



# **BTR ENT - 04-10-2025**

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**Dr. Zainab Vora**

**1. All of the following are features of attico-antral type of chronic suppurative otitis media (CSOM), except:**

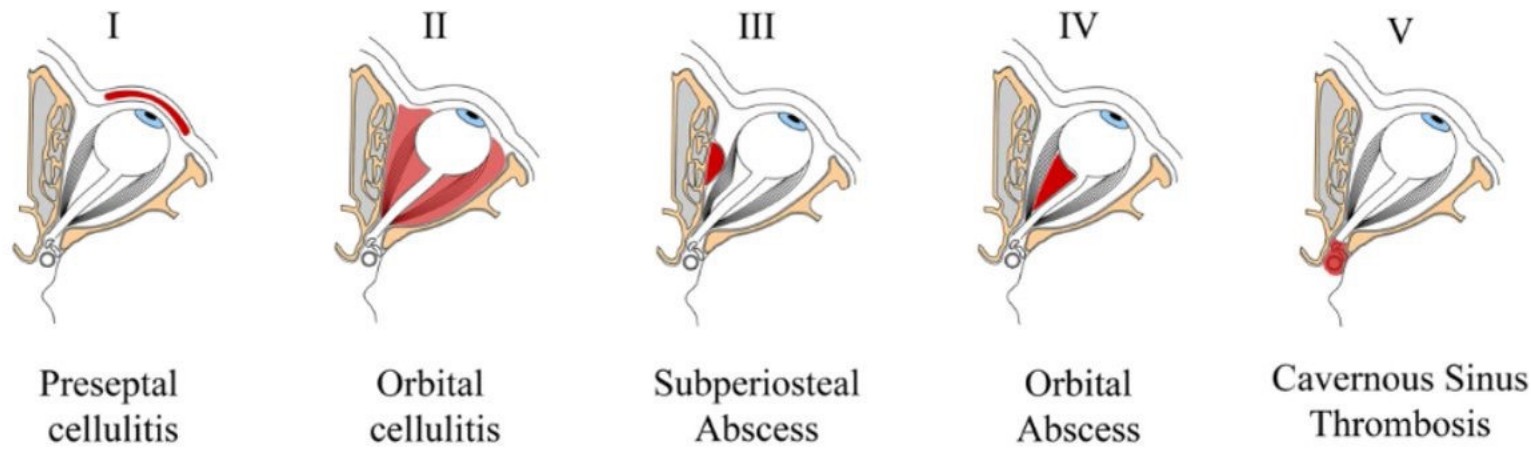
- A. Also called the unsafe type**
- B. Cholesteatoma is present**
- C. Central perforation in the anteroinferior quadrant**
- D. Granulations and red fleshy polyps are common**

Features	Tubotympanic type	Atticoantral type
<b>Etiology</b>	Recurrent acute otitis media Trauma (causing perforation)	Retraction Pocket in Tympanic membrane.
<b>Nature of Ear discharge</b>	<b>Active: Ear discharge present</b> Profuse, Mucoid/Mucopurulent, Non-foul smelling <b>Inactive: No discharge</b>	Scanty, Purulent, blood-tinged, Foul smelling.
<b>Granulation Tissue</b>	Uncommon	Common
<b>Polyp</b>	Pale polyp	Red, fleshy polyp (Never to be avulsed: Risk of bleeding and damage to nearby structures)
<b>Otoscopy: Tympanic membrane</b>	<ul style="list-style-type: none"> <li>•Central perforation in pars tensa.</li> <li>•Annulus spared</li> </ul>	<ul style="list-style-type: none"> <li>•Marginal/attic perforation</li> <li>•Retraction pocket</li> <li>•Cholesteatoma</li> </ul>
<b>Complications</b>	Low risk	High risk: Bony erosion, ossicular necrosis, Facial nerve palsy, Intracranial complications.

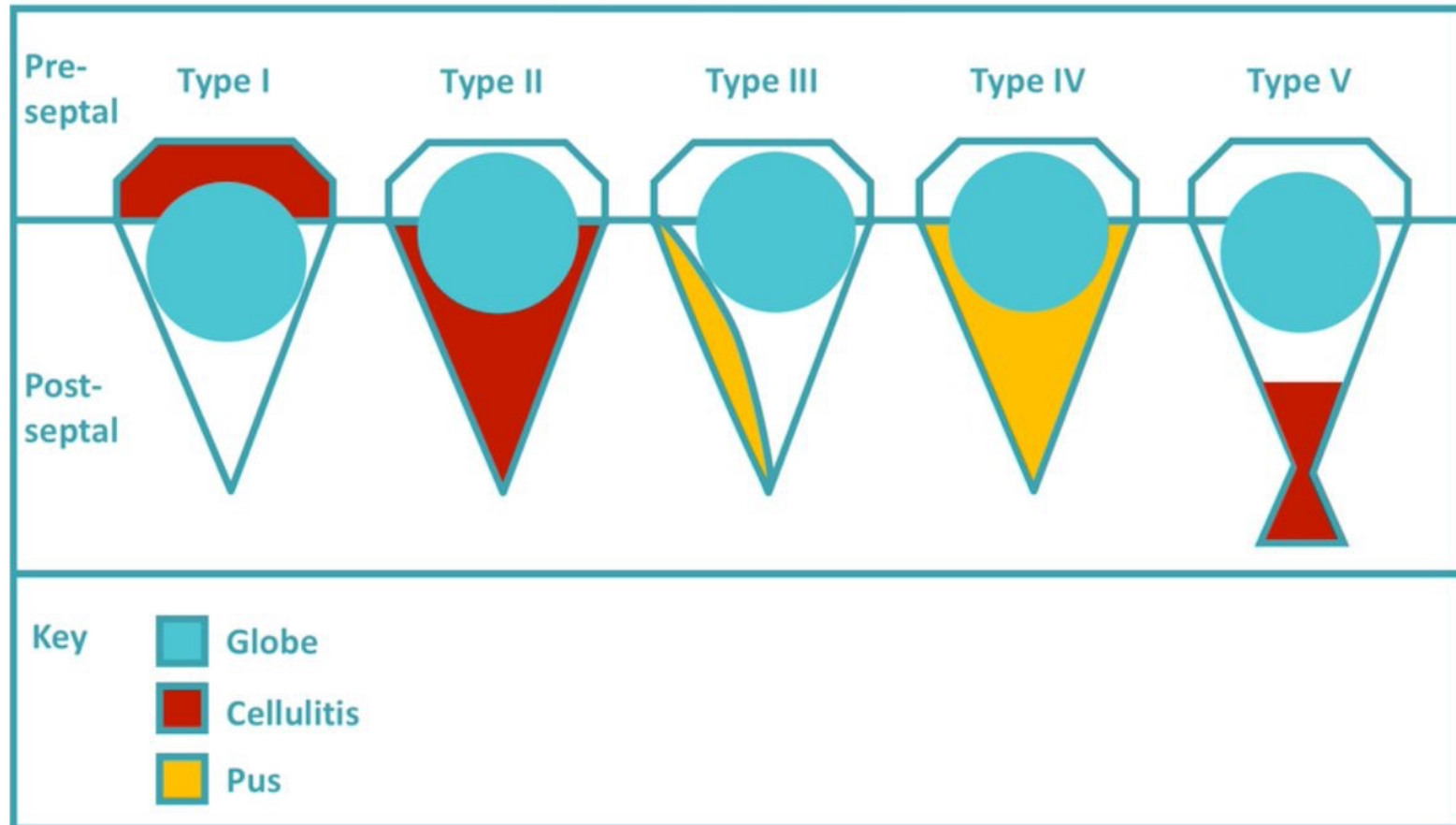
	<b>Canal Wall Up</b>	<b>Canal Wall Down</b>
<b>Definition</b>	Posterior wall of external auditory canal is preserved-posterior tympanotomy	Posterior wall of external auditory canal is not preserved -Common cavity
<b>Visualisation</b>	Limited view only Less access to hidden areas	Wider view Good access to all disease-prone areas (Sinus tympani, attic, Eustachian tube orifice)
<b>Recurrence</b>	High rate of residual disease and recurrence.	Low rate (hidden areas are cleared)
<b>Second Look Surgery</b>	Required after 6 months	Not required
<b>Healing</b>	Fast healing	Slow healing
<b>Rehabilitation</b>	Better water tolerance. No restriction. Hearing aid: Well tolerated.	Collection of wax and debris in cavity. Requires periodic cleaning. Poor water tolerance. Avoid swimming/water entry to the ear. Hearing aid: Hard to fit. Infection is common.

**2. Which of the following statements regarding orbital cellulitis is true:**

- A. Inflammation is restricted anterior to the orbital septum**
- B. Ethmoidal sinusitis is the most common source of infection in all age groups**
- C. Topical broad-spectrum antibiotics are the first line of management**
- D. Patient presents with proptosis, blurring of vision, normal pupillary and ocular movement**



Chandler's Classification

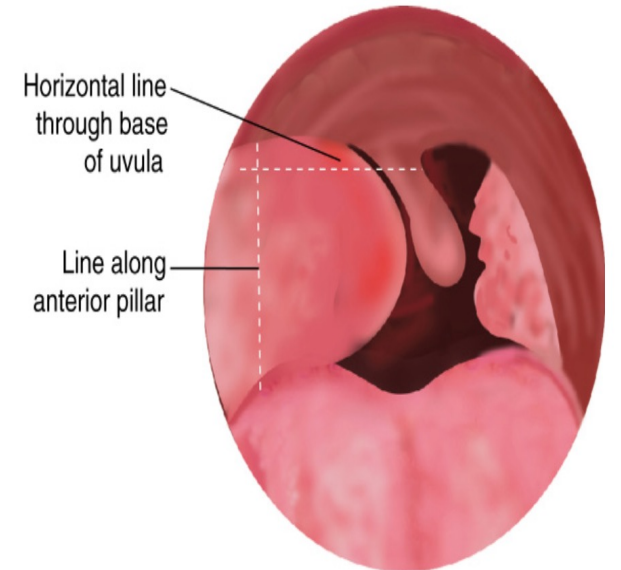


**3. In acute suppurative otitis media, during which phase is the ear pain at its peak intensity?**

- A. Stage of resolution**
- B. Stage of tubal occlusion**
- C. Stage of suppuration**
- D. Stage of pre-suppuration**

**4. A 30-year-old school teacher presents with a three-day history of fever, chills, and sore throat. He also complains of difficulty swallowing that started yesterday. He denies any cough, chest pain, or difficulty breathing. His temperature is 39.8° C (102.2 F), blood pressure is 118/76 mmHg, pulse is 102/min, and respirations are 19/min. On examination, his voice is muffled. Enlarged, tender cervical lymph nodes are palpated on the left, and his uvula is deviated to the right. What is the most appropriate treatment for this patient?**

- A. Throat swabs and oral antibiotics**
- B. Monospot test and oral antibiotics**
- C. Emergency laryngoscopy**
- D. Needle peritonsillar aspiration**



**5. A 55-year-old woman presented at the hospital with a reported history of ear trauma. Upon examination, there was observed swelling, tenderness, and discoloration of the ear. Which of the following is false regarding the given image?**

- A. It may lead to pugilistic ear**
- B. It is caused by accumulation of blood in perichondrial space**
- C. Resolves spontaneously**
- D. All cases should receive prophylactic antibiotics**

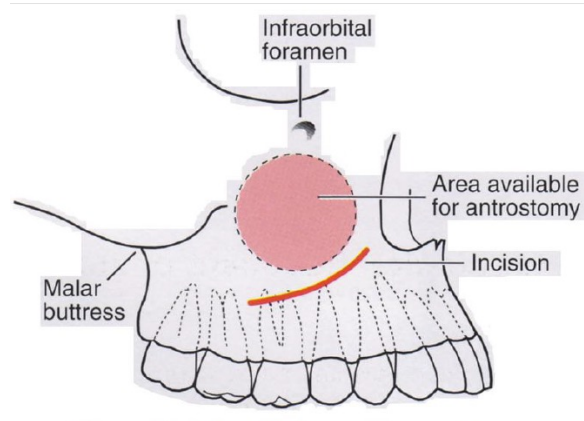


**6. A woman presents with a history of sudden spontaneous lacrimation upon salivation. The lesion behind this pathology is located at:**

- A. Facial nerve proximal to geniculate ganglion**
- B. Chorda tympani in infratemporal fossa**
- C. Facial nerve at stylomastoid foramen**
- D. Facial nerve at the vertical segment of ear**

## 7. Indication for this incision:

- A. Caldwell luc
- B. Midfacial degloving
- C. Open rhinoplasty
- D. SMR



**8. Which of these is an indication for giving adjuvant radiotherapy in oral malignancy after resection and MRND?**

- A. Extranodal extension**
- B. Multiple lymph node metastases**
- C. T3 tumor**
- D. LN Size >3cm**



**9. A 36-year-old woman comes to the emergency department with worsening fever and sore throat. Four days ago, the patient accidentally swallowed a fish bone that scratched her throat and caused some discomfort. She felt better after some time and did not seek medical attention, but for the past 2 days she has had severe sore throat and difficulty swallowing. The patient also reports neck pain and stiffness. Examination shows pooling of saliva in the hypopharynx. The posterior pharyngeal wall is red and bulging. The neck is stiff with reduced passive range of motion. Lung auscultation is normal. Lateral radiographs of the neck reveal increased thickness of the prevertebral soft tissues with an air-fluid level. Due to potential contiguous spread of the disease process, this patient is at greatest risk of developing which of the following?**

- A. Acute necrotizing mediastinitis**
- B. Cranial subdural empyema**
- C. Ludwig angina**
- D. Septic cavernous sinus thrombosis**

**10. A woman develops wheezing after taking aspirin for a headache. Which statement is true about this condition?**

- A. A type of extrinsic asthma**
- B. Raised serum IgE levels**
- C. Associated with ethmoid polyps**
- D. Positive skin test for inhaled allergens**

**11. Identify the correct statements about pediatric airway:**

- 1. Epiglottis moves up during swallowing**
- 2. They can suckle and breathe at the same time**
- 3. Larynx opposite C3-C6**
- 4. Narrowest portion is at the level of cricoid cartilage**
- 5. Epiglottis is shorter and wider**

**A. 1, 2, 3, 4, 5**

**B. 2, 3, 5**

**C. 3, 4**

**D. 1, 2, 4**

**12. A patient presented with odynophagia and cervical lymphadenopathy. On examination, ulcerated growth was present on base of tongue which was found to be squamous cell carcinoma. What is the most common organism associated?**

- A. HPV**
- B. CMV**
- C. EBV**
- D. HSV**

### **13. Identify the correct plane of Frankfurt horizontal plane:**

- A. Inferior border of infraorbital rim and superior border of external auditory canal**
- B. Superior border of infraorbital rim and superior border of external auditory canal**
- C. Inferior border of infraorbital rim and inferior border of external auditory canal**
- D. Superior border of infraorbital rim and inferior border of external auditory canal**

**14. Arrange in correct order of cervical VEMP:**

**1.Sacculle**

**2.Utricle**

**3.Superior vestibular nerve**

**4. Inferior vestibular nerve**

**5. Vestibular nucleus**

**6.SCM**

**7.MLF**

**A. 1-4-5-6**

**B. 2-3-5-6**

**C. 2-3-5-7-6**

**D. 1-4-5-7-6**

- Cervical VEMP (cVEMP): Evaluates the saccule and inferior vestibular nerve by recording responses from the sternocleidomastoid (SCM) muscle.
- Ocular VEMP (oVEMP): Assesses the utricle and superior vestibular nerve by measuring responses from muscles near the C/L eyes (typically the inferior oblique).

Response	D/D
<b>Hyperactive</b>	<ul style="list-style-type: none"> <li>• Fistula</li> <li>• Hypermobility footplate (Congenital syphilis)</li> <li>• SSCD</li> <li>• Meniere's disease</li> </ul>
<b>Hypoactive</b>	<ul style="list-style-type: none"> <li>• Vestibular neuritis</li> <li>• Acoustic neuroma</li> </ul>

**15. Nystagmus to the opposite side of the lesion occurs in:**

- 1. Purulent labyrinthitis**
- 2. Trauma to labyrinth**
- 3. Serous labyrinthitis**
- 4. Hypoactive labyrinth**

**A. 1, 3, 4**

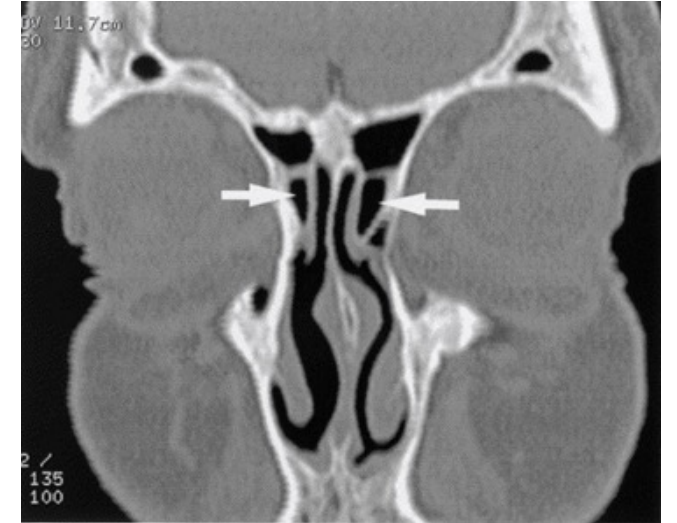
**B. 1, 2, 3, 4**

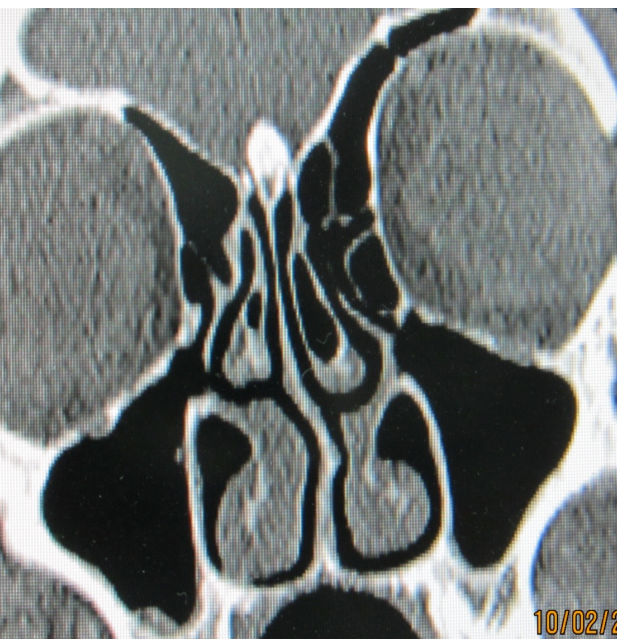
**C. 1, 4**

**D. 1, 2, 4**

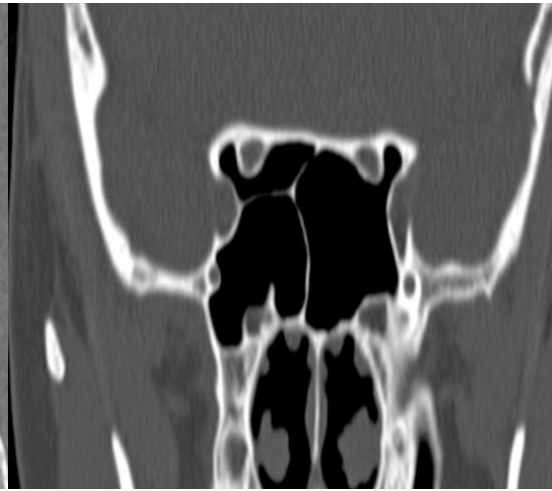
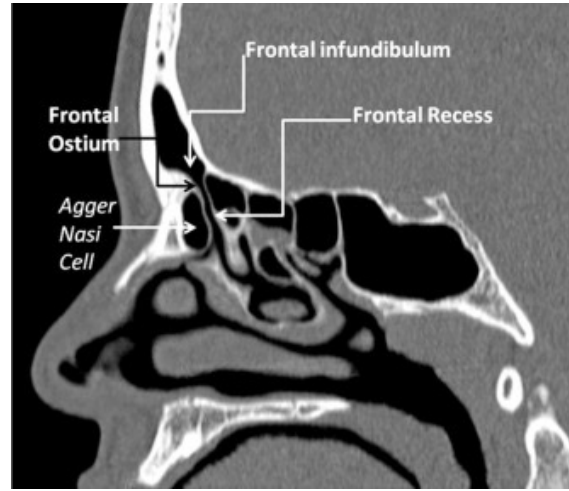
## 16. Identify the ethmoidal cells shown in the CT:

- A. Bulla ethmoidalis
- B. Concha bullosa
- C. Agger nasi
- D. Haller cell





10/02/2



**17. A 74-year-old woman comes to the office due to several days of right ear pain. This morning she had 2 episodes of dizziness and almost fell. The patient is currently taking trimethoprim-sulfamethoxazole for an uncomplicated urinary tract infection. She has had no subjective fever, vision loss, or headaches. Temperature is 37°C (98.6°F), blood pressure is 116/78 mm Hg, and pulse is 100/min. Ear examination reveals several erythematous vesicles in the right external auditory canal with no drainage. The tympanic membrane is visible and intact. There is mild right-sided facial droop. The rest of the physical examination is unremarkable. Which is the most likely cause of this patient's illness?**

- A. Pseudomonas**
- B. Herpes simplex virus type 1**
- C. Keratitis obturans**
- D. Varicella zoster virus**

**18. A person presents with a tongue ulcer persisting for 3 months. Upon examination, a lesion measuring 3.5 cm x 2.5 cm is observed, accompanied by an 8 mm area of hardened tissue. No lymph node enlargement is detected. According to the 8th AJCC guidelines, what stage does this lesion correspond to?**

**A. T1**

**B. T2**

**C. T3**

**D. T4a**

T1	Tumor $\leq 2$ cm, $\leq 5$ mm <b><u>depth of invasion (DOI)</u></b> (not tumor thickness)
T2	Tumor $\leq 2$ cm, DOI $> 5$ mm and $\leq 10$ mm <i>or</i> tumor $> 2$ cm but $\leq 4$ cm, and $\leq 10$ mm DOI
T3	Tumor $> 4$ cm <i>or</i> any tumor $> 10$ mm DOI
T4	Moderately advanced or very advanced local disease
T4a	Moderately advanced local disease: (lip) tumor <b><u>invades through cortical bone</u></b> or involves the <b><u>inferior alveolar nerve</u></b> , <b><u>floor of mouth</u></b> , or <b><u>skin of face</u></b> or <b><u>maxillary sinus</u></b> . Note that superficial erosion of bone/tooth socket (alone) by a gingival primary is not sufficient to classify a tumor as T4
T4b	Very advanced local disease; tumor invades <b><u>masticator space</u></b> , <b><u>pterygoid plates</u></b> , or <b><u>skull base</u></b> and/or <b><u>encases the internal carotid artery</u></b>

**19. 25-year-old man comes to the office for evaluation of a painless mass in his mouth. The patient has had the mass for many years and has had no growth or other changes in the mass over that time. The patient smokes a pack of cigarettes a day and drinks 2 or 3 alcoholic beverages on the weekends. Examination of the mass is seen below. Which of the following is the most likely cause of this patient's mass?**

- A. Bone tumor**
- B. Toxin mediated**
- C. Malignant transformation**
- D. Viral infection**



**20. A 35-year-old scuba diver presents with sudden onset vertigo, tinnitus, and hearing loss in the right ear after rapidly surfacing from a deep dive. Which of the following is the most likely diagnosis?**

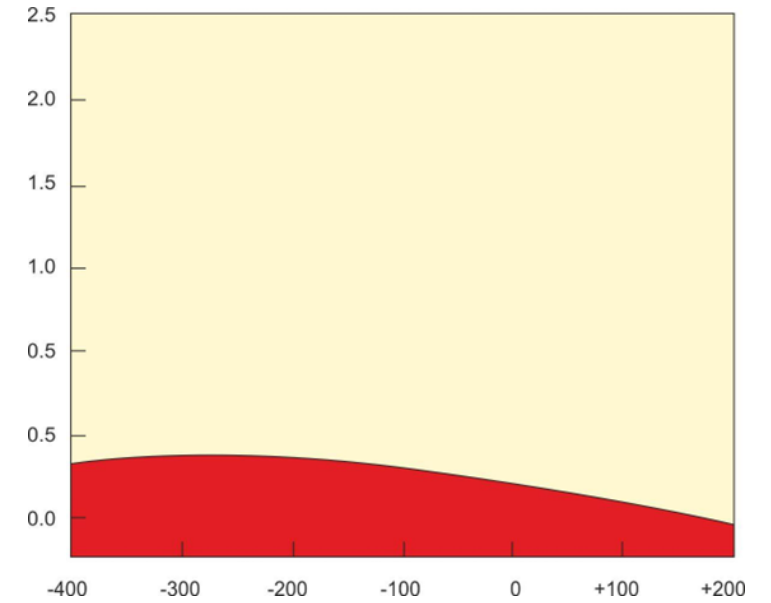
- A. Otitis externa**
- B. Vestibular neuritis**
- C. Perilymphatic fistula**
- D. EAC osteoma**

**21. Following a building collapse, a male patient was brought with copious amount of debris in the mouth. The following procedure was done. Which of the following statements regarding the given procedure is true?**

- A. It is used for effective ventilation up to 6 hours**
- B. It is used to measure central venous pressure**
- C. It should be followed by tracheostomy**
- D. Work of breathing is more than bag and mask ventilation**

**22. A 6-year-old boy presented with recurrent URTI, poor growth, high-arched palate, and impaired hearing. Tympanogram is given as follows. What would be the most appropriate management?**

- A. Grommet insertion**
- B. Adenoidectomy with grommet insertion**
- C. Myringotomy with grommet insertion**
- D. Myringotomy**



**23. A 12-month-old girl is brought to the OPD due to 3 days of fever, rhinorrhea, and nasal congestion. She has no allergies. Both parents smoke cigarettes and both older siblings received tympanostomy tubes as infants. The temperature is 39.4 C (102.9 F). The patient is irritable but easily consoled by her mother. External ear examination is unremarkable, and external ear canals are patent. Otoscopy findings are shown. Which of the following is the most appropriate next step in management of this patient?**

- A. Oral antibiotics**
- B. Supportive care and observation**
- C. Temporal CT scan**
- D. Tympanocentesis and culture**

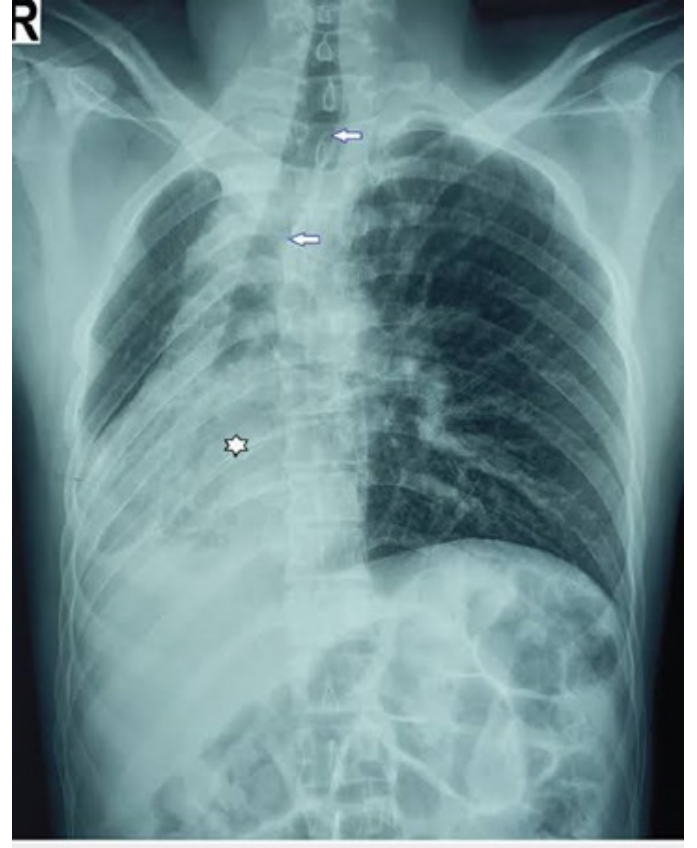


**24. A 3-year-old child is brought to the casualty with a history of choking over a peanut. The child suddenly becomes unresponsive. What would you do as the next step of management?**

- A. Give 5 back slaps**
- B. Give abdominal thrusts**
- C. Chest compression**
- D. Endotracheal intubation**

**25. Which of the following will be difficult in the following case?**

- A. Tracheostomy**
- B. Laryngeal airway**
- C. Endotracheal intubation**
- D. Cricothyroidotomy**



## **26. All of the following are features of idiopathic sudden SNHL except:**

- A. >30dB hearing loss**
- B. At least for a week**
- C. Steroids are the drug of choice**
- D. CROS hearing aid is used in refractory cases**

- Defined as rapid onset of hearing loss of more than 30 dB over at least 3 consecutive frequencies**
- Occurring within 72 hours**

**27. What test is not used for testing olfaction?**

- A. Smell diskettes**
- B. Arnold stick test**
- C. UPSIT**
- D. CC-SIT**

**28. A 4-year-old child presents with difficulty in opening the mouth and tonic spasms of the limbs. The child gives a history of CSOM. Most likely diagnosis is:**

