



→ Nose / Ear
audiology

ENT INICET PYQ

Medsynapse by Dr. Nikita



Topical treatment for recurrent respiratory papillomatosis includes (AIIMS MAY 2015):

a. Acyclovir

b. Cidofovir

c. Ranitidine

d. Zinc

AB → MS

- child
- hoarseness - stridor
- papilloma → HPV 6/11
- NO vaginal delivery
- Rx → excision > collagen
- No Radiation → ↑ malign.
- TO prevent recurrence

① IFN → α
② bevacizumab → VEGF
③ cidofovir → VEGF



② Kashima operation is done for (AIIMS MAY 2015): :

↳ cutting → space

a) Recurrent cholesteatoma

✓ b) Bilateral vocal cord palsy → abductor palsy

c) Atrophic rhinitis

d) Choanal atresia

Main
vocal cord
palsy

Thyroplasty

A → 4

PLASTY
↳ in abd palsy

MAD (I)
medialisⁿ in
adductor palsy



Eustachian tube function is best assessed by (AIIMS MAY 2015)::

- a) Tympanometry
- b) VEMP
- c) Rhinomanometry → x Tubo-manometry
- d) Politzer test → also

* Rinne → pt hears breathing in ear
↓ S/O
Patulous ET



POLITZER TEST

- This test is done in children who are unable to perform Valsalva.
- In this test politzer's bag is introduced into the patient's one nostril and other is closed.
- Given a sip of water to the patient and asked to swallow and big is squeezed simultaneously.
- Patient feel air reaching in his ear or hissing sound is heard if ET is patent .



ET
patent

YNAPSE
s Meet Mnemonics



Tympanometry

- Sonotubometry,
- Impedance
- Tubo-tympano-aerography (TTAG)
- Tubomanometry (TMM)



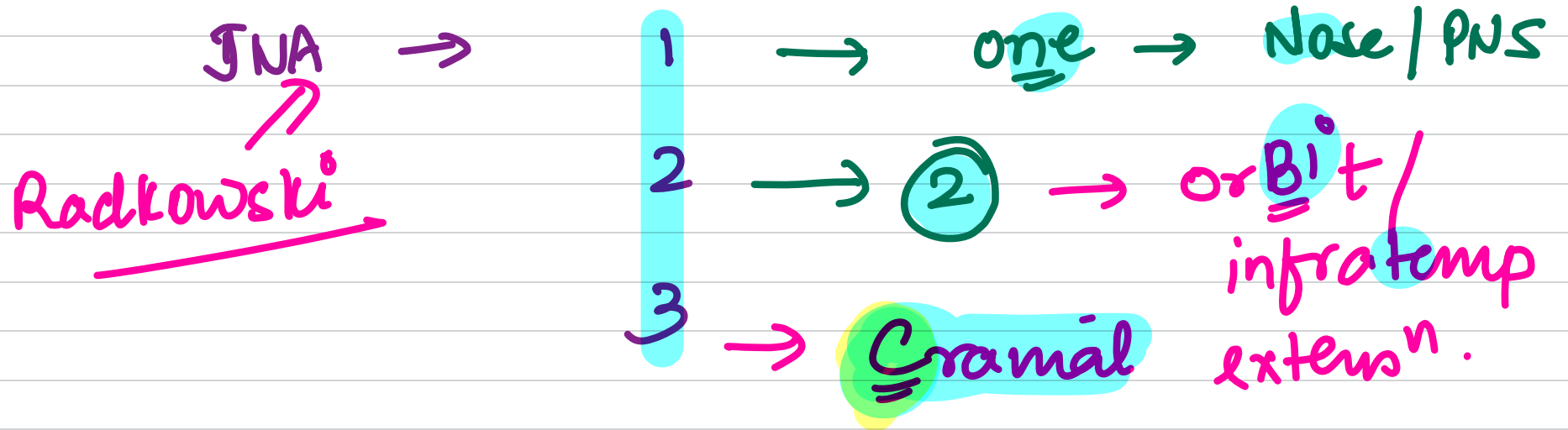
The main vessel involved in bleeding from Juvenile nasopharyngeal (angio)fibroma (AIIMS MAY 2015)::

