention 2 *1. CT*
2. Rhinoscopy investigations.
3. Mention 2 modalities of treatment.
1. Avoid the allergen
2. Antihistamine
3. local steroid
4. Surgery





- Q2) History of patient with nasal obstruction and rhinorrhea.
 - Diagnosis. *Nasal Polyp*
 - What is the mainstay of the treatment. *antihistamine*
 - Mention 2 complications. *1. Sinusitis*
2. Brain abscess
 - If this condition was associated with aspirin *Samter* sensitivity and asthma. Name this syndrome?
Samter Syndrome

Question 3



History of a young male with runny nose and nasal congestion, and frequent nasal infections.

- A) What is your diagnosis? *Nasal Polyp*
- B) What is your management? *Surgical excision*

Anterior Rhinoscopy

Q4:

This child had epistaxis and anosmia:

1- what is this procedure called?

2- give 2 differential diagnosis

3- give definitive treatment. Intranasal Steroid

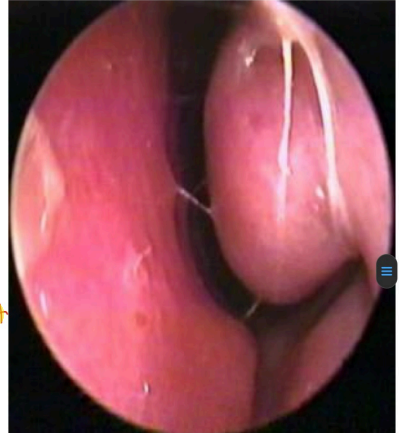


Not the same picture

- 1- Suppurative Chronic Rhinosinusitis
- 2- Asthma
- 3- Cystic Fibrosis

#5

- 25 years old with history of eczema, rhinorrhea. This is a picture of his anterior rhinoscopy



1. What's your diagnosis? Allergic rhinitis
2. What's the treatment (2 points)
 - 1- Avoid allergens
 - 2- Topical steroid
 - 3- Decongestant
 - 4- Antihistamine
 - 5- Cromolyn sodium
3. Give 1 investigation to confirm the diagnosis.
 - 1- Skin prick test
 - 2- RAST

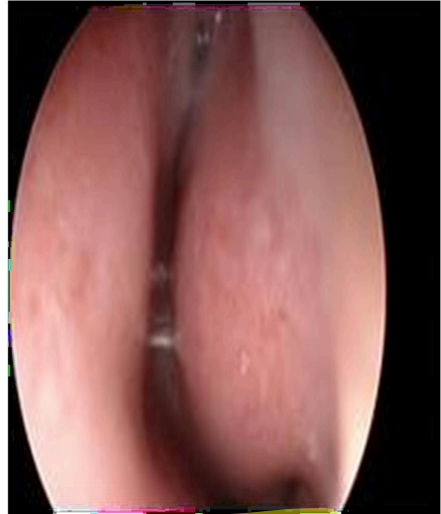
Q6

- 40 year old female has atopic dermatitis and she complains of sneezing and nasal discharge mainly at spring time came to hospital for her check up and found to have this picture.

allergic rhinitis

- 1-what is your diagnosis.
- 2-how would you treat this condition.
- 3-give one otological complication for this condition.

Otitis media with effusion



- 1- Avoid allergic
- 2- Antihistamine
- 3- Analgesia
- 4- Topical Steroid

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



- 1) What is your diagnosis?
- 2) Mention 2 possible complications?
- 3) what is the main treatment?

- 1) Allergic rhinitis
- 2) sinusitis, otitis media , etc.
- 3) Avoid the allergen

- A patient with alternating nasal obstruction, rhinorhea and itching during summer, mention 4 treatment)

- ① Avoidance to the allergic causes
- ② Antihistamine
- ③ Nasal decongestant
- ④ Local steroid
- ⑤ Sodium cromoglycate

Question#9



The patient had a surgery in his nose few days ago :

- 1) what's your diagnosis ? bilateral septal hematoma
- 2) What are the complications if we don't treat ? Necrosis¹ & septal perforation², infection³ + abscess
- 3) What's the treatment ? evacuation (incision and drainage)

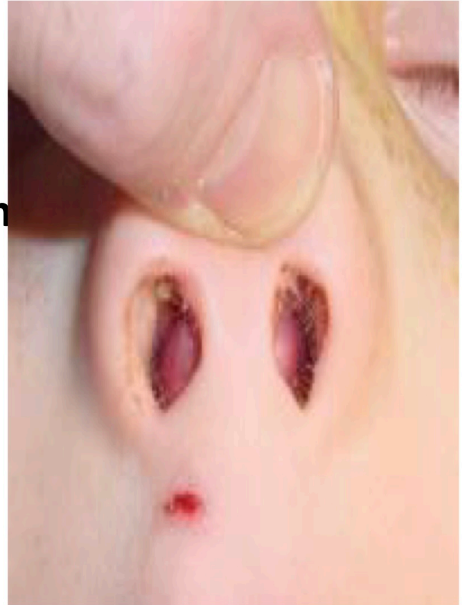
Q10

- A patient underwent septoplasty, came after one week suffering from bilateral nasal obstruction

Dx → ^{Bilateral} septal hematoma

Treatment → (evacuation)

Complication if untreated
→ necrosis and perforation



Q11

- patient came to you after history of trauma yesterday complaining of this picture