**A. Tetanus**

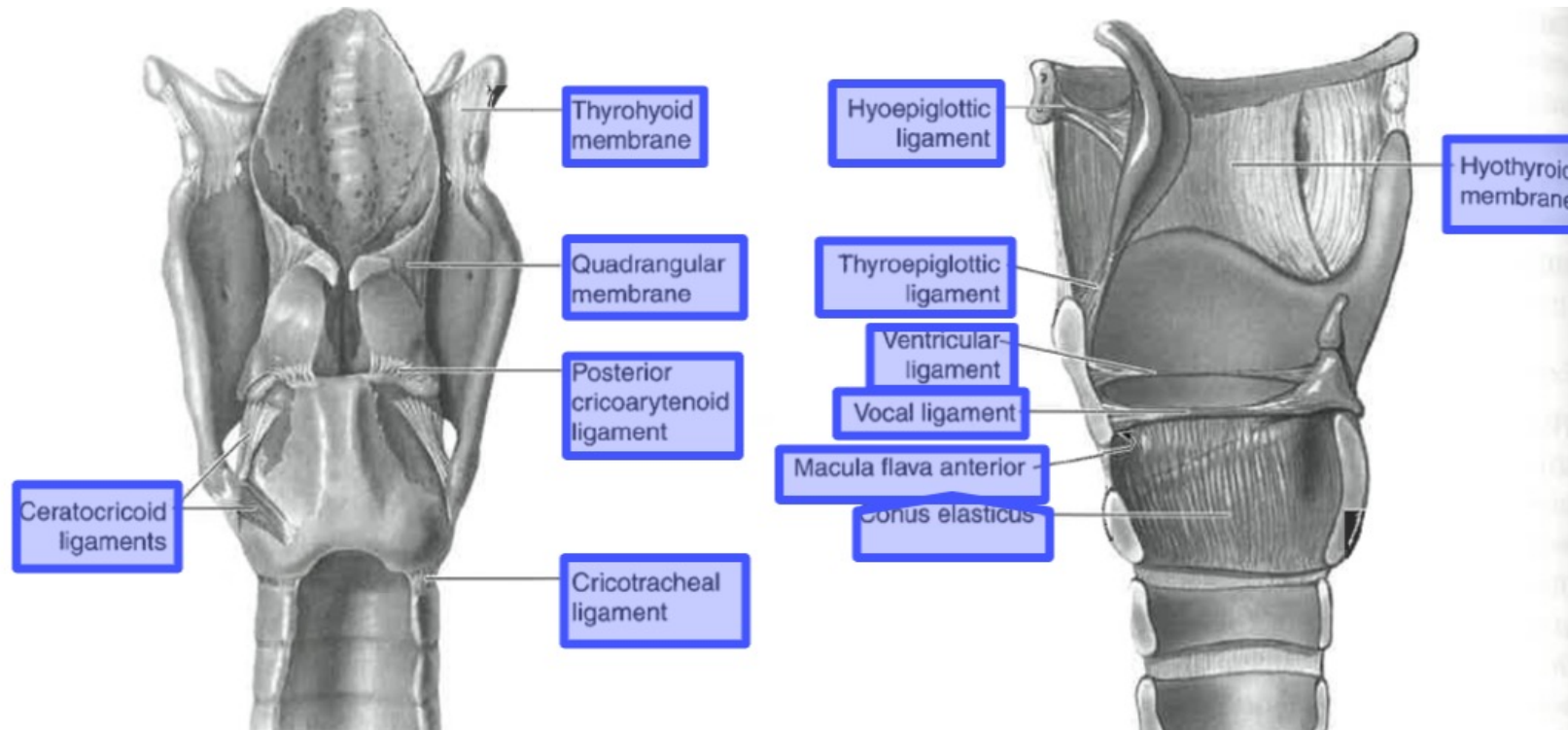
**B. Meningitis**

**C. Bezold abscess**

**D. Sagittal sinus thrombosis / Sigmoid sinus thrombosis**

**29. Which of the following is not an extrinsic laryngeal membrane?**

- A. Hyoepiglottic**
- B. Cricothyroid**
- C. Cricotracheal**
- D. Thyrohyoid**



Extrinsic muscles- thyrohyoid, cricotracheal, hypoepiglottic

Intrinsic- quadrangular( lower- false vocal cords), conus elasticus/crico vocal membrane (upper- true vocal cords), cricothyroid membrane

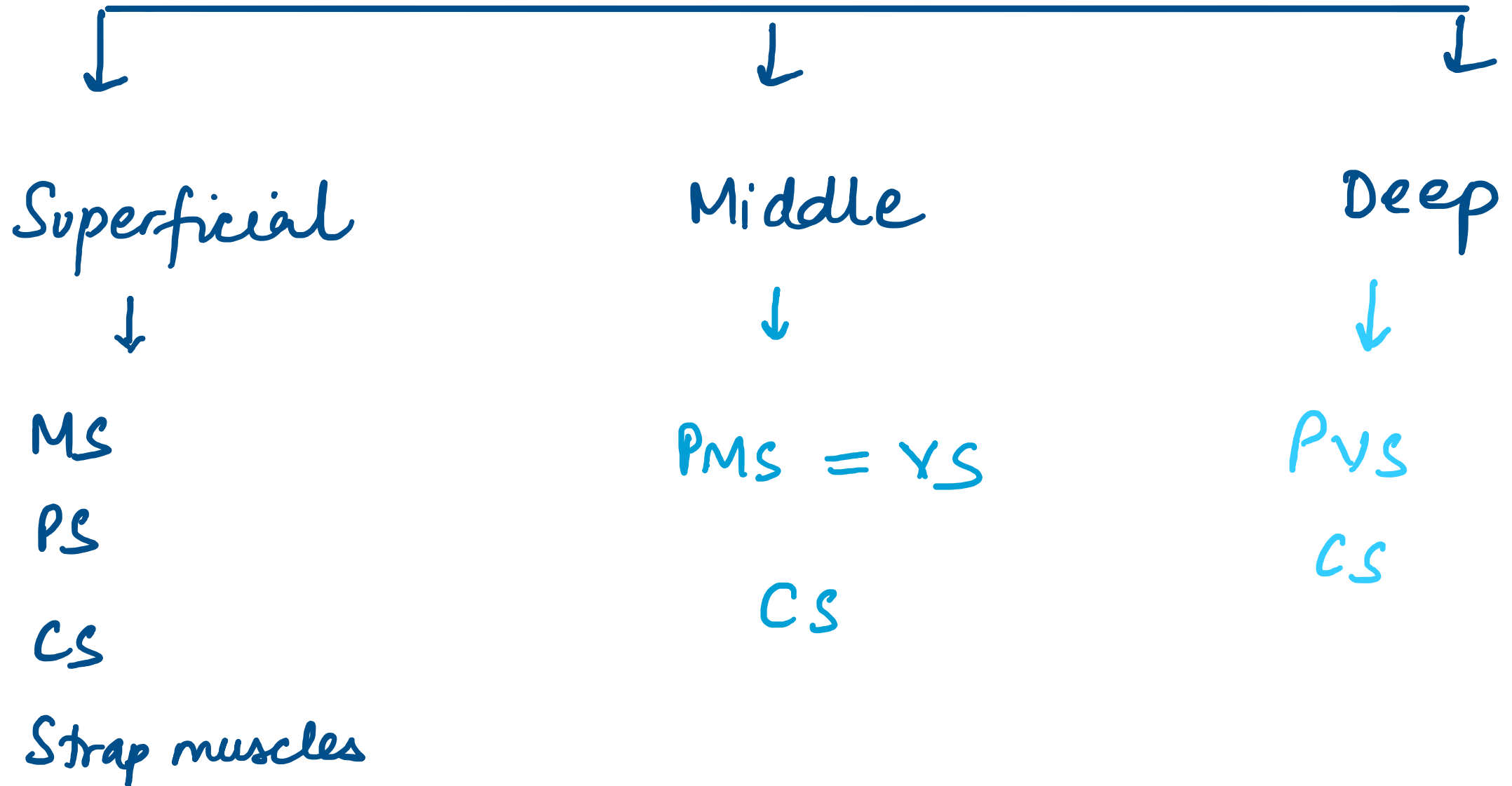
**30. A young lady presented to the ENT OPD with a history of sudden onset unilateral hearing loss, tinnitus, and dizziness following an episode of acute otitis media two weeks back. Rinne test and fistula test were positive. She had refused treatment then and currently came with complaints of worsened hearing loss in the affected ear. On examination, the fistula test was negative. What would be the most likely finding on the Rinne test in this scenario?**

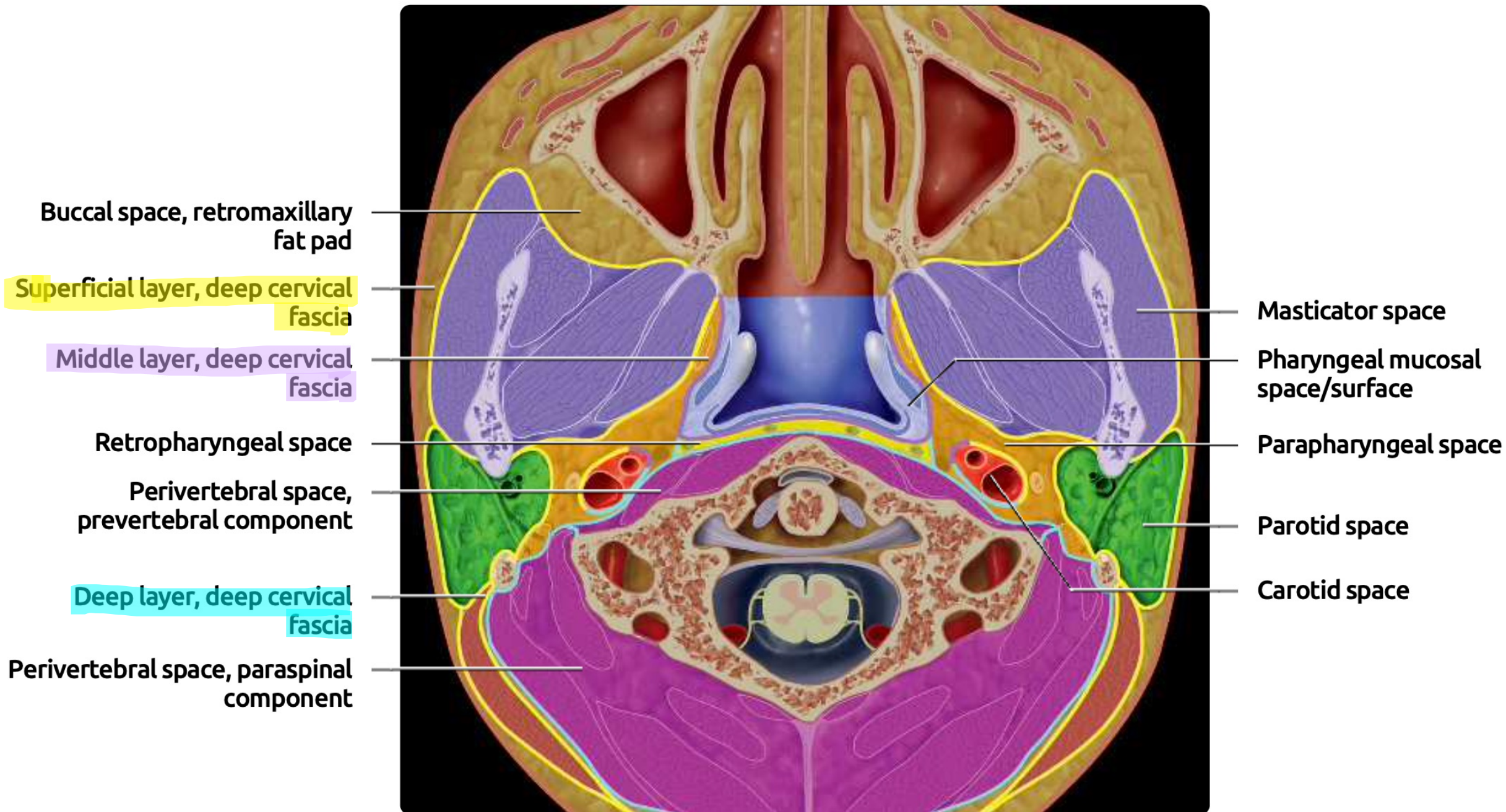
- A. True positive**
- B. True negative**
- C. False positive**
- D. False negative**

**31. Which of the following is enclosed in the investing layer of deep cervical fascia?**

- A. Sternocleidomastoid**
- B. Esophagus**
- C. Scalenus anterior**
- D. Nodes of Rouvier**

# Deep cervical fascia



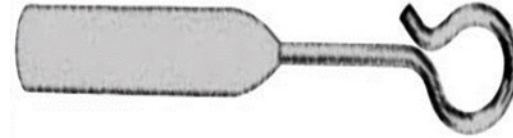


**32. Which of the following devices can be used for managing a patient with B/L external auditory canal atresia?**

A.



C.



B.



D.



**33. 68-year-old woman comes to the office due to oral pain. For the last 3 days, she has had mild pain in the left lower jaw associated with swelling of the gums. The patient had a loose molar extracted 3 weeks ago and the extraction site never completely healed. Medical history is notable for osteoporosis treated with calcium, vitamin D, and zoledronic acid. She has never used tobacco or alcohol. Vital signs are normal. Examination shows gingival edema and erythema surrounding an area of exposed bone at the left lower jaw. Which of the following is the most likely diagnosis?**

- A. Malignancy**
- B. Herpetic stomatitis**
- C. Mucormycosis**
- D. Osteonecrosis**

**34. Which of the following are indications of cochlear implant?**

**a. Congenital hearing loss**

**b. Otosclerosis**

**c. Aminoglycoside-induced profound hearing loss**

**d. Congenital malleus fixation**

**A. a, b**

**B. b, c**

**C. a, c**

**D. a, d**

**35. A 22-year-old man comes to the urgent care clinic after being hit in the face with a basketball. He is currently unable to breathe through his nose. Oxygen saturation is 99% on room air. Examination is given below. Which of the following is the best next step in management of this patient?**

- A. Apply ice packs to the nose and recommend NSAIDs**
- B. Embolize the sphenopalatine artery**
- C. Incise and drain the nasal septum**
- D. Insert anterior nasal packing**



**36. Which of the following nerves is not involved with olfaction?**

- A. Facial / Trigeminal**
- B. Glossopharyngeal**
- C. Vagus**
- D. Hypoglossal**

**37. A 60-year-old man with a history of chronic otitis media presents with a sudden onset of severe hearing loss. Audiometry reveals a conductive hearing loss of 54 dB. Given the levels of normal conversation, what is the patient's level of hearing loss equivalent to in everyday sounds?**

**A. Whisper**

**B. Normal conversation**

**C. Shout**

**D. Discomfort of the ear**

Grade of impairment	dBHL corresponding audiometry ISO value (average of 500, 1000 and 2000 Hz)	Description	Performance
0	≤25	No impairment	No (or very slight) hearing problem, able to hear whisper at 1 m
1	26–40	Slight impairment	Able to hear and repeat words spoken in normal voice at 1 m
2	41–60	Moderate impairment	Able to hear and repeat words using raised voice at 1 m
3	61–80	Severe impairment	Able to hear some words when shouted into the better ear
4	≥81	Profound impairment including deafness	Unable to hear and understand even shouted voice

**38. Which of the following are causes of stridor in neonates?**

**a. Laryngomalacia**

**b. Subglottic stenosis**

**c. Recurrent respiratory papillomatosis**

**d. Hemorrhagic polyp**

**A. b, c**

**B. a, b, c, d**

**C. a, b**

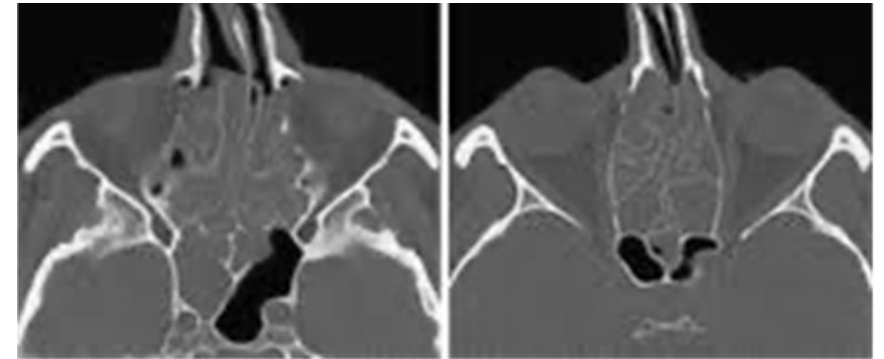
**D. b, d**

**39. All of the following statements regarding the tympanic membrane are correct, except:**

- A. The middle layer of the tympanic membrane is derived from mesoderm and contains radial, circular, and parabolic fibers**
- B. The outer epithelial layer is continuous with the skin of the external auditory canal and is derived from ectoderm**
- C. The inner mucosal layer is derived from ectoderm and is continuous with the middle ear mucosa**
- D. The region called Shrapnell's membrane does not transmit sound**

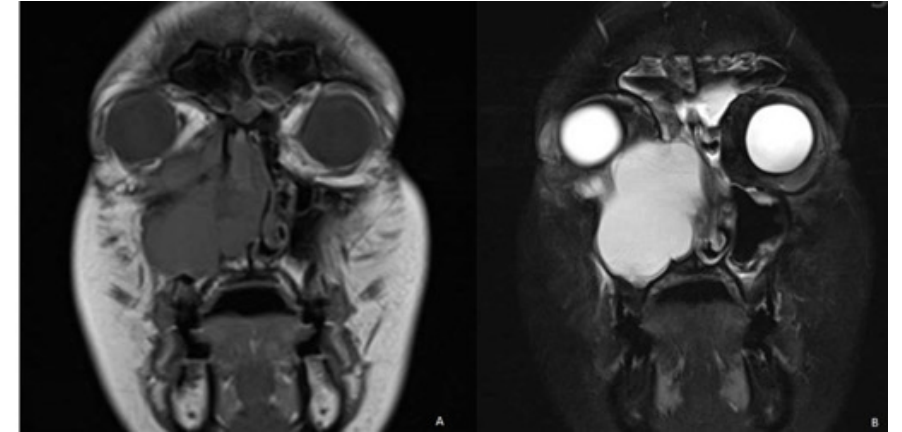
40. A 28-year-old woman comes to the OPD due to persistent nasal congestion and stuffiness. A year ago, she came to the emergency department due to severe wheezing after taking naproxen for menstrual cramping. HRCT of the patient is shown below. Which of the following is the most likely cause of this patient's current symptoms?

- A. Allergic rhinitis
- B. Fungal rhinosinusitis
- C. Nasal polyposis
- D. Nasopharyngeal angiofibroma



**41. A 30-year-old male presents with a painless swelling in his right medial face since a few months. The MRI image is given below. What is the most likely diagnosis?**

- A. Mucocele
- B. Maxillary sinusitis
- C. Juvenile nasopharyngeal angiofibroma
- D. Inverted papilloma



**42. All of the following are true about the device shown below except:**

- A. It bypasses upper airway structures from nose to larynx thereby reducing the dead space by 50%.**
- B. Usually done at the level of 2nd to 3rd tracheal rings.**
- C. High tracheostomy (1st ring) done along with surgeries related to cancer larynx.**
- D. An uncuffed tube is preferred**



**43. A 55-year-old patient comes with hoarseness of voice and difficulty swallowing. The patient was diagnosed with laryngeal carcinoma and surgical management was done. The post-operative image of the patient is given below. Which of the following surgery was done on this patient?**

- A. Partial laryngectomy**
- B. Percutaneous tracheostomy**
- C. Standard tracheostomy**
- D. Total laryngectomy**



**44. All of the following are accepted indications for adenoidectomy except:**

- A. Sleep apnea**
- B. Chronic serous otitis media**
- C. Recurrent sinusitis**
- D. Velopharyngeal insufficiency**

### **Indications-Adenoidectomy**

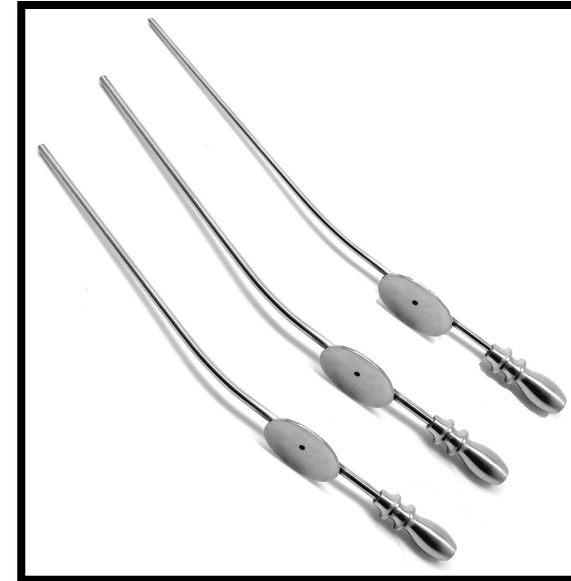
- Sleep apnea
- Chronic serous otitis media
- Recurrent infections
  
- **Contraindications (C/I):**
- Bleeding diathesis
- Acute infection
- Velopharyngeal insufficiency

### **Indications-Tonsillectomy**

- **Recurrent infections**
  - $\geq 3$ /year for 3 consecutive years
  - $\geq 5$ /year for 2 consecutive years
  - $\geq 7$  in a single year
- Obstructive symptoms (Sleep apnea)

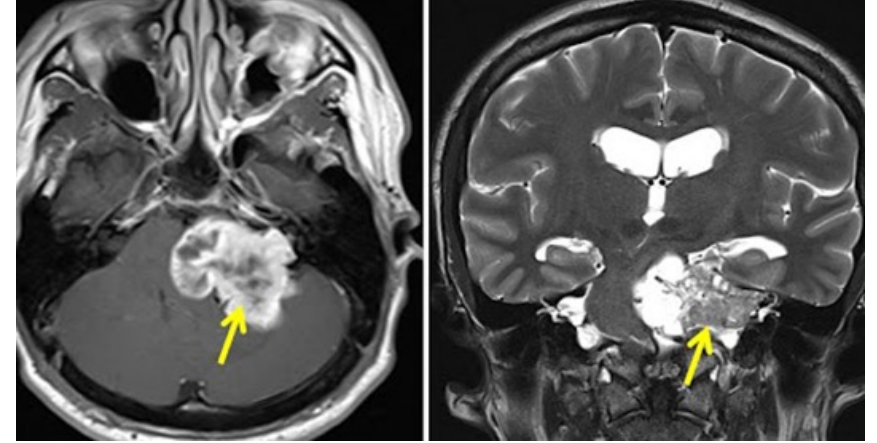
## 45. What is the instrument shown below?

- A. Meniette device
- B. Barany noise box
- C. Hopkin endoscope
- D. Baron suction



**46. A 50-year-old man presents with difficulty hearing. MRI with gadolinium contrast shows a 3.5 cm mass in the cerebellopontine angle. What is the treatment of choice?**

- A. Surgery**
- B. Radiotherapy**
- C. Chemotherapy**
- D. Observation**



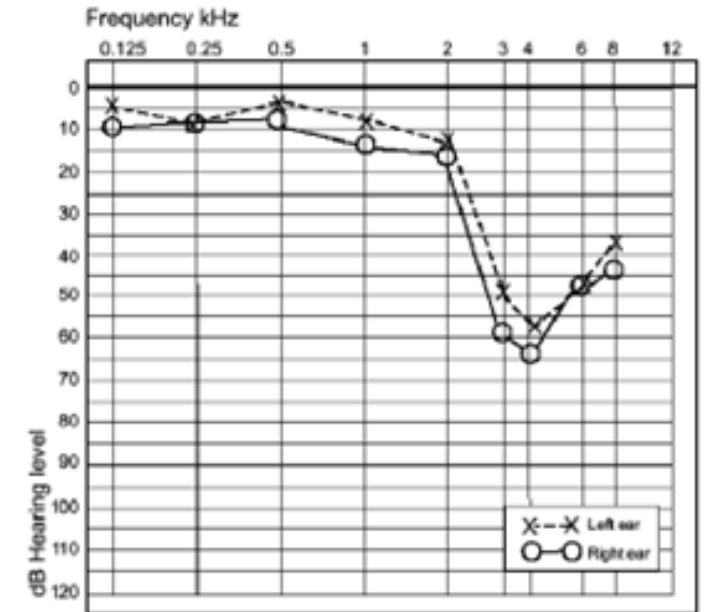
**47. A 55-year-old diabetic male develops unilateral facial pain and loosening of teeth. MRI is shown below. Which of the following histopathological appearances is most likely to be seen?**

- A. Septate hyphae
- B. Aspetate, ribbon shaped hyphae
- C. True yeast
- D. Pseudo-yeast



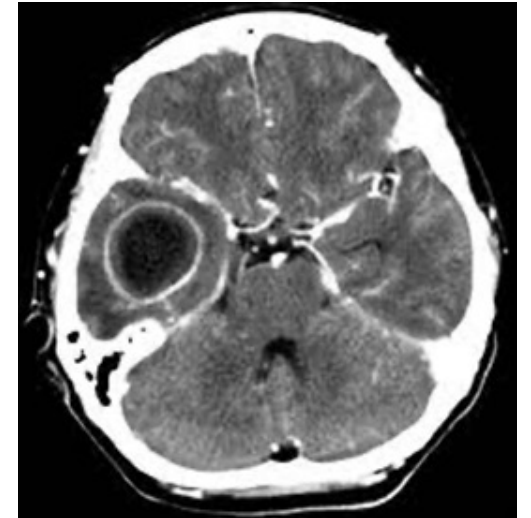
48. 56-year-old previously healthy man comes to the OPD due to decreased hearing in both ears. He reports difficulty understanding conversations in crowded rooms. For the past 12 years, he has worked in a factory where he has to shout to communicate with coworkers and has seldom worn hearing protection. An audiogram is obtained as shown in the image below. Which of the following is most likely abnormal in this patient?

- A. Auditory nerve
- B. Cochlear cupula
- C. Middle ear ossicles
- D. Organ of Corti



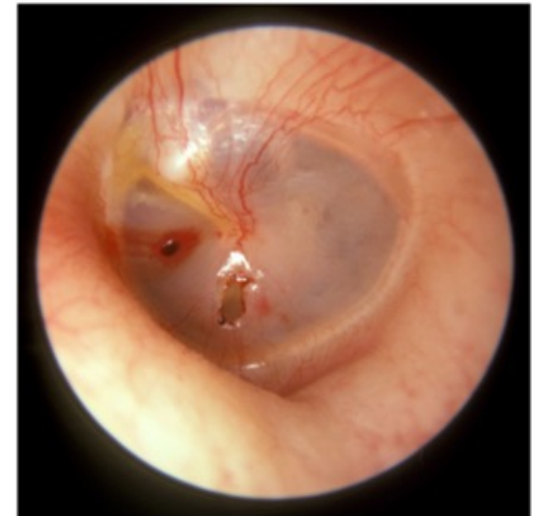
**49. A 5-year-old girl is brought to the emergency department after having a seizure at home. Her mother says that the girl has had a mild headache and fatigue for the past few days. CT scan of the head is shown in the image below. Which of the following historical details is most relevant in establishing this patient's diagnosis?**

- A. Family history of seizures**
- B. Maternal history of perinatal infection**
- C. Previous recurrent gingival bleeding**
- D. Recent episode of otitis media**



**50. A 30-year-old woman comes to the OPD due to hearing loss in her right ear. A week ago, the patient developed symptoms of nasal congestion, cough, and rhinorrhea. Three days ago, she traveled from New York to Delhi. On her return flight yesterday, the patient developed hearing loss and severe pain in her right ear and noticed a drop of blood on her finger when she scratched her ear canal. All symptoms have resolved except for persistent hearing loss in the right ear. Which of the following is the most appropriate next step in management?**

- A. Aural irrigation**
- B. Oxymetazoline**
- C. Reassurance and follow-up examination**
- D. Tympanoplasty**



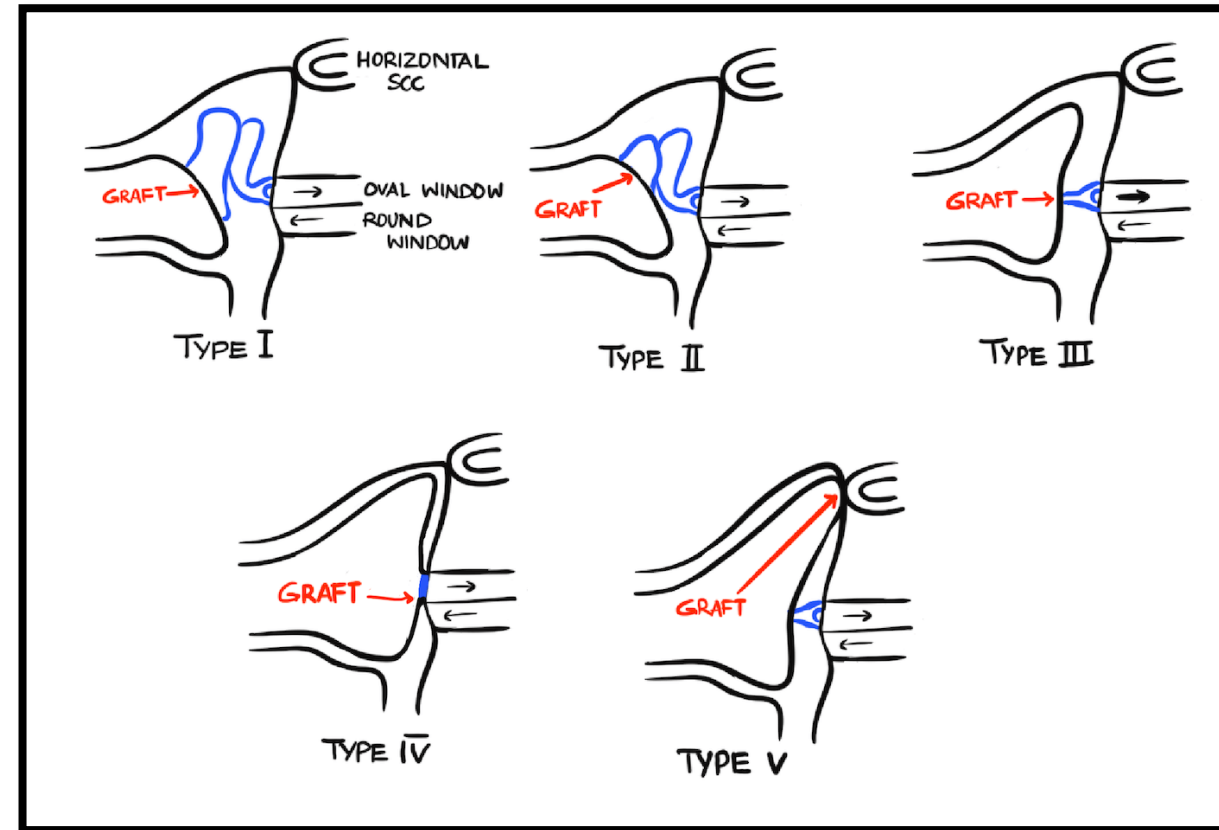
**51. A 27-year-old woman, gravida 1 para 0 at 30 weeks gestation, comes to the OPD due to increasing difficulty hearing, especially on the right side. A tuning fork held over the middle of the forehead sounds louder in the right ear. Tuning fork sounds are better heard with bone conduction on the right side and with air conduction on the left. The remainder of the neurologic examination shows no abnormalities. Which of the following is the most likely cause of this patient's current symptoms?**

- A. Chronic otitis media**
- B. Medication ototoxicity**
- C. Ménière disease**
- D. Otosclerosis**

**52. A 30-year-old man with a history of chronic otitis media presents for tympanoplasty. During the surgery, the surgeon finds that both the malleus and incus are absent. According to Wullstein's classification, which type of tympanoplasty is most appropriate for this patient?**

- A. Type I**
- B. Type II**
- C. Type III**
- D. Type IV**

Type 1	Myringoplasty	TM placed over malleus
Type 2	TM grafted over incus	
Type 3	Columella tympanoplasty OR myringostapediopexy	TM grafted over stapes
Type 4	Round window shielding	Oval window out
Type 5	Fenestration	Lateral SCC opening.