↳ Very vascular → ∴ prep embolismⁿ
Not → Biopsy

- a. Facial artery
- b. Ascending pharyngeal artery
- c. Internal maxillary artery → br of ECA
- d. Anterior ethmoidal artery

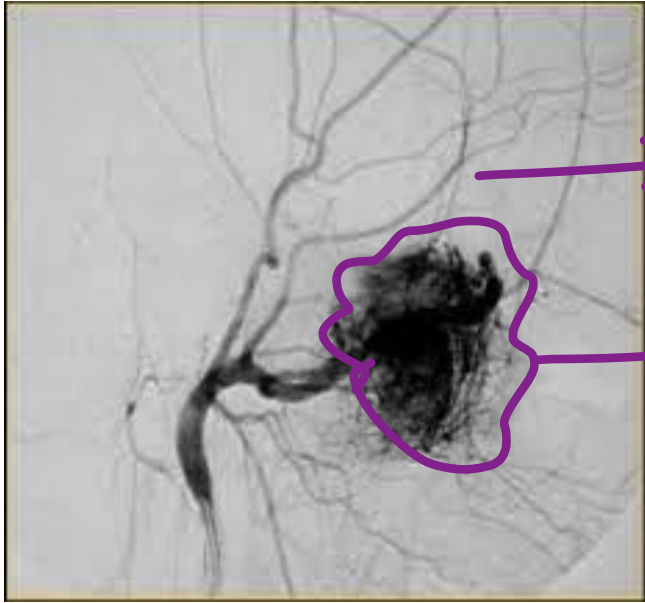
ioc → CECT
CTAngio
↓
Holman
Miller sign

h/o adolescent male c̄
rec. epistaxis



Nerves ligate - ICA (brain)

. angio → Tumor blush (NPG).



