

Personal information

Student	Date Of Birth	Batch No
Mustafa Qazi	01-Mar-01	
Academic Session	Subject	Exam
2022-23	4th Year Block II (EYE + ENT)	- (2308-3)

Marks

Total Marks	Marks Obtain
40	20

Paper Question & Answers Detail`s

<p>A 12-years old girl is brought by her parents to Ophthalmology OPD. According to the parents, the patient has congenital cataracts since birth. What is the most important complication of untreated congenital cataracts?</p>	0	<input type="radio"/> A Retinal detachment <input type="radio"/> B Corneal ulcer <input type="radio"/> C Amblyopia [T] <input type="radio"/> D Optic disc atrophy <input checked="" type="radio"/> E Lens subluxation
<p>A 4-years old patient has Retinoblastoma involving her right eye. The patient is advised to undergo complete removal of the eyeball. The rest of orbital contents will not be excised. What is the procedure described above named?</p>	1	<input type="radio"/> A Evisceration <input type="radio"/> B Classical exenteration <input type="radio"/> C Lid sparing (Modified) exenteration <input checked="" type="radio"/> D Enucleation [T] <input type="radio"/> E Eyeball Resection
<p>A 3-year young boy is brought by his concerned parents after they noticed white pupillary reflex in his left eye. On examination, you found the cornea and lens are clear. You noticed a whitish mass involving the retina. B-scan ultrasound showed calcification in the mass. You are suspecting a possible intra—ocular tumor. What is the most likely diagnosis?</p>	1	<input checked="" type="radio"/> A Retinoblastoma [T] <input type="radio"/> B Coat's disease <input type="radio"/> C Toxocariasis <input type="radio"/> D Toxoplasmosis <input type="radio"/> E Congenital Cataract
<p>A 1-year young boy is brought by his parents to Ophthalmology OPD. The parents want to seek opinion regarding treatment of congenital cataract in Right eye of their infant. What is the best treatment option in this case?</p>	0	<input type="radio"/> A Keep under observation until 2-years of age <input checked="" type="radio"/> B Perform lens matter aspiration and lens implant after 2-years of age <input type="radio"/> C Perform lens matter aspiration now and implant lens at 2-years of age [T] <input type="radio"/> D Prescribe glasses and call for follow-up after 1 year <input type="radio"/> E Advise the parents that it will clear spontaneously
<p>A 9-months young boy is brought by his parents to Ophthalmology OPD. According to the parents, the patient does not follow objects and cannot recognize his mother's face. On examination, you noticed a white pupillary reflex (Leukocoria). The opacity involves a structure behind the iris. What is the most common cause of leukocoria in this age group?</p>	1	<input type="radio"/> A Retinoblastoma <input checked="" type="radio"/> B Congenital Cataract [T] <input type="radio"/> C Coat's Disease <input type="radio"/> D Toxocariasis <input type="radio"/> E Congenital Glaucoma
<p>A 45 years male presented to eye OPD with a complaint of right inward deviation in primary position and sudden diplopia. Extra ocular movements are normal except right lateral rectus restriction. Diplopia increases on ipsilateral gaze. What's the probable diagnosis:</p>	1	<input type="radio"/> A 3rd nerve palsy <input checked="" type="radio"/> B 6th nerve palsy [T] <input type="radio"/> C duane retraction syndrome <input type="radio"/> D convergence spasm <input type="radio"/> E Restrictive thyroid ophthalmopathy
<p>A 55 years male presented to eye OPD with severe headache and closure of his right eye. On examination the patient has right ptosis, variable limitation of inward upward and downward movements. Pupil is dilated and poor reactive to light. Outward movement of the eye is normal. The most probable diagnosis is:</p>	0	<input type="radio"/> A paralytic exotropia [T] <input type="radio"/> B paralytic esotropia <input type="radio"/> C intermitant exotropia <input type="radio"/> D alternation exotropia <input checked="" type="radio"/> E accomodative esotropia
<p>A 3 years old male child is brought to eye OPD with a complaint of outward deviation of the right eye. According to the mother of the child the deviation is only seen when the kid is fatigued, ill health and in bright light. The child usually closes one eye in</p>	1	

bright light. Cover uncover test shows exophoria. Whats your probable diagnosis:

- A paralytic exotropia
- B paralytic esotropia
- C intermittant exotropia [T]
- D alternation exotropia
- E infantile esotropia

A three years female child is brought to eye opd with convergent squint for the last 6 months. Extraocular movements and fundi are normal. Ac/A ratio is normal. Cycloplegic refraction shows hypermetropia of 6 diopters . eyes are staright with glasses. Whats your probable diagnosis:

0

- A accomodative esotropia [T]
- B infantile esotropia
- C exotropia
- D paralytic esotropia
- E paralytic exotropia

A 6 months male baby is brought to eye OPD with inward deviation of eyes for the last two months. On examination the angle of deviation is 60 prism diopter. There is no refractive error and fundi are normal. The most probable diagnosis

1

- A accomodative esotropia
- B infantile esotropia [T]
- C exotropia
- D paralytic esotropia
- E paralytic exotropia

An 80 years old female presents to eye OPD with the complaints of persistent right epiphora. On examination the right lower eyelid is everted away from the eyeball. She has right chronic conjunctivitis and exposure keratitis. the most probable diagnosis is:

0

- A trichiases
- B ectropion [T]
- C entropion
- D districhiases
- E pseudo districhiases

A 70 years old man presents to eye OPD with irritation, foreign body sensation and photophobia in the right eye. On examination the patients has right punctuate corneal epithelium defects, conjunctival redness and corneal ulceration. On examination the lid margin is turned inward and the eyelashes are rubbing against cornea and conjunctiva. The most probable diagnosis is:

1

- A trichiases
- B ectropion
- C entropion [T]
- D districhiases
- E pseudo districhiases

A 60 years old male presents with acute onset of right orbital pain, he has periocular redness and swelling. Conjunctival injection, chemosis, lid edema and proptosis is present. The size of extra ocular muscle is normal. Thyroid function tests are normal. Whats the most probable diagnosis:

0

- A Orbital cellulitis
- B preceptal cellulitis
- C thyroid eye disease
- D idiopathic orbital eye disease [T]
- E dermoid cyst of the orbit

An 8 years old male child is presented to eye OPD with severe swelling and redness of right upper and lower eyelids. His extra ocular movements are normal. Whats your probable diagnosis:

0

- A orbital cellulitis
- B preceptal cellulitis [T]
- C thyroid eye disease
- D idiopathic orbital eye disease
- E dermoid cyst of the orbit

1 year old male baby is presented to eye OPD with severe swelling of eyelids and forward bulging of the eyeball with restricted extraocular movements and the patient has fever. The most probable diagnosis is:

0

- A Orbital cellulitis [T]
- B preceptal cellulitis
- C thyroid eye disease
- D idiopathic orbital eye disease
- E dermoid cyst of the orbit

A 20 years old girl presents to eye OPD with a recent onset of bilateral ptosis and diplopia, which becomes worse in the evening. Ice pack test and acetycholine receptor antibodies are positive. The most probable diagnosis is:

1

- A mayasthenia gravis [T]
- B ptosis
- C pseudo ptosis
- D proptosis
- E pseudo proptosis

A two year male child is presented with drooping of right upper eyelid since birth. On examination upper eyelid crease is absent and the elevator function is 10mm.The most probable diagnosis is:

1

- A Myasthenia gravis
- B Ptosis [T]
- C Pseudo ptosis
- D Proptosis
- E Pseudo proptosis

13 years boy presents to eye OPD with pain in the right lower eyelid. The lesion is tender and the eyelid margin is red and edematous.pus is pointing towards the eyelid margin. What's the most probable diagnosis:

1

A 28 years lady came to eye OPD with the complaint of a painless swelling in the left upper lid with normal overlying skin. Palpation of the lesion indicates a small nodule in the substance of upper eyelid. Conjunctiva of the upper eyelid is red over the nodule. The most probable diagnosis is:

0

A middle aged women who is a known patient of hyperlipidemia presents with bilateral slightly raised creamy-yellowish, plaque like lesions in the skin of upper eyelid near the medial canthus. The most probable diagnosis is:

0

A 55-year-old male smoker presents with hoarseness and a progressively worsening cough. He also complains of difficulty swallowing. Laryngoscopy reveals a lesion involving the right vocal cord with irregular borders and areas of ulceration. What is the most appropriate next step?

0

A -5 weeks-old child is brought to your clinic with high-pitched noise during inspiration and improves with proning. The child appears distressed, and you observe retractions in the suprasternal notch and between the ribs. What is the most likely condition causing these symptoms?

0

A 50-year-old patient presents with recurrent episodes of severe pain and swelling below the jaw, especially during meals. On palpation, you feel a tender, fluctuant mass. What is the most likely diagnosis?

0

A 65-year-old patient presents with complaints of difficulty in swallowing, especially when consuming solid foods. He also mentions occasional regurgitation of undigested food, often accompanied by foul-smelling breath. On examination, you notice a bulge in the neck region during swallowing. What is the most likely diagnosis?