**53. Austin's classification of ossicular chain defects is based on which components?**

- A. Malleus handle and stapes suprastructure**
- B. Malleus handle and stapes footplate**
- C. Malleus head and stapes suprastructure**
- D. Malleus head and stapes footplate**

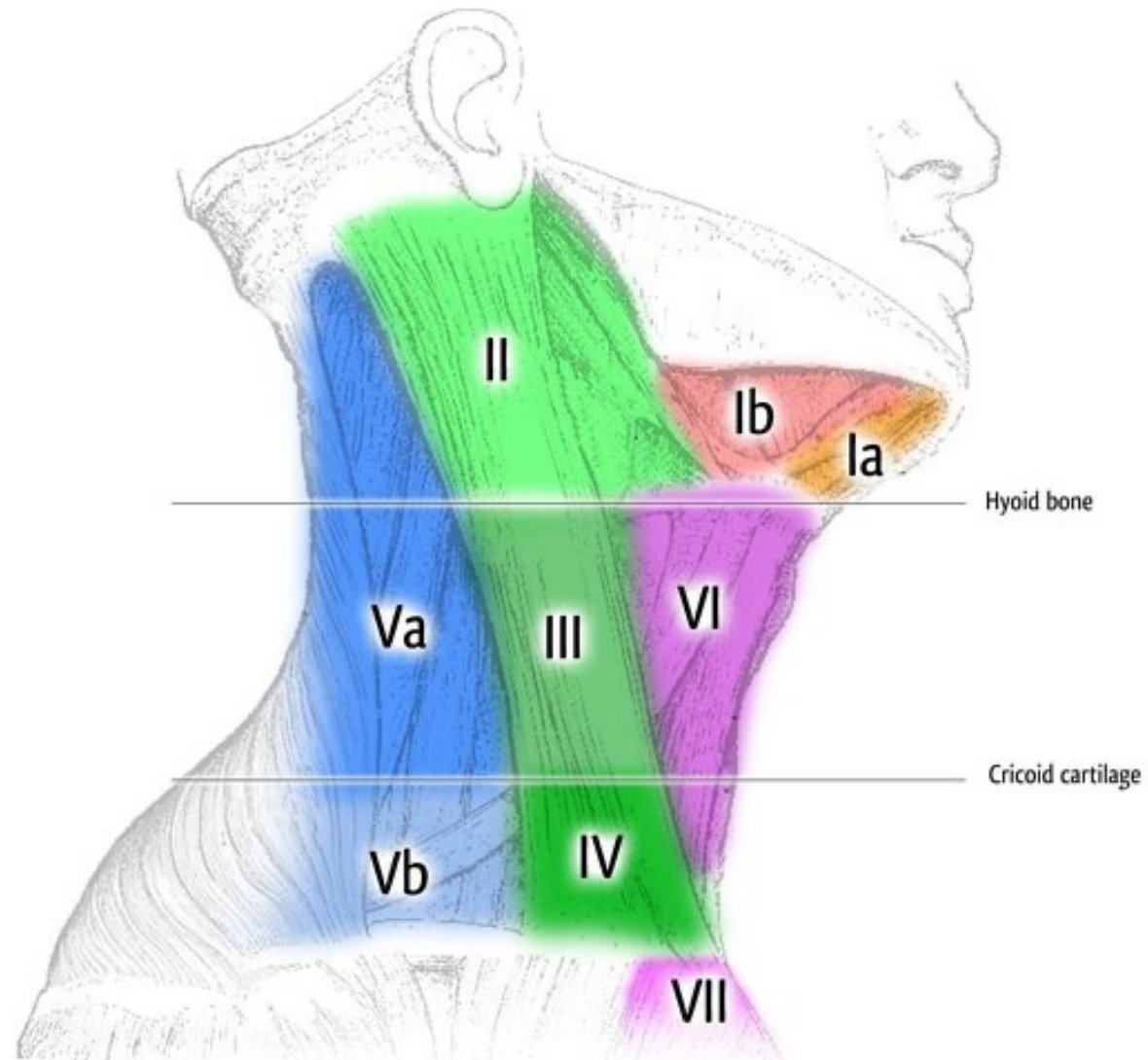
<b>Group</b>	<b>Ossicular Status</b>	<b>Abbreviation</b>	<b>Prevalence (%)</b>
<b>A</b>	Malleus handle and stapes superstructure present	M+ S+	60
<b>B</b>	Malleus handle present, stapes superstructure absent	M+ S-	23
<b>C</b>	Malleus handle absent, stapes superstructure present	M- S+	8
<b>D</b>	Malleus handle and stapes superstructure absent	M- S-	8

**54. A 1-hour-old boy is evaluated in the newborn nursery for feeding difficulty. He was able to latch and begin feeding but within 1 minute, his face developed a blue tinge. The boy cried, and his color improved. Chest radiograph is normal. Which of the following is the best next step in evaluation of this patient's symptoms?**

- A. Draw blood cultures**
- B. Measure blood methemoglobin level**
- C. Obtain an echocardiogram**
- D. Pass a catheter through the nares**

**55. What is the improper pairing between the anatomical limits of lymph nodes and the Level of lymph nodes?**

- A. Level 2: Skull base to hyoid
- B. Level 3: Hyoid to cricoid
- C. Level 5: Cricoid to suprasternal notch
- D. Level 6: Hyoid to suprasternal notch



**56. What is the grade of tympanic membrane retraction shown in the image?**

- A. Grade 1
- B. Grade 2
- C. Grade 3
- D. Grade 4

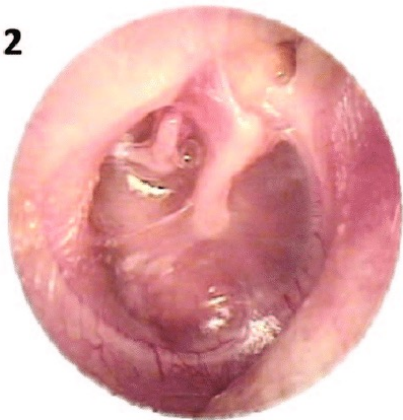


1



Sade grade I

2



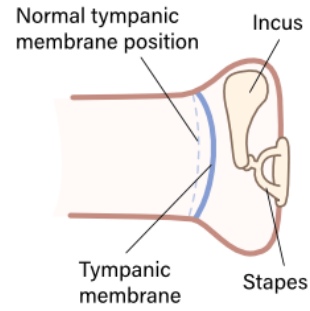
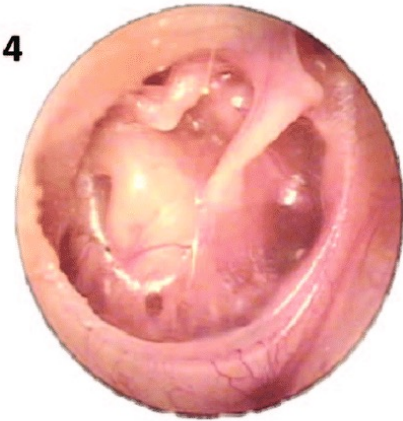
Sade grade II

3



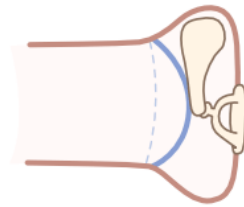
Sade grade III

4



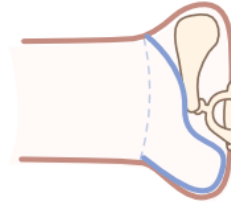
**Grade I**

Slight retraction of the pars tensa



**Grade II**

Retraction onto the incus

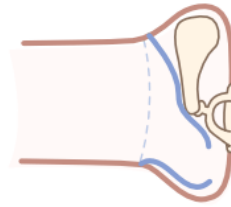


**Grade III/IV**

Retraction onto the promontory

III: Not adherent

IV: Adherent



**Grade V**

Perforation

**57. A 70-year-old male patient presents with decreased hearing in higher frequencies. It was noted that the basilar membrane was affected. Which of the following structures lie near the affected structure?**

**A. Modiolus**

**B. Stria vascularis**

**C. Oval window**

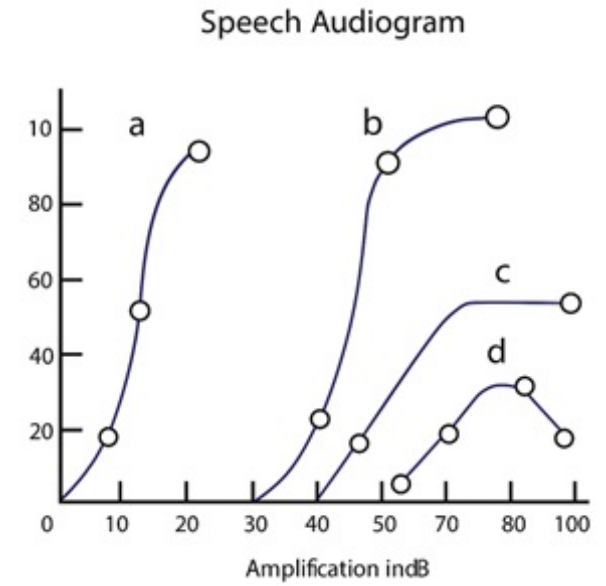
**D. Helicotrema**

**58. A 6-month-old child is brought to the clinic with a common cold and the parents give a history of stridor, dyspnea, and intercostal retractions shortly after birth. On examination, you notice that he has biphasic stridor. What is the most probable etiology of this condition?**

- A. Laryngomalacia**
- B. Croup**
- C. Respiratory papillomatosis**
- D. Congenital subglottic stenosis**

59. Which of the following audiogram patterns suggests retrocochlear pathology?

- A. a
- B. b
- C. c
- D. d



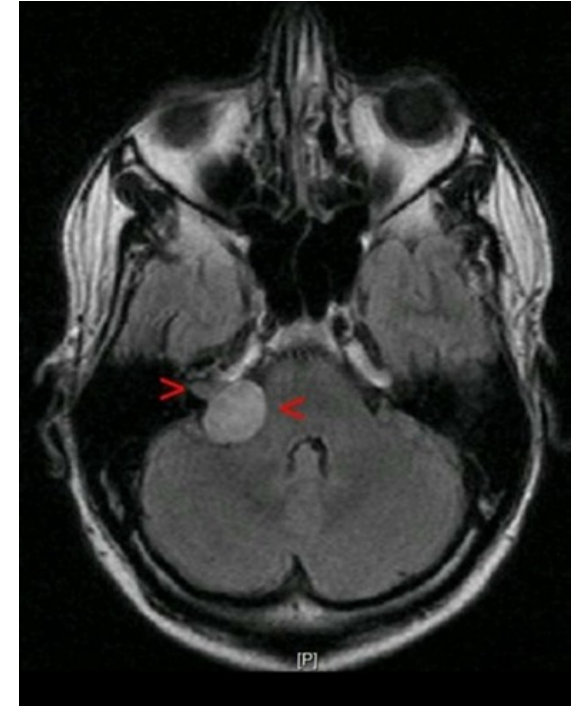
	<b>NORMAL</b>	<b>COCHLEAR LESION</b>	<b>RETROCOCHLEAR LESION</b>
<b>Pure tone audiogram</b>	Normal	Sensorineural hearing loss	Sensorineural hearing loss
<b>Speech discrimination score</b>	90-100%	Below 90%	Very poor
<b>Roll over phenomenon</b>	Absent	Absent	Present
<b>Recruitment</b>	Absent	Present	Absent
<b>SISI score</b>	0-15%	Over 70%	0-20%
<b>Threshold tone decay test</b>	0-15% dB	Less than 25dB	Above 25dB
<b>Stapedial reflex</b>	Present	Present	Absent
<b>Stapedial reflex decay</b>	Normal	Normal	Abnormal

Abnormal growth of perceived loudness with increasing sound intensity.

Assesses the ability to detect small (1 dB) changes in sound intensity.

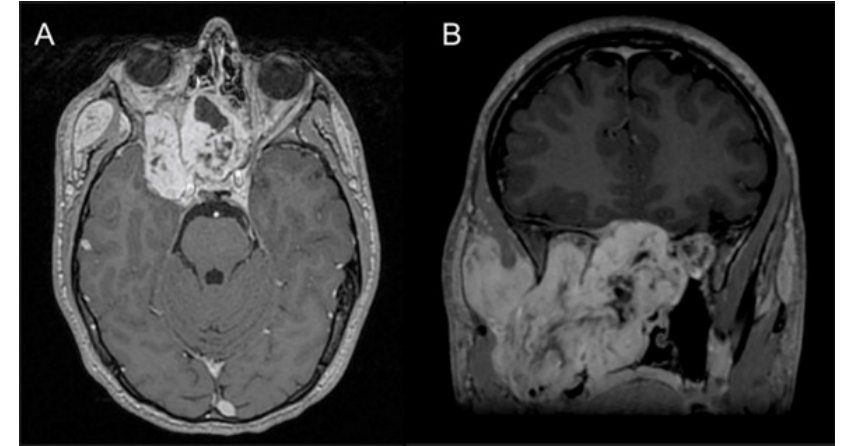
**60. Which of the following will not be associated in this condition?**

- A. Abnormal stapedial decay**
- B. Roll over phenomenon**
- C. Abnormal SISI score**
- D. Hitzelberger sign**



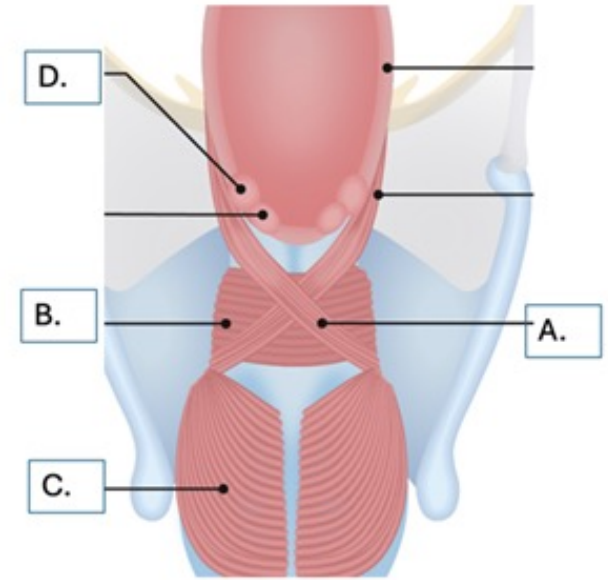
**61. A 15-year-old male presents with epistaxis since 5 days. MRI is done which is shown below. Identify the Radkowski stage of the tumor in this case.**

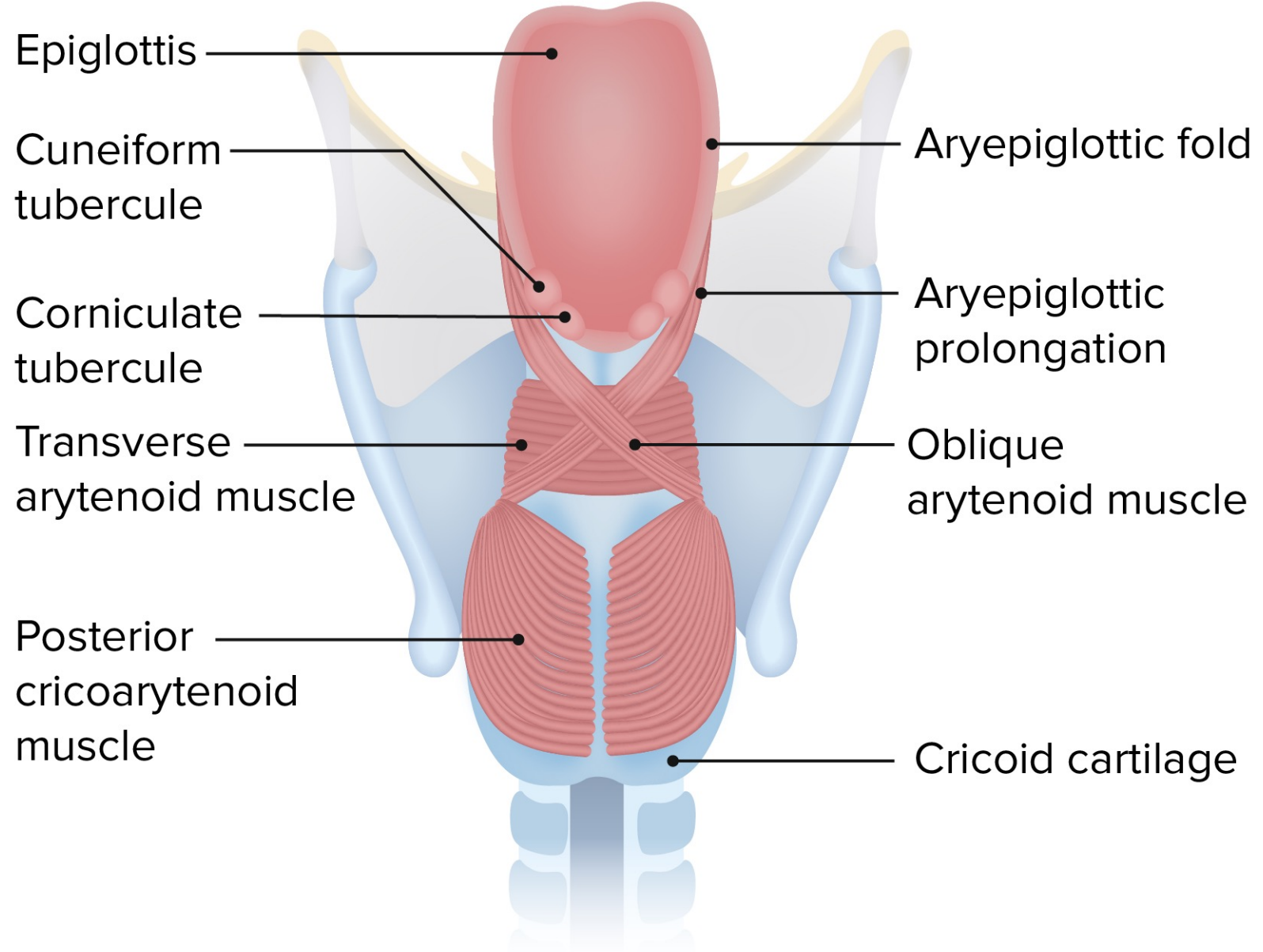
- A. Stage IIA**
- B. Stage IIB**
- C. Stage IIC**
- D. Stage III**



62. Which of the following is the safety muscle of larynx?

- A. A
- B. B
- C. C
- D. D





## 63. Identify the incorrect pair of branch and parent nerve

- A. Supraorbital- Frontal Nerve
- B. Anterior ethmoidal- Nasociliary Nerve
- C. Infratrochlear- Maxillary Nerve
- D. Ciliary- Nasociliary

### BRANCHES OF OPHTHALMIC DIVISION OF TRIGEMINAL NERVE

Following are the branches of ophthalmic division of trigeminal nerve (Fig. 13.15).

- |               |  |
|---------------|--|
| 1 Frontal     | Supratrochlear<br>Supraorbital   |
| 2 Nasociliary | Branch to ciliary ganglion<br>2-3 long ciliary nerves<br>Posterior ethmoidal<br>Infratrochlear<br>Anterior ethmoidal |
| 3 Lacrimal    | Branch to the upper eyelid and secretomotor fibres to lacrimal gland.  |

**64. A 55-year-old male presents with dizziness and involuntary eye movements. Examination reveals non-fatiguable nystagmus that changes direction with gaze and is not suppressed by visual fixation. There are no significant auditory symptoms. What is the most likely cause of his nystagmus?**

- A. Benign paroxysmal positional vertigo (BPPV)**
- B. Vestibular neuritis**
- C. Brainstem stroke**
- D. Ménière's disease**

	Peripheral	Central
Latency	2–20 s	No latency
Duration	Less than 1 min	More than 1 min
Direction of nystagmus	Direction fixed, towards the undermost ear	Direction changing
Fatiguability	Fatiguable	Nonfatiguable
Accompanying symptoms	Severe vertigo	None or slight

**65. Which of the following properties of the eustachian tube predisposes to higher incidence of acute otitis media in children than adults?**

- A. More angulated at isthmus**
- B. Rigid cartilage**
- C. Dense elastin in the cartilage**
- D. Wider and shorter tube**

**66. Identify the incorrect statements:**

- 1. The scala vestibuli is the preferred site for electrode placement in cochlear implant surgery**
- 2. Pars superior gives rise to semicircular canals and utricle**
- 3. The best stain to increase sensitivity of detecting atypia during is Toluidine blue.**
- 4. Ostmann's pad of fat is seen at lateral semicircular canal**

- A. 1, 4**
- B. 3, 4**
- C. 1, 2, 3, 4**
- D. 2, 3**

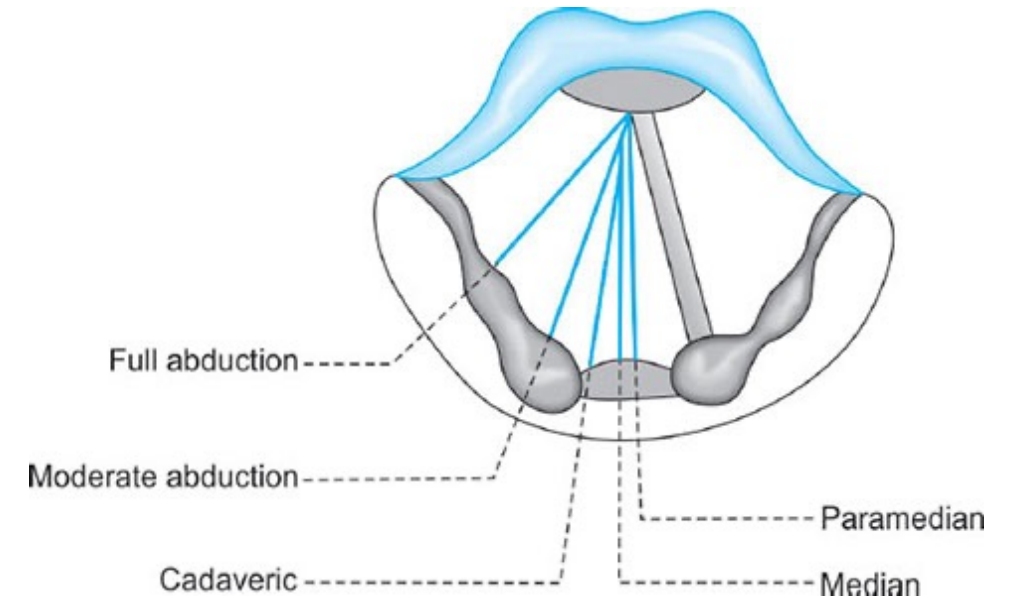
Saccule, cochlea of inner ear develops from:

**67. A 25-year-old male patient complains of severe pain in his right ear associated with high-grade fever and profuse ear discharge. Clinical examination reveals mastoid tenderness and perforation of the tympanic membrane. If this infection were to burst out through the medial aspect of the tip of the mastoid, which of the following conditions would ensue?**

- A. Pre-auricular abscess**
- B. Bezold abscess**
- C. Luc abscess**
- D. Citelli's abscess**

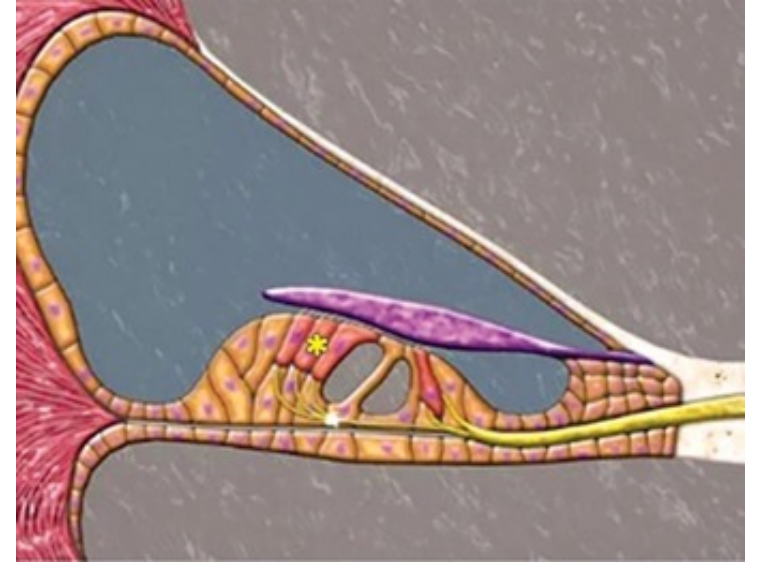
**68. What position will the vocal cords most likely be in after complete bilateral paralysis following total thyroidectomy?**

- A. Paramedian**
- B. Median**
- C. Intermediate**
- D. Full abduction**



**69. Following drug damages the area shown as \* in the below image of organ of corti:**

- A. Quinine**
- B. Furosemide**
- C. Cisplatin**
- D. Gentamicin**



**70. Which of the following is the most likely risk factor for this patient's current condition?**

- A. Childhood obesity**
- B. Inadequate dental hygiene**
- C. Lack of recommended immunizations**
- D. Poorly controlled diabetes mellitus**



**71. Identify the correct statements:**

- 1. Ideal time to do electroneurography studies in a patient with facial nerve injury will be 1 week to 3 weeks following injury.**
- 2. Tonsillolingual sulcus is the ENT surgeon's graveyard.**
- 3. Outer hair cells are in 3-4 rows and modulate function of inner hair cells**
- 4. The Chevallet and Jarjaway fractures are important describing vertical and horizontal fractures of the nasal septum respectively.**

**A. 1, 2, 3, 4**

**B. 1, 3, 4**

**C. 2, 3**

**D. 1, 4**

## 72. Identify the correct statements:

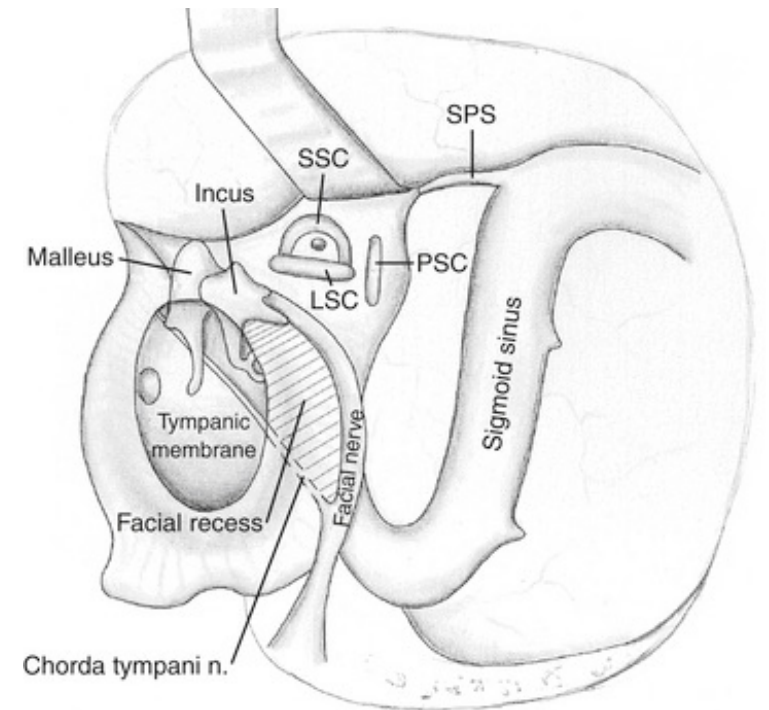
1. Gelle test is positive in otosclerosis
2. RLN and ILN are connected by Galen's Anastomosis
3. Trautmann's triangle gives access to middle ear cavity.
4. Otoplasty may be done after 5-6 yrs of age.

