

2019 Scheme

Q.P. Code: 315001

Reg. no.:

Third Professional MBBS Part I Degree Supplementary Examinations January 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

- What is the most frequently encountered congenital anomaly affecting the ossicles
a) Incudostapedial discontinuity c) Fixity of malleus
b) Fixity of stapes d) Absent long process of incus
- Identify the anatomical structure that is **NOT** a boundary of the facial recess
a) Facial nerve b) Fenestra vestibuli c) Fossa incudis d) Chorda tympani
- Which semicircular canal is commonly affected in benign paroxysmal positional vertigo
a) Posterior semicircular canal c) Superior semicircular canal
b) Lateral semicircular canal d) Horizontal semicircular canal
- Danger space is located between
a) Buccopharyngeal fascia and alar fascia c) Buccopharyngeal fascia and fascia covering mandible
b) Alar fascia and prevertebral fascia d) Buccopharyngeal fascia and prevertebral fascia
- A new born presents with malformed pinna. What is the recommended timing of corrective surgery
a) Within two years of age c) 16 – 18 years
b) 5 - 6 years d) After 21 years

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

- Which of the following are features of Gradenigo syndrome
1) Retro-orbital pain 2) Profuse discharge from the ear 3) VIIth nerve palsy 4) Diplopia
a) 1 and 2 b) 1, 2 and 3 c) 1, 2 and 4 d) All are correct
- Which of the following statements are TRUE about adult eustachian tube
1) Outer one third is bony 2) Direction is downwards, backwards and medial from its tympanic end
3) Total length is 36mm 4) Main muscle to open the tube is salpingopharyngeus
a) 1 and 3 b) 2 and 4 c) 1, 2 and 3 d) 1, 3 and 4
- True about rhinophyma
1) Premalignant condition 2) Mostly affects men past middle age
3) Often seen in cases of long standing acne rosacea 4) Hypertrophy of sebaceous glands
a) 1, 3 and 4 b) 1, 2 and 3 c) 2, 3 and 4 d) All are correct
- Surgical landmarks of facial nerve are
1) Processus cochleariformis 2) Short process of incus 3) Digastric ridge 4) Pyramid
a) 1, 3 and 4 b) 1, 2 and 3 c) 2, 3 and 4 d) All are correct
- Important ethmoid cells in the anterior group include
1) Ethmoid bulla 2) Onodi cells 3) Haller cells 4) Agger nasi cells
a) 1, 3 and 4 b) 1, 2 and 3 c) 2, 3 and 4 d) 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) A and R correct and R explains A c) A is correct, R is incorrect
b) A and R correct, and R does not explain A d) A is incorrect, R is correct
- Assertion:** - The recurrent laryngeal nerve supplies all intrinsic muscles of larynx except the cricothyroid.
Reason: - The cricothyroid muscle is innervated by the internal branch of the superior laryngeal nerve.
- Assertion:** - Facial weakness is a common initial presenting symptom in patients with a small acoustic neuroma confined to the internal auditory canal
Reason: - The facial nerve runs anatomically adjacent to the vestibular nerve in the narrow internal auditory canal

(PTO)

- xiii. **Assertion:** - Sudden sensorineural hearing loss is rapid hearing loss of 30 dB across at least 3 contiguous audiometric frequency occurring within 3 weeks period
Reason: - Despite thorough workup, majority of sudden sensorineural hearing loss are classified as idiopathic.
- xiv. **Assertion:** - Cholesterol granuloma is a mass of granulation tissue with foreign body giant cells surrounding cholesteatoma matrix
Reason: - Cholesterol granuloma occurs due to the reaction to the long standing retention of secretions or haemorrhage.
- xv. **Assertion:** - Posterior perforation of tympanic membrane causes more conductive hearing loss compared to anterior perforation
Reason: - Round window baffle effect is impeded in posterior perforation of tympanic membrane

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

A 3-week old full term male infant presented with inspiratory stridor when baby is crying, agitated or feeding, but tends to disappear or significantly decrease when he is calm, asleep or placed in a prone position

- xvi. What is the possible diagnosis
a) Laryngeal web
b) Congenital vocal fold paralysis
c) Congenital subglottic stenosis
d) Laryngomalacia
- xvii. Diagnostic confirmation is by
a) X-ray soft tissue neck
b) Barium swallow study
c) Flexible fiberoptic laryngoscopy
d) Chest X-ray
- xviii. Initial most appropriate management approach is
a) Immediate surgical intervention
b) Continuous positive airway pressure
c) Tracheostomy
d) Observation and conservative management
- xix. Characteristic feature of this condition
a) Rigidity of larynx
b) Flaccidity of supraglottic larynx
c) Both vocal folds in paramedian position
d) Web involving subglottis
- xx. In severe cases of this condition, treatment is
a) Lateralisation of vocal fold
b) Steroid therapy
c) Supraglottoplasty
d) Carbon dioxide laser excision of web

Long Essays:

(2x10=20)

2. 11 month old boy is found to have bilateral profound hearing impairment on audiological evaluation.
a) Describe prenatal causes of this condition
b) Methods of hearing assessment in infants
c) Risk factors for hearing loss in children
d) Principles of management of this patient (2+2+2+4)
3. 30 year old non-smoker and afebrile patient presents with a three-year history of near-constant bilateral and severe nasal obstruction, dull pressure-like facial pain, copious thick yellowish green post-nasal drip and hyposmia. On clinical examination pale, glistening, grape-like masses completely filling both nasal cavities without paranasal sinus tenderness.
a) What is the most likely diagnosis
b) Write the causative factors and pathophysiology of this condition
c) Describe the principles of management of this patient (1+4+5)

Short Essays:

(6x6=36)

4. Describe osteomeatal complex, its anatomical components and clinical importance
5. Aetiopathology and principles of management of allergic rhinitis
6. Parameters tested in speech audiometry and its interpretation
7. Describe the causes, clinical features of retracted tympanic membrane and management strategies to prevent further progression
8. Aetiopathology and principles of management of submucous fibrosis
9. 65 year old patient is posted for direct laryngoscopy under general anaesthesia. How do you write an informed consent

Short Answers:

(6x4=24)

10. What is laryngocele. Describe its classification and clinical features
11. Draw a labelled diagram of the arterial supply of the nasal septum and identify the origin of each artery, specifying the major artery it branches from
12. Illustrate the membranous and bony labyrinths with clear labelled diagrams
13. Diagnosis and principles of management of rhinosporidiosis
14. Functions of tracheostomy.
15. Uses of acoustic stapedial reflex