DSA

Tumor blush → JNA

MEDSYNAPSE
Where Concepts Meet Mnemonics

This audiogram is seen in men

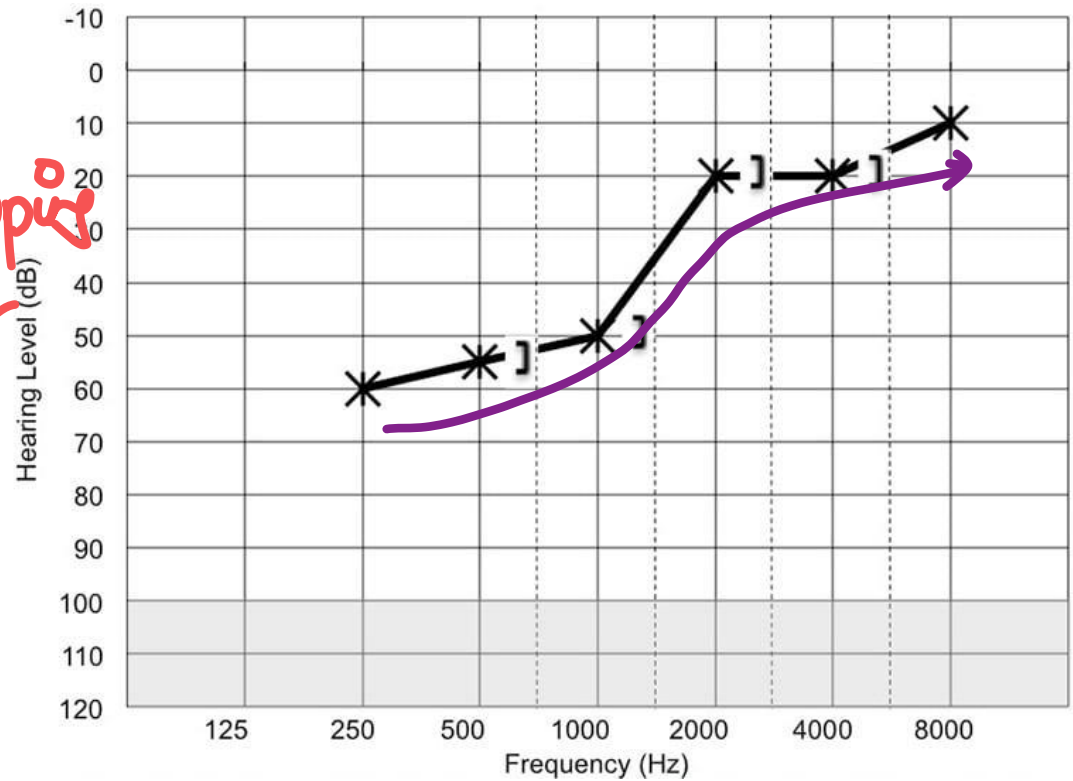
SNHL → No AB gap



- ~~a) Otosclerosis - GHL~~
- b) Meniere's disease**
- c) Presbycusis
- d) Congenital hearing loss

→ up sloping
SNHL

men → young up sloping
old → presbycusis → down sloping



* Menieres



• Tullio → loud sound

↓
vertigo

T V S

Tullio → vertigo → sound

* tumor-klin

• SNHL

• Best tx → ECOG → electrocochleography
SP/AP > 30%.

• I V S

• endolymphatic hydrops



Rx → ① Diuretics

② ↓ salt

③ steroids

④ vestibulotoxic →
gentamicin



Which of the following tests is recommended for neonatal screening of hearing?

