

# Sikkim Public Service Commission

## Written Examination for the post of Specialist (Senior Grade) - ENT

Time Allowed: 3 hours & 30 minutes

PAPER - II

Maximum Marks: 300

### INSTRUCTIONS TO CANDIDATES

*Read the instructions carefully before answering the questions: -*

1. This Test Booklet consists of 12 (twelve) pages and has 100 (hundred) printed questions.
2. IMMEDIATELY AFTER THE COMMENCEMENT OF THE EXAMINATION, YOU SHOULD CHECK THAT THIS BOOKLET DOES NOT HAVE ANY UNPRINTED, TORN OR MISSING PAGES OR ITEMS. IF SO, GET IT REPLACED BY A COMPLETE TEST BOOKLET.
3. Use only Black Ball Point Pen to fill the OMR Sheet.
4. Please note that it is the candidate's responsibility to fill in the Roll Number carefully without any omission or discrepancy at the appropriate places in the OMR ANSWER SHEET as well as on SEPARATE ANSWER BOOKLET for Conventional Type Questions. Any omission/discrepancy will render the Answer Sheet liable for rejection.
5. Do not write anything else on the OMR Answer Sheet except the required information. Before you proceed to mark in the OMR Answer Sheet, please ensure that you have filled in the required particulars as per given instructions.
6. This Test Booklet is divided into 4 (four) parts - Part-I, Part-II, Part-III and Part-IV.
7. All four parts are Compulsory.
8. Part-I consists of Multiple-Choice Questions. The answers for these questions have to be marked in the OMR Answer Sheet provided to you.
9. Parts II, III and IV consists of Conventional Type Questions. The answers for these questions have to be written in the Separate Answer Booklet provided to you.
10. After you have completed filling in all your responses on the OMR Answer Sheet and the Answer Booklet(s) and the examination has concluded, you should hand over the OMR Answer Sheet and the Answer Booklet(s) to the Invigilator only. You are permitted to take the Test Booklet with you.
11. **Marking Scheme**  
THERE WILL BE **NEGATIVE MARKING** FOR WRONG ANSWERS MARKED BY A CANDIDATE IN THE OBJECTIVE TYPE QUESTIONS
  - (i) There are four alternatives for the answer to every question. For each question for which a wrong answer has been given by the candidate, one-third of the marks assigned to the question will be deducted as penalty.
  - (ii) If a candidate gives more than one answer, it will be treated as a wrong answer even if one of the given answers happens to be correct and there will be same penalty as above to the question.
  - (iii) If a question is left blank. i.e., no answer is given by the candidate, there will be no penalty for that question.

**DO NOT OPEN THIS TEST BOOKLET UNTIL YOU ARE ASKED TO DO SO**

**PART - I**  
**(Multiple Choice Questions)**

Choose the correct answer for Questions 1 to 75 from the given options. Each question carries 2 marks.

[75 x 2 = 150]

1. The length of the bony external canal of adult person is approximately \_\_\_\_.  
(a) 8 mm  
(b) 12 mm  
(c) 16 mm  
(d) 24 mm
2. The tympanic membrane takes its innervations from -  
(a) VII cranial nerve  
(b) XI cranial nerve  
(c) IX cranial nerve  
(d) All of the above
3. The concept that the facial nerve supplies the auricle is related to:  
(a) Ramsay-Hunt syndrome  
(b) Jugular foramen syndrome  
(c) Horner's syndrome  
(d) Bell's palsy
4. Retracted drum is characterized by all the following except:  
(a) Disturbed cone of light  
(b) Prominent malleolar folds  
(c) Decreased drum mobility  
(d) Central drum perforation
5. In a normally hearing person \_\_\_\_\_.  
(a) Rinne's test is negative  
(b) Air conduction is better than bone conduction  
(c) Air conduction is equal to bone conduction  
(d) None of the above
6. In a patient with right conductive deafness, the sound of the tuning fork placed on the forehead is:  
(a) Lateralized to the left-side.  
(b) Lateralized to the right-side.  
(c) Sound is equally heard in both ears.  
(d) None of the above.
7. The landmarks of the tympanic membrane on clinical examination includes all of the following except:  
(a) The cone of light  
(b) The tympanic annulus  
(c) The handle of malleus  
(d) The foot plate of stapes
8. A positive fistula test is diagnostic of:  
(a) Serous labyrinthitis  
(b) Circumscribed peri- labyrinthitis  
(c) Suppurative labyrinthitis  
(d) Oro-antral fistula
9. Type c tympanogram is consistent with:  
(a) Secretory otitis media  
(b) Otosclerosis  
(c) Eustachian tube dysfunction  
(d) Ossicular discontinuity
10. Fever in lateral sinus thrombosis is usually:  
(a) Intermittent  
(b) Remittent  
(c) Low grade  
(d) High grade
11. A false +ve fistula test is due to:  
(a) Labyrinthine fistula with dead ear  
(b) Cholesteatoma bridging an inner ear fistula  
(c) Hyper mobile footplate of the stapes  
(d) All of the above



