### МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ РЕСПУБЛИКИ БЕЛАРУСЬ УЧРЕЖДЕНИЕ ОБРАЗОВАНИЯ «ГРОДНЕНСКИЙ ГОСУДАРСТВЕННЫЙ МЕДИЦИНСКИЙ УНИВЕРСИТЕТ» MINISTRY OF HEALTH OF THE REPUBLIC OF BELARUS GRODNO STATE MEDICAL UNIVERSITY

Кафедра оториноларингологии, стоматологии Department of Otorhinolaryngology, Stomatology

> О.Г. Хоров И.Ч. Алещик О.G. Khorow I.CH. Aleshchyk

### ОТОРИНОЛАРИНГОЛОГИЯ OTORHINOLARYNGOLOGY

Тесты для студентов факультета иностранных учащихся на английском языке Tests for Students Faculty of foreign students in English

> Гродно ГрГМУ 2011

Рекомендовано Центральным научно-методическим советом УО «ГрГМУ» (протокол № от 04.20011 г.)

Авторы: заведующий кафедрой оториноларингологии, стоматологии, д.м.н., профессор О.Г. Хоров;

доцент кафедры оториноларингологии, стоматологии, к.м.н., доцент И.Ч. Алещик.

Рецензент: заведующий кафедрой офтальмологии, к.м.н., доцент С.Н. Ильина.

Аннотация. Тесты на английском языке охватывают все разделы оториноларингологии: клиническую анатомию носа и околоносовых пазух, глотки, гортани и уха, вкусовой, обонятельный, слуховой и вестибулярный анализаторы, заболевания носа и околоносовых пазух, глотки, гортани и уха, осложнения этих заболеваний. Объем материала соответствует содержанию программы по оториноларингологии, современному состоянию дисциплины. Тесты будут использоваться для самостоятельной работы студентов, оценки уровня знаний по оториноларингологии на практических занятиях и экзамене (дифференциальном зачете).

Tests in English cover all sections of Otorhinolaryngology: clinical anatomy of the nose and paranasal sinuses, pharynx, larynx and ear, taste, olfactory, auditory and vestibular analyzers, diseases of the nose and paranasal sinuses, pharynx, larynx and ear, complications of these diseases. The volume of material corresponds to the contents of the program for otolaryngology, the current state of discipline. Tests will be used for students' self-work, the assessment of the knowledge level in otolaryngology at the seminars and the exam (differencial credit).

#### CONTENTS

1.	EAR	4
2.	NOSE	26
3.	THROAT	47
4.	LARYNX	56
5.	TEST ANSWERS	69

#### TESTS ON OTORHINOLARYNGOLOGY

#### EAR

#### 1. HAIR FOLLICLES IN THE EXTERNAL AUDITORY CANAL ARE LOCATED:

- A. Along the whole length
- B. In the bony part only
- C. In the cartilaginous part only
- D. At the junction of bony and cartilaginous parts.

#### 2. WAX IN EAR CONSISTS OF:

- A. Cerumen
- B. Dust particles
- C. Epithelium of the external auditory canal
- D. Everything mentioned above.

#### 3. THE SMALLEST BONE OF THE BODY IS:

- A. Incus
- B. Malleus
- C. Stapes
- D. Nasal bones
- E. Vomer.

#### 4. FURUNCLES IN THE EXTERNAL AUDITORY CANAL ARE OBSERVED:

- A. Along the whole length
- B. In the osseous part only
- C. In the cartilaginous part only
- D. At the junction of the osseous and cartilaginous parts.

#### 5. JUGULAR VEIN IS LOCATED ON:

- A. The anterior wall of the tympanic cavity
- B. Bottom of the tympanic cavity

- C. Posterior wall of the tympanic cavity
- D. Top of the tympanic cavity.

#### 6. IN A NEWBORN CHILD THE EXTERNAL AUDITORY CANAL:

- A. Is fully developed
- B. Has a cartilaginous portion only
- C. Has only an osseous portion
- D. Has an osseous and cartilaginous portion.

#### 7. IN THE DEVELOPMENT OF THE HUMAN EAR:

- A. The middle ear reaches full size by birth
- B. The inner ear reaches full size by birth
- C. Both of the variants mentioned above are correct
- D. Neither of the variants mentioned above is correct.

#### 8. PARS FLACCIDA PORTION OF THE TYMPANIC MEMBRANE:

- A. Is characterized by lack of middle fibrous layer
- B. Has a deficiency of the annular tympanic portion of the temporal bone
- C. Both of the variants mentioned above are correct
- D. Neither of the variants mentioned above are correct.