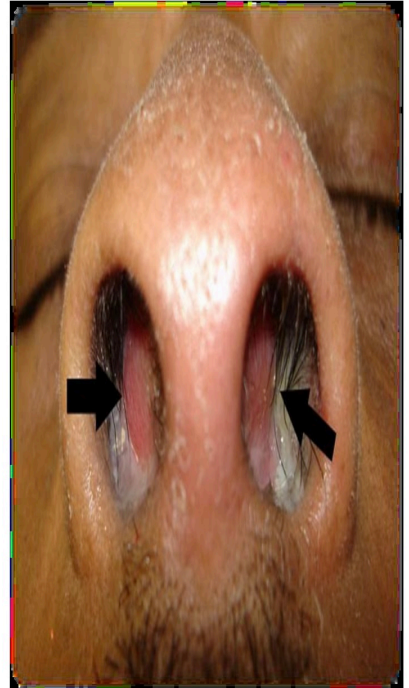
Bilateral Septal hematoma

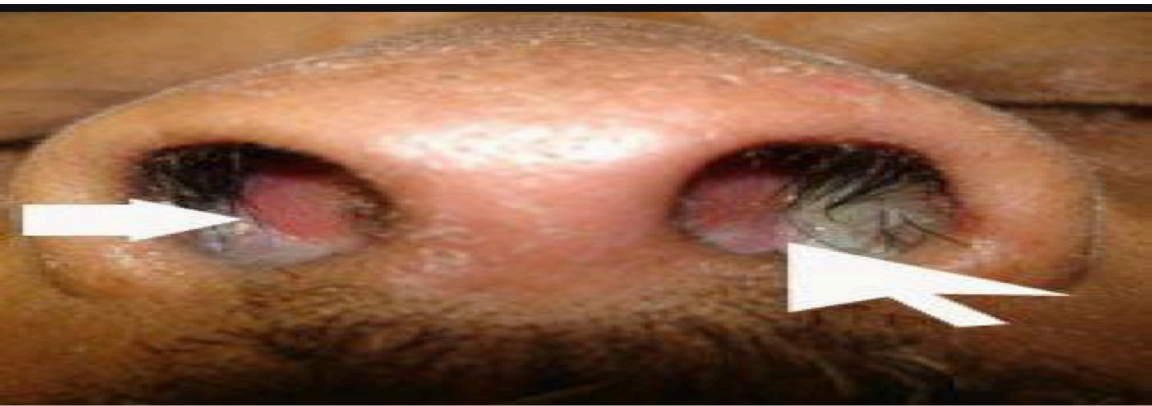
1-what is your diagnosis.

2-what is the most step you have to do next. *evacuation*

3-what is the complications if left untreated.

Septal necrosis + Septal perforation



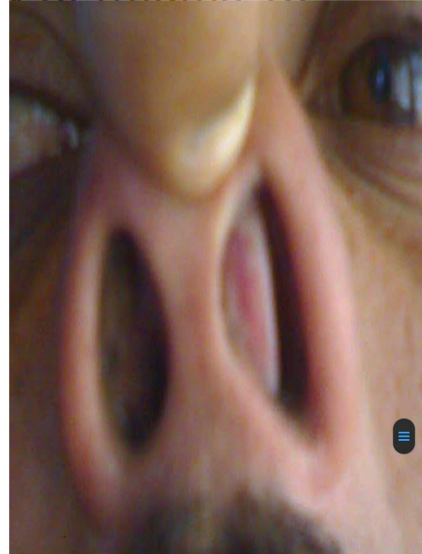


- Q12) A patient presented with bilateral nasal obstruction after a surgery of septoplasty
 - What is the diagnosis? Bilateral Septal hematoma
 - What is the treatment? Evacuation
 - Mention one complication nasal septal necrosis
Septal perforation

Q13

- A 20 year old male with history of trauma 10 years ago
- 1) What is your diagnosis ?
Septal deviation
- 2) What is the treatment ?

Septoplasty



Q14

- Patient presented with this after nose surgery

- What is your diagnosis?

septal Hematoma

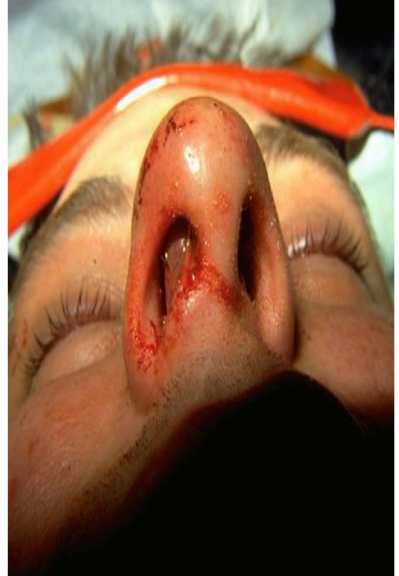
- Mention 1 other Cause? trauma

- Mention 1 complication?

infx

- What is the treatment ?

Evacuation (incision & drainage)



Q15

- patient came to you with this picture after having a surgery to his nose .
- 1-what is your diagnosis. *Septal Perforation*
- 2-give 2 non-surgical causes for this condition.
 - 1- Trauma*
 - 2- cocaine Sniffing*
 - 3- Carcinoma*



..pic of septal perforation & history of multiple surgery in the nose...

- 1)give 2 causes

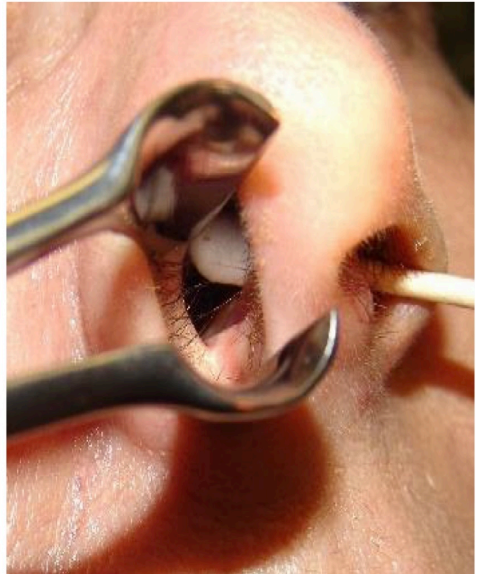
traumatic, iatrogenic, inflammatory/malignant, and inhalant related

- 2)what is the treatment *Septoplasty*



- What is your diagnosis ?

Septal perforation ✓

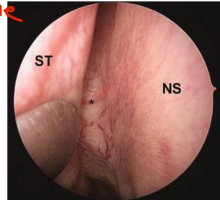


Question#16



Patient presented with epistaxis :

- 1) What's the blood supply of the area affected?
1- Superior labial 2- Anterior ethmoidal 3- sphenopalatine 4- greater palatine
- 2) Treatment ? *Cautarization*
- 3) Complications of treatment?
1- Necrosis 2- septal perforation



Answers to Question#16

- 1) Anterior area : superior labial , anterior ethmoidal , sphenopalatine , greater palatine
- 2) Cautarization

(some wrote anterior pack am not sure which is the best answer ! The complications of ant.pack is infection).

- 1) Necrosis , septal perforation

- Q17) A picture for patient with nasal bleeding and a family history of epistaxis

1-what is the most likely cause

hereditary hemorrhagic telangiectasis (osler
weber Rendu syndrome)

HHT OWS

2-treatment → Cautarization

- 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



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1) What is your diagnosis?

2) Mention 3 risk factors for epistaxis?

- 1) Hereditary telangiectasia
- 2) HTN, hemophilia, trauma, etc.

Q19: this is a picture of adult man after RTA.

- **What is your diagnosis?** Nasal fracture with septal deviation
- **What is the treatment?** Surgery/Septoplasty



- Q20) A picture of facial trauma (nasal fracture)

1-what is this?