12. Throbbing and severe earache is present in which of the following stages of acute otitis media?
- Stage of salpingitis
  - Stage of catarrhal otitis media
  - Stage of suppurative otitis media
  - Stage of tympanic membrane perforation
13. The commonest cause of bilateral sensorineural hearing loss in elderly individuals is -
- Cochlear otosclerosis
  - Presbycusis
  - Diabetes mellitus
  - Ototoxicity
14. In a patient having acute suppurative otitis media with bulging drum, myringotomy is beneficial to -
- Drain the middle ear
  - Avoid rupture of the tympanic membrane
  - Avoid complications
  - All of the above
15. Light house sign is seen in which stage of ASOM?
- Stage of tubal occlusion.
  - Stage of Pre suppuration.
  - Stage of suppuration.
  - Stage of resolution.
16. Bezold's abscess is a collection of pus -
- Above and in front of the auricle.
  - Behind the auricle.
  - In the upper part of the neck deep to the sternomastoid.
  - In the peritonsillar space.
17. Which of the following is true with regard to Auricular hematoma?
- May be complicated by otitis externa.
  - Cauliflower ear is one of its complications.
  - Evacuation of the extravasated blood is not essential.
  - All of the above.
18. In traumatic rupture of the drum, which of the following is true?
- The main treatment is conservative.
  - Local ear drops are highly indicated.
  - It usually heals spontaneously within 3 months.
  - Myringoplasty is the first line of treatment.
19. Fluctuant SNHL usually occurs in:
- Presbycusis.
  - Meniere's disease.
  - Otosclerosis.
  - All of the above.
20. The commonest cause of conductive deafness in children is:
- Wax.
  - Secretory otitis media.
  - Otomycosis.
  - Otosclerosis.
21. In Paracusis Willisii -
- The patient hears better in quiet places.
  - The patient hears better in noisy places.
  - The patient has sensorineural hearing loss.
  - The patient can't tolerate loud sound.
22. Referred otalgia from pyriform sinus cancer is through:
- IX cranial nerve
  - X cranial nerve
  - XII cranial nerve
  - VII cranial nerve