A. 1, 2, 3, 4

B. 2, 4

C. 1, 3

D. 1, 4



**73. A patient presents to the OPD with bilateral hearing loss with worsened right ear hearing loss. Based on the findings the surgeon recommends stapedectomy as a final resort to the problem. What would be the findings of tuning fork tests based on which the doctor has recommended stapedectomy?**

- A. Rinne's test positive, Weber's test lateralized to left ear**
- B. Rinne's test positive, Weber's test lateralized to right ear**
- C. Rinne's test negative, Weber's test lateralized to left ear**
- D. Rinne's test negative, Weber's test lateralized to right ear**

**74. A young woman presents with bilateral stuffy nose for the past 3 months. She reports relief for 2-3 hours after using oxymetazoline spray, but the congestion worsens soon after, requiring more frequent use. Which of the following best explains this patient's symptoms?**

- A. Rebound congestion**
- B. Development of tolerance**
- C. Irritation from the nasal spray**
- D. Medication-induced rhino-sinusitis**

### Diagnostic Criteria for Rhinitis Medicamentosa:

1. History of prolonged use of topical nasal decongestants (generally more than 3-5 days of continuous use).
2. Persistent nasal congestion despite use of nasal decongestants.
3. Nasal mucosa examination findings:
  1. Nasal mucosa appears erythematous ("beefy-red"), swollen, and inflamed.
  2. May have granular and friable appearance.
4. Poor or no response to nasal decongestants after prolonged use.
5. Symptoms worsen upon discontinuation initially, then improve after withdrawal.

**75. A 14-year-old patient arrives at the OPD with a concern about her ability to perceive speech sounds while struggling to comprehend the actual words being spoken. Her Pure Tone Audiometry (PTA) and Brainstem Evoked Response Audiometry (BERA) results show discrepancies, as the PTA is relatively within the normal range. However, her mid-latency and cortical responses are both non-existent. What probable diagnosis can be inferred from these findings?**

- A. Michel aplasia**
- B. Auditory neuropathy**
- C. Malingering**
- D. Cochlear otosclerosis**

**Thank You**

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# **BTR ENT - 04-10-2025**

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**Dr. Zainab Vora**

# 1. All of the following are features of attico-antral type of chronic suppurative otitis media (CSOM), except:

- A. Also called the unsafe type ✓
- B. Cholesteatoma is present ✓
- ~~C. Central perforation in the anteroinferior quadrant~~
- D. Granulations and red fleshy polyps are common

*unsafe*

*marginal*

*PF*

*"skin in the wrong place"*

congenital

- epithelial cell rest

Levenson

1°

PF

- ET → retrac<sup>n</sup>  
- Scutum earliest

Wittmaack

2°

perfor<sup>n</sup>  
PT

Haaberman

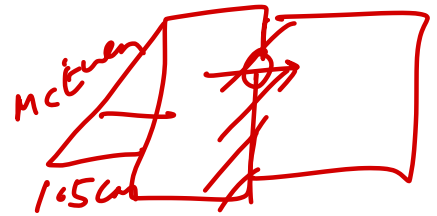
Features	<b>Tubotympanic type</b> = safe	<b>Atticoantral type</b> = unsafe
<b>Etiology</b>	Recurrent acute otitis media Trauma (causing perforation) 2//	Retraction Pocket in Tympanic membrane.
<b>Nature of Ear discharge</b>	<b>Active: Ear discharge present</b> Profuse, Mucoid/Mucopurulent, Non-foul smelling <b>Inactive: No discharge</b>	<b>Scanty</b> , Purulent, blood-tinged, Foul smelling.
<b>Granulation Tissue</b>	Uncommon	<b>Common</b>
<b>Polyp</b>	Pale polyp	Red, fleshy <b>polyp</b> 2/ (Never to be avulsed / Risk of bleeding and damage to nearby structures)
<b>Otoscopy: Tympanic membrane</b>	• Central perforation in pars tensa. • Annulus spared	• Marginal/attic perforation • Retraction pocket • Cholesteatoma
<b>Complications</b>	Low risk	<b>High risk:</b> Bony erosion, ossicular necrosis, Facial nerve palsy, Intracranial complications.

2/ myringoplasty / tympanoplasty  
=

CWU / CWD

	<u>Canal Wall Up</u>	<u>Canal Wall Down</u>
<b>Definition</b>	Posterior wall of external auditory canal is preserved-posterior tympanotomy	Posterior wall of external auditory canal is not preserved -Common cavity
<b>Visualisation</b>	Limited view only Less access to hidden areas	<u>Wider view</u> Good access to all disease-prone areas (Sinus tympani, attic, Eustachian tube orifice)
<b>Recurrence</b>	High rate of residual disease and recurrence.	<u>Low rate</u> (hidden areas are cleared)
<b>Second Look Surgery</b>	Required after 6 months	Not required
<b>Healing</b>	Fast healing	Slow healing
<b>Rehabilitation</b>	Better water tolerance. No restriction. Hearing aid: Well tolerated.	Collection of wax and debris in cavity. Requires periodic cleaning. <u>Poor water tolerance.</u> Avoid swimming/water entry to the ear. <u>Hearing aid: Hard to fit.</u> Infection is common.

mc: Sinus Tymp



2. Which of the following statements regarding orbital cellulitis is true:

NEET 25

A. Inflammation is restricted anterior to the orbital septum → *preseptal*

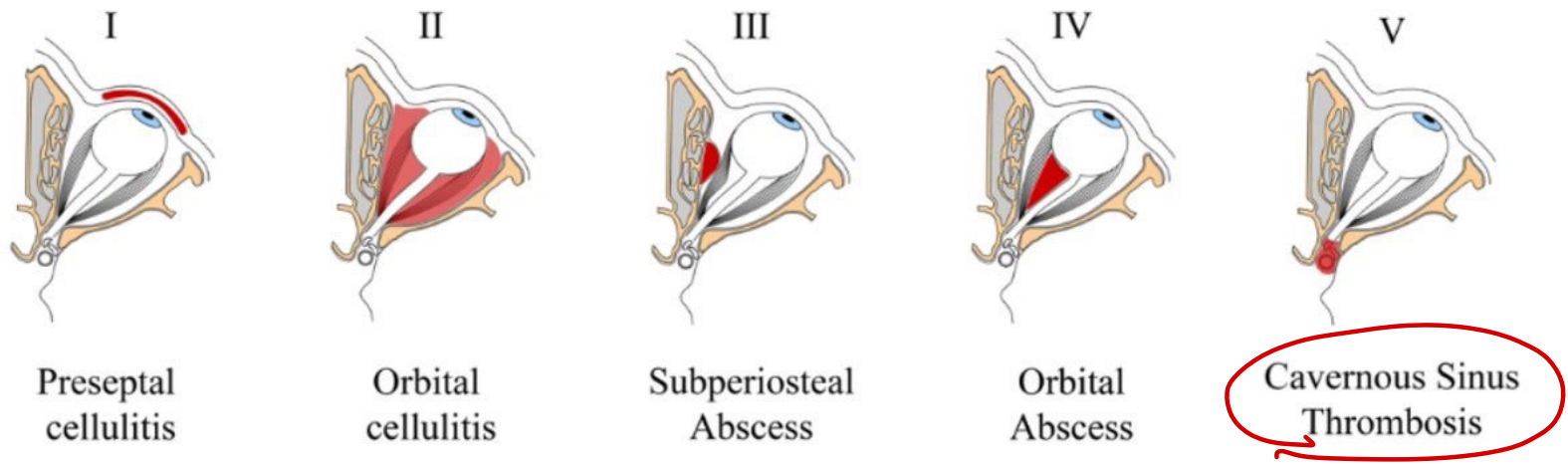
~~B.~~ Ethmoidal sinusitis is the most common source of infection in all age groups

~~C.~~ Topical broad-spectrum antibiotics are the first line of management *Systemic*

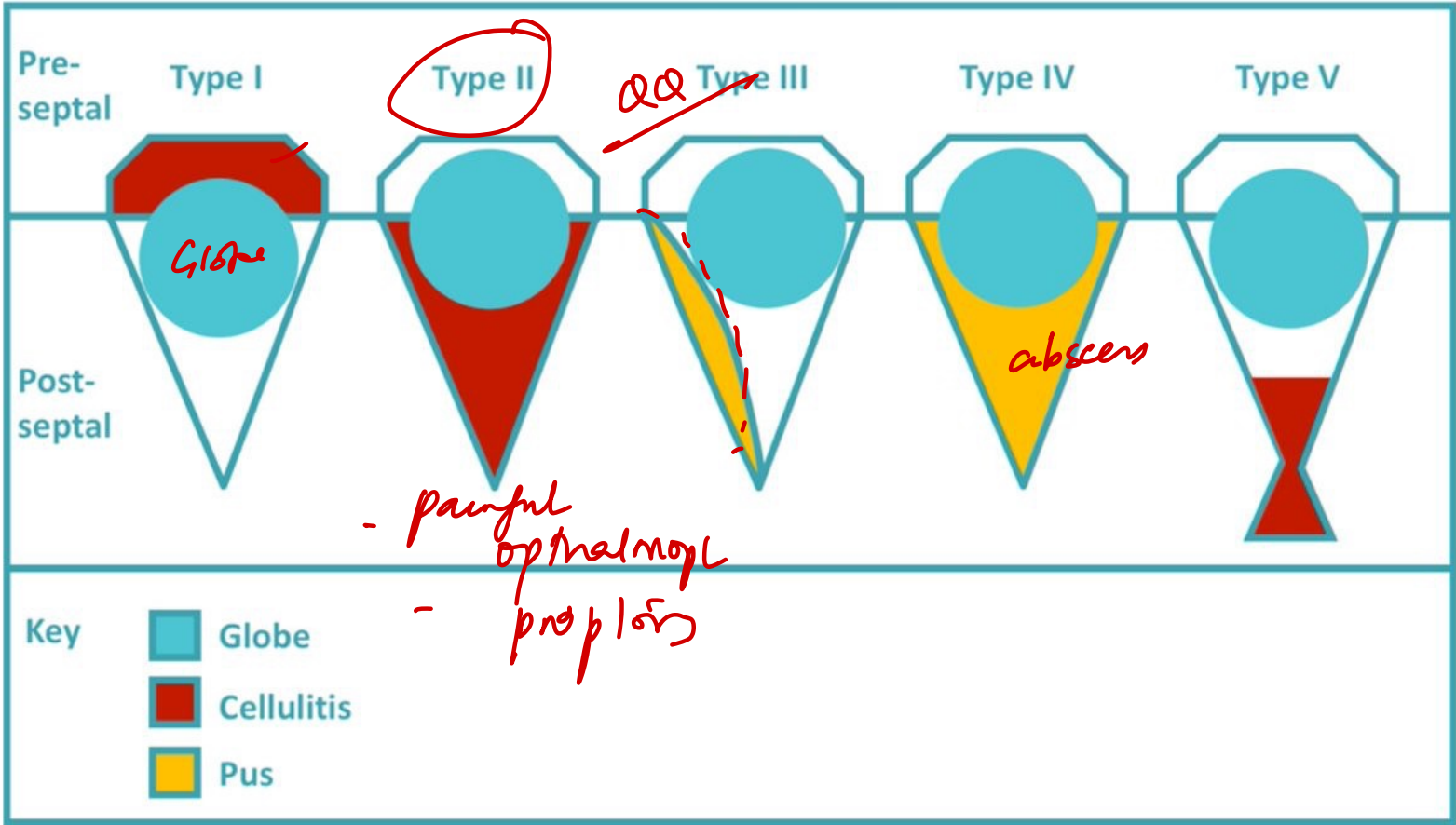
D. Patient presents with proptosis, blurring of vision, ~~normal pupillary and ocular movement~~

*painful*

*restricted*

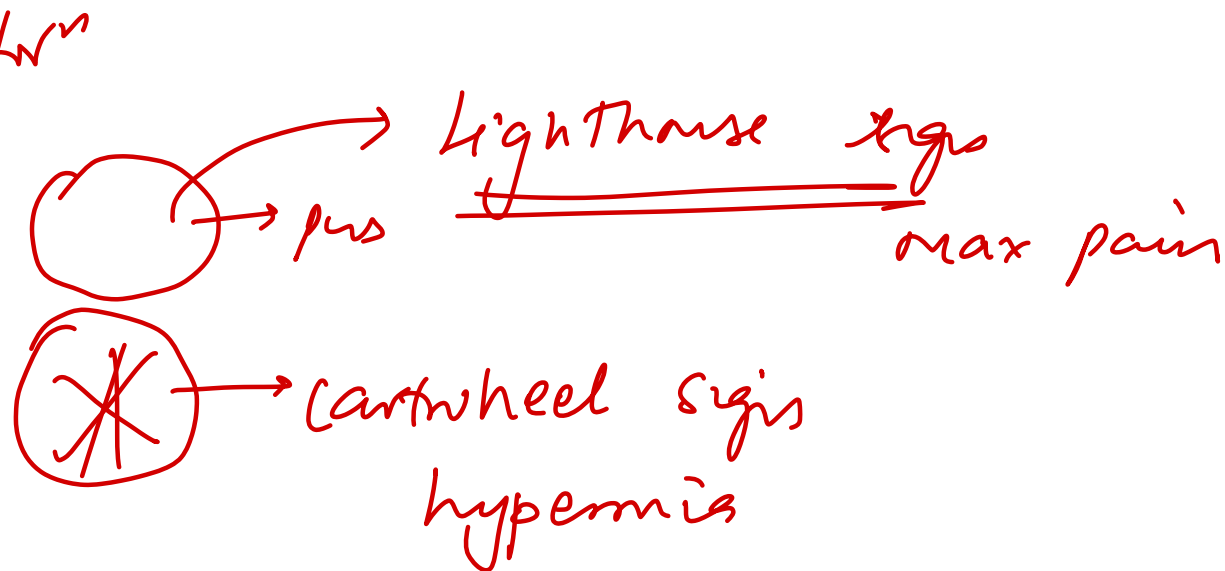


Chandler's Classification



### 3. In acute suppurative otitis media, during which phase is the ear pain at its peak intensity?

- A. Stage of resolution 4<sup>th</sup> - perfor<sup>n</sup>
- B. Stage of tubal occlusion 1<sup>st</sup>
- C. Stage of suppuration 3<sup>rd</sup>
- D. Stage of pre-suppuration 2<sup>nd</sup>

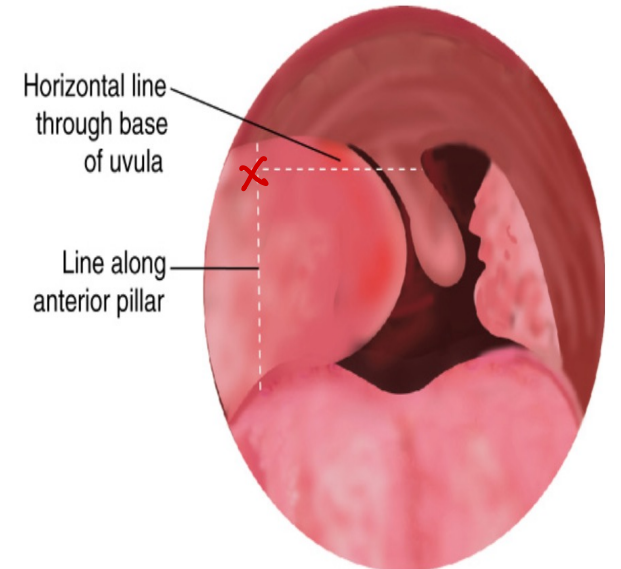


4. A 30-year-old school teacher presents with a three-day history of fever, chills, and sore throat. He also complains of difficulty swallowing that started yesterday. He denies any cough, chest pain, or difficulty breathing. His temperature is 39.8° C (102.2 F), blood pressure is 118/76 mmHg, pulse is 102/min, and respirations are 19/min. On examination, his voice is muffled. Enlarged, tender cervical lymph nodes are palpated on the left, and his uvula is deviated to the right. What is the most appropriate treatment for this patient?

QQ



- A. Throat swabs and oral antibiotics X
- B. Monospot test and oral antibiotics X
- C. Emergency laryngoscopy XX
- D. Needle peritonsillar aspiration



5. A 55-year-old woman presented at the hospital with a reported history of ear trauma. Upon examination, there was observed swelling, tenderness, and discoloration of the ear. Which of the following is false regarding the given image?

- A. It may lead to pugilistic ear */ cauliflower ear.*
- B. It is caused by accumulation of blood in perichondrial space ✓
- C. Resolves spontaneously *drained ✓*
- D. All cases should receive prophylactic antibiotics ✓  
*Penic*



6. A woman presents with a history of sudden spontaneous lacrimation upon salivation. The lesion behind this pathology is located at:

A. Facial nerve proximal to geniculate ganglion

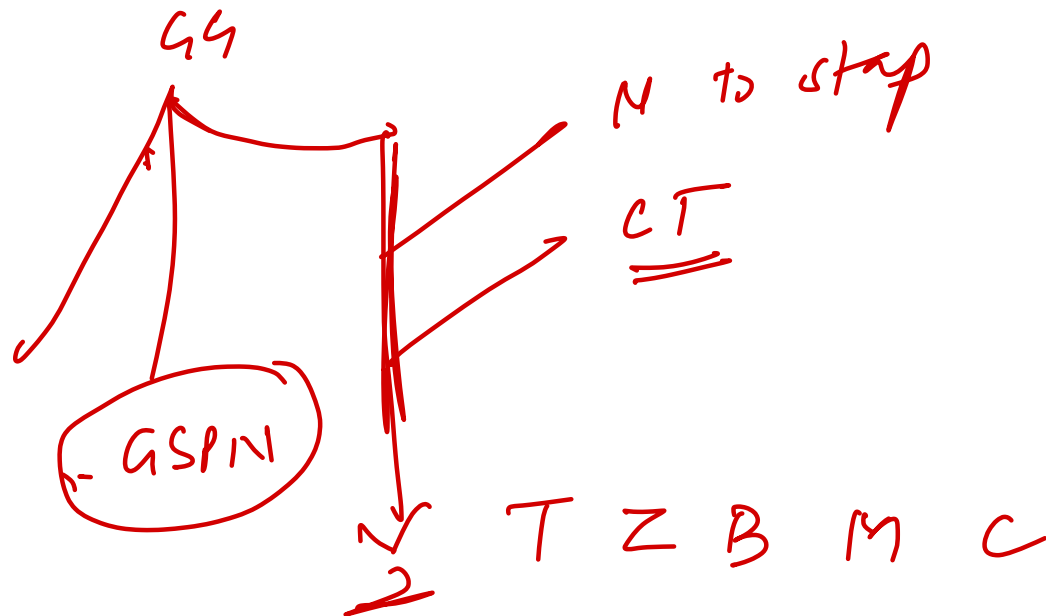
B. Chorda tympani in infratemporal fossa

C. Facial nerve at stylomastoid foramen

D. Facial nerve at the vertical segment of ear

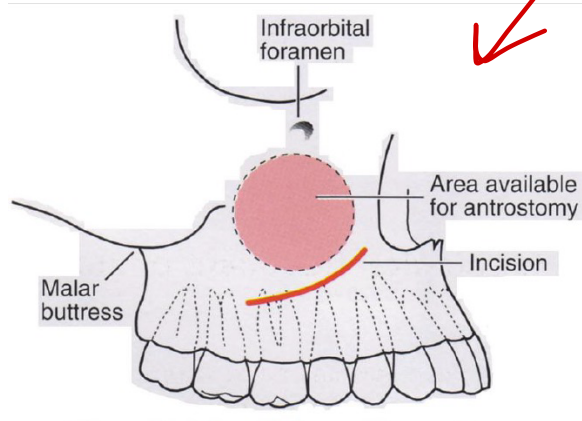
CROCODILE  
TEARS

Bogorad Sx



## 7. Indication for this incision:

- A. Caldwell luc
- B. Midfacial degloving
- C. Open rhinoplasty**
- D. SMR



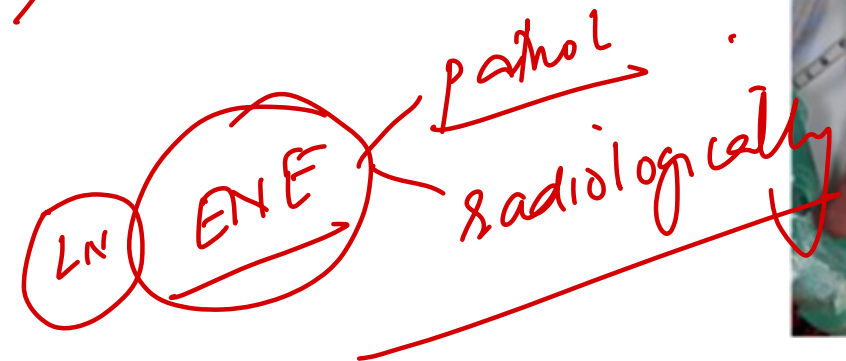
aa

# 8. Which of these is an indication for giving adjuvant radiotherapy in oral malignancy after resection and MRND?

- A. Extranodal extension
- B. Multiple lymph node metastases
- C. T3 tumor
- D. LN Size >3cm

1/11 NOV 24

LN



T3 / T4 : NART → MRND / oral can Sx

9. A 36-year-old woman comes to the emergency department with worsening fever and sore throat. Four days ago, the patient accidentally swallowed a fish bone that scratched her throat and caused some discomfort. She felt better after some time and did not seek medical attention, but for the past 2 days she has had severe sore throat and difficulty swallowing. The patient also reports neck pain and stiffness. Examination shows pooling of saliva in the hypopharynx. The posterior pharyngeal wall is red and bulging. The neck is stiff with reduced passive range of motion. Lung auscultation is normal. Lateral radiographs of the neck reveal increased thickness of the prevertebral soft tissues with an air-fluid level. Due to potential contiguous spread of the disease process, this patient is at greatest risk of developing which of the following?

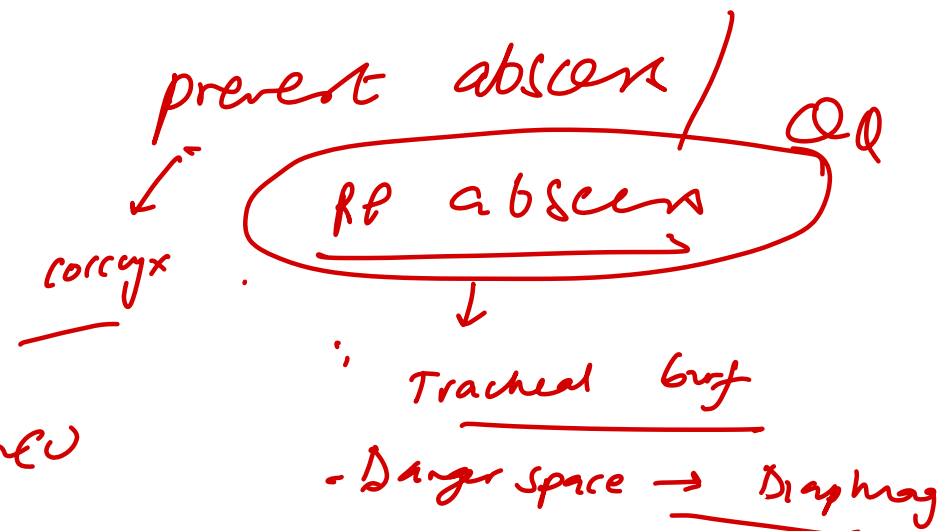
A. Acute necrotizing mediastinitis

B. Cranial subdural empyema

C. Ludwig angina *x flow of mnts*

D. Septic cavernous sinus thrombosis

*xx*  
↓  
*Dangerous area of fever*



10. A woman develops wheezing after taking aspirin for a headache. Which statement is true about this condition?

A. A type of extrinsic asthma (intrinsic)

B. Raised serum IgE levels xx

C. Associated with ethmoid polyps b/l

D. Positive skin test for inhaled allergens xx

NEET 24

anaphylactoid

non IgE

Sampson's  $\Delta$

atopy

11. Identify the correct statements about pediatric airway:

- 1. Epiglottis moves up during swallowing (T)
- 2. They can suckle and breathe at the same time (T)
- 3. Larynx opposite C3-C6
- 4. Narrowest portion is at the level of cricoid cartilage (T)
- 5. Epiglottis is shorter and wider

C2-3 pediatric

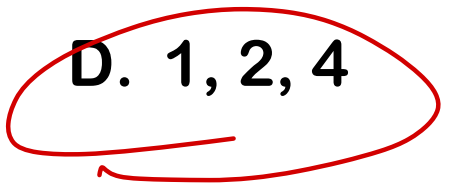
- A. 1, 2, 3, ~~4~~, 5
- B. 2, ~~3~~, 5
- C. ~~3~~, 4
- D. 1, 2, 4

adult

adult

adult

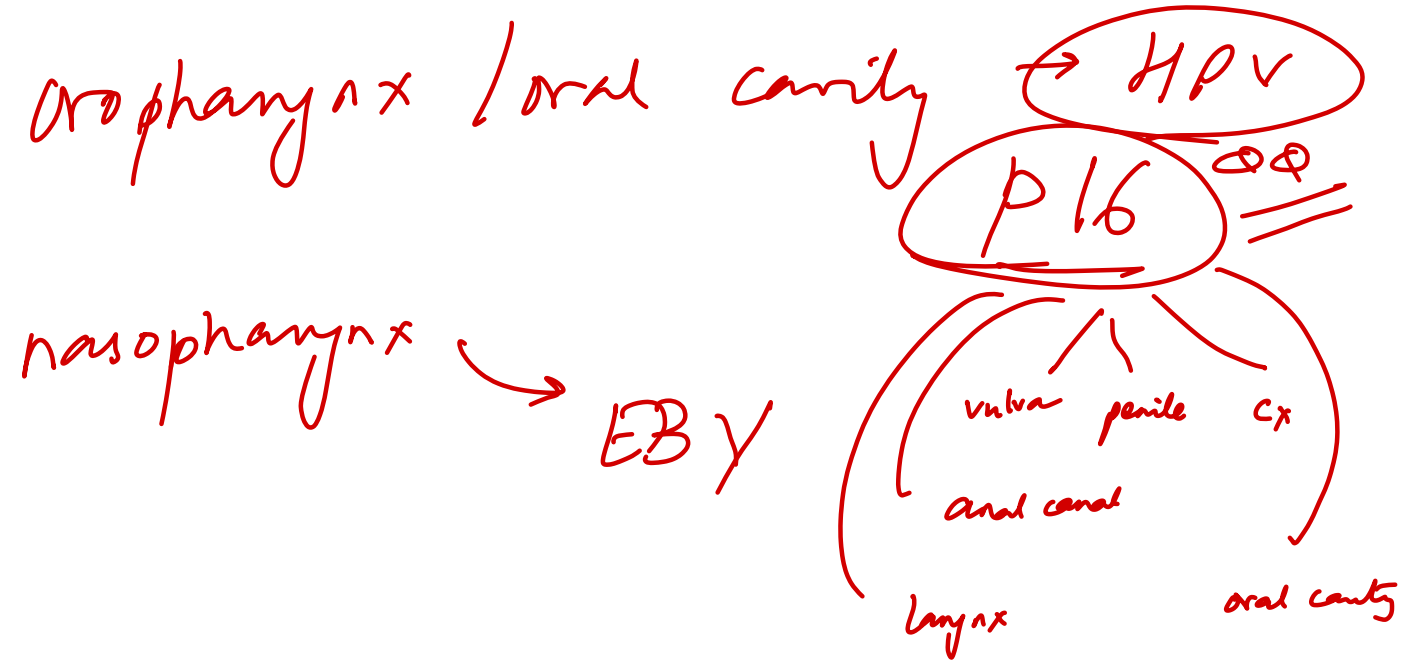
↓  
glottis



12. A patient presented with odynophagia and cervical lymphadenopathy. On examination, ulcerated growth was present on base of tongue which was found to be squamous cell carcinoma. What is the most common organism associated?

- A. HPV
- B. CMV
- C. EBV
- D. HSV

NET 25



### 13. Identify the correct plane of Frankfurt horizontal plane:

- A. Inferior border of infraorbital rim and superior border of external auditory canal
- B. Superior border of infraorbital rim and superior border of external auditory canal
- C. Inferior border of infraorbital rim and inferior border of external auditory canal
- D. Superior border of infraorbital rim and inferior border of external auditory canal

14. Arrange in correct order of cervical VEMP:

1. Saccule
2. Utricle
3. Superior vestibular nerve
4. Inferior vestibular nerve
5. Vestibular nucleus
6. SCM
7. MLF

- A. 1-4-5-6
- ~~B. 2-3-5-6~~
- ~~C. 2-3-5-7-6~~
- D. 1-4-5-7-6

Ocular VEMP  
2 - 3 - 5 - 7

• **Cervical VEMP (cVEMP)**: Evaluates the saccule and inferior vestibular nerve by recording responses from the sternocleidomastoid (**SCM**) muscle.