2-treatment

Surgery/Septoplasty



1-What is the abnormality in the left picture? (Nasal bone fracture)

2- Mention two complications for this.

1- Deviated septum
2- hematoma

Q.21

a young man came to the ER with epistaxis from trauma

-name two other causes of epistaxis?

JNA, rhinitis

-mention two things you'll look for in the physical exam of this patient.

obvious site of bleeding, skin bruises (bleeding tendency)

-name a hereditary cause of epistaxis

osler-weber-rendu synd.

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

① duration of bleeding

② triggers (eg, sneezing, nose blowing, picking)

Important associated symptoms prior to onset include

① symptoms of a URTI, sensation of nasal obstruction, and nasal or facial pain. ② ③

The time and number of previous nose-bleeding episodes and their resolution ①

② symptoms of excessive bleeding, including easy bruising; ③

④ bloody or tarry stools; hemoptysis; blood in urine⁵; and

⑤ excess bleeding with toothbrushing, phlebotomy, or minor trauma. ⑥ ⑦ ⑧

Question 23

This is the exact same picture we had in the exam

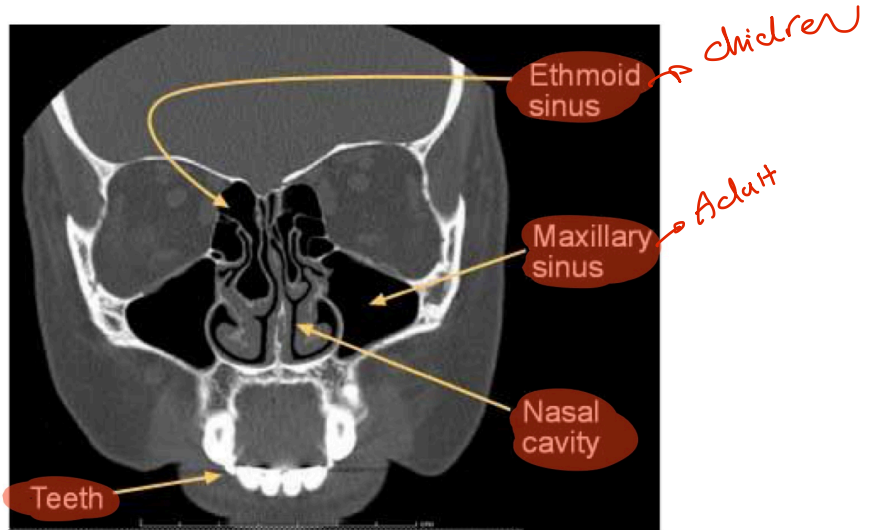


- A) What is the name of this procedure? Anterior packing
- B) Name one indication. Epistaxis
- C) Name one complication. 1. infection
2. Nasal septum perforation

9

Sinuses

Normal Sinus



1. What's the name of this radiological modality.

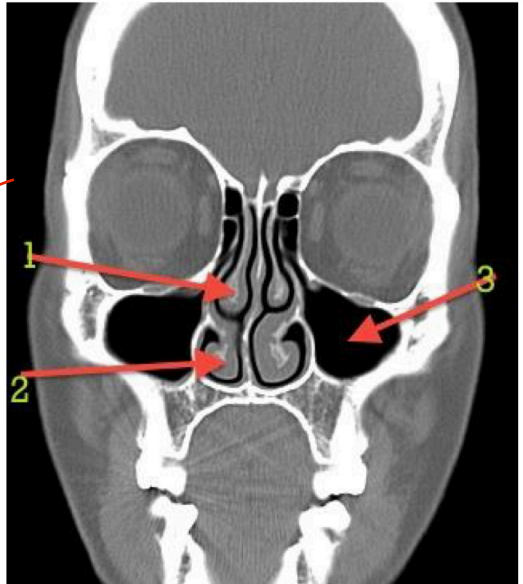
CT sinuses – coronal view

2. What are the numbered parts

(1) Right middle turbinate

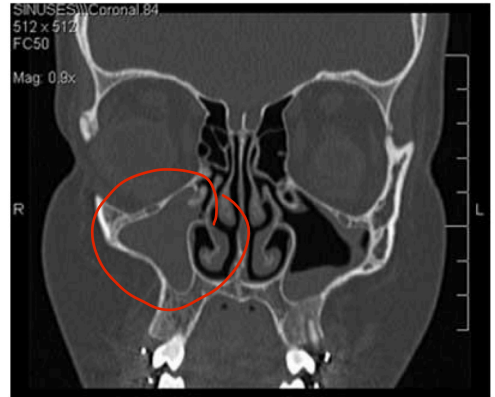
(2) Right inferior turbinate

(3) Left maxillary sinus



Q2.A week of nasal discharge, headache, .. etc

- Dx?
- Acute right maxillary sinusitis...
- Rx?
- Antibiotics .. Nasal corticosteroids...
- Commonest MO ?
- Strep pneumoniae

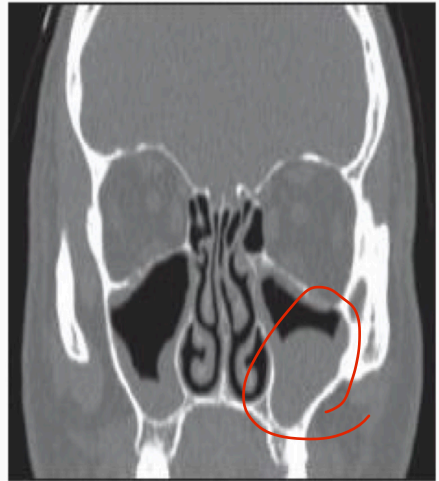


Question 3

- The history showed that it's Acute <4 wks (the picture was clear that the right maxillary sinus is the one involved).

1. What's your diagnosis?
2. Mention 2 common microorganisms causing this?
 - 1- Strep. pneumoniae
 - 2- Haemophilus influenza
3. What's the treatment?
 - 1- Intra-nasal Steroid
 - 2- Antibiotic

Rt. acute maxillary sinusitis



Q4. CT of maxillary sinusitis

-what's the dx ? Maxillary sinusitis

-name two complications?

