

2019 Scheme

Q.P. Code: 315001

Reg. no.:

Third Professional MBBS Part I Degree Supplementary Examinations April 2026

Otorhinolaryngology

Time: 3 Hours

Total Marks: 100

- Answer all questions to the point neatly and legibly • Do not leave any blank pages between answers • Indicate the question number correctly for the answer in the margin space
- Answer all parts of a single question together • Leave sufficient space between answers
- Draw table/diagrams/flow charts wherever necessary

1. Multiple Choice Questions

(20x1=20)

The MCQ questions (Q.No. i to Q.No. xx) shall be answered **only in the OMR sheet provided at page No. 51** of the answer book (the inner portion of the back cover page (PART III)). Responses for MCQs marked in any other part/page of the answer book will not be valued. **For marking the correct responses use X mark only**

Question numbers i-v are single response type questions

- Site of origin of otoacoustic emission
 - Outer hair cells of cochlea
 - Inner hair cells of cochlea
 - Distal part of cochlear nerve
 - Proximal part of cochlear nerve near the brainstem
- Which paranasal sinus does NOT typically drain into the middle meatus
 - Maxillary
 - Frontal
 - Anterior ethmoid
 - Posterior ethmoid
- The narrowest segment of facial nerve
 - Tympanic segment
 - Mastoid segment
 - Labyrinthine segment
 - Meatal segment
- Gillette's space is part of
 - Retropharyngeal space
 - Peritonsillar space
 - Parapharyngeal space
 - Sublingual space
- Surgical landmark to the facial nerve in middle ear surgery is
 - Prussak's space
 - Processus cochleariformis
 - Handle of malleus
 - Sinus tympani

Question numbers vi-x are multiple response type questions. Read the statements and mark the most appropriate answer.

- Stapedial reflex is mediated by
 - 5th cranial nerve
 - 7th cranial nerve
 - 8th cranial nerve
 - 9th cranial nerve
 - 1 and 2
 - 2 and 3
 - 1 and 3
 - 2 and 4
- Which of the following are features of malignant otitis externa
 - Caused by pseudomonas aeruginosa
 - Nocturnal ear ache
 - Otorrhea
 - Patient is immunocompromised
 - 1 and 2
 - 1, 2 and 3
 - 1, 2 and 4
 - All are correct
- Clinical features NOT seen in atelectatic tympanic membrane are
 - Tympanic membrane is dull and lusterless
 - Apparent lengthening of handle of malleus
 - Cone of light is distorted or absent
 - Lateral process of malleus is less prominent
 - 1 and 3
 - 2 and 4
 - 1 and 2
 - 3 and 4
- Features of peripheral nystagmus include
 - Horizontal or rotary
 - Amplitude is maximum when looking in direction of fast component
 - Suppressed by visual fixation
 - Fatigable and without latent period
 - 1, 3 and 4
 - 2, 3 and 4
 - 1, 2 and 3
 - All are correct
- Vidian nerve is
 - Main sympathetic supply of nose
 - Union of greater superficial petrosal nerve and deep petrosal nerve
 - Nerve of pterygoid canal
 - Vidian neurectomy is a surgical option for vasomotor rhinitis
 - 1, 2 and 3
 - 2, 3 and 4
 - 1, 2 and 4
 - All are correct

Question numbers xi-xv consist of two statements - Assertion (A) and Reason (R). Answer these questions by selecting the appropriate options given below.

- A and R correct and R explains A
 - A and R correct and R does not explain A
 - A is correct, R is incorrect
 - A is incorrect, R is correct
- Assertion:** - Nasal Tuberculosis causes septal perforation
Reason: - Nasal Tuberculosis causes destruction of bony septum predominantly
- Assertion:** - An ulcerative lesion on the anterior two-third of tongue can cause earache.
Reason: - Anterior two-third of the tongue receives somatosensory innervation from the lingual nerve.