## 9. ALL OF THE FOLLOWING BRANCHES ARE THE BRANCHES OF THE FACIAL NERVE EXCEPT:

- A. Temporal branch
- B. Ophthalmic branch
- C. Buccinator branch
- D. Mandibular branch
- E. Cervical branch.

#### 10. CHORDA TYMPANI NERVE:

- A.Identifies taste from vallate papillae
- B. Carries preganglionic fibres to the parotid
- C. Is a pretrematic nerve of first arch
- D. Is a branch of anterior division of mandibular nerve.

#### 11. FISTULA SYMPTOM IS:

A. Measurement of C.S.F. pressure changes on compression and release of jugular veinB. Presence of bone conduction hearing in severely deaf or dead ear as indicated by

tunning fork tests

C. Sense of vertigo in handling of ear or syringing

D. Oedema in the post aural region due to blockage of mastoid emissary vein in lateral sinus thrombosis.

#### 12. CHORDA TYMPANI SYNDROME IS CHARACTERIZED BY:

- A. Sweating behind the ears after eating
- B. Sweating in the submental region after eating
- C. Loss of taste sensation in the anterior two-third part of the tongue
- D. Everything mentioned above
- E. None of the variants mentioned above.

### 13. IN CASE OF ACUTE SUPPURATIVE OTITIS MEDIA A SMALL YELLOW PULSATING SPOT IS FORMED BEFORE RUPTURE OF THE TYMPANIC MEMBRANE. THIS SPOT IS USUALLY LOCATED:

- A. In the centre of the membrane
- B. In the posterior half of the membrane
- C. In the anterior half of the membrane
- D. None of the variants mentioned above is correct.

#### 14. CANAL OF TYMPANIC MEMBRANE TENSOR IS LOCATED:

A. On the anterior wall of the tympanic cavity

- B. On the bottom of the tympanic cavity
- C. On the posterior wall of the tympanic cavity
- D. On the top of the tympanic cavity.

#### 15. TEGMEN TYMPANI IS LOCATED ON:

- A. The anterior wall of the tympanic cavity
- B. On the bottom of the tympanic cavity
- C. On the posterior wall of the tympanic cavity
- D. On the top of the tympanic cavity.

#### 16. STAPEDIUS MUSCLE IS INNERVATED BY:

- A. Chorda tympani nerve
- B. Facial nerve
- C. Greater superficial petrosal nerve
- D. None of the variants mentioned above.

#### 17. SOUND REACHES THE INNER EAR THROUGH:

- A. Round window
- B. Oval window
- C. Round and oval window
- D. None of the variants mentioned above.

#### 18. THE ROLE OF INTRATYMPANIC MUSCLE IS TO:

- A. Increase the amplitude of sound waves
- B. Protect the inner ear from loud sounds
- C. Protect the inner ear from low ambient noise
- D. None of the variants mentioned above.

#### 19. NORMAL TYMPANIC MEMBRANE IS A FEATURE OF:

A. Secretory otitis media

- B. Otosclerosis
- C Adhesive otitis media
- D. None of the variants mentioned above.

#### 20. OTOSCLEROSIS IS CHARACTERISED BY:

- A. Petrificate on tympanic membrane
- B. scars on ossicles
- C. Replacement of normal labyrinthine bone by immature thick spongy bone
- D. None of the variants mentioned above.

#### 21. SENSORINEURAL HEARING LOSS IS A FEATURE OF:

- A. Chronic suppurative otitis media
- B. Secretory otitis media
- C. Meniere's disease
- D. None of the variants mentioned above.

#### 22. NEGATIVE RINNE'S TEST IS OBSERVED IN:

- A. Meniere's disease
- B. Acoustic neuroma
- C. Otosclerosis
- D. All the cases mentioned above.

#### 23. PYRAMIDAL EMINENCE IS LOCATED ON:

- A. The anterior wall of the tympanic cavity
- B. The bottom of the tympanic cavity
- C. The posterior wall of the tympanic cavity
- D. The top of the tympanic cavity.

## 24. MULTIPLE PERFORATIONS OF TYMPANIC MEMBRANE ARE OBSERVED IN:

- A. Traumatic conditions
- B. Chronic suppurative otitis media
- C. Tuberculous otitis media
- D. All the cases mentioned above.

#### 25. CORTI'S ORGAN IS LOCATED AT:

- A. The main membrane
- B. Covering plate
- C. Reysner's membrane.

#### 26. THE HORIZONTAL SEMICIRCULAR CANAL HAS:

- A. One ampula
- B. Two ampulas.

## 27 THE FOLLOWING VENOUS SINUSES OF DURA MATER ENTERS INTO IN THE JUGULAR VEIN:

- A. Lower sagittal sinus
- B. Cavernous sinus
- C. Transverse sinus
- D. Sigmoid sinus.