• **Ocular VEMP (oVEMP)**: Assesses the utricle and superior vestibular nerve by measuring responses from muscles near the C/L eyes (typically the inferior oblique).

Response	D/D
<b>Hyperactive</b>	<ul style="list-style-type: none"><li>• Fistula</li><li>• Hypermobility footplate (Congenital syphilis)</li><li>• SSCD</li><li>• Meniere's disease</li></ul>
<b>Hypoactive</b>	<ul style="list-style-type: none"><li>• <u>Vestibular neuritis</u></li><li>• <u>Acoustic neuroma</u></li></ul>

15. Nystagmus to the opposite side of the lesion occurs in:

1. Purulent labyrinthitis
2. Trauma to labyrinth
3. Serous labyrinthitis
4. Hypoactive labyrinth

*= Hyperactive - 1/L*

QQ

A. 1, 3, 4

B. 1, 2, 3, 4

C. 1, 4

D. 1, 2, 4

Fu&L

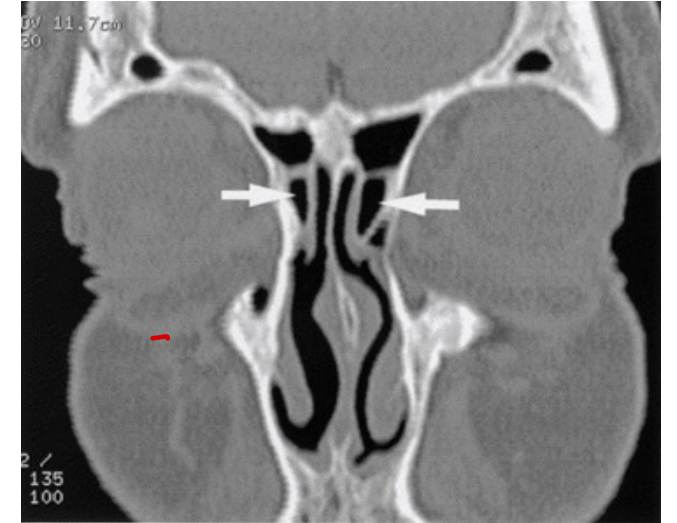
## 16. Identify the ethmoidal cells shown in the CT:

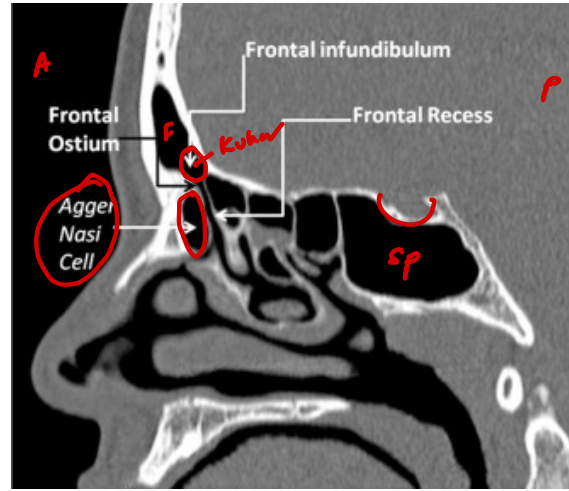
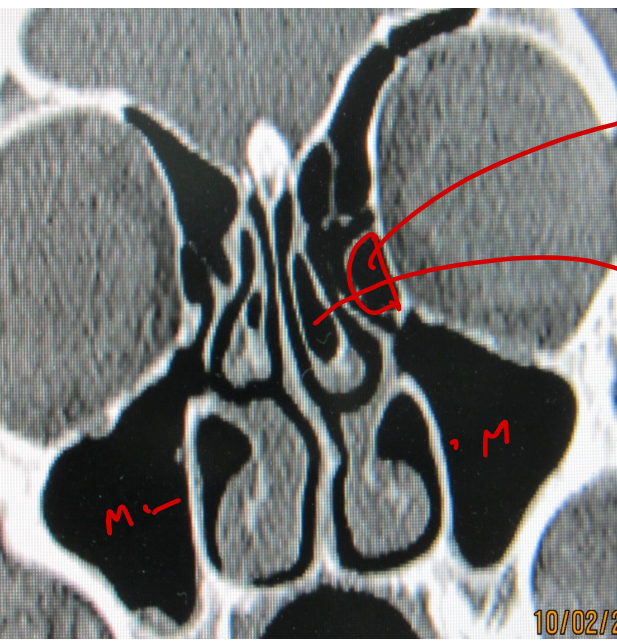
A. Bulla ethmoidalis

B. Concha bullosa

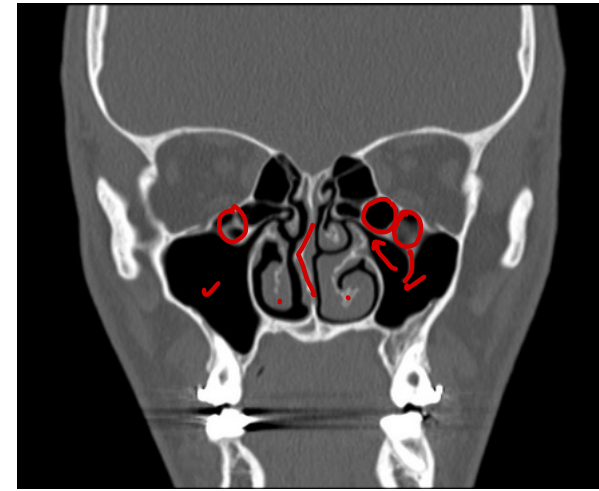
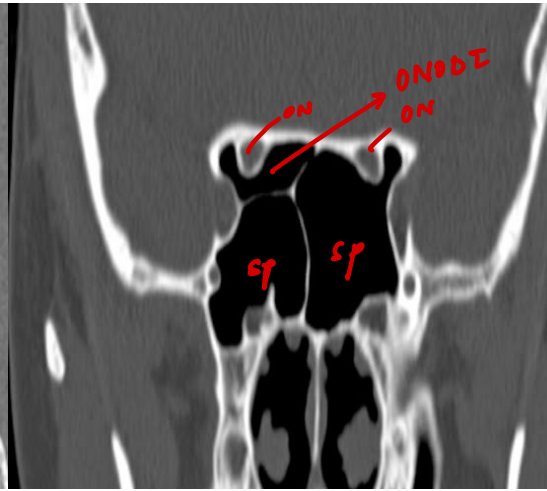
C. Agger nasi

D. Haller cell





*Kuhn - Fronto ethmoidal*



*Haller cells*

17. A 74-year-old woman comes to the office due to several days of right ear pain. This morning she had 2 episodes of dizziness and almost fell. The patient is currently taking trimethoprim-sulfamethoxazole for an uncomplicated urinary tract infection. She has had no subjective fever, vision loss, or headaches. Temperature is 37°C (98.6°F), blood pressure is 116/78 mm Hg, and pulse is 100/min. Ear examination reveals several erythematous vesicles in the right external auditory canal with no drainage. The tympanic membrane is visible and intact. There is mild right-sided facial droop. The rest of the physical examination is unremarkable. Which is the most likely cause of this patient's illness?

- A. Pseudomonas ✓ ✓ ✓  
B. Herpes simplex virus type 1 ✗ ✗ ✗  
C. Keratitis obturans  
D. Varicella zoster virus

Diabetic

HZO

18. A person presents with a tongue ulcer persisting for 3 months. Upon examination, a lesion measuring 3.5 cm x 2.5 cm is observed, accompanied by an 8 mm area of hardened tissue. No lymph node enlargement is detected. According to the 8th AJCC guidelines, what stage does this lesion correspond to?

A. T1

**B. T2**

C. T3

D. T4a

< 10 mm

2-4 cm

T1	Tumor $\leq 2$ cm, $\leq 5$ mm <u>depth of invasion (DOI)</u> (not tumor thickness)
T2	Tumor $\leq 2$ cm, DOI $> 5$ mm and $\leq 10$ mm or tumor $> 2$ cm but $\leq 4$ cm, and $\leq 10$ mm DOI 2-4 cm
T3	Tumor $> 4$ cm or any tumor $> 10$ mm DOI
T4	Moderately advanced or very advanced local disease
T4a	Moderately advanced local disease: (lip) tumor <u>invades through cortical bone</u> or involves the <u>inferior alveolar nerve</u> , <u>floor of mouth</u> , or <u>skin of face</u> or <u>maxillary sinus</u> . Note that superficial erosion of bone/tooth socket (alone) by a gingival primary is not sufficient to classify a tumor as T4
T4b	Very advanced local disease; tumor invades <u>masticator space</u> , <u>pterygoid plates</u> , or <u>skull base</u> and/or <u>encases the internal carotid artery</u>

19. 25-year-old man comes to the office for evaluation of a painless mass in his mouth. The patient has had the mass for many years and has had no growth or other changes in the mass over that time. The patient smokes a pack of cigarettes a day and drinks 2 or 3 alcoholic beverages on the weekends. Examination of the mass is seen below. Which of the following is the most likely cause of this patient's mass?

A. Bone tumor

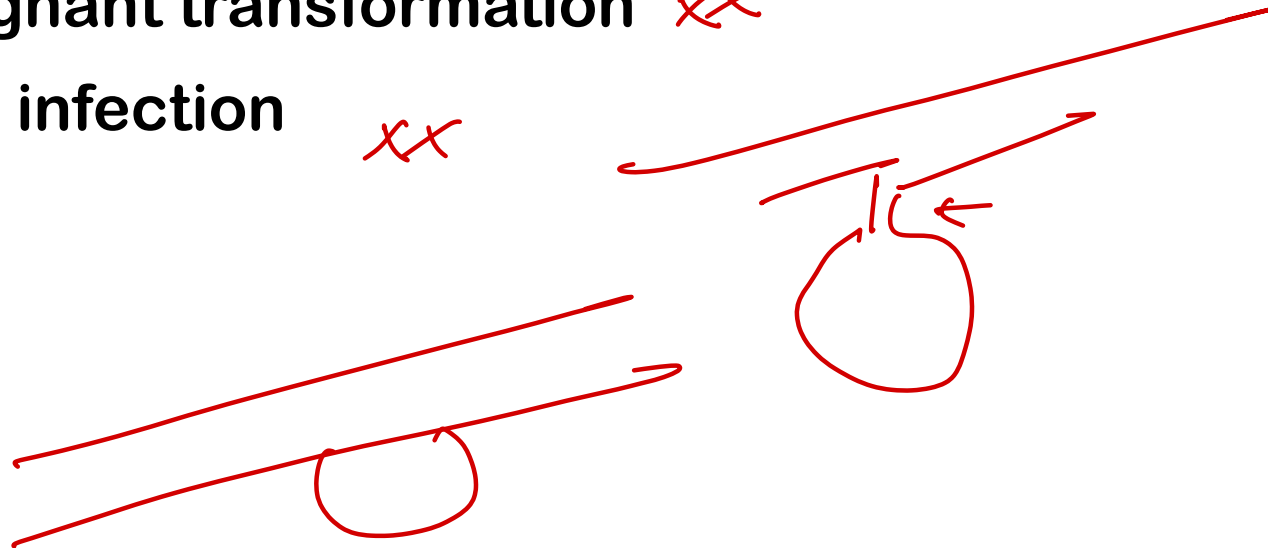
B. Toxin mediated *xx*

C. Malignant transformation *xx*

D. Viral infection *xx*



*Torus palatini  
senile osteoma/  
exostosis*



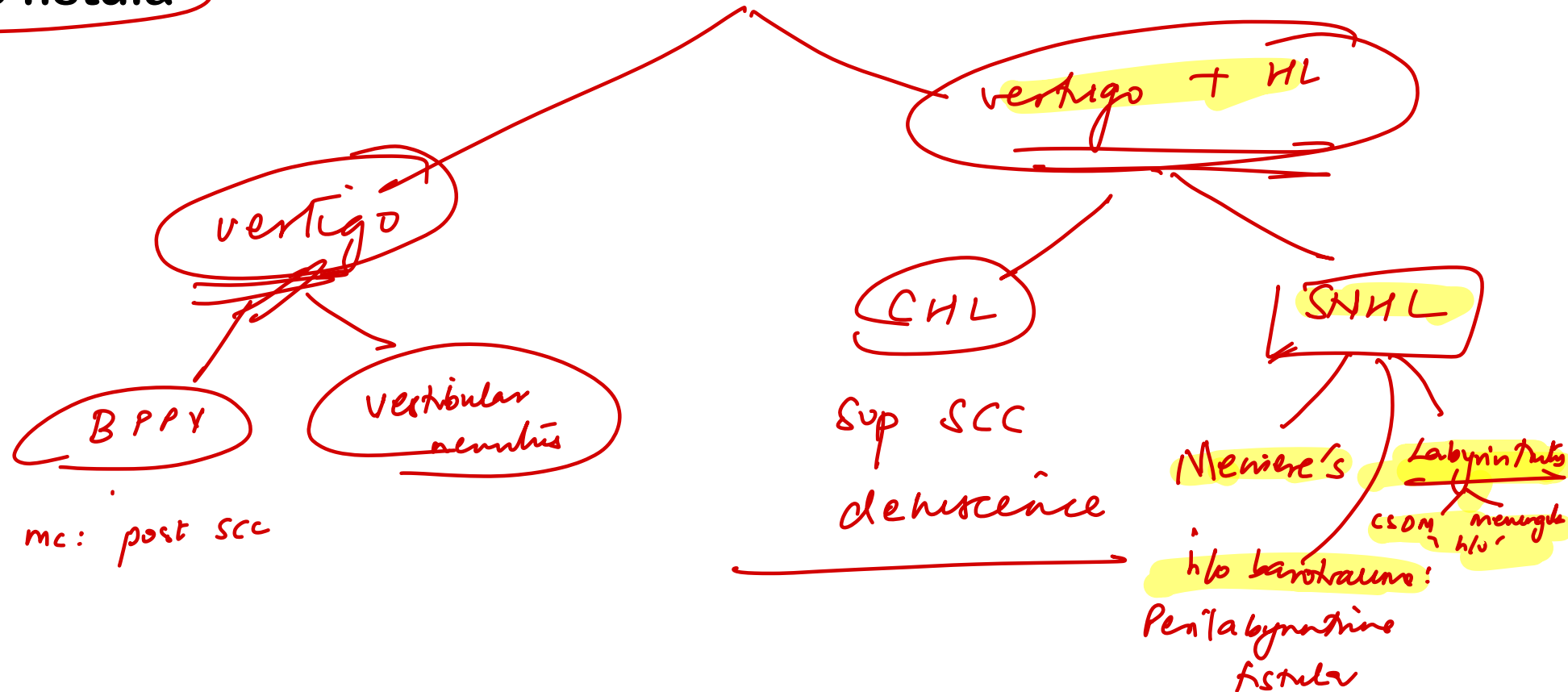
20. A 35-year-old scuba diver presents with sudden onset vertigo, tinnitus, and hearing loss in the right ear after rapidly surfacing from a deep dive. Which of the following is the most likely diagnosis?

A. Otitis externa

B. Vestibular neuritis ~~XX~~

C. Perilymphatic fistula *barotrauma*

D. EAC osteoma



21. Following a building collapse, a male patient was brought with copious amount of debris in the mouth. The following procedure was done. Which of the following statements regarding the given procedure is true?

needle : 30-60min

NEET 25

- A. It is used for effective ventilation up to 6 hours
- B. It is used to measure central venous pressure
- C. It should be followed by tracheostomy
- D. Work of breathing is more than bag and mask ventilation

Cricothyrotomy

Sx Cricothyrotomy : 24-72 hrs



22. A 6-year-old boy presented with recurrent URTI, poor growth, high-arched palate, and impaired hearing. Tympanogram is given as follows. What would be the most appropriate management?

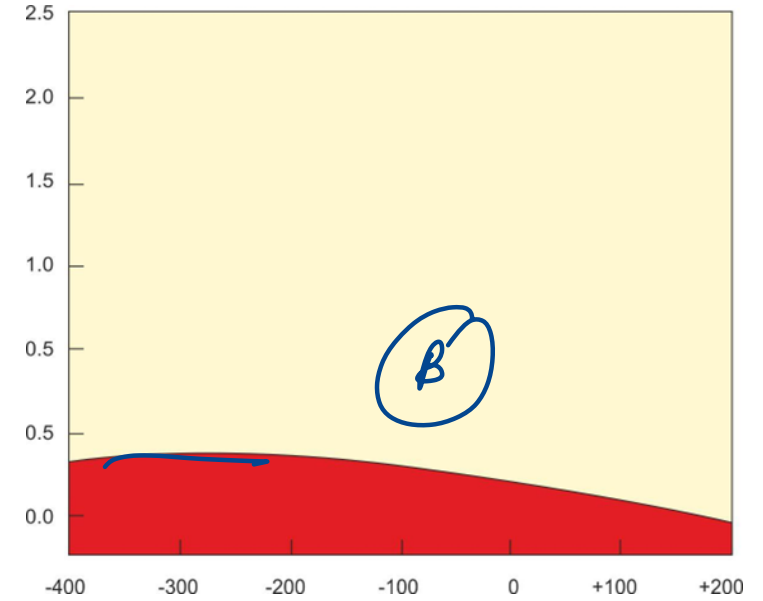
A. Grommet insertion

B. Adenoidectomy with grommet insertion

C. Myringotomy with grommet insertion

D. Myringotomy

pyo



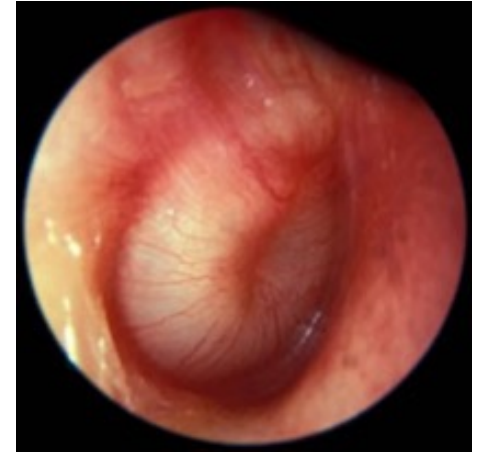
adenoid

+ glue ear =  
gromms or

23. A 12-month-old girl is brought to the OPD due to 3 days of fever, rhinorrhea, and nasal congestion. She has no allergies. Both parents smoke cigarettes and both older siblings received tympanostomy tubes as infants. The temperature is 39.4 C (102.9 F). The patient is irritable but easily consoled by her mother. External ear examination is unremarkable, and external ear canals are patent. Otoscopy findings are shown. Which of the following is the most appropriate next step in management of this patient?

- A. Oral antibiotics ← OM
- B. Supportive care and observation ~~XX~~
- C. Temporal CT scan ~~XX~~  
↓ resolve
- D. Tympanocentesis and culture ~~XX~~

Otitis  
externa



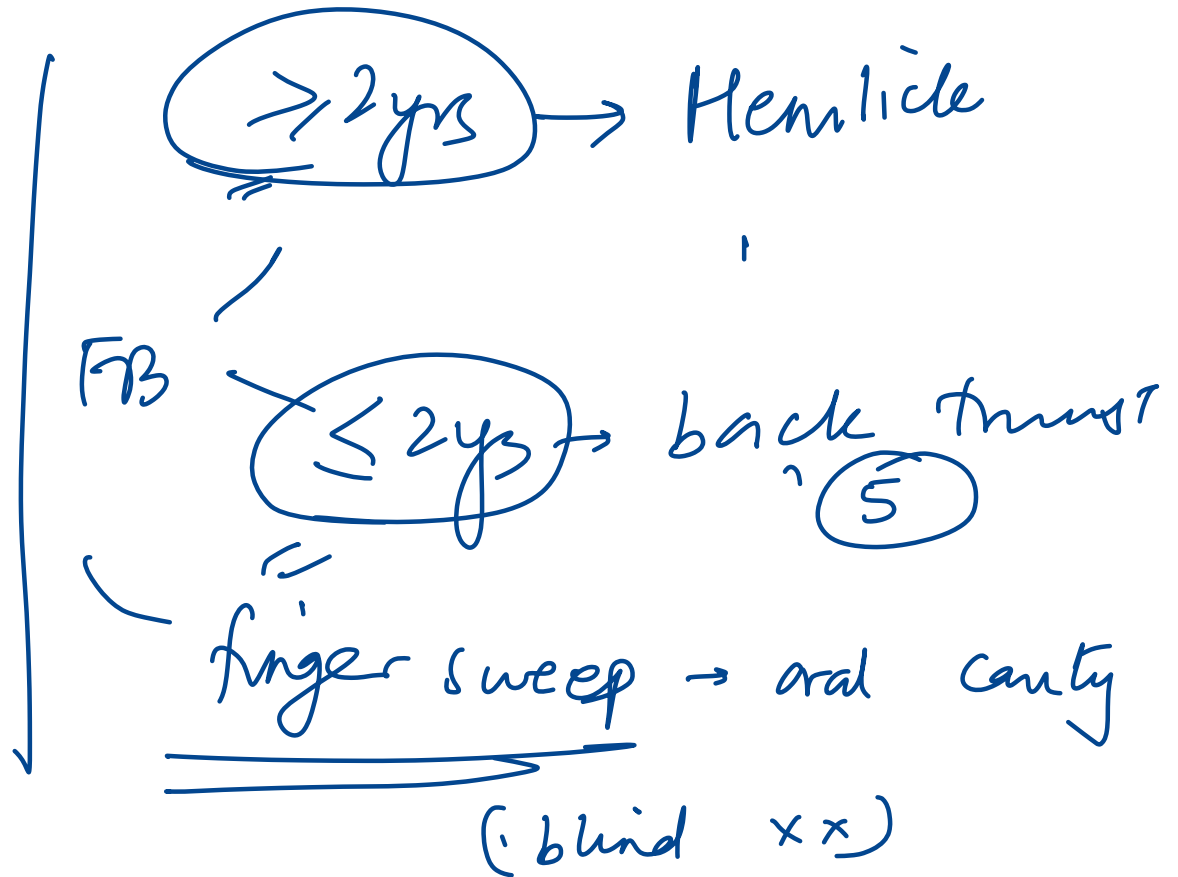
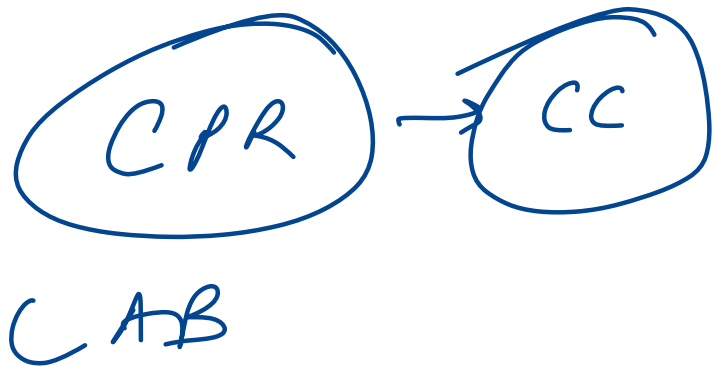
↓  
topical  
AB

mac:  
H. influenzae } (not typical)  
S. pneumoniae

24. A 3-year-old child is brought to the casualty with a history of choking over a peanut. The child suddenly becomes unresponsive. What would you do as the next step of management?

NEET 25

- A. Give 5 back slaps
- B. Give abdominal thrusts
- C. Chest compression**
- D. Endotracheal intubation ~~xx~~



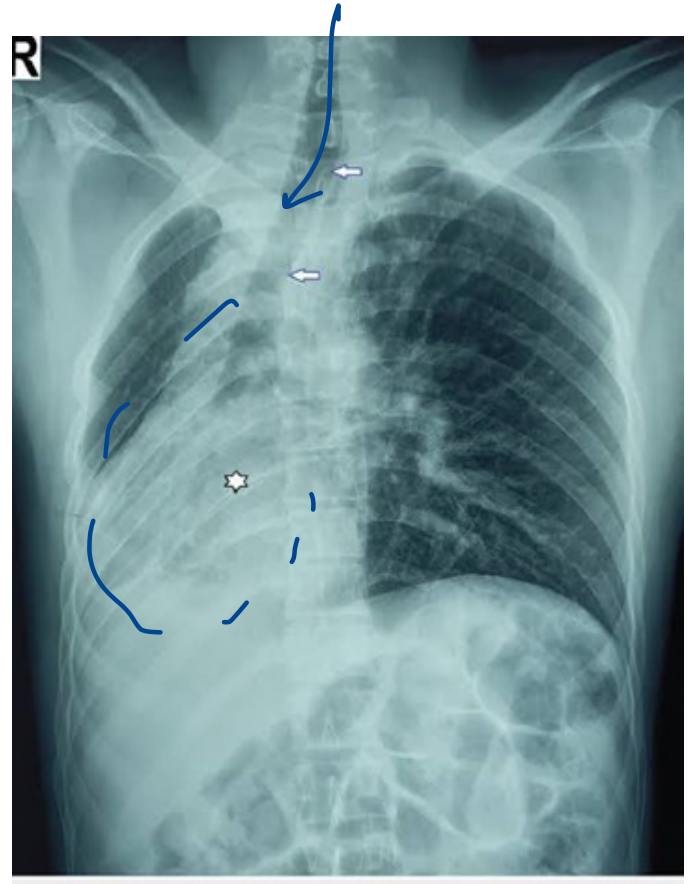
25. Which of the following will be difficult in the following case?

A. Tracheostomy

B. Laryngeal airway ✗

C. Endotracheal intubation ✗

D. Cricothyroidotomy ✗



## 26. All of the following are features of idiopathic sudden SNHL except:

- A. >30dB hearing loss ✓✓
- B. At least for a ~~week~~  $\geq 3d$  ✓✓
- C. Steroids are the drug of choice ✓✓
- D. CROS hearing aid is used in refractory cases ✓✓

- Defined as rapid onset of hearing loss of more than 30 dB over at least 3 consecutive frequencies
- Occurring within 72 hours

$\leq 3d$

## 27. What test is not used for testing olfaction?

A. Smell diskettes

~~B. Arnold stick test~~

C. UPSIT

D. CC-SIT

PyQ

28. A 4-year-old child presents with difficulty in opening the mouth and tonic spasms of the limbs. The child gives a history of CSOM. Most likely diagnosis is:

A. Tetanus ✓✓

B. Meningitis ✗✗

C. Bezold abscess ✗✗

D. Sagittal sinus thrombosis / Sigmoid sinus thrombosis ✗✗

AHMS May 25

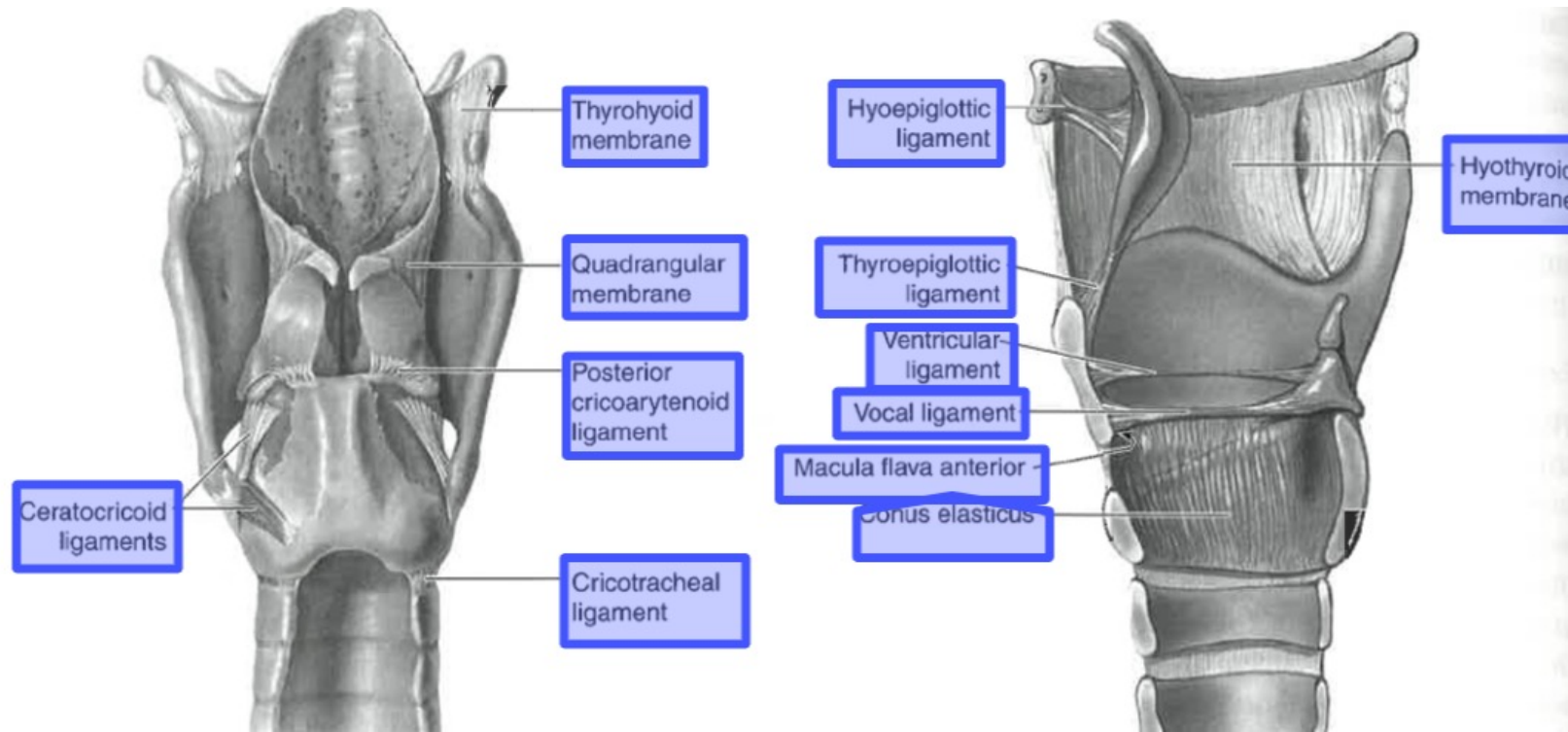
29. Which of the following is not a extrinsic laryngeal membrane?