① Orbital cellulitis/ abscess, meningitis /
intracranial abscess ③

Functional Endoscopic
Sinus surgery
↑

-what's the surgery used to treat this case ? FESS ✓

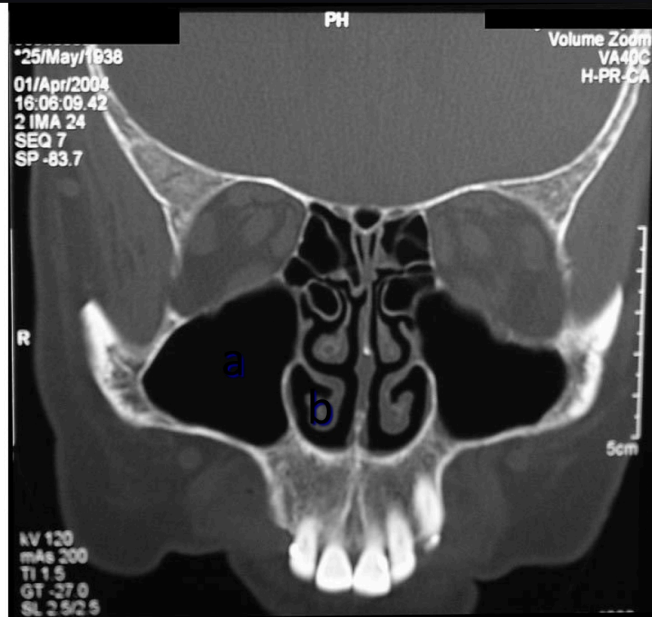
-name 2 complications of this surgery ? synechia,
injury to orbit or optic n.

-what's the arrow indicating ?

(was so clear , middle turbinate)

Question 5

- A) What is (a)? *Maxillary Sinus*
- B) What is (b)? *inferior Turbinate*
- C) Where does the ethmoidal sinus drain? *middle meatus*



An X-ray of sinusitis

1-diagnosis Sinusitis

2-two complications

- (1) meningitis, (2) intracranial abscess, (3) subperiosteal frontal bone abscess (pott's puffy tumor),
(4) orbital abscess, (5) orbital cellulitis (5)

• 3-treatment

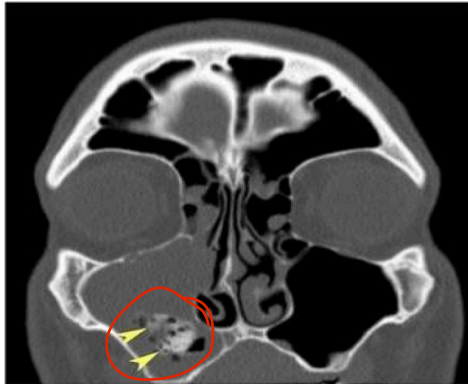
Augmentin, Intranasal steroid

(1)

(2)

..the problem since 6 month...

- 1) what is ur diagnosis? **chronic Maxillary sinusitis**
- 2) write 3 complication ?
 - 1- meningitis ✓
 - 2- Brain abscess ✓
 - 3- orbital abscess ✓





Q6. History of facial pain and runny nose

1) What is your diagnosis?

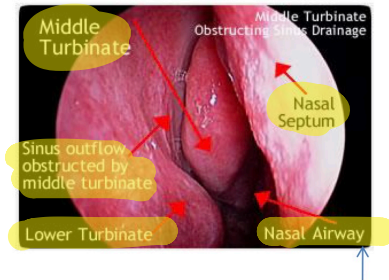
2) Mention 2 possible complications?

3) mention 2 common microorganism causing this?

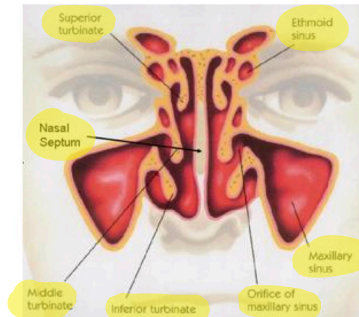
1) Sinusitis or rhinosinusitis ✓

2) Meningitis, subdural/ epidural/ brain-
abscess, cavernous sinus thrombosis, etc.

3) S. pneumonia, H. influenza, etc.



- In the question there was a picture close to this one, they marked the middle turbinate and asked which sinuses drain in? and there was a mark at the nasal septum and they asked what is this part.
- **This is another helpful picture:**



Question#7

I can't remember the history but the patient is a child presented swelling like in the picture :



- 1) what's your diagnosis ? *orbital cellulitis*
- 2) Give two DDX ? *1. orbital abscess*
2. preseptal cellulitis
- 3) What are the complications ? *1. cavernous sinus thrombosis*
2. meningitis

10

Foreign body aspiration

Q1:

this is x-ray for child, he was plying with his brother when he developed tachypnea and stridor:

-What is the diagnosis *foreign body aspiration*

--what is the management? *removed by rigid bronchoscopy*

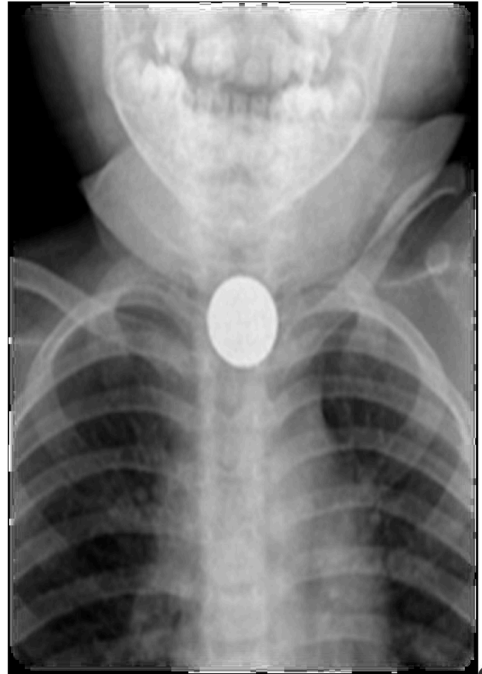
-Give 2 complications.

- ↓
1. pneumonia
- 2. Atelectasis



Q2

- a mother came to you afraid cause her 5 year old child swallowed a coin you did x-ray and found this picture.
- 1-what do you want to do next. esophagoscope.
- 2-what is the most common place for the foreign body to be in? upper constrictor of the esophagus.



- Q3) A history of a child presented with choking and dysphagia.