#### 28. THE FACIAL NERVE IS:

- A. Sensitive nerve
- B. Secretory nerve
- C. Sensitive and secretory nerve
- D. Motor nerve.

#### 29. SYMPTOMS OF THE VESTIBULAR NERVE LESIONS ARE:

- A. Balance disorders. Nystagmus. Dizziness. Nausea. Vomiting
- B. Balance, hearing, coordination disorders

- C. Function of mimic muscles lesion
- D. Tactile and joint sensitivity lesion.

#### 30. A CONDUCTIVE PART OF THE HEARING INCLUDES:

A. External ear. Eardrum. Auditory ossicle

B. External ear. Eardrum. Auditory ossicle. Muscles of the middle ear. Ligament. Eustachian tube. Cells of the mastoid process. Labyrinthine windows

C. External ear. Eardrum. Auditory ossicle. Muscles of the middle ear. Eustachian tube. Cells of the mastoid process. Labyrinthine windows. Perilymph. Endolymph. Basilar and Reysner's membrane.

#### 31. A PERCEPTIVE PART OF THE HEARING INCLUDES:

- A. Neurosensory epithelium. Corti organ
- B. Neurosensory epithelium and all pathways to the cerebral cortex

C. The central part of the hearing, located in the temporal lobe of the brain.

#### 32. HUMANS PERCIEVE THE SOUND FREQUENCY AT RHE RANGE:

- A. From 20 to 8000 Hz
- B. From 50 to 50000 Hz
- C. From 20 to 20000 Hz.

#### 33. PATHWAYS FOR INFECTION OF THE MIDDLE EAR ARE:

- A. Tubal, hematogenous, retrograde
- B. Traumatic. Contact
- C. Lymphogenous. Contact.

#### 34. LOCAL SUBJECTIVE SYMPTOMS IN ACUTE OTITIS MEDIA ARE:

A. Pain, feeling of fullness in the ear. Noise in the ear. Diminished hearing

- B. Pain in the ear and in the mastoid. Pain when pressing on the tragus
- C. Ear pain. Pain in the submandibular region on the affected side.

#### 35. LOCAL OBJECTIVE SYMPTOMS OF ACUTE OTITIS MEDIA ARE:

A. Hyperemia, edema, infiltration, bulging eardrum. Diminished hearing

B. Redness and maceration of the skin of external auditory canal. Perforated eardrum

C. Exudate in the external auditory canal

D. Overhanging upper wall of external auditory canal. Cervical lymphadenitis on the side of the affected ear.

#### 36. TREATMENT OF ACUTE OTITIS MEDIA INCLUDES:

A. Sulfonamides. Dehydration therapy

B. Paracentesis of the eardrum in nonperforated otitis. Antibiotic therapy. Vasoconstrictor nasal drops. Washing external auditory canal

C. Treatment of nonperforated otitis without paracentesis. Antibiotics. Sulfonamides.

#### 37. COMPLICATIONS OF ACUTE OTITIS MEDIA ARE:

A. Intracranial complications. Labyrinthitis. Otosclerosis

B. Adhesive otitis media. Tympanosclerosis. Benign and malignant tumors of the middle ear

C. Otoantritis. Mastoiditis. Acute sensorineural hearing loss. Facial nerve paresis. Chronic otitis media.

#### 38. COMPLICATIONS OF ACUTE OTITIS MEDIA IN INFANTS ARE:

A. Neurotoxicosis. Sepsis. Pneumonia. Pyelonephritis. Exudative diathesis

B. Toxicosis with exsicosis. Otoantritis. Dyspepsia. Meningitis.

#### 39. LOCAL SYMPTOMS OF OTOANTRITIS ARE:

A. Hyperemia, infiltration, bulging in the upper parts of the eardrum. Suppuration through the perforation of the eardrum. Subperiosteal abscess

B. The tympanic membrane is gray, cloudy. Identification office smoothed.

40. SYMPTOMS OF CHRONIC SUPPURATIVE OTITIS MEDIA ARE:

A. Dry perforation. Hearing loss

B. Scarring of the eardrum. Deafness

C. Permanent perforation of the eardrum. Recurrent suppuration of the ear. Hearing loss.

41. THE CLINICAL COURSE OF CHRONIC EPITYMPANOANTRAL OTITIS MEDIA IS:

A. Malignant

B. Not malignant.

### 42. OTOSCOPY IN CHRONIC EPITYMPANOANTRAL OTITIS MEDIA DETECTS:

A. Little change in a stretched part

B. Thick stretched part. Calcifications

C. Spot perforation in a stretched part

D. Marginal perforation. Perforation in a relaxed part. Defect of the lateral wall of the attic. Purulent foul-smelling discharge