A. Hyoepiglottic

~~B. Cricothyroid~~

C. Cricotracheal

D. Thyrohyoid



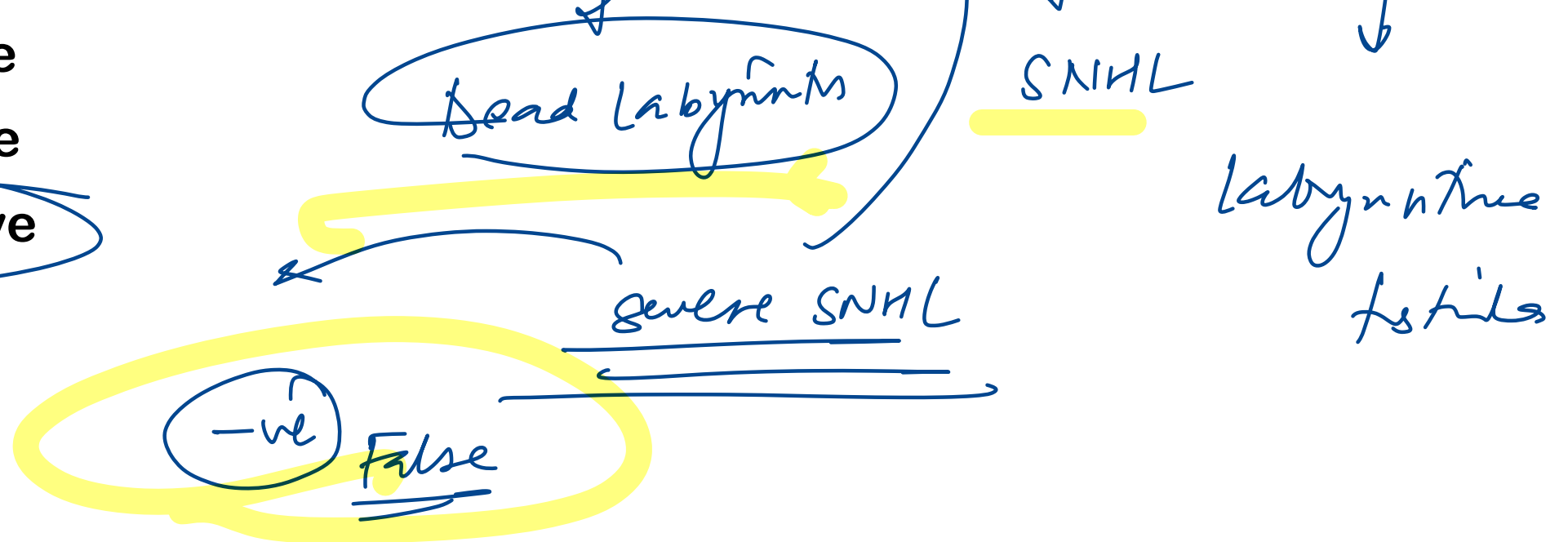
*Hyad / trachea*

Extrinsic muscles- thyrohyoid, cricotracheal, hypoepiglottic

Intrinsic- quadrangular( lower- false vocal cords), conus elasticus/crico vocal membrane (upper- true vocal cords), cricothyroid membrane

30. A young lady presented to the ENT OPD with a history of sudden onset unilateral hearing loss, tinnitus, and dizziness following an episode of acute otitis media two weeks back. Rinne test and fistula test were positive. She had refused treatment then and currently came with complaints of worsened hearing loss in the affected ear. On examination, the fistula test was negative. What would be the most likely finding on the Rinne test in this scenario?

- A. True positive
- B. True negative
- C. False positive
- D. False negative



31. Which of the following is enclosed in the investing layer of deep cervical fascia?

A. Sternocleidomastoid

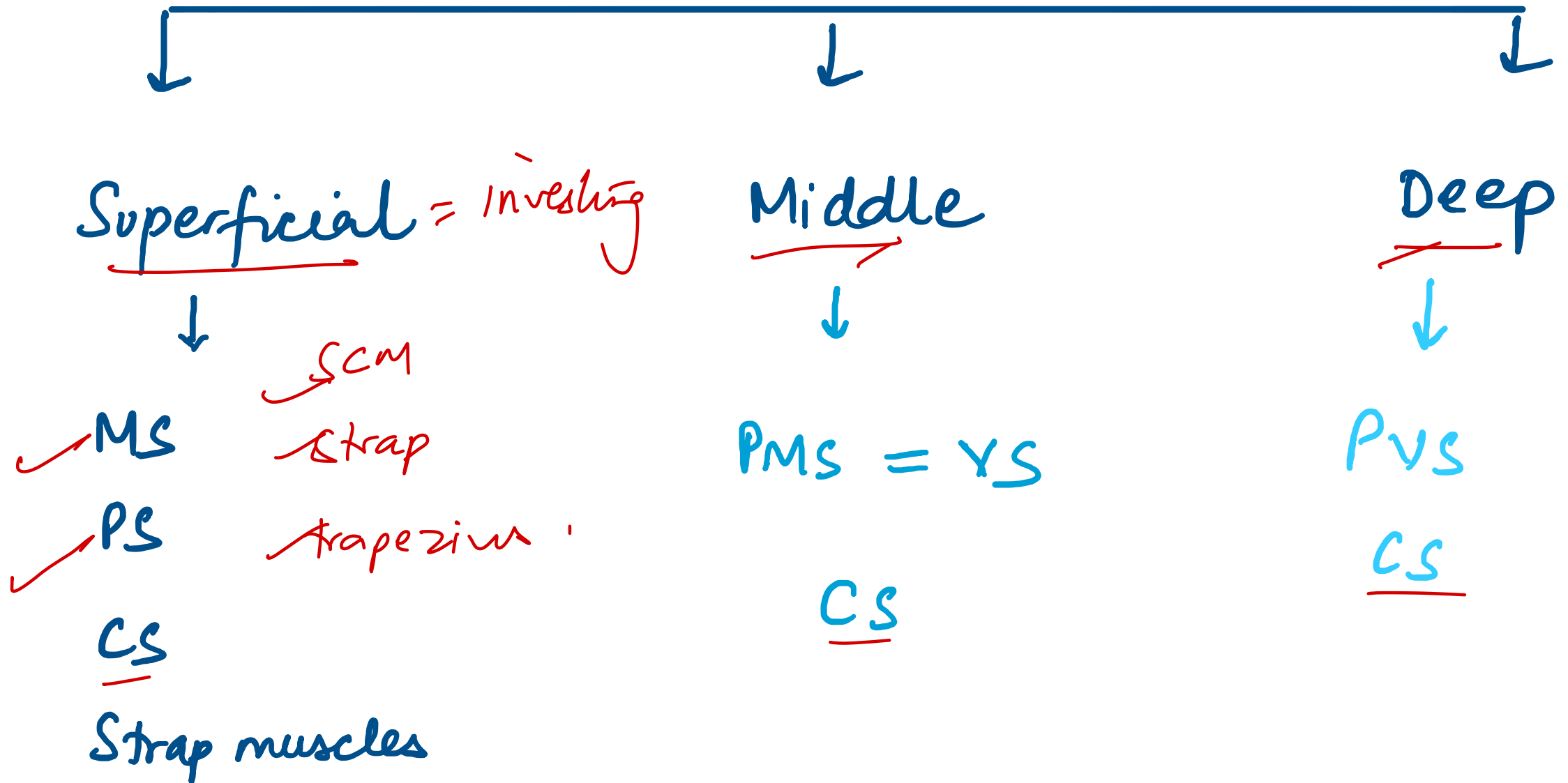
B. Esophagus → middle

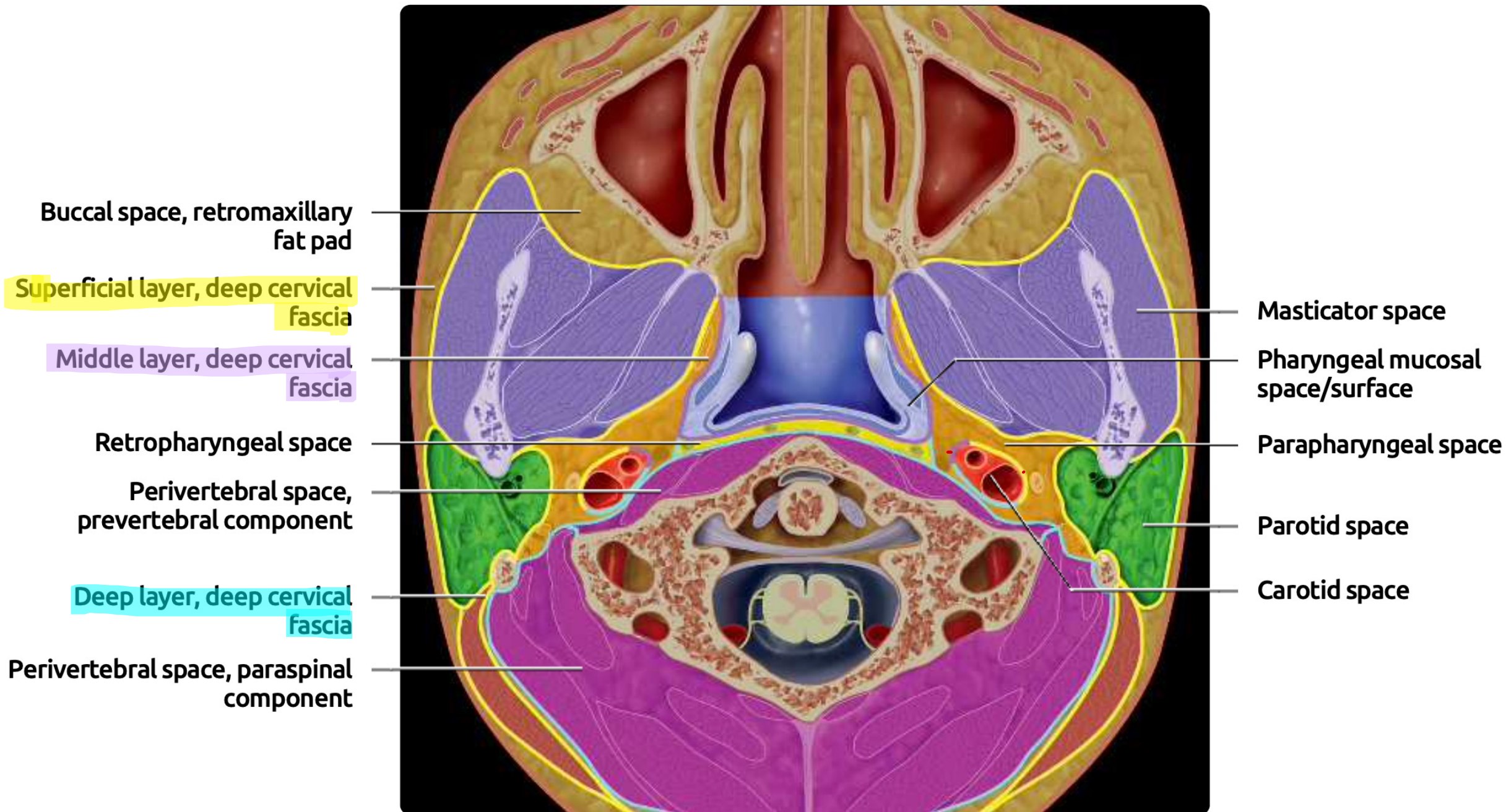
C. Scalenus anterior → deep

D. Nodes of Rouvier

↳ RP

# Deep cervical fascia





Buccal space, retromaxillary fat pad

Superficial layer, deep cervical fascia

Middle layer, deep cervical fascia

Retropharyngeal space

Perivertebral space, prevertebral component

Deep layer, deep cervical fascia

Perivertebral space, paraspinous component

Masticator space

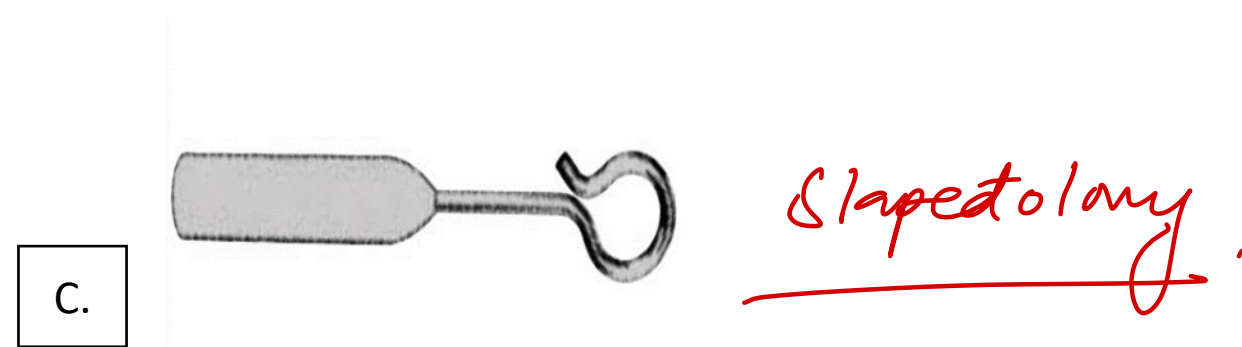
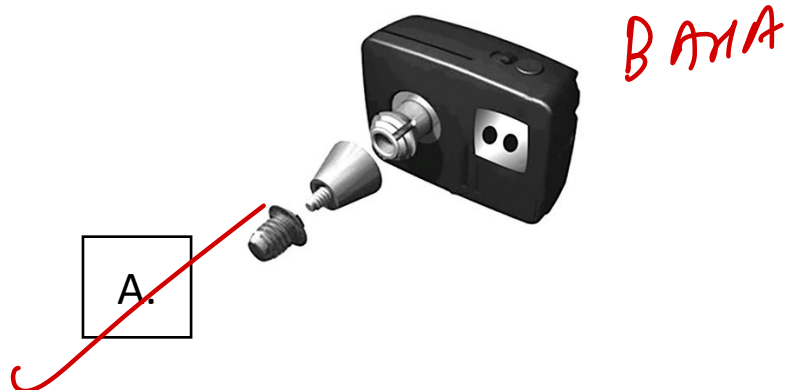
Pharyngeal mucosal space/surface

Parapharyngeal space

Parotid space

Carotid space

# 32. Which of the following devices can be used for managing a patient with B/L external auditory canal atresia?



33. 68-year-old woman comes to the office due to oral pain. For the last 3 days, she has had mild pain in the left lower jaw associated with swelling of the gums. The patient had a loose molar extracted 3 weeks ago and the extraction site never completely healed. Medical history is notable for osteoporosis treated with calcium, vitamin D, and zoledronic acid. She has never used tobacco or alcohol. Vital signs are normal. Examination shows gingival edema and erythema surrounding an area of exposed bone at the left lower jaw. Which of the following is the most likely diagnosis?

- A. Malignancy
- B. Herpetic stomatitis
- C. Mucormycosis
- D. Osteonecrosis

34. Which of the following are indications of cochlear implant?

- a. Congenital hearing loss (T)
- b. Otosclerosis CHL
- c. Aminoglycoside-induced profound hearing loss (T)
- d. Congenital malleus fixation CHL

NEET 25

(T)

- A. a, b
- B. b, c
- ~~C. a, c~~
- D. a, d

profound/severe  
 SNHL  
 not responding to hearing aid

1 - 1 mon → Screening - OAE  
 3 - 3 mon - Confirm : BERA  
 6 - 6 mon - Rehab - hearing aid  
 9 - 9 mon - 1 yr → min age CI

✓ ✓  
 3-6-9  
 - - -

**35. A 22-year-old man comes to the urgent care clinic after being hit in the face with a basketball. He is currently unable to breathe through his nose. Oxygen saturation is 99% on room air. Examination is given below. Which of the following is the best next step in management of this patient?**

- A. Apply ice packs to the nose and recommend NSAIDs
- B. Embolize the sphenopalatine artery
- C. Incise and drain the nasal septum**
- D. Insert anterior nasal packing



36. Which of the following nerves is not involved with olfaction?

A. Facial / Trigeminal ✓

B. Glossopharyngeal ✓

C. Vagus ✓

D. Hypoglossal

Motor  
↔

I

IN MAY '25



37. A 60-year-old man with a history of chronic otitis media presents with a sudden onset of severe hearing loss. Audiometry reveals a conductive hearing loss of 54 dB. Given the levels of normal conversation, what is the patient's level of hearing loss equivalent to in everyday sounds?

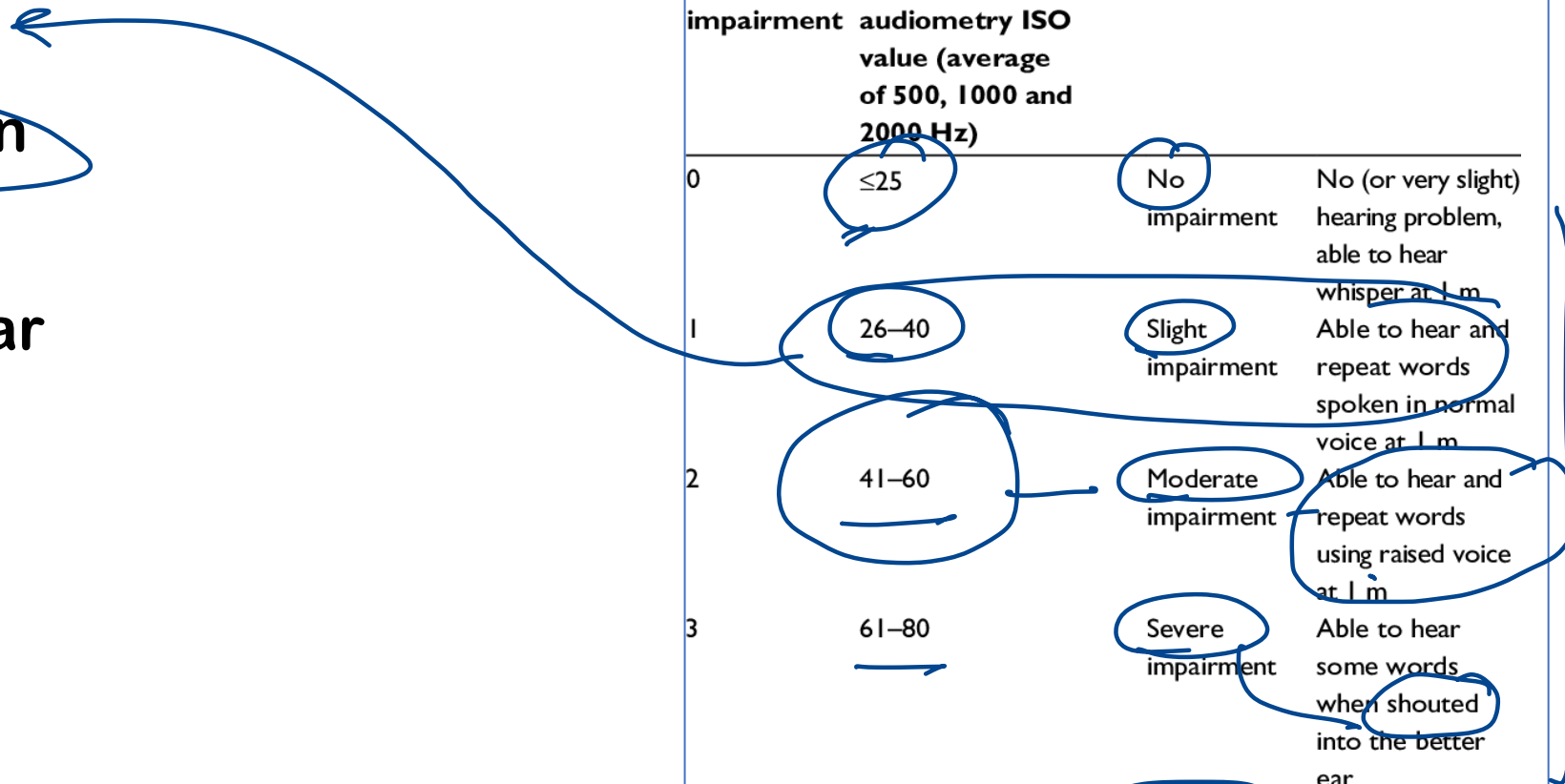
A. Whisper

B. Normal conversation

C. Shout

D. Discomfort of the ear

Grade of impairment	dBHL corresponding audiometry ISO value (average of 500, 1000 and 2000 Hz)	Description	Performance
0	≤25	No impairment	No (or very slight) hearing problem, able to hear whisper at 1 m
1	26–40	Slight impairment	Able to hear and repeat words spoken in normal voice at 1 m
2	41–60	Moderate impairment	Able to hear and repeat words using raised voice at 1 m
3	61–80	Severe impairment	Able to hear some words when shouted into the better ear
4	≥81	Profound impairment including deafness	Unable to hear and understand even shouted voice



38. Which of the following are causes of stridor in neonates?

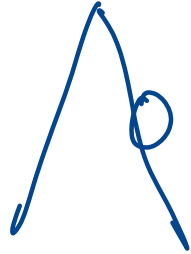
a. Laryngomalacia (+) — inspir

b. Subglottic stenosis (+) — biphasic

c. Recurrent respiratory papillomatosis 6-11 yrs.

d. Hemorrhagic polyp

(F)



NEET 25

A. b, c

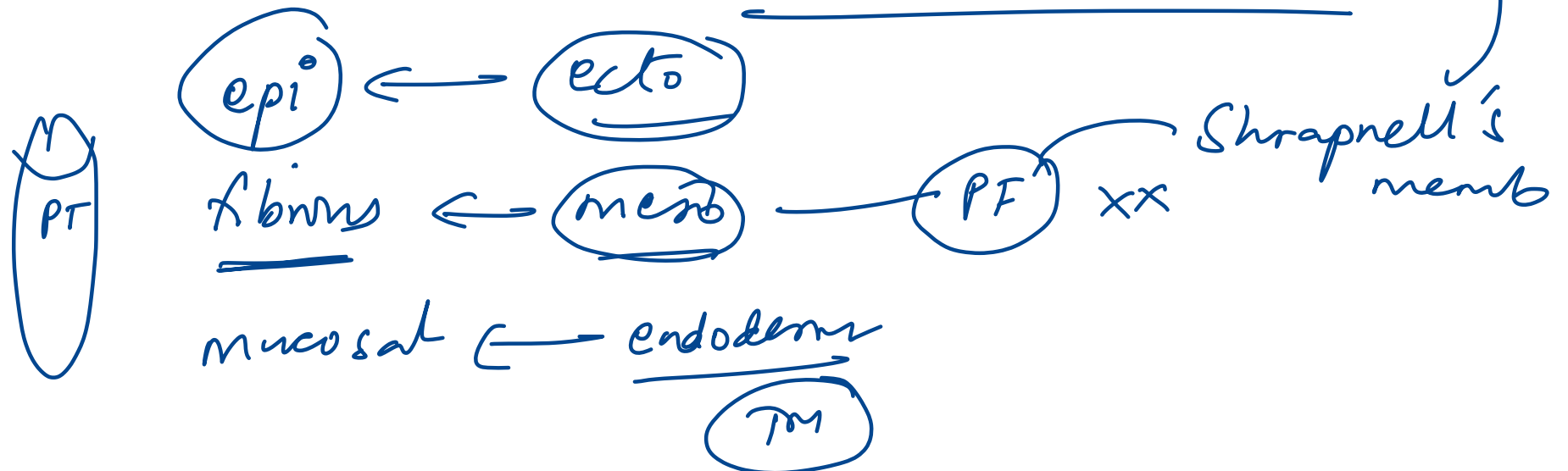
B. a, b, c, d

~~C. a, b~~

D. b, d

39. All of the following statements regarding the tympanic membrane are correct, except:

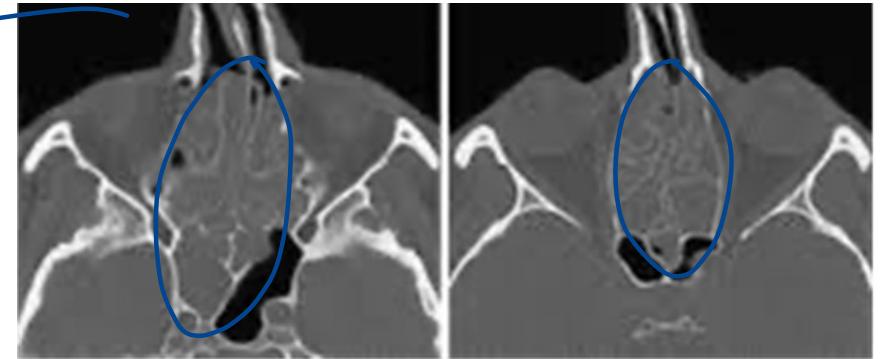
- A. The middle layer of the tympanic membrane is derived from mesoderm and contains radial, circular, and parabolic fibers (+)
- B. The outer epithelial layer is continuous with the skin of the external auditory canal and is derived from ectoderm (+)
- C. The inner mucosal layer is derived from ~~ectoderm~~ endoderm and is continuous with the middle ear mucosa
- D. The region called Shrapnell's membrane does not transmit sound



40. A 28-year-old woman comes to the OPD due to persistent nasal congestion and stuffiness. A year ago, she came to the emergency department due to severe wheezing after taking naproxen for menstrual cramping. HRCT of the patient is shown below. Which of the following is the most likely cause of this patient's current symptoms?

- A. Allergic rhinitis *xx*
- B. Fungal rhinosinusitis *xx*
- C. Nasal polyposis
- D. Nasopharyngeal angiofibroma *xx*

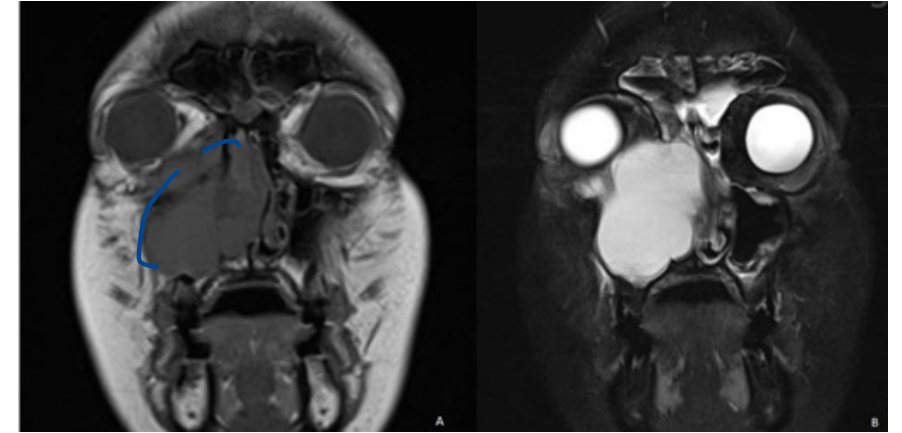
*Samplers*



*b/c ethmoid polyps*

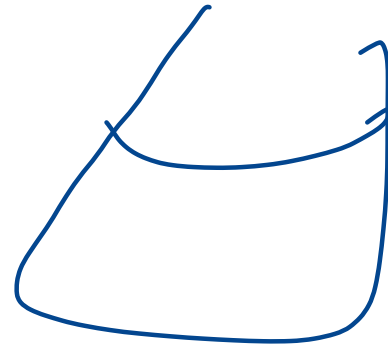
41. A 30-year-old male presents with a painless swelling in his right medial face since a few months. The MRI image is given below. What is the most likely diagnosis?