23. Which of the following sinuses is related to the orbit?
- (a) Maxillary sinus
  - (b) Ethmoid Sinuses
  - (c) Sphenoid Sinuses
  - (d) All of the above
24. All of the following paranasal sinuses drain into the osteomeatal complex except:
- (a) Posterior ethmoid sinuses
  - (b) Frontal sinus
  - (c) Maxillary sinus
  - (d) Anterior ethmoid sinuses
25. The key area in the middle meatus for drainage of anterior group of paranasal sinuses is:
- (a) The osteomeatal complex.
  - (b) The sphenoethmoidal recess.
  - (c) The superior meatus.
  - (d) The inferior meatus.
26. The nasolacrimal duct opens into:
- (a) Superior meatus.
  - (b) Middle meatus.
  - (c) Inferior meatus.
  - (d) Sphenoethmoidal recess.
27. The teeth related to the floor of the maxillary sinus are -
- (a) 1<sup>st</sup> premolar and 2<sup>nd</sup> premolar.
  - (b) 2<sup>nd</sup> premolar and 1<sup>st</sup> & 2<sup>nd</sup> molar.
  - (c) 2<sup>nd</sup> and 3<sup>rd</sup> molar.
  - (d) Canine and premolar.
28. Osteomeatal complex comprises of all the following except:
- (a) Ethmoid bulla.
  - (b) Uncinate process.
  - (c) Nasal septum.
  - (d) Frontal recess.
29. Which of the following is not a granulomatous condition?
- (a) Rhinoscleroma
  - (b) Tubercular laryngitis
  - (c) Rhinosporidiosis
  - (d) Atrophic Rhinitis
30. Congenital choanal atresia is:
- (a) commonly unilateral.
  - (b) commonly bony.
  - (c) a neonatal emergency, if bilateral.
  - (d) All of the above.
31. A four-year-old child presented with left offensive nasal discharge. You should suspect -
- (a) Choanal atresia.
  - (b) Adenoid.
  - (c) foreign body impaction.
  - (d) Rhinosinusitis.
32. In atrophic rhinitis, all of the following signs are seen except:
- (a) Reddish non ulcerating firm nodules at the muco-cutaneous junction.
  - (b) Roomy nose.
  - (c) Greenish offensive crusts.
  - (d) Pale and atrophic mucosa.
33. Tuberculosis affects which part of the nasal septum?
- (a) Both cartilaginous and bony.
  - (b) Cartilaginous septum.
  - (c) Never affects the septum.
  - (d) Bony portion.
34. Juvenile nasopharyngeal angiofibroma is characterized by the all of the following except:
- (a) Affects teenagers.
  - (b) Causes nasal obstructions.
  - (c) Very vascular tumor.
  - (d) Affects only females.
35. Adenoid facies include all of the following except:
- (a) Crowded teeth.
  - (b) High arch palate.
  - (c) Low arch palate.
  - (d) Pinched nose.



36. A patient with epistaxis showing a bleeding point in little's area is best managed by:
- (a) Cautery.
  - (b) Anterior nasal pack.
  - (c) Posterior nasal pack.
  - (d) Coagulants.
37. In a teenager male with recurrent severe left epistaxis, pallor and conductive deafness of the left ear, you should suspect:
- (a) Antrochoanal polyp.
  - (b) Inverted papilloma.
  - (c) Nasopharyngeal angiofibroma.
  - (d) Septal hemangioma.
38. The commonest cause of septal perforation is:
- (a) Septal abscess.
  - (b) Lupus vulgaris.
  - (c) Septal operations.
  - (d) Habitual nose picking.
39. The commonest cause of epistaxis in elderly is:
- (a) Inflammation.
  - (b) Trauma.
  - (c) Sinusitis.
  - (d) Hypertension.
40. A septal reddish polyp which bleeds easily on touch is most probably:
- (a) Capillary hemangioma.
  - (b) Inverted papilloma.
  - (c) Juvenile angiofibroma.
  - (d) Dermoid.
41. Which of the following is wrong concerning submucous resection (SMR)?
- (a) It is contraindicated before the age of 18.
  - (b) It can be done under local anesthesia.
  - (c) The incidence of septal perforation is less than septoplasty operation.
  - (d) The incidence of septal hematoma is more common than septoplasty operation.
42. Functional Endoscopic sinus surgery is the operation of choice in all of the following except:
- (a) Mucocele of the paranasal sinus.
  - (b) Twisted nose.
  - (c) Chronic sinusitis.
  - (d) Nasal polyposis.
43. A middle age female with gradually progressive dysphagia, koilonychia, hypochromic anemia and glazed tongue is suffering from:
- (a) Plummer Vinson syndrome.
  - (b) Hypopharyngeal carcinoma.
  - (c) Esophageal carcinoma.
  - (d) Achalasia.
44. True pharyngeal membrane occurs in:
- (a) Vincent angina.
  - (b) Diphtheria.
  - (c) Infectious mononucleosis.
  - (d) Acute membranous tonsillitis.
45. The nerve supply of the tonsils comes from:
- (a) Sphenopalatine nerve
  - (b) Glossopharyngeal nerve
  - (c) Lingual nerve
  - (d) Vagus nerve.
46. The most serious complication after tonsillectomy is:
- (a) Hemorrhage.
  - (b) Respiratory obstruction.
  - (c) Shock.
  - (d) Infection.
47. The largest of laryngeal cartilages is:
- (a) Thyroid cartilage.
  - (b) Cricoid cartilage.
  - (c) Epiglottis.
  - (d) Corniculate cartilage.