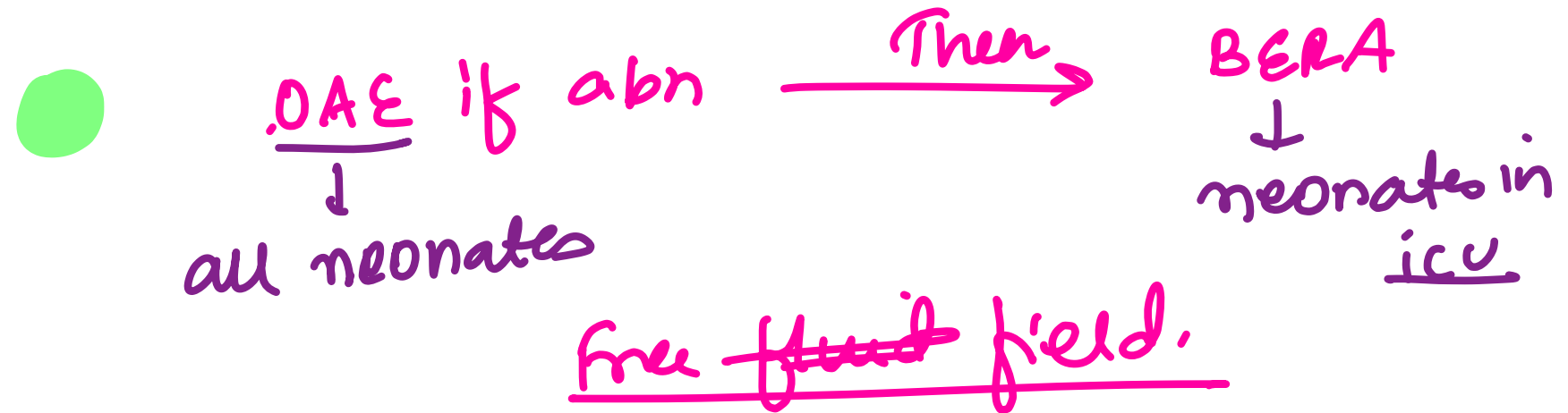
OAE → Outer hair cells

a. Automated auditory brainstem response

b. Spontaneous OAE → if abn → not always abn

Evoked OAE

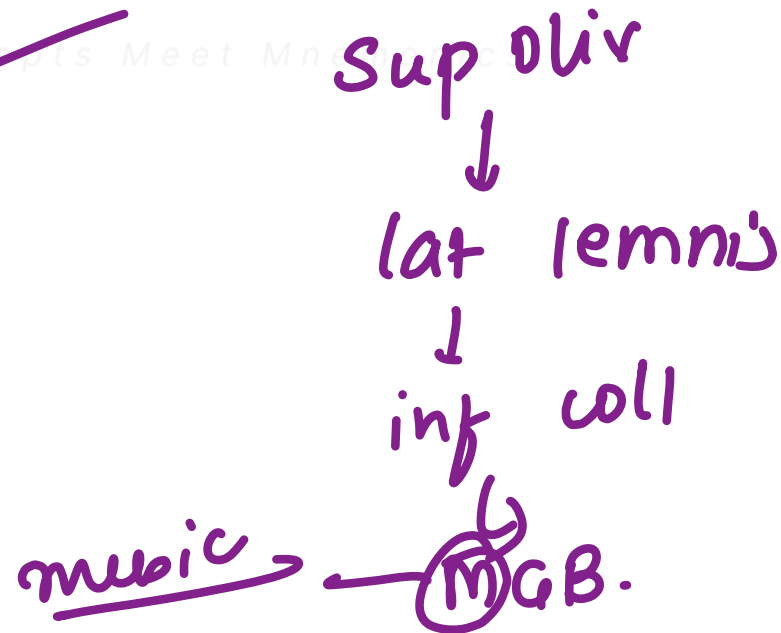
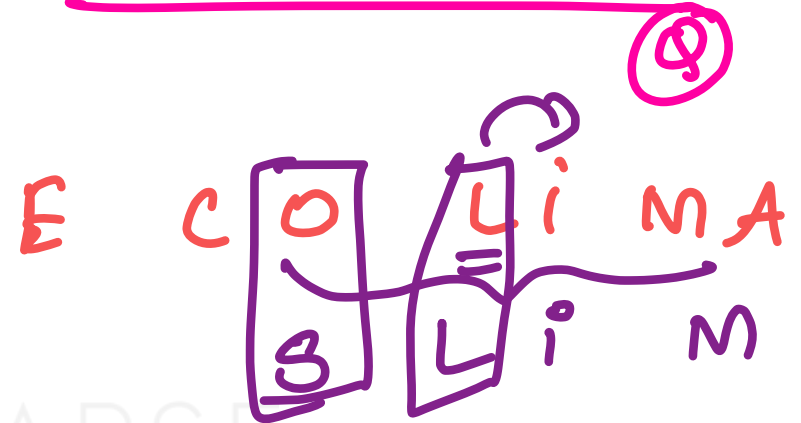
d. Distorted product OAE → OTOtoxicity