1

A 25-year-old patient presents with a complaint of a scratchy and painful throat, along with mild fever. On examination, you notice redness and swelling in the back of the throat, as well as white patches on the tonsils. What is the most likely diagnosis?

0

A 17-year-old patient visits your clinic with complaints of a persistent sore throat, mild fever and discomfort in the abdomen. Physical examination reveals swollen tonsils with scrapable white patches and palpable cervical lymph nodes. The patient's fatigue seems disproportionate to the symptoms. What condition should be considered in this case?

1

: A 60-year-old patient presents with dysphagia, weight loss, and a painless lump in the neck. Examination reveals an enlarged thyroid gland. Fine-needle aspiration cytology shows differentiated thyroid carcinoma. Which subtype is most common?

1

A 35-year-old teacher complains of a persistently hoarse voice for the past few weeks. There is no associated pain or cough. What is the most likely cause of hoarseness in this patient?

1

- A Chalazion
- B Externum Hordeolum (Stye) [T]
- C Basal cells carcinoma
- D Squamous cells carcinoma
- E Sebaceous gland carcinoma

- A Chalazion [T]
- B Externum Hordeolum (Stye)
- C Basal cells carcinoma
- D Squamous cells carcinoma
- E Sebaceous gland carcinoma

- A Chalazion
- B Externum Hordeolum (Stye)
- C Capillary haemangioma
- D Xanthalesma [T]
- E neurofibroma of eyelid

- A Empiric antibiotic therapy
- B Immediate surgical excision
- C Chest X-ray to evaluate for metastasis
- D Biopsy of the lesion [T]
- E High-dose corticosteroid therapy

- A Croup (viral laryngotracheitis)
- B Epiglottitis
- C Laryngomalacia [T]
- D Foreign body aspiration
- E Vocal cords nodules

- A Submandibular sialadenitis [T]
- B Parotitis
- C Sublingual gland abscess
- D Pharyngitis
- E Ludwig's angina

- A Tonsillitis
- B Gastroesophageal reflux disease
- C Zenker's Diverticulum [T]
- D Laryngitis
- E Laryngocele

- A Infectious mononucleosis
- B Viral pharyngitis
- C Granular tonsillitis [T]
- D Laryngitis
- E Acute glossitis

- A a) Common Cold
- B Gastroenteritis
- C Diphtheria
- D Infectious mononucleosis [T]
- E Streptococcal tonsillitis

- A Papillary carcinoma [T]
- B Follicular carcinoma
- C Medullary carcinoma
- D Anaplastic carcinoma
- E Hurthall cell carcinoma