48. An infant soon after birth develops inspiratory stridor which improves on lying on prone position. The infant cry was normal and temperature was 37°C. You should suspect:
- (a) Laryngeal web.
  - (b) Laryngomalacia.
  - (c) Acute laryngitis.
  - (d) Posterior laryngeal cleft.
49. A 3-year-old boy complained of sudden acute respiratory distress, with spasmodic cough, cyanosis & acting accessory respiratory muscles is most probably due to:
- (a) Acute follicular tonsillitis.
  - (b) Foreign body inhalation.
  - (c) Adenoid hypertrophy.
  - (d) Laryngeal web.
50. A 50-year-old male who presented with hoarseness of voice of more than one month duration, should be subjected to:
- (a) Medical treatment and follow up.
  - (b) Endoscopic laryngeal examination.
  - (c) Vocal rehabilitation.
  - (d) None of the above.
51. Respiratory distress may follow all of the following except:
- (a) Compression trauma of the larynx.
  - (b) Penetration trauma of the larynx.
  - (c) Inhalation of irritant gases.
  - (d) Abuse of voice.
52. Biphaseic stridor is characteristic of:
- (a) Laryngomalacia.
  - (b) Laryngeal web.
  - (c) Acute laryngo-tracheobronchitis.
  - (d) None.
53. Laryngeal carcinoma commonly occurs in:
- (a) Elderly females.
  - (b) Elderly males.
  - (c) Elderly smoker males.
  - (d) Young adult males.
54. Hoarseness is an early symptom in:
- (a) Glottis carcinoma.
  - (b) Supraglottic carcinoma.
  - (c) Subglottic carcinoma.
  - (d) Postcricoid carcinoma.
55. The ideal site of tracheostomy is at:
- (a) The 1<sup>st</sup> and 2<sup>nd</sup> tracheal rings.
  - (b) The 2<sup>nd</sup> and 3<sup>rd</sup> tracheal rings.
  - (c) The 3<sup>rd</sup> and 4<sup>th</sup> tracheal rings.
  - (d) The 4<sup>th</sup> and 5<sup>th</sup> tracheal rings.
56. Adenoid facies is characterized by all of the following except:
- (a) An elongated face.
  - (b) Broadening of nasal bridge.
  - (c) High arch palate.
  - (d) Hitched up upper lip.
57. Earliest symptoms of carcinoma of pyriform fossa are:
- (a) Neck nodes enlargement.
  - (b) Sticking\pricking sensation in throat.
  - (c) Referred otalgia.
  - (d) Hoarseness of voice.
58. All of the following are true about peritonsillar abscess except:
- (a) Tonsil is usually the source of infection.
  - (b) Collection of pus in parapharyngeal space.
  - (c) Odynophagia is present.
  - (d) Incision and drainage of abscess is indicated.
59. Rhinolalia aperta is seen in:
- (a) Palatal paralysis.
  - (b) Cleft palate.
  - (c) After adenoidectomy.
  - (d) All of the above.



60. Eagle's syndrome is characterized by:
- (a) Pain in tonsillar fossa.
  - (b) Feeling of lump in throat.
  - (c) Elongated styloid process.
  - (d) All of the above.
61. Which of the following is wrong about Barrett's esophagus?
- (a) Stratified squamous epithelium is replaced by columnar epithelium.
  - (b) Columnar epithelium is replaced by stratified epithelium.
  - (c) Pre-malignant condition.
  - (d) More common in GERD patients.
62. All of the following are parts of laryngeal cavity except:
- (a) Vestibule.
  - (b) Sacculi.
  - (c) Rima glottidis.
  - (d) Pre epiglottic space.
63. The only abductor of the vocal cord is:
- (a) Lateral cricoarytenoid.
  - (b) Thyroarytenoid.
  - (c) Cricothyroid.
  - (d) Posterior cricoarytenoid.
64. Which of the following is true about vocal cord / singer's nodule?
- (a) Occurs only in singers.
  - (b) Unilateral nodule.
  - (c) Develops at the area of maximum vibration of vocal cords.
  - (d) Speech therapy is only treatment available.
65. Shortening and relaxation of vocal cords are done in:
- (a) Type I Thyroplasty.
  - (b) Type II Thyroplasty.
  - (c) Type III Thyroplasty.
  - (d) Type IV Thyroplasty.
66. Which of the following is not a feature of acute mastoiditis?
- (a) Conductive hearing loss.
  - (b) Tragal tenderness.
  - (c) Postauricular lymph nodes enlargement.
  - (d) Perforation in pars tensa.
67. All of the following are features which suggest development of complication of CSOM except:
- (a) Persistent ear ache.
  - (b) Headache and vomiting.
  - (c) Foul smelling ear discharge.
  - (d) Dry central perforation.
68. Which of the following is not an intra-temporal complication of suppurative otitis media?
- (a) Mastoiditis.
  - (b) Facial paralysis.
  - (c) Meningitis.
  - (d) Bezold abscess.
69. Gradenigo's syndrome includes all of the following except:
- (a) Sixth nerve Palsy.
  - (b) Facial nerve palsy.
  - (c) Deep seated retro orbital pain.
  - (d) Persistent ear discharge.
70. The treatment of choice in attico-antral variety of CSOM is:
- (a) Myringotomy.
  - (b) Mastoidectomy.
  - (c) Tympanoplasty.
  - (d) Myringoplasty.
71. All of the following regarding attico-antral type of CSOM are true except:
- (a) Myringoplasty is the surgical treatment.
  - (b) Cholesteatoma.
  - (c) Foul smelling ear discharge.
  - (d) Tinnitus.