Which of the following is ^{not} a part of auditory pathway

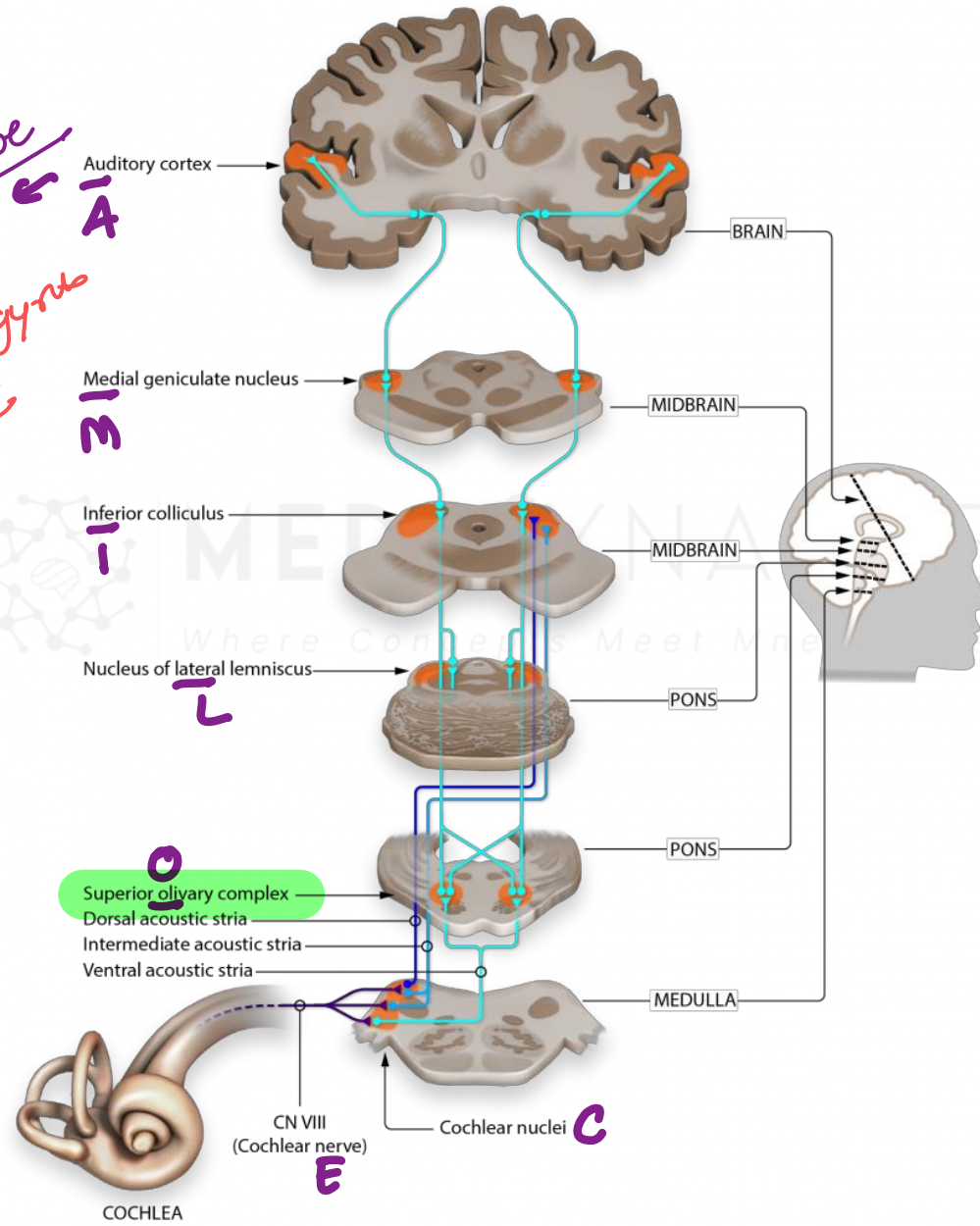


- a) Inferior colliculus → ✓
- ~~b) Lateral geniculate body~~ x
- c) Lateral lemniscus ✓
- d) Superior olivary nucleus ✓





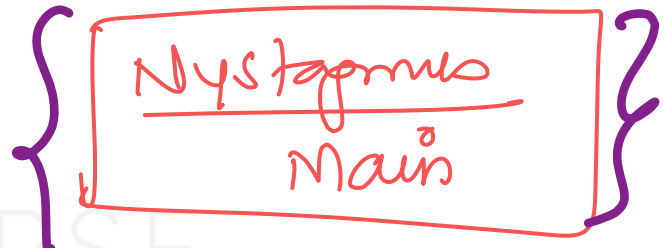
Temporal lobe
area. (H)
↳ (H) gyrus





A patient presents with vertigo associated with horizontal nystagmus. The slow component is towards the right. What is the most likely diagnosis?