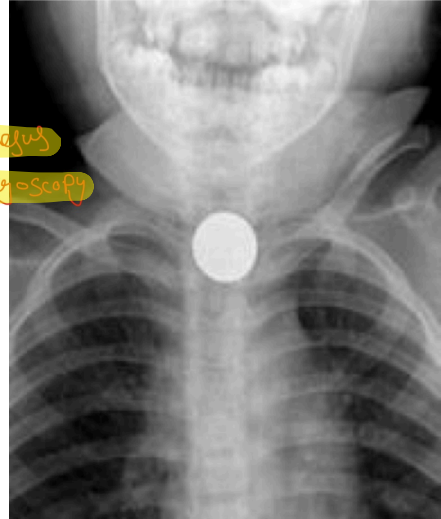
- Where is the impaction *in the esophagus*

- What is the treatment? *Remove by esophagoscopy*

- What is the most common site of foreign body entrapment in esophagus?

Child → upper esophageal sphincter

Adults → lower esophageal sphincter



- What is your diagnosis?
- What will you do for this patient?

foreign body aspiration



Removed by

Rigid bronchoscopy

- Q5..this x-ray for child no history of SOB & good breathing)
- 1)what is the most common site? Upper oesophageal sphincter of oesophagus ✓
- 2)what is the treatment?
oesophagoscopy



- A patient (5 or 4 yrs old ???) presenting with unilateral nasal obstruction, foully smelling discharge

Diagnosis → intranasal foreign body

Treatment → to remove the foreign body ✓

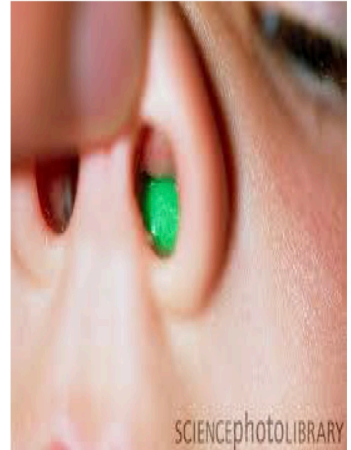
- Child with Hx of unilateral Nasal discharge

- What is your diagnosis ?

Nasal FB

- How to treat ?

Removal by forceps (direct instrumentation)



• Q1) Mention 3 EBV diseases related to ENT

① Infectious mononucleosis ✓

② Nasopharyngeal carcinoma ✓

③ Hodgkin's lymphoma ✓

pic of big inflamed tonsils and a rash
on the leg

-what's the dx ? infectious
mononucleosis

-what's the drug that caused the
rash ? amoxicillin

pic of otosclerosis

what's your dx? otosclerosis

name two causes ?

① Idiopathic!, risk factors: family Hx
(AD w/ variable penetrance),
pregnancy ③

A 50 yrs old heavy smoker male, presented with right ear otitis media, right nasal obstruction and neck mass (nasopharyngeal CA)

• How to approach the patient??

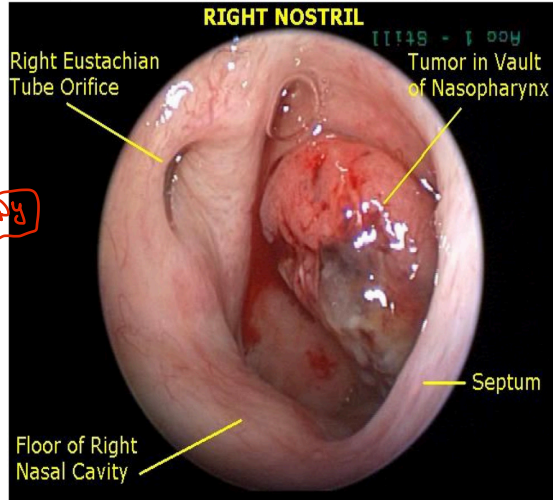
Indirect rhinoscope / flexible rhinoscopy

• If it was SCC, what is the treatment??

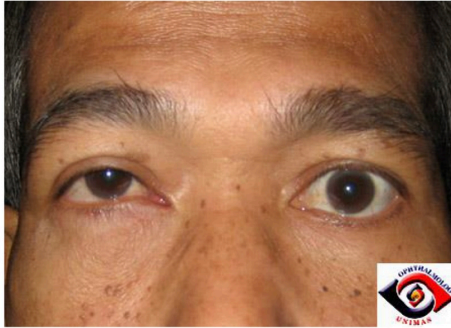
Radiotherapy / surgical excision

• 3 predisposing factors

Asian people, EBV, radiation,
asbestosis, smoking, alcohol consumption



Q5 This patient with nasopharyngeal carcinoma



- How will you treat this patient? radiotherapy
- Mention a complication of this tumor.

CN palsies

Question 7

This is the exact same picture we had in the exam



A) What is this condition? **Tongue tie**

A) What is your management? **Tongue release surgery** ✓

- - diagnosis? **Mumps**
- - complication?

Orchitis **pancreatitis**

①

②

اوركايٲايتس

orchitis
pancreatitis

12

Devices

1. What's this device? Tracheostomy tube

2. Mention 2 indications.

3. Mention 2 complications.

1- Dislodgment

2- obstruction



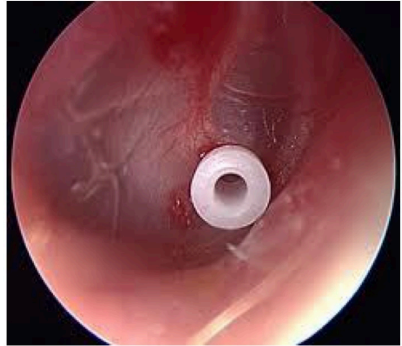
- 1- Mechanical obstruction of upper airway
- 2- Retention of bronchial secretion
- 3- Protection of tracheobronchial tree
- 4- Respiratory failure
- 5- elective tracheostomy

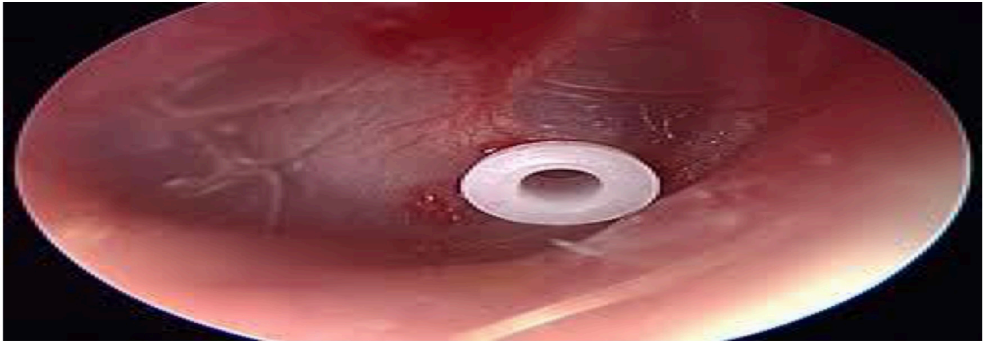
1. What's this tube? *Grommet*

2. Mention 2 indications for using it.

1- Glue ear

2- Eustachian tube dysfunction





- - What is this device? Grommet tube
 - Mention 1 indication Glue ear
 - Mention 2 complications
 - 1- myringosclerosis
 - 2- permanent Perforation
 - 3- early extrusion
 - 4- obstruction

Q3 identified these instruments:



anterior nasal pack
1



Tuning fork
2



Millian nasal speculum
3



Tracheostomy tube
4



Indirect laryngoscope
5



Direct rigid laryngoscope
6

- Q4)
 - What is this instrument?
 - Mention 2 tests to be done with it



-Tuning Fork✓

Weber's test, Rinne's test

*Q5.mention 2
uses of this tool
* if it didn't give
you enough
information ,,
what's the
alternative tool
?