- A. Mucocele
- B. Maxillary sinusitis ✗
- C. Juvenile nasopharyngeal ~~angio~~fibroma ✗✗
- D. Inverted papilloma ✗✗



max mucocele

Cerebri form,  
→



42. All of the following are true about the device shown below except:

A. It bypasses upper airway structures from nose to larynx thereby reducing the dead space by 50%. (T)

B. Usually done at the level of 2nd to 3rd tracheal rings. (T)

C. High tracheostomy (1st ring) done along with surgeries related to cancer larynx. (T)

~~D. An uncuffed tube is preferred~~

*Cuffed tube*

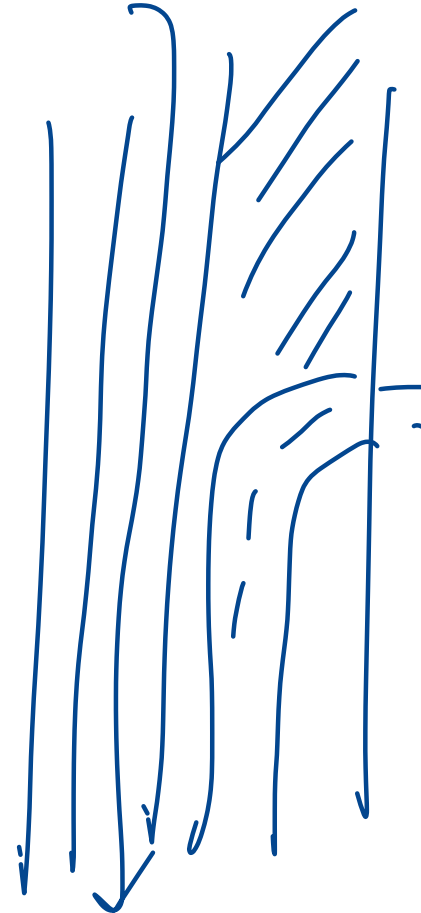


*low tracheostomy*  
*cuffed*



43. A 55-year-old patient comes with hoarseness of voice and difficulty swallowing. The patient was diagnosed with laryngeal carcinoma and surgical management was done. The post-operative image of the patient is given below. Which of the following surgery was done on this patient?

- A. Partial laryngectomy
- B. Percutaneous tracheostomy ~~X~~ ~~X~~
- C. Standard tracheostomy
- D. Total laryngectomy



44. All of the following are accepted indications for adenoidectomy except:

A. Sleep apnea

B. Chronic serous otitis media

C. Recurrent sinusitis

D. Velopharyngeal insufficiency

CI

*rhinolalia*

*aperta : 7nasal*

---

### Indications-Adenoidectomy

- Sleep apnea
- Chronic serous otitis media
- Recurrent infections
  
- **Contraindications (C/I):**
  - Bleeding diathesis
  - Acute infection
  - Velopharyngeal insufficiency

### Indications-Tonsillectomy

00

- **Recurrent infections**
  - ≥3/year for 3 consecutive years
  - ≥5/year for 2 consecutive years
  - ≥7 in a single year
- **Obstructive symptoms (Sleep apnea)**

# 45. What is the instrument shown below?

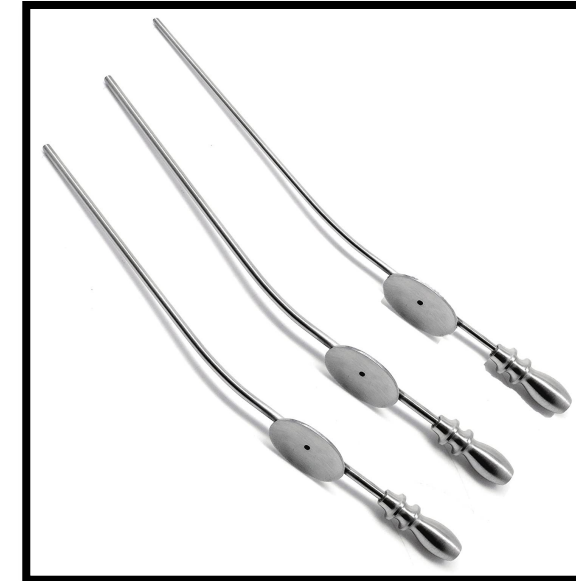
A. Meniette device

**B. Barany noise box**

*mask the non-testing ear*

C. Hopkin endoscope

D. Baron suction



46. A 50-year-old man presents with difficulty hearing. MRI with gadolinium contrast shows a 3.5 cm mass in the cerebellopontine angle. What is the treatment of choice?

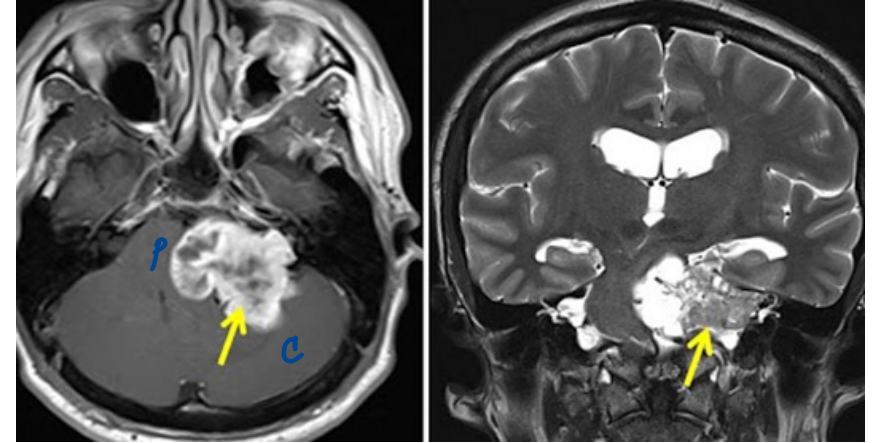
~~A. Surgery~~

B. Radiotherapy

= Gamma knife

C. Chemotherapy

D. Observation



Vs —  $\leq 3\text{ cm}$  → Gamma knife  
= =  
 $> 3\text{ cm}$  → Sx

47. A 55-year-old diabetic male develops unilateral facial pain and loosening of teeth. MRI is shown below. Which of the following histopathological appearances is most likely to be seen?

A. Septate hyphae

B. Aseptate, ribbon shaped hyphae

C. True yeast

D. Pseudo-yeast

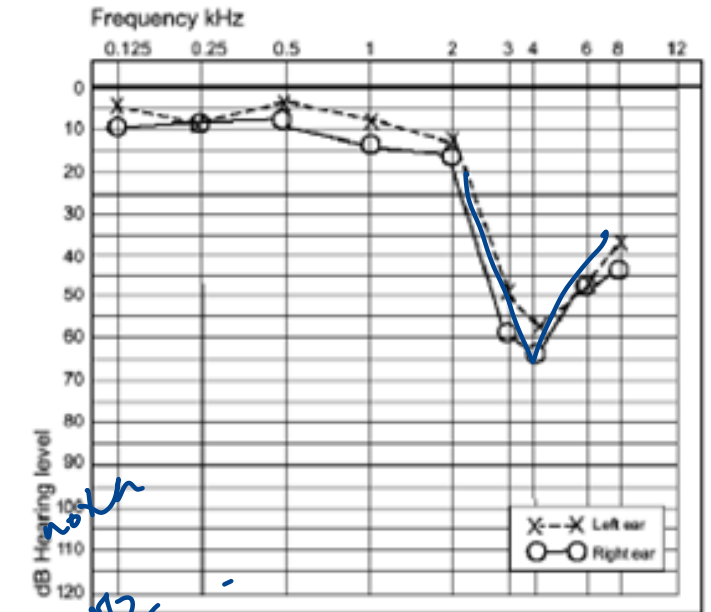


Mucormycosis

48. 56-year-old previously healthy man comes to the OPD due to decreased hearing in both ears. He reports difficulty understanding conversations in crowded rooms. For the past 12 years, he has worked in a factory where he has to shout to communicate with coworkers and has seldom worn hearing protection. An audiogram is obtained as shown in the image below. Which of the following is most likely abnormal in this patient?

- A. Auditory nerve
- B. Cochlear cupula
- C. Middle ear ossicles
- D. Organ of Corti

OHC

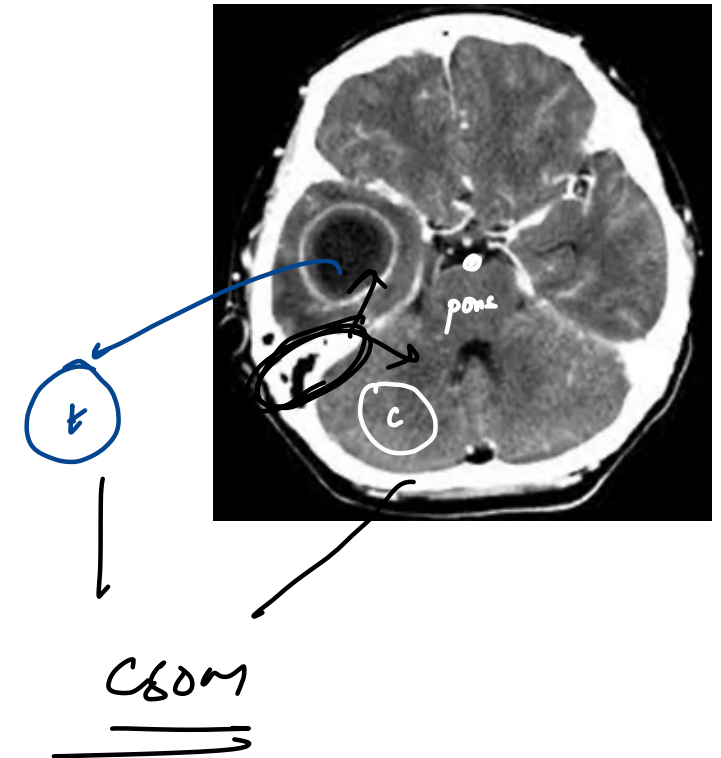


NIHL

Bater  
 (4000 Hz)

49. A 5-year-old girl is brought to the emergency department after having a seizure at home. Her mother says that the girl has had a mild headache and fatigue for the past few days. CT scan of the head is shown in the image below. Which of the following historical details is most relevant in establishing this patient's diagnosis?

- A. Family history of seizures
- B. Maternal history of perinatal infection
- C. Previous recurrent gingival bleeding
- D. Recent episode of otitis media



50. A 30-year-old woman comes to the OPD due to hearing loss in her right ear. A week ago, the patient developed symptoms of nasal congestion, cough, and rhinorrhea. Three days ago, she traveled from New York to Delhi. On her return flight yesterday, the patient developed hearing loss and severe pain in her right ear and noticed a drop of blood on her finger when she scratched her ear canal. All symptoms have resolved except for persistent hearing loss in the right ear. Which of the following is the most appropriate next step in management?

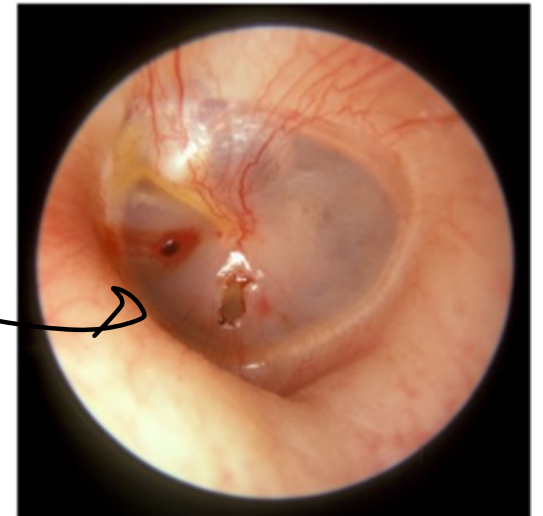
A. Aural irrigation

B. Oxymetazoline

C. Reassurance and follow-up examination

D. Tympanoplasty

barotrauma



perfor

CSOM - safe type + perfor<sup>n</sup>

→ myringoplasty<sup>2/1</sup>

51. A 27-year-old woman, gravida 1 para 0 at 30 weeks gestation, comes to the OPD due to increasing difficulty hearing, especially on the right side. A tuning fork held over the middle of the forehead sounds louder in the right ear. Tuning fork sounds are better heard with bone conduction on the right side and with air conduction on the left. The remainder of the neurologic examination shows no abnormalities. Which of the following is the most likely cause of this patient's current symptoms?

- A. Chronic otitis media
- B. Medication ototoxicity → S
- C. Ménière disease → S
- ~~D. Otosclerosis~~

CHL - same

SNHL - C/L

RT - CHL

**52. A 30-year-old man with a history of chronic otitis media presents for tympanoplasty. During the surgery, the surgeon finds that both the malleus and incus are absent. According to Wullstein's classification, which type of tympanoplasty is most appropriate for this patient?**

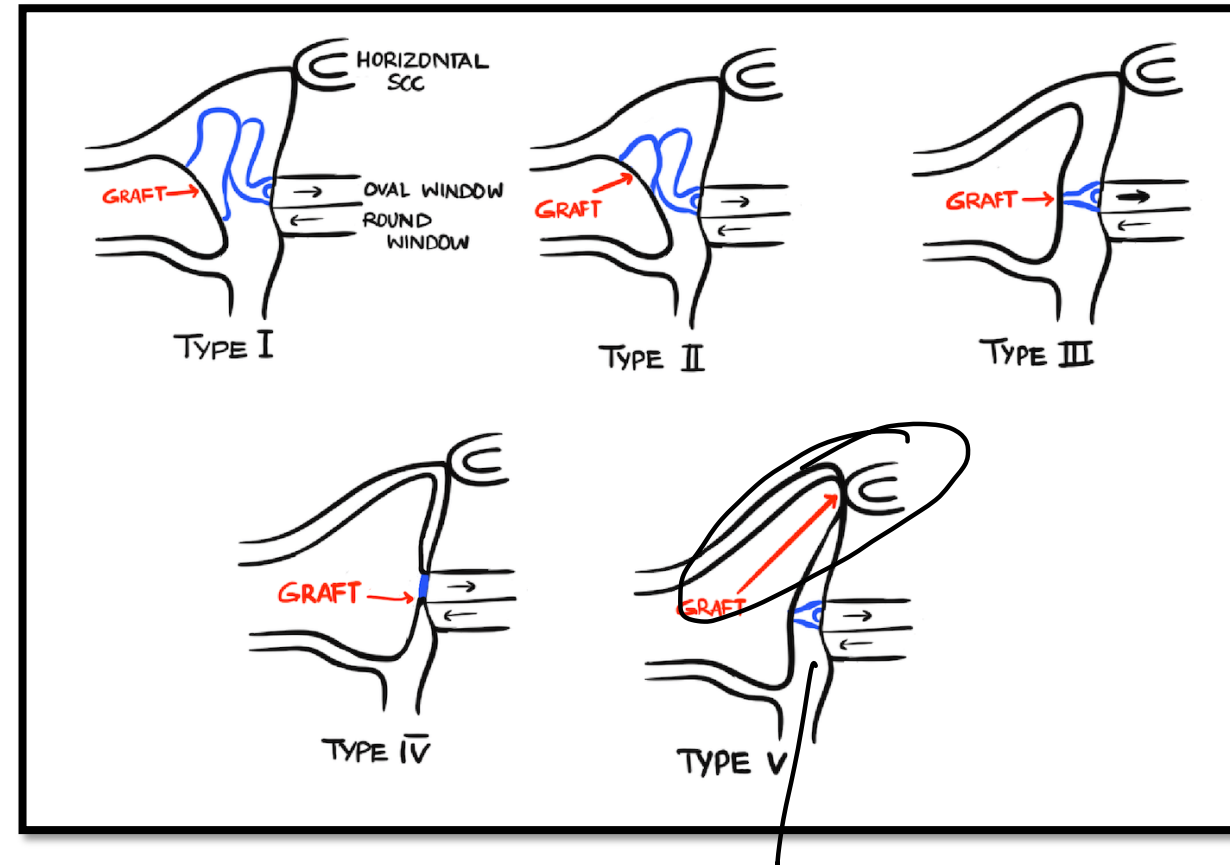
A. Type I

B. Type II

C. Type III

D. Type IV

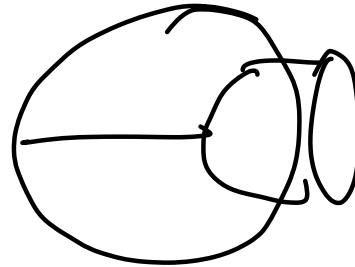
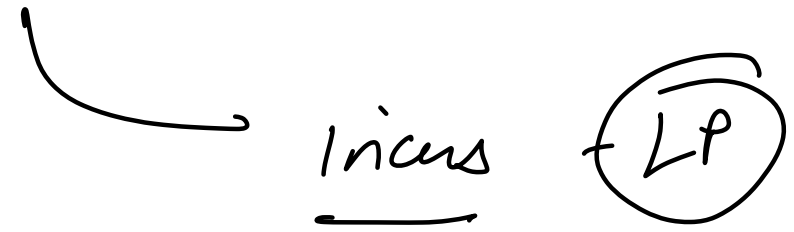
Type 1	Myringoplasty	TM placed over malleus
Type 2	TM grafted over incus	
Type 3	Columella tympanoplasty OR myringostapediopexy	TM grafted over stapes
Type 4	Round window shielding	Cavum minor Oval window out
Type 5	Fenestration	Lateral SCC opening.



Stapes fixed.

53. Austin's classification of ossicular chain defects is based on which components?

- A. Malleus handle and stapes suprastructure
- B. Malleus handle and stapes footplate
- C. ~~Malleus head~~ and ~~stapes suprastructure~~
- D. ~~Malleus head~~ and ~~stapes footplate~~



Group	Ossicular Status	Abbreviation	Prevalence (%)
A	Malleus handle and stapes superstructure present	M+ S+	60
B	Malleus handle present, stapes superstructure absent	M+ S-	23
C	Malleus handle absent, stapes superstructure present	M- S+	8
D	Malleus handle and stapes superstructure absent	M- S-	8

54. A 1-hour-old boy is evaluated in the newborn nursery for feeding difficulty. He was able to latch and begin feeding but within 1 minute, his face developed a blue tinge. The boy cried, and his color improved. Chest radiograph is normal. Which of the following is the best next step in evaluation of this patient's symptoms?

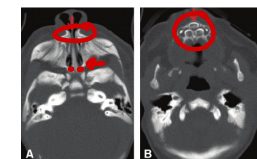
- A. Draw blood cultures
- B. Measure blood methemoglobin level
- C. Obtain an echocardiogram
- D. Pass a catheter through the nares

Choanal atresia

McGoverns

Congenital pyriform aperture stenosis

Sx



stenosis

**55. What is the improper pairing between the anatomical limits of lymph nodes and the Level of lymph nodes?**

A. Level 2: Skull base to hyoid

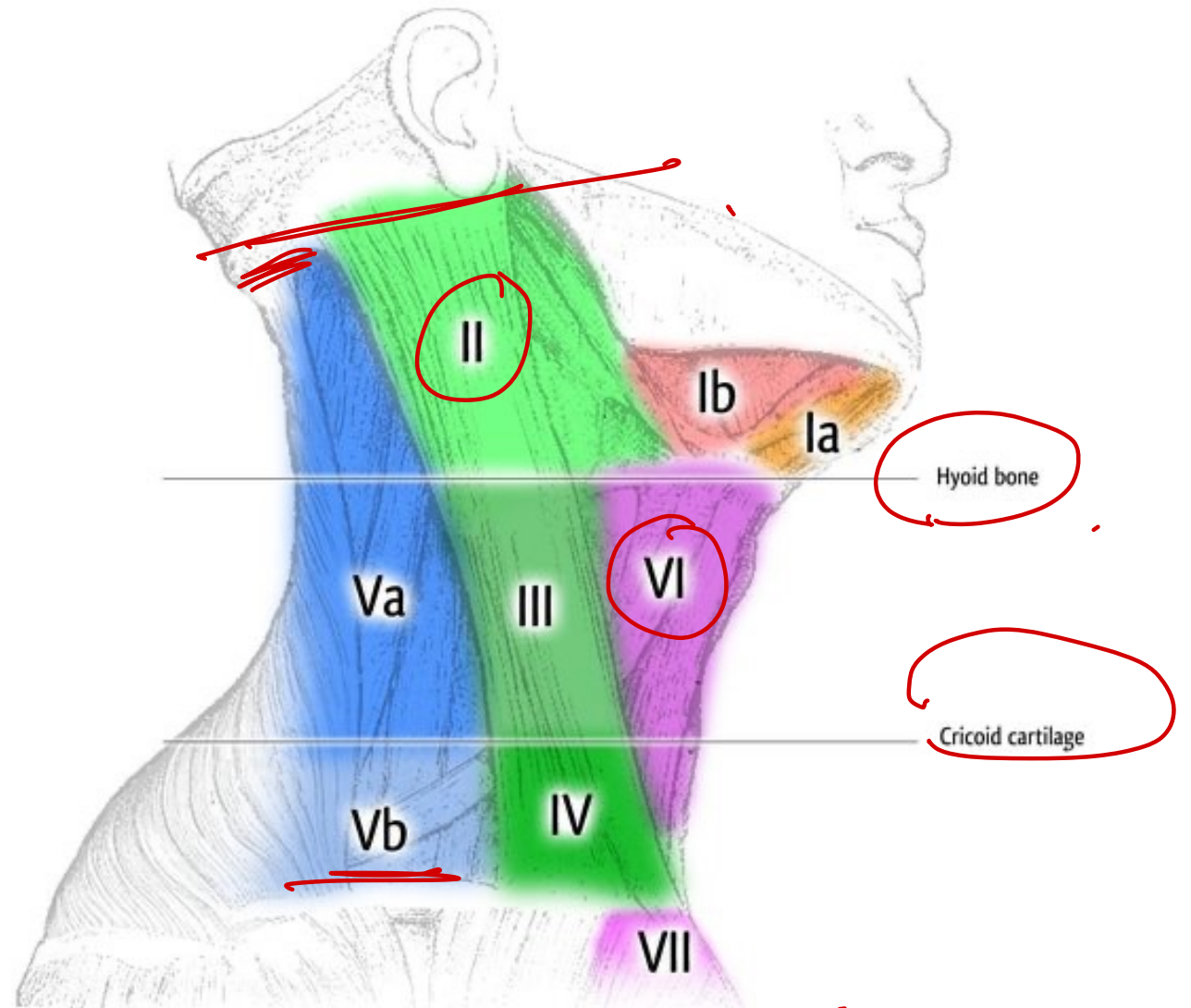
B. Level 3: Hyoid to cricoid

4 - cricoid to SSN

C. ~~Level 5: Cricoid to suprasternal notch~~

D. Level 6: Hyoid to suprasternal notch

→ Delphian



56. What is the grade of tympanic membrane retraction shown in the image?

A. Grade 1

~~B. Grade 2~~

C. Grade 3

D. Grade 4

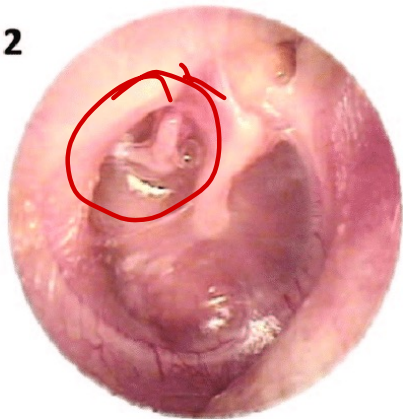


1



Sade grade I

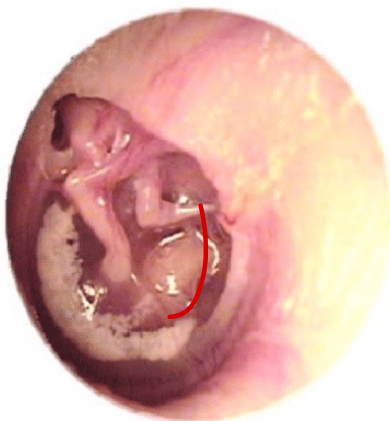
2



Sade grade II

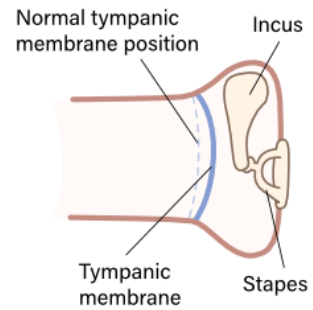
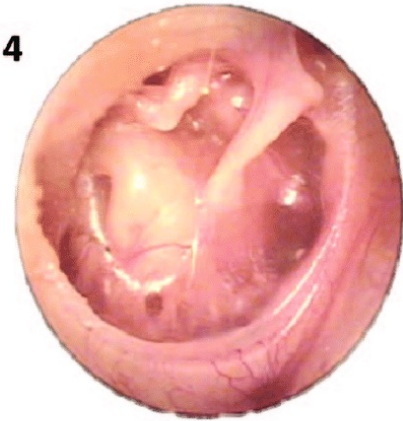
Sade  
PT  
Tos  
PF

3



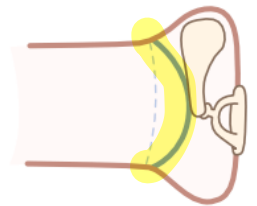
Sade grade III

4



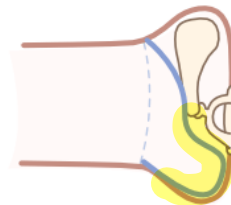
**Grade I**

Slight retraction of the pars tensa



**Grade II**

Retraction onto the incus

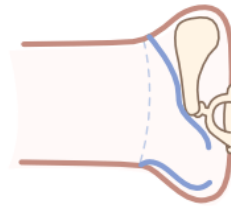


**Grade III/IV**

Retraction onto the promontory

III: Not adherent  
IV: Adherent

vs  
Siegl's

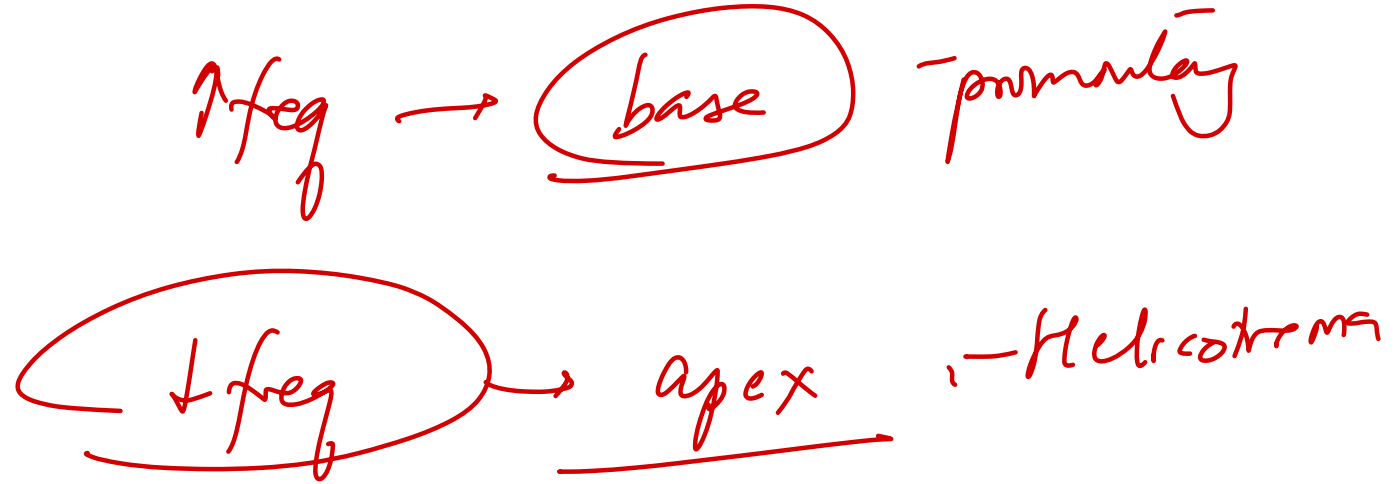


**Grade V**

Perforation

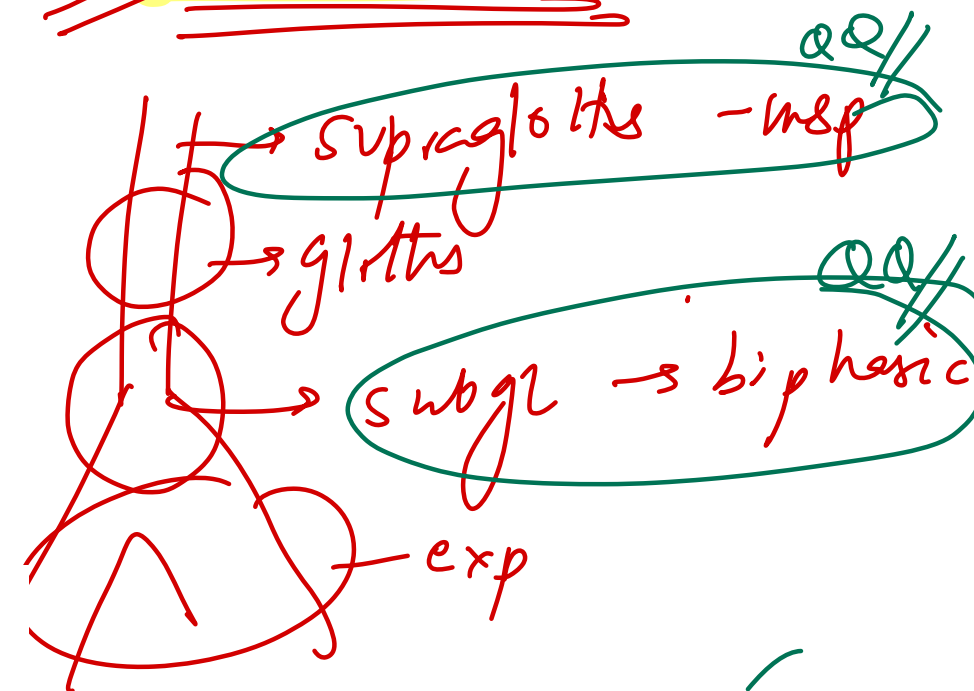
57. A 70-year-old male patient presents with decreased hearing in higher frequencies. It was noted that the basilar membrane was affected. Which of the following structures lie near the affected structure?