(PTO)

- xiii. **Assertion:** - Gustatory lacrimation occurs as sequela of facial nerve injury
Reason: - This is due to faulty regeneration of sympathetic fibres which accidentally innervate the lacrimal gland instead of salivary gland
- xiv. **Assertion:** - Picket-fence fever is seen in lateral sinus thrombophlebitis.
Reason: - There is periodic release of septic emboli into blood stream in lateral sinus thrombophlebitis
- xv. **Assertion:** - Diplopia is seen in Gradenigo syndrome
Reason: - There is involvement of ophthalmic nerve in Gradenigo syndrome

Question numbers xvi-xx are case scenario-based questions.

An afebrile 17-year-old boy presented with 4-day history of oral discomfort and white spots on his tongue. He recently finished a 10-day course of high dose oral antibiotics for a severe sinus infection. Physical examination revealed multiple curd-like, white lesions on tongue, buccal mucosa and gums. These lesions can be easily wiped away with a gauze pad, leaving behind erythematous mucosa.

- xvi. What is the most likely diagnosis
a) Herpetic gingivostomatitis c) Oral diphtheria
b) Oral thrush d) Acute necrotising ulcerative gingivitis
- xvii. Which characteristic best describes the organism responsible for this condition
a) Gram positive bacillus with Chinese letter pattern c) Spirochaete
b) Double stranded DeoxyriboNucleic Acid virus d) Opportunistic dimorphic yeast
- xviii. If the diagnosis is in doubt, which bedside investigation would most quickly confirm it
a) Tzanck smear c) Gram staining
b) Complete blood count d) Potassium hydroxide preparation of scraping
- xix. Which of the following is considered first-line treatment for a mild-to-moderate presentation of this condition
a) Diphtheritic antitoxin therapy and Penicillin G c) Chlorhexidine gluconate mouth wash
b) Nystatin swish and swallow d) Acyclovir ointment
- xx. How can you prevent this condition
a) Early administration of antivirals c) Practice excellent oral hygiene
b) Change to proper oral antibiotics d) Vaccination followed by regular booster shots

Long Essays:

(2x10=20)

2. A 30 year old boiler-maker presents with hearing impairment
a) Describe the clinical and pathological differences between single intense brief and chronic exposure to loud sounds
b) What are the characteristic features of pure tone audiogram in chronic exposure to noise
c) What is the maximum safe limit of noise recommended by Government of India under Factories Act. What are the permissible limits of noise during day and night in industrial and residential areas
d) What are the non-auditory effects of noise
e) Outline the preventive measures (2+1+3+1+3)
3. 60 year old male is brought to emergency department with epistaxis
a) Analyse the immediate management priorities
b) What is the potential significance of the presence of a clear watery fluid mixed with blood dripping from the nose in this context and how would you confirm or exclude this possibility
c) List 6 distinct factors (three local and three general) which cause epistaxis
d) Differences between anterior and posterior epistaxis
e) Describe the principles of management of severe epistaxis (2+2+2+1+3)

(6x6=36)

Short Essays:

4. Causative factors and pathophysiology of chronic rhinosinusitis
5. Describe the key functions of eustachian tube and highlight the differences between the eustachian tube in infant and adult
6. Aetiopathology, clinical features and investigations of serous otitis media
7. Aetiology, clinical features and principles of management of latent mastoiditis
8. Describe three different procedures for immediate airway management.
9. How do you counsel a patient posted for mastoid exploration

(6x4=24)

Short Answers:

10. Draw a neat and labelled diagram of palatine tonsil with its blood supply.
11. National programme for the prevention and control of deafness
12. Clinical features and principles of management of Ludwig's angina
13. Aetiopathology and pathogenesis of submucous fibrosis
14. Differential diagnoses and principles of management of rhinosporidiosis.
15. Draw labelled diagram of osteomeatal complex and describe the clinical importance.

CORRECTION / NO-CORRECTION FILE
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QPCODE: 315001

Dated: 13-04-2026

Question No.15

The word 'osteomeatal' is corrected as "ostiomeatal".

Corrections/Modifications/Replacement of Questions if any shall be made available to all students. Take the print out of the Correction File in such cases and distribute to all students.

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CONTROLLER OF EXAMINATIONS