1- change in voice
2- Dysphagia

- indirect laryngoscopy mirror

- ① change in voice (examination of larynx)

- ② dysphagia

- direct rigid laryngoscope

Notice the difference between indirect laryngoscopy mirror & Posterior rhinoscopy mirror (used for Adenoids, nasopharyngeal tumor (lesions in post. Nasal space))



Question 6

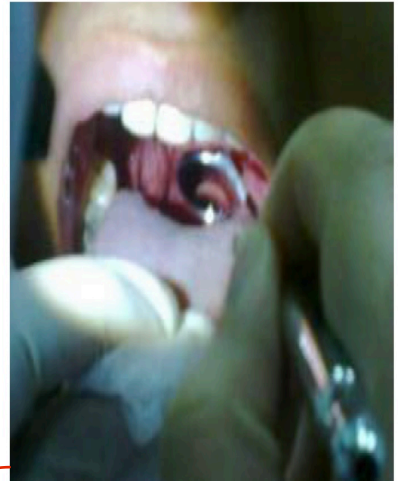


- A) What is this instrument? Nasal speculum ✓
- B) What is the name of the diagnostic procedure that is made using this instrument? Anterior rhinoscopy (Nasal inspection)

Q7

- What is the site you see using this method ?
(indirect laryngoscope)
Larynx (vocal cords)

- Mention Other method to Use ? Direct laryngoscope



- **3 tests for hearing**

① PTA

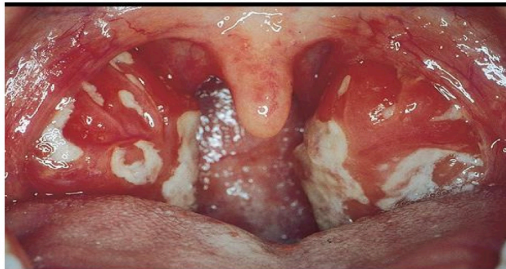
② Tympanometry

③ auditory Brainstem response (ABR)

④ otoAcoustic emission

A 10 years old child complained of sore throat, fever, & fatigue. He was treated with cefixime for 7 days. Few days later his condition didn't improve and he complained of abdominal pain, and on examination he had cervical lymphadenopathy and this picture. Also he developed a skin rash on his both lower limbs.

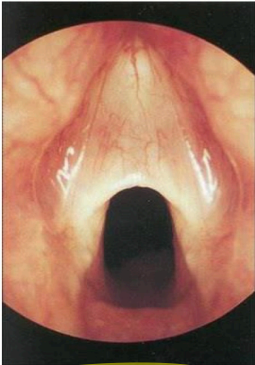
1. What is the most likely diagnosis? *infectious mononucleosis*
2. What is the causative microorganism? *EBV*
3. What is the antibiotic that is contraindicated to be given? *Amoxicillin*
4. What is your advice to the child's parents regarding his activity?



- ① The child should decrease his activity
- ② especially Contact Sports, because he has Splenomegaly and there is a risk of splenic rupture.

- Give 3 spot diagnoses.

A



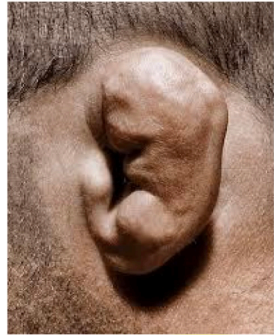
Laryngeal web

B

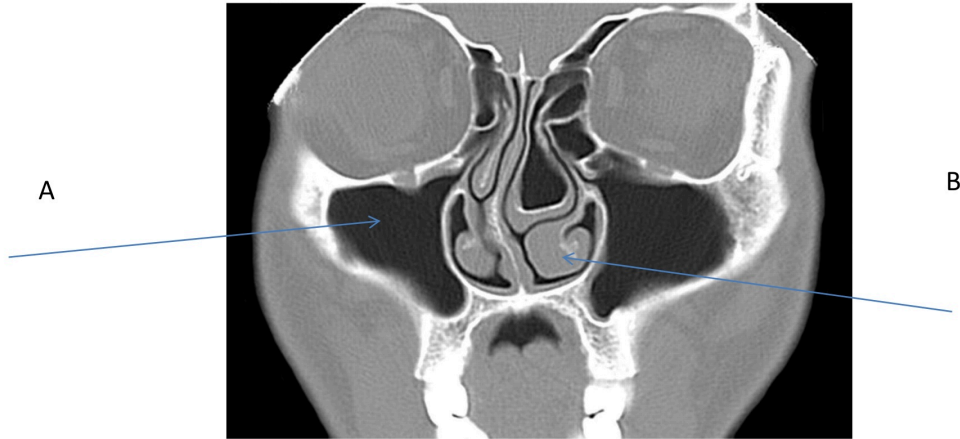


Acute otitis media

C



Cauliflower ear



Deviated nasal septum to the right, Hypertrophied left inferior turbinate, Concha bullosa in left middle turbinate

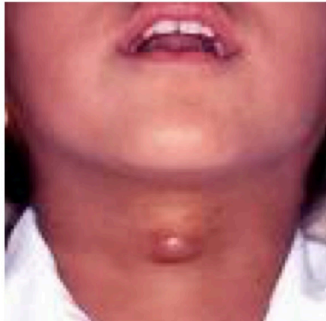
1. Mention 2 abnormalities seen in the above picture.
2. What are the structures pointed in A, B?

Rt. maxillary sinus

Lt. inferior turbinate

Young female patient presented with this lump in her neck. On examination, the mass moves with protrusion of the tongue and swallowing.

1. What is your diagnosis? *Thyroglossal cyst*
2. What is its embryonic origin? *remnant of thyroglossal duct*
3. Give other two midline congenital masses in the neck. *1- Dermoid cyst*
2- Lipoma



Poorly controlled diabetic patient presented with otalgia, decreased hearing, and unilateral facial palsy.