E. Polyp. Granulation. Cholesteatoma.

### 43. CHRONIC EPITYMPANOANTRAL OTITIS MEDIA CAN BE FOLLOWED BY FOLLOWING COMPLICATIONS:

A. The destruction of the ear bones. Hearing loss

B. Closure of the auditory tube. Tinnitus

C. The presence of cholesteatoma. Caries of the bone. The appearance of intracranial complications

D. Destruction of the inner wall. Deafness.

#### 44. THE BENIGN TUMORS OF THE EAR ARE:

A. Nevus. Papilloma. Keloids. Osteoma

B. Bazilioma. Sarcoma. Cancer. Chondrosarcoma.

# 45. IN MALIGNANT TUMORS OF THE EAR THE MOST INFORMATIVE DIAGNOSTIC METHODS ARE:

- A. Bacteriological examination
- B. Immunological study
- C. Cytology and histology
- D. Radiographic and histologic
- E. Serological reactions.

#### 46. IN OTOHEMATOMA THE BLOOD IS ACCUMULATED:

- A. Between skin and perichondrium
- B. Between skin and cartilage
- C. Between perichondrium and cartilage
- D. Between skin and subcutaneous tissue.

### 47. FOREIGN BODIES FROM EXTERNAL AUDITORY CANAL ARE REMOVED BY:

- A. Fingers
- B. Surgical forceps
- C. A set of Hartmann
- D. Irrigation.

#### 48. THE LEADING SYMPTOMS OF MASTOIDITIS ARE:

- A. Suppuration, dizziness, temperature rise
- B. Prolapse of the upper wall of external auditory canal in the osseous part. Pus pulsation at perforation. Hyperemic eardrum
- C. High temperature
- D. Nausea. Vomiting
- E. Protruding ear. Subperiosteal abscess.

#### 49. NAME THE SPECIFIC FORMS OF MASTOIDITIS:

- A. Zygomaticitis. Sinusthrombosis
- B. Zigomaticitis. Mastoiditis Bettsolda, Moore Orleans, Chitelli. Petrousitis, Squamitis
- C. Subdural and perisinusoid abscess.

# 50. THE MOST COMMON EXTRACRANIAL COMPLICATION OF ACUTE OTITIS IS:

- A. Periostitis of the orbit
- B. Meningitis
- C. Labyrinthitis. Paresis of the facial nerve
- D. Mastoiditis.

#### 51. SYMPTOMS OF THE FACIAL NERVE PARESIS ARE:

A. Incomplete closure of palpebral fissure, smoothing of nasolabial fold, inability to frown, prolapse of the angle of mouth on the side of affected ear

- B. Loss of pain sensation in the skin. Smoothing of the nasolabial folds
- C. Difficulty chewing. Inability to frown.

# 52. THE SYMPTOM INDICATING THE LOSS OF LABYRINTH FUNCTION IN ACUTE DIFFUSE PURULENT LABYRINTHITIS IS:

- A. Dizziness
- B. Deafness
- C. Spontaneous nystagmus
- D. Nausea, vomiting
- E. High temperature.

#### 53. THE SYMPTOM(S) IN SINUSTHROMBOSIS IS(ARE):

- A. Nausea, vomiting
- **B.** Dizziness

C. Suppuration of the ear

D. Paresis of the facial nerve

E. Alternating fever and chills.

54. POSTERIOR BONY WALL OF EXTERNAL AUDITORY CANAL BORDERS ON:

A. Antrum, mastoid cells

B. Jugular bulb

C. Channel carotid artery.

# 55. ANTERIOR OSSEOUS WALL OF EXTERNAL AUDITORY CANAL BORDERS ON:

A. Parotid gland

B. Carotid artery canal

C. Mandibular joints.

### 56. THE LOWER WALL OF THE EXTERNAL AUDITORY PASSAGE BORDERS ON:

A. Parotid gland. The lower part of the tympanic cavity

B. Channel of the internal jugular vein

C. Carotid artery canal.

#### 57. SIMPLE TREPANATION OF THE MASTOID PROCESS BEGINS WITH:

A. Removing the anterior-superior wall of external auditory canal

B. Removing the apex of the mastoid process

C. In the mastoid fossa in the anterior-superior part of the triangle Shipo.

#### 58. THE MIDDLE EAR INCLUDES:

- A. Vestibule and basic pinstripe cochlea
- B. Tympanic cavity. Eustachian tube. Cells of the mastoid process

C. Semicircular canals. Cochlea. Vestibular sacs.

#### 59. THE MEDIAL WALL OF TYMPANIC CAVITY INCLUDES:

- A. The ampulla horizontal semicircular canal