- ~~a) Posterior canal BPPV - vert~~
- b) Right hypoactive labyrinth
- ~~c) Superior canal BPPV - vert~~
- d) Left hypoactive labyrinth



slow → Rt

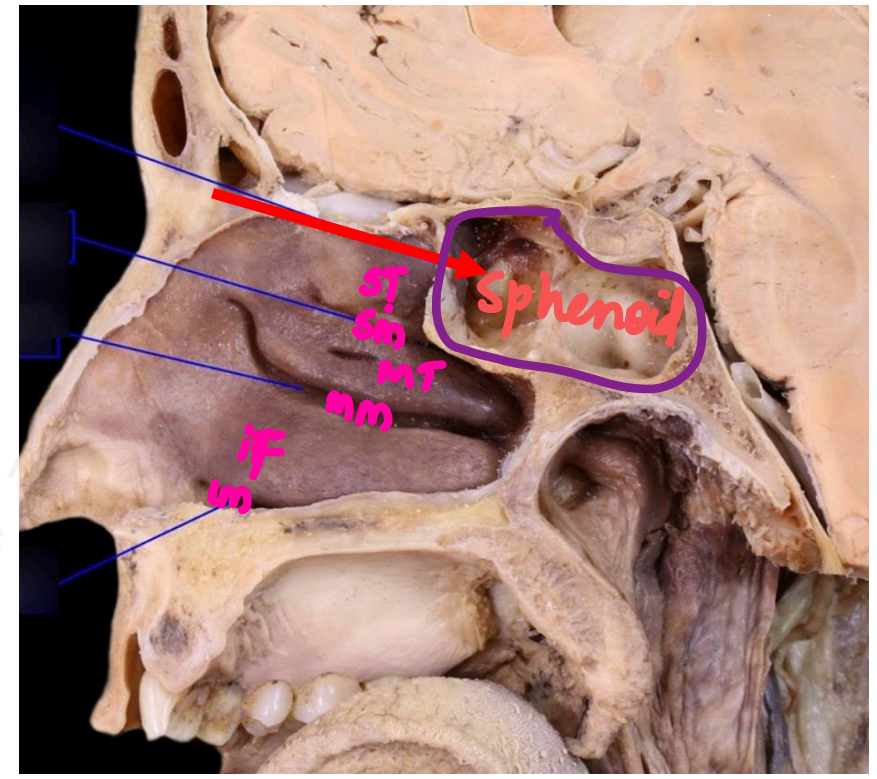
vertical →
• sup
• post

Nystagmus
drift to → left
fast



Site of drainage of marked structure is

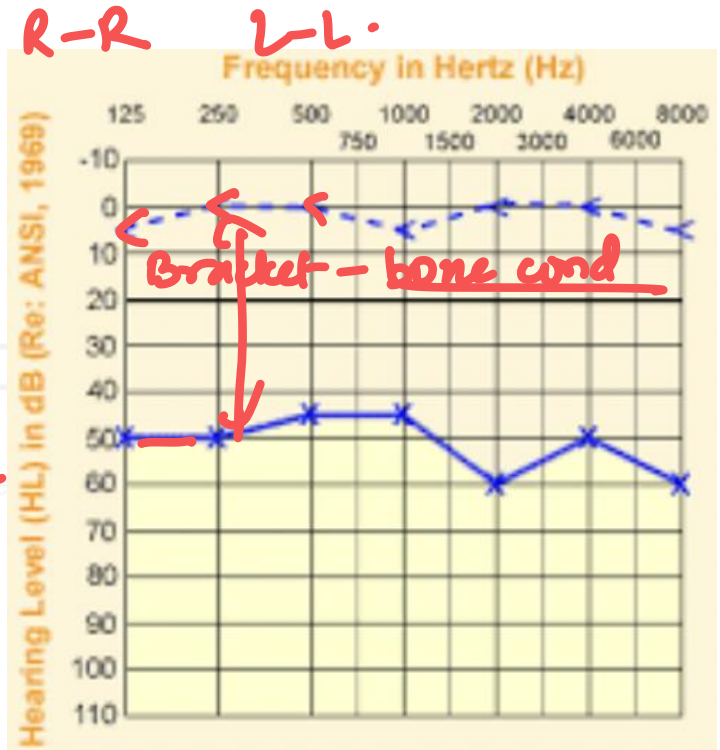
- a) Middle meatus
- b) Superior meatus → PE post ethm
- c) Sphenoethmoidal recess - of
- d) Inferior meatus
↳ INDIA duct NLD