1. What is the most likely diagnosis? Ramsey Hunt Syndrome

2. Give 2 modalities of treatment. 1-oral steroids
2-oral antiviral

3. What is your concern regarding the patient's eye?

There is a risk of corneal involvement (keratitis) so patient should protect his cornea



***It's Septal Perforation**

Question 6

post-op complication like septoplasty or rhinoplasty

-cocaine sniffing

-aggressive nose picking

-blunt trauma

-NG tube placement

-tumor

1. Give two causes for this condition.

2. Mention 2 symptoms the patient may complain of.

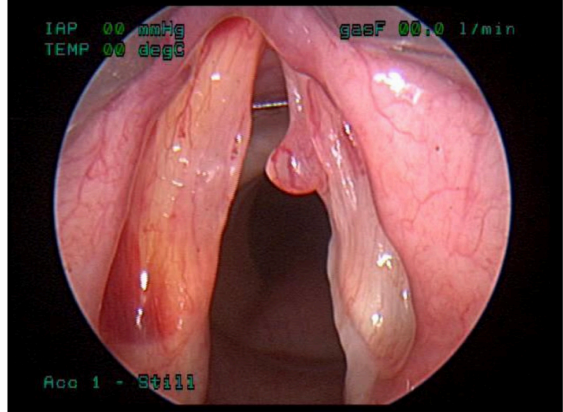
runny nose

-whistling sound during nasal breathing

-episodes of epistaxis

- nasal obstruction





Q1)

- Diagnosis
- site of the polyp
- right or left side vocal cord

- 1 - laryngeal polyp (vocal cord polyp)
- 2 - on the junction btw anterior 1/3 and posterior 2/3
- 3 - Right

Q2)

- Give two diagnosis
- Two investigation
- ~~a question regarding the picture [nasal speculum]~~



- ① nasal polyp, septal hematoma
- ② Anterior rhinoscopy, CT-scan

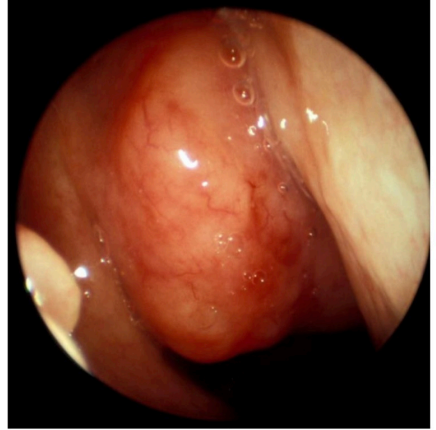
Q3)

- 1 - Diagnosis
- 2 - Most common microorganism
- 3 - Treatment
- 4 - Complication



- 1 - Perichondritis
- 2 - Pseudomonas aeruginosa
- 3 - antibiotics, drainage (if there is pus accumulated)
- 4 - cauliflower ear

Q4) 60 Year old patient complaining of swelling of the lymph nodes in the neck , excessive rhinorrhea and decrease in hearing ...

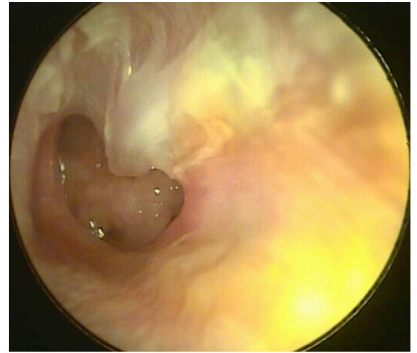


- 1 - most common type??
- 2 - most common histological type ??
- 3 - treatment
- 4 - most common site

- 1 - nasopharyngeal tumor
 - 2 - SCC
 - 3 - Surgery (excision)
 - 4 - lateral nasopharyngeal recess or fossa of Rosenmüller (a recess behind the entrance of the eustachian tube opening)
- Behind eustachian tube*

Q5)

- 1 - diagnosis
- 2 - most common microorganism
- 3 - investigation → CT
- 4 - treatment



- 1 - Chronic otitis media
- 2 - Pseudomonas aeruginosa
-
-

- 1 - aural toilet
- 2 - antibiotics
- 3 - steroids
- 4 - Tympanoplasty

- Audiogram (sensorineural hearing loss) with a hx of tinnitus and vertigo
- 1- the diagnosis ? Meniere's disease
- 2- 2 lines of treatment ?
- ① low salt diet
- ② diuretics
- ③ also anti vertigo , anti emetics ④ Surgery

- Audiogram (normal right ear , CHL left ear)
- 1- what's the result of rinne test for
- Rt ear : +ve ac > bc
- Left ear : -ve bc > ac
- 2- Weber result : lateralized to the cond.

- 1- diagnosis :
- -nasal septal hematoma
- 2- 2 lines of treatment?
- ① evacuation "drainage"
- ② antibiotics
- 3- if left untreated ,2 complications?
- - ① septal necrosis and perforation
- - ② infection and abscess formation

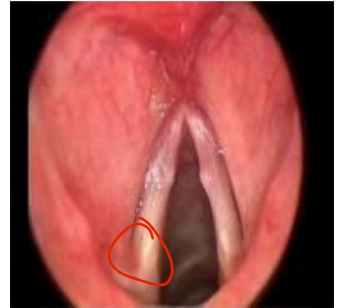


1- necrosis
 2. Perforation
 3 - infection
 4 - abscess

③

④

- 1-Diagnosis ?
- - vocal cord nodules
- 2- treatment?
- ① - voice rest
- ② - speech physiotherapy
- ③ - surgery



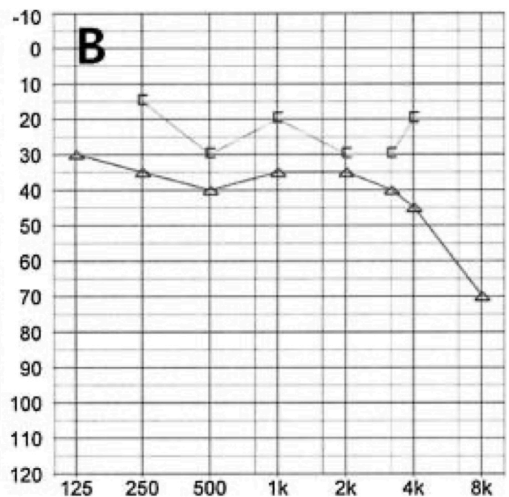
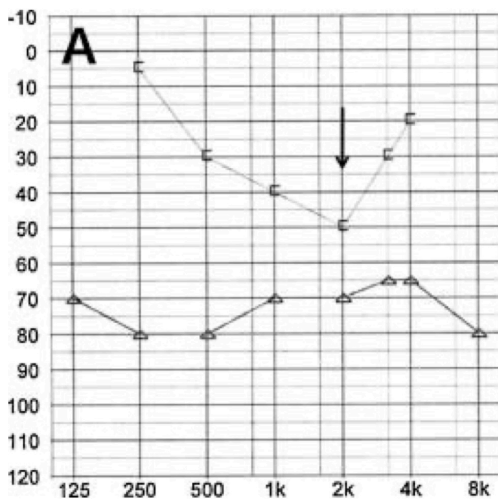
- Type 3 MO that cause this condition