<p>: A 45-year-old patient presents with a complaint of yellowish discharge from the right ear along with hearing loss. On examination, the tympanic membrane appears red and inflamed. What is the most likely diagnosis?</p>	<p>1</p>	<p><input type="radio"/> A Gastroesophageal reflux disease (GERD)</p> <p><input type="radio"/> B Acute laryngitis</p> <p><input checked="" type="radio"/> C Vocal cord nodules [T]</p> <p><input type="radio"/> D Laryngeal carcinoma</p> <p><input type="radio"/> E Bilateral vocal cords palsies</p>
<p>A 30-year-old female presents with recurrent episodes of severe vertigo associated with hearing loss and tinnitus. Patient suddenly falls on the ground without loss of consciousness. What is the most likely diagnosis?</p>	<p>0</p>	<p><input checked="" type="radio"/> A Acute otitis media [T]</p> <p><input type="radio"/> B Chronic otitis media</p> <p><input type="radio"/> C Otitis externa</p> <p><input type="radio"/> D Serous otitis media</p> <p><input type="radio"/> E Eustachian tubes dysfunction</p>
<p>: A 30-year-old female presents with recurrent episodes of transient vertigo. There is no history of hearing loss and tinnitus. Positional test (Dix Hallpike) results in nystagmus and vertigo. What is the most likely diagnosis?</p>	<p>0</p>	<p><input type="radio"/> A Vestibular neuritis</p> <p><input type="radio"/> B Meniere's disease [T]</p> <p><input type="radio"/> C Benign paroxysmal positional vertigo (BPPV)</p> <p><input checked="" type="radio"/> D Acoustic neuroma</p> <p><input type="radio"/> E Labyrinthitis</p>
<p>A 20-year-old patient presents with a feeling of pressure and fullness in both ears, particularly when traveling in an airplane. Examination reveals normal tympanic membranes. Which of the following conditions is the likely cause of these symptoms?</p>	<p>0</p>	<p><input type="radio"/> A Vestibular neuritis</p> <p><input checked="" type="radio"/> B Meniere's disease</p> <p><input type="radio"/> C Benign paroxysmal positional vertigo (BPPV [T]</p> <p><input type="radio"/> D Acoustic neuroma</p> <p><input type="radio"/> E Labyrinthitis.</p>
<p>A 40-year-old patient complains of gradual hearing loss in both ears, especially for high-pitched sounds. There is a history of prolonged exposure to loud noise at the workplace. What is the most likely diagnosis?</p>	<p>0</p>	<p><input type="radio"/> A) Acute otitis media</p> <p><input checked="" type="radio"/> B Eustachian tube dysfunction</p> <p><input type="radio"/> C Serous otitis media</p> <p><input type="radio"/> D Otitis externa [T]</p> <p><input type="radio"/> E Meniere's disease</p>
<p>A 30 years old female presented with complaints of painful left pinna after getting an ear piercing 6 days back. O/E , left pinna is swollen and is exquisitely tender with a fluctuant red swelling. The next step should be</p>	<p>1</p>	<p><input checked="" type="radio"/> A Presbycusis</p> <p><input type="radio"/> B Meniere's disease</p> <p><input type="radio"/> C Otitis externa</p> <p><input type="radio"/> D Conductive hearing loss</p> <p><input type="radio"/> E Noise induced hearing loss [T]</p>
<p>A 60 years old diabetic female presented with complaints of severe pain right ear, fever and serous discharge from right ear from the last 2 weeks. She is on oral hypoglycemics. Her blood investigations reveal poor glycemic control with HbA1C of 10%. Examination of right ear reveals a congested external canal with serous discharge and is very tender. This patient is suffering from</p>	<p>1</p>	<p><input type="radio"/> A Antibiotics</p> <p><input type="radio"/> B conservative management</p> <p><input checked="" type="radio"/> C incision and drainage [T]</p> <p><input type="radio"/> D heat pads</p> <p><input type="radio"/> E splintage of pinna</p>
<p>A 24 years old female presented with complaints of chronically discharging ears from the last 4 years. She has taken multiple antibiotics with no improvement. Examination of the ears reveal bilateral perforations with active discharge in both ears. Her CT scan shows hazy mastoids. The next investigation in this patient which will help in management is:</p>	<p>1</p>	<p><input type="radio"/> A Herpes Zooster Oticus</p> <p><input type="radio"/> B keratosis obturans</p> <p><input checked="" type="radio"/> C malignant otitis externa [T]</p> <p><input type="radio"/> D Otomycosis</p> <p><input type="radio"/> E osteoma</p>
<p>A 65 years old male presented with complaints of decreased hearing left side along with tinnitus and vertigo from the last 4 years. O/E left tympanic membrane is normal. Tuning fork tests reveal Rinnie's positive in both ears with webbers lateralizing towards the right ear. The interpretation of tuning fork tests is:</p>	<p>0</p>	<p><input type="radio"/> A Audiogram</p> <p><input type="radio"/> B Examination under a microscope</p> <p><input type="radio"/> C full blood profile</p> <p><input checked="" type="radio"/> D Pus for culture and sensitivity [T]</p> <p><input type="radio"/> E MRI brain</p>
<p>A 2 years male old child presented with complaints of bilaterally decreased hearing since birth. Her parents report that he had neonatal jaundice at 10th day of life for which he required an exchange transfusion for his high bilirubin levels. Audiogram</p>	<p>1</p>	<p><input checked="" type="radio"/> A conductive deafness in left ear</p> <p><input type="radio"/> B conductive deafness in right ear</p> <p><input type="radio"/> C sensorineural deafness in left ear [T]</p> <p><input type="radio"/> D sensorineural deafness in right ear</p> <p><input type="radio"/> E mixed hearing loss</p>

reveals he has 100dB of sensorineural hearing loss bilaterally. The option he has for auditory rehabilitation is:

- A brain stem implant
- B cochlear implant [T]
- C hearing aid
- D non verbal cues
- E wait and watch policy

A 40 years old male presented with complaints of right sided tinnitus and vertigo from the last 5 years. he has taken multiple medications for it but with no improvement. Rather his symptoms have worsened over time. O/E right TM is normal. Tuning fork tests are also normal. The next investigation in this patient would be

0

- A Audiogram
- B brain stem evoked response audiometry
- C electrocochleography
- D MRI brain [T]
- E speech discrimination score

A 34 years old male presented with complaints of left sided tinnitus, vertigo and aural fullness from the last 2 years. He also complains of decreased hearing in that ear. You are suspecting meniere's disease. the investigation which you will order to reach diagnosis in this case would be

1

- A Audiogram
- B Brain stem evoked response audiometry
- C electrocochleography [T]
- D MRI brain
- E Otoacoustic emissions