Tuning fork test results in given patient would be

	Rinne	Weber
A	Left Rinne positive	Lateralised to right ear
B	Left Rinne positive	Lateralised to left ear
C	<u>Left Rinne negative</u>	Lateralised to <u>left ear</u> (★)
D	<u>Left Rinne negative</u>	Lateralised to right ear



~~A~~
~~B~~
C
D

② - $\frac{AC > BC}{BC}$

left ear
blue - left

AB gap (+)
 $\frac{AC \downarrow \downarrow}{SLO}$

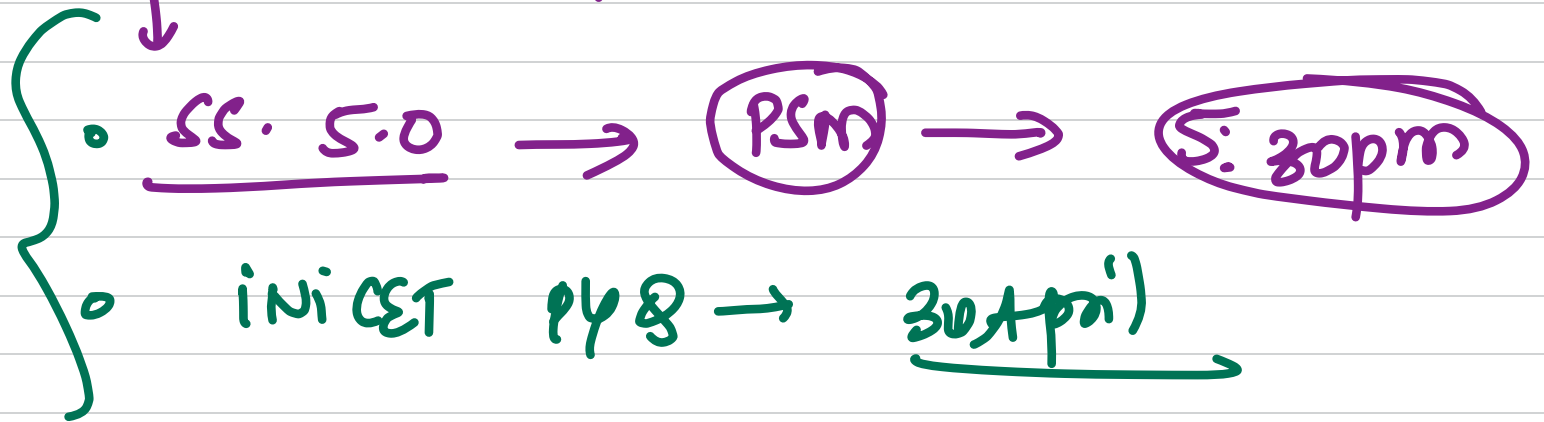
CHL → Rinne → CORN
→ neb → C-S
CHL - same

★

Target

iniCET

16 April



27 April → SS Live →



Tuning fork test results in given patient would be

	Rinne	Weber
A	Left Rinne positive	Lateralised to right ear
B	Left rinne positive	Lateralised to left ear
C	Left rinne negative	Lateralised to left ear
D	Left Rinne negative	Lateralised to right ear