72. Pathological process of acute mastoiditis includes:

- (a) Erosion by Cholesteatoma.
- (b) Hyperemic decalcification.
- (c) Venous thromboembolism.
- (d) None of the above.

73. All of the following are features of meningitis except:

- (a) High grade fever.
- (b) Neck rigidity.
- (c) Positive Kernig's sign.
- (d) Positive Griesinger sign.

74. Which abscess does not occur as a complication of CSOM?

- (a) Extradural abscess.
- (b) Subdural abscess.
- (c) Frontal abscess.
- (d) Cerebral abscess.

75. The most commonly used graft for tympanoplasty is:

- (a) Vein graft.
- (b) Periosteal graft.
- (c) Cartilage graft.
- (d) Temporal fascia graft.



**PART - II****(Conventional Type Questions)**

*Answer any 10 (ten) from Questions 76 to 88. Each question carries 5 marks.*

**[10 x 5 = 50]**

76. Write a short note on Nerve supply of pinna and its clinical aspects.
77. Write a short note on Herpes Zoster Oticus.
78. Write a short note on CSF Rhinorrhea.
79. Draw a labelled diagram of posterior wall of middle ear including facial recess.
80. Draw a labelled diagram of Indirect laryngoscopy.
81. Write a short note on theories of cholesteatoma formation
82. Write a short note on Quinsy.
83. Write a short note on the causes of stridor.
84. Write a short note on Post laryngectomy rehabilitation.
85. Write a short note on Noise induced hearing loss.
86. Write a short note on Laryngomalacia.
87. Write a short note on Tuning fork tests.
88. Write a short note on Acute epiglottitis.

**PART - III****(Conventional Type Questions)**

*Answer any 5 (five) from Questions 89 to 96. Each question carries 10 marks.*

**[5 x 10 = 50]**

89. Describe etiopathogenesis, clinical features and management of tubotympanic (safe) otitis media.
90. Enumerate causes of Epistaxis. How would you treat a case of anterior epistaxis?
91. Describe the anatomy of nasal septum including its blood and nerve supply.
92. Enumerate laryngeal muscle, their nerve supply and functions.
93. Describe etiopathogenesis of cholesteatoma. Discuss management of attico-antral type of CSOM.
94. Enumerate factors leading to development of complication of CSOM. Describe different mastoid abscesses, their clinical features and management.
95. Discuss pathophysiology and management of nasal polyposis.
96. Discuss types of Thyroplasty and their indications.

**PART - IV****(Conventional Type Questions)**

*Answer any 2 (two) from Questions 97 to 100. Each question carries 25 marks.*

**[2 x 25 = 50]**

97. Discuss in detail the anatomy of facial nerve including its blood supply. Mention the management of facial nerve paralysis following mastoid surgery.
98. Discuss etiopathology, classification and management of carcinoma of maxilla.
99. Describe management of a case of hoarseness with respiratory distress in a male of 75 years age.
100. Discuss indications, surgical procedure, complications and post operative treatment of cochlear implant surgery.

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