- A. Modiolus X
- B. Stria vascularis X
- C. Oval window
- D. Helicotrema X

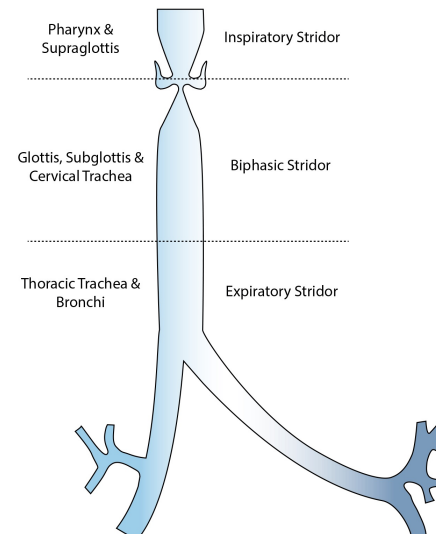


58. A 6-month-old child is brought to the clinic with a common cold and the parents give a history of stridor, dyspnea, and intercostal retractions shortly after birth. On examination, you notice that he has biphasic stridor. What is the most probable etiology of this condition?

- A. Laryngomalacia *inspiratory*
- B. Croup
- C. Respiratory papillomatosis ~~XX~~
- D. Congenital subglottic stenosis



NEED 25



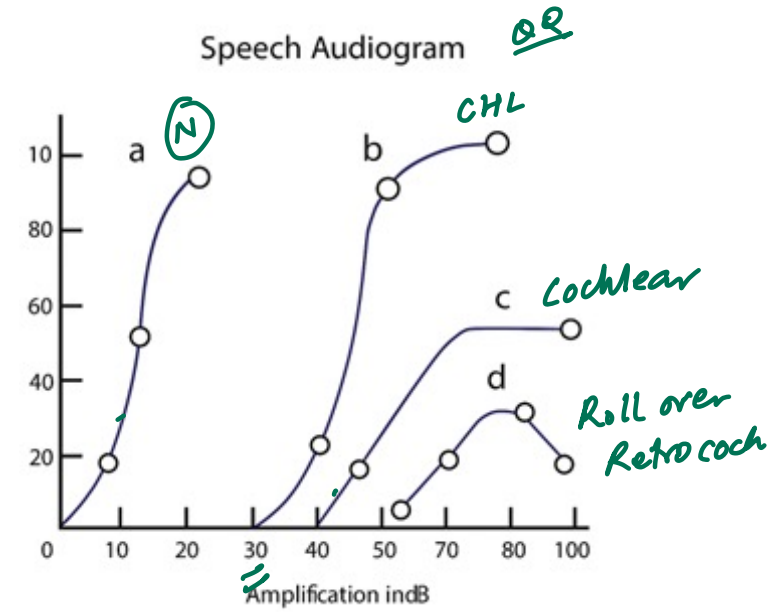
59. Which of the following audiogram patterns suggests retrocochlear pathology?

A. a

B. b

C. c

D. d



	<b>NORMAL</b>	<b>COCHLEAR LESION</b>	<b>RETROCOCHLEAR LESION</b>
<b>Pure tone audiogram</b>	Normal	Sensorineural hearing loss	Sensorineural hearing loss
<b>Speech discrimination score</b>	90-100%	Below 90%	Very poor
<b>Roll over phenomenon</b>	Absent	Absent	Present
<b>Recruitment</b>	Absent	Present	Absent
<b>SISI score</b>	0-15%	Over 70%	0-20%
<b>Threshold tone decay test</b>	0-15% dB	Less than 25dB	Above 25dB
<b>Stapedial reflex</b>	Present	Present	Absent
<b>Stapedial reflex decay</b>	Normal	Normal	Abnormal

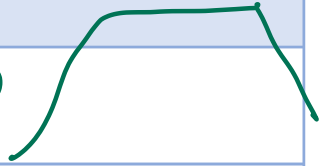
Abnormal growth of perceived loudness with increasing sound intensity.

Assesses the ability to detect small (1 dB) changes in sound intensity.

Roll over phenomenon

Present  
Over 70%

Present



→

↙

60. Which of the following will not be associated in this condition?

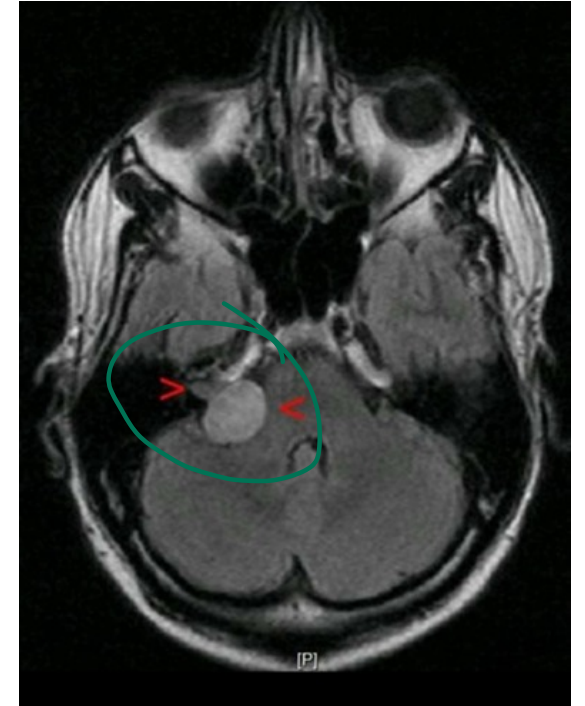
A. Abnormal stapedial decay (T)

B. Roll over phenomenon (T)

~~C. Abnormal SISI score~~ (C)

D. Hitzelberger sign (T)

Handwritten notes: A line from 'D. Hitzelberger sign' points to a circled 'T'. A bracket below it is labeled 'SIF'.



(VS)

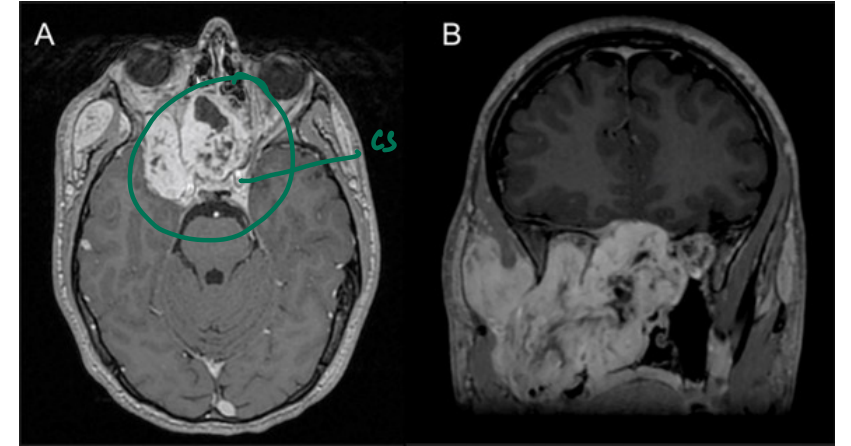
61. A 15-year-old male presents with epistaxis since 5 days. MRI is done which is shown below. Identify the Radkowski stage of the tumor in this case.

A. Stage IIA

B. Stage IIB

C. Stage IIC

D. Stage III



62. Which of the following is the safety muscle of larynx?

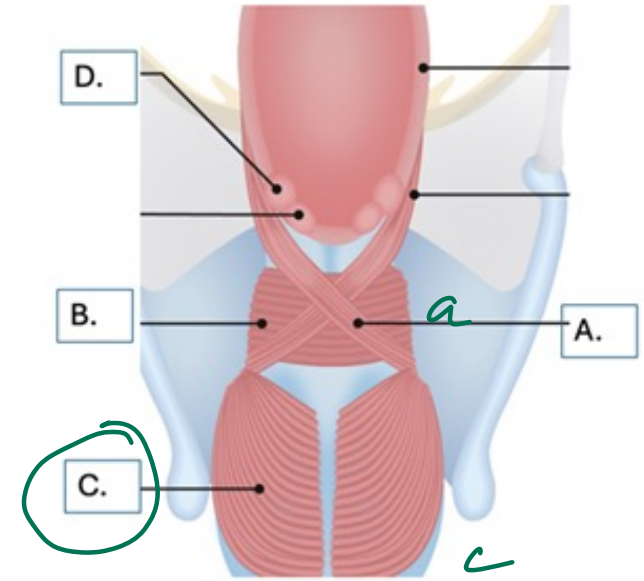
A. A

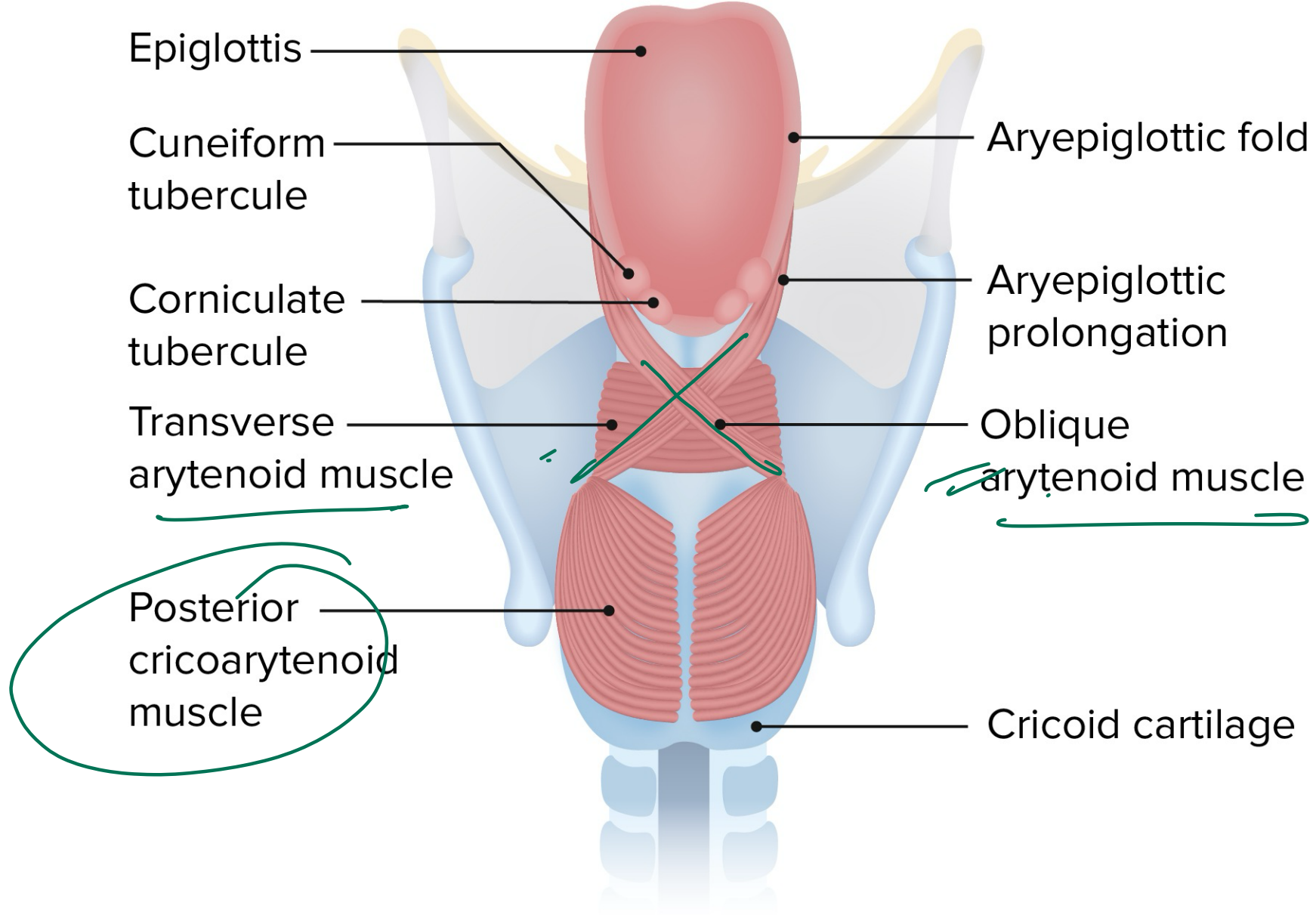
B. B

~~C. C~~

D. D

*only abductor*





Epiglottis

Cuneiform tubercle

Corniculate tubercle

Transverse arytenoid muscle

Posterior cricoarytenoid muscle

Aryepiglottic fold

Aryepiglottic prolongation

Oblique arytenoid muscle

Cricoid cartilage

## 63. Identify the incorrect pair of branch and parent nerve

- A. Supraorbital- Frontal Nerve (T)
- B. Anterior ethmoidal- Nasociliary Nerve (T)
- C. Infratrochlear- ~~Maxillary~~ Nerve Naso
- D. Ciliary- Nasociliary

### BRANCHES OF OPHTHALMIC DIVISION OF TRIGEMINAL NERVE

Following are the branches of ophthalmic division of trigeminal nerve (Fig. 13.15).

- |                        |   |   |
|------------------------|---|---|
| ✓ 1 Frontal            | — | Supratrochlear  |
|                        |   | Supraorbital  |
| ✓ 2 <u>Nasociliary</u> |   | Branch to ciliary ganglion  |
|                        |   | 2-3 long ciliary nerves   |
|                        |   | ✓ Posterior ethmoidal   |
|                        |   | Infratrochlear  |
|                        |   | ✓ Anterior ethmoidal  |
| ✓ 3 <u>Lacrimal</u>    |   | Branch to the upper eyelid and secretomotor fibres to lacrimal gland. |

V<sub>1</sub>

64. A 55-year-old male presents with dizziness and involuntary eye movements. Examination reveals non-fatiguable nystagmus that changes direction with gaze and is not suppressed by visual fixation. There are no significant auditory symptoms. What is the most likely cause of his nystagmus?

- A. Benign paroxysmal positional vertigo (BPPV)
- B. Vestibular neuritis
- C. Brainstem stroke
- D. Ménière's disease

	Peripheral	<u>Central</u>
Latency	2–20 s	<u>No latency</u>
Duration	Less than 1 min	<u>More than 1 min</u>
Direction of nystagmus	Direction fixed, towards the undermost ear	<u>Direction changing</u>
Fatiguability	Fatiguable	<u>Nonfatiguable</u>
Accompanying symptoms	Severe vertigo	<u>None or slight</u>

**65. Which of the following properties of the eustachian tube predisposes to higher incidence of acute otitis media in children than adults?**

- A. More angulated at isthmus
- B. Rigid cartilage
- C. Dense elastin in the cartilage
- D. Wider and shorter tube**

66. Identify the incorrect statements:

1. The ~~scala~~ vestibuli is the preferred site for electrode placement in cochlear implant surgery St
2. Pars superior gives rise to semicircular canals and utricle T
3. The best stain to increase sensitivity of detecting atypia during is Toluidine blue. T Supranatal stain
4. Ostmann's pad of fat is seen at lateral ~~semicircular~~ canal ET

~~A. 1, 4~~

B. 3, 4

C. 1, 2, 3, 4

D. 2, 3

patulous ET  
Anophary

Saccul~~e~~, cochlea of inner ear develops from: *inf part*

67. A 25-year-old male patient complains of severe pain in his right ear associated with high-grade fever and profuse ear discharge. Clinical examination reveals mastoid tenderness and perforation of the tympanic membrane. If this infection were to burst out through the medial aspect of the tip of the mastoid, which of the following conditions would ensue?

A. Pre-auricular abscess

—mC

B. Bezold abscess

—SCM

C. Luc abscess

EAC

D. Citelli's abscess

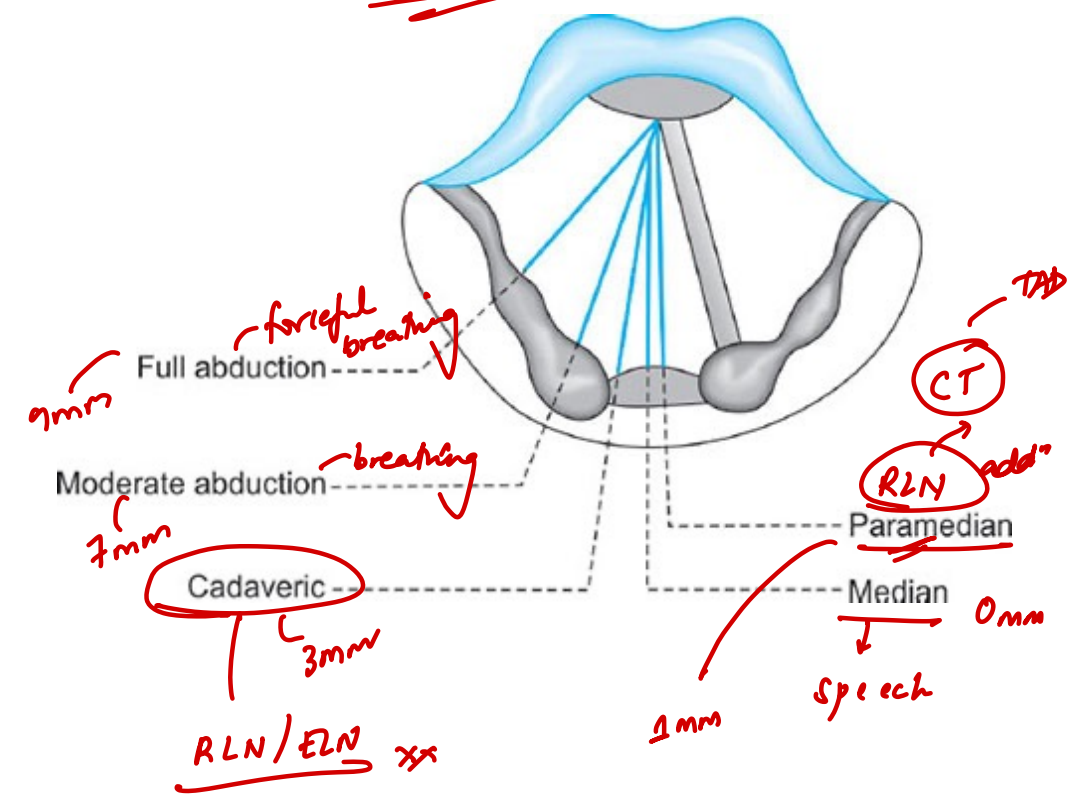
—dygas!

68. What position will the vocal cords most likely be in after complete bilateral paralysis following total thyroidectomy?

- A. Paramedian
- B. Median
- C. Intermediate
- D. Full abduction

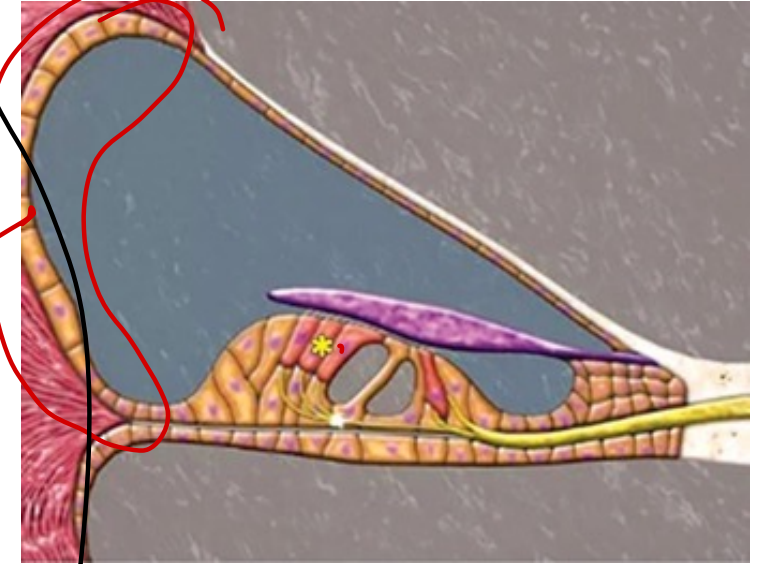
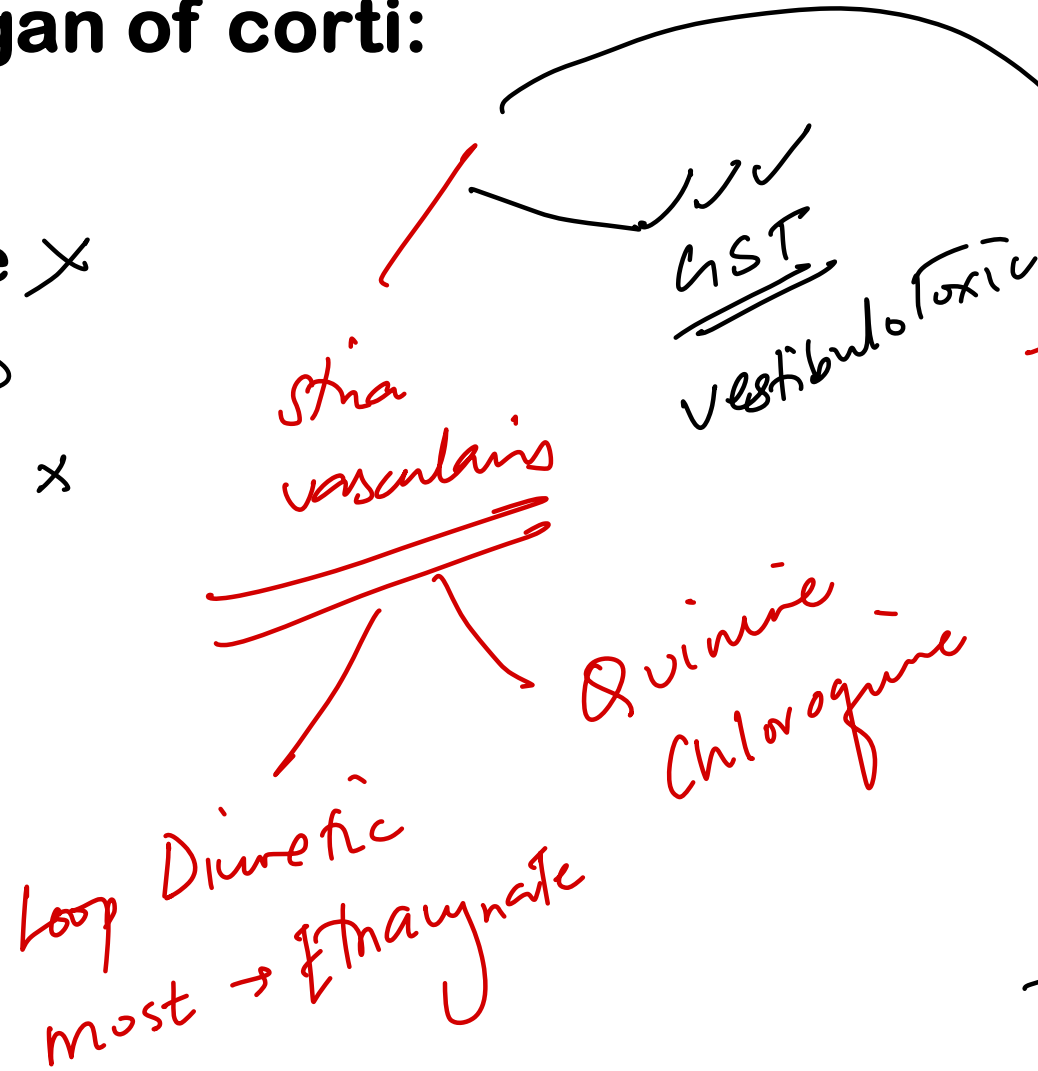
Cadaveric

ELN / RLN



69. Following drug damages the area shown as \* in the below image of organ of corti:

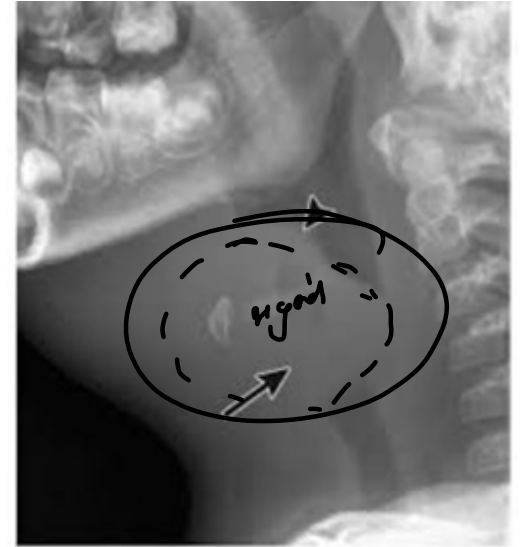
- A. Quinine ✗
- B. Furosemide ✗
- C. Cisplatin**
- D. Gentamicin ✗



- Ag } organ of Corti  
- Cisplatin }  
- else }

70. Which of the following is the most likely risk factor for this patient's current condition?

- A. Childhood obesity
- B. Inadequate dental hygiene
- C. Lack of recommended immunizations
- D. Poorly controlled diabetes mellitus



Hib / S. pneumoniae

71. Identify the correct statements:

1. Ideal time to do electroneurography studies in a patient with facial nerve injury will be 1 week to 3 weeks following injury. (T)
2. Tonsillolingual sulcus is the ENT surgeon's graveyard. (T)
3. Outer hair cells are in 3-4 rows and modulate function of inner hair cells (T)
4. The Chevallet and Jarjaway fractures are important describing vertical and horizontal fractures of the nasal septum respectively. (T)

A. 1, 2, 3, 4

B. 1, 3, 4

C. 2, 3

D. 1, 4

transmit  
IHC  
1  
1

modulate  
OHC  
1  
3

## 72. Identify the correct statements:

1. Gelle test is ~~positive~~ in otosclerosis (-ve)
2. RLN and ILN are connected by Galen's Anastomosis (T)
3. Trautmann's triangle gives access to middle ear cavity.
4. Otoplasty may be done after 5-6 yrs of age. (T)

A. 1, 2, 3, 4

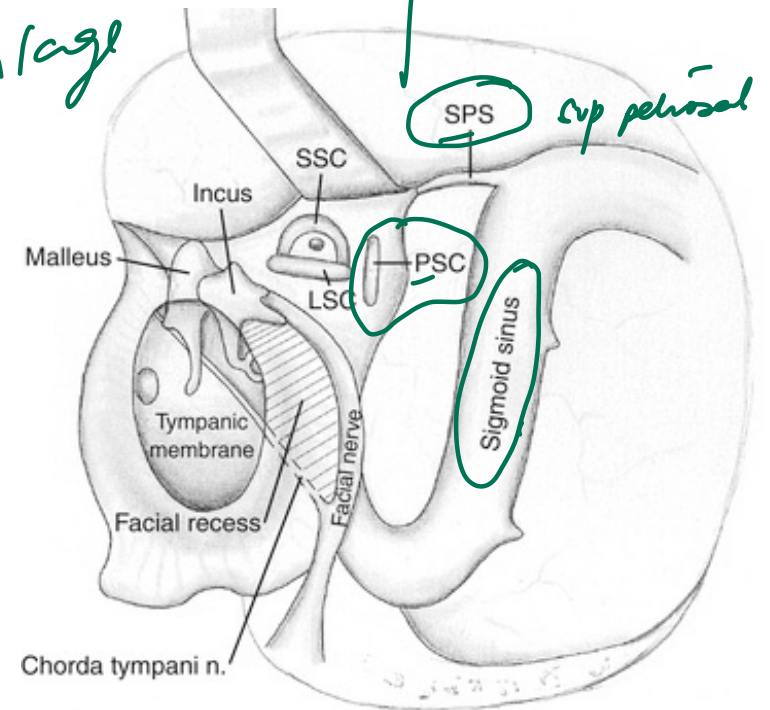
B. 2, 4

C. 1, 3

D. 1, 4

pinna : Costal  
Cartilage

post cranial  
fossa



73. A patient presents to the OPD with bilateral hearing loss with worsened right ear hearing loss. Based on the findings the surgeon recommends stapedectomy as a final resort to the problem. What would be the findings of tuning fork tests based on which the doctor has recommended stapedectomy?

- A. Rinne's test positive, Weber's test lateralized to left ear
- B. Rinne's test positive, Weber's test lateralized to right ear
- C. Rinne's test negative, Weber's test lateralized to left ear
- D. Rinne's test negative, Weber's test lateralized to right ear

otosclerosis

CHL

74. A young woman presents with bilateral stuffy nose for the past 3 months. She reports relief for 2-3 hours after using oxymetazoline spray, but the congestion worsens soon after, requiring more frequent use. Which of the following best explains this patient's symptoms?

- A. Rebound congestion
- B. Development of tolerance
- C. Irritation ~~from~~ the nasal spray
- D. Medication-induced rhino-sinusitis

Rhinitis  
→  
medicamentosa



### Diagnostic Criteria for Rhinitis Medicamentosa:

1. History of prolonged use of topical nasal decongestants (generally more than 3-5 days of continuous use).
2. Persistent nasal congestion despite use of nasal decongestants.
3. Nasal mucosa examination findings:
  1. Nasal mucosa appears erythematous ("beefy-red"), swollen, and inflamed.
  2. May have granular and friable appearance.
4. Poor or no response to nasal decongestants after prolonged use.
5. Symptoms worsen upon discontinuation initially, then improve after withdrawal.

Jvd

75. A 14-year-old patient arrives at the OPD with a concern about her ability to perceive speech sounds while struggling to comprehend the actual words being spoken. Her Pure Tone Audiometry (PTA) and Brainstem Evoked Response Audiometry (BERA) results show discrepancies, as the PTA is relatively within the normal range. However, her mid-latency and cortical responses are both non-existent. What probable diagnosis can be inferred from these findings?

A. Michel aplasia

B. Auditory neuropathy

C. Malingering

D. Cochlear otosclerosis

auditory

ex

pyo

**Thank You**

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