- ① strep. Pneumonia

- ② h.infleunza

- ③ m. cattahrralis





A 40 year old patient presented with hearing loss with +ve family history and with normal bilateral otoscopic findings ..

- 1- what is your diagnosis **Otosclerosis**
- 2- what the sign indicated by the arrow **Carhart notch**
- 3- mention 2 lines of management **1- Hearing aids**
2- Stapedectomy

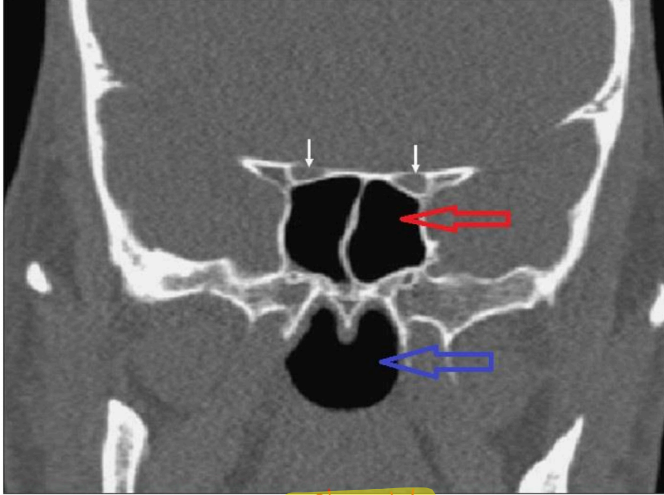


- 1- what is the affected side → Lt. side Ramsey hunt Syndrome
- 2- mention 2 cases related to ENT →
- 1- acute / chronic otitis media
 - 2- mastoiditis
 - 3- Temporal bone fracture



Mention 2 uses of this tube

- 1- Otitis media with effusion
- 2- Eustachian tube dysfunction



Sphenoid sinus

Nasopharynx

1- what is the structures indicated by red and blue arrows

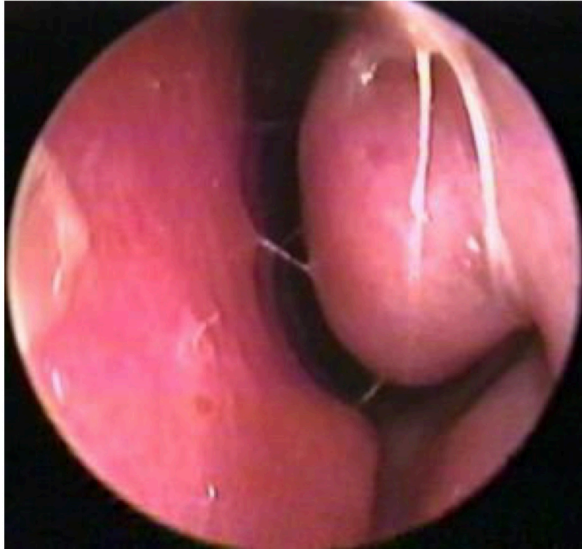
2- mention 2 pathologies affect them

1- infection

2- allergy

3- abscesses

4- malignancy



Mention 2 arteries supply this area (anterior rhinoscopy)

- 1- Superior labial
- 2- Great Palatine
- 3- Sphenopalatine
- 4- anterior ethmoidal



1-MOST COMMON MO ? GROUP A BETA HEMOLYTIC STREPTOCOCCUS.

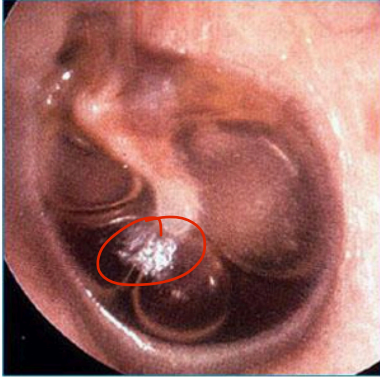
2-ABSOLUTE INDICATIONS FOR TONSILLECTOMY?

- ① A- ASSOCIATED WITH PERITONSILLAR ABSCESS.**
- ② B- SUSPICION OF MALIGNANCY.**
- ③ C- ACUTE UPPER AIRWAY OBSTRUCTION.**

3-MENTION 2 NON-SUPPURATIVE COMPLICATIONS?

- ① A- RHEUMATIC FEVER/ARTHRITIS.**
- ② B- OBSTRUCTIVE SLEEP APNEA.**

Q2



1) LEFT OR RIGHT EAR? LEFT EAR

2) WHAT IS UR DIAGNOSIS?

SECRETORY OTITIS MEDIA

3) WHAT IS THE FINDING IN :

A- WEBER'S TEST : SOUND IS HEARD LOUDER IN THE AFFECTED EAR

B- RENNIE TEST : NEGATIVE ON THE LEFT EAR (BONE > AIR)

4) SURGICAL TREATMENT ? GROMMET TUBE (MERINGYOTOMY)

Q3



A CASE AFTER INJURY....

1-WHAT IS YOUR DIAGNOSIS? LEFT SEPTAL HEMATOMA

2-WHAT'S THE TREATMENT ?

INCISION AND DRAINAGE *→ evacuation*

3- WHAT ARE THE COMPLICATIONS IF WE DON'T TREAT ?

SEPTAL NECROSIS AND SEPTAL PERFORATION

①

②

Q4



- A CASE OF CHRONIC OTITIS MEDIA, ACCORDING TO THE QUESTION
- 1- WHAT IS THE FINDING IN CULTURE?
- **STREP. PNEUMONIA, STAPH. AUREUS (ANY UPPER BACTERIA)**
- 2- EXTRACRANIAL COMPLICATIONS?
- **ORBITAL ABSCESS, (OSTEOMYELITIS!!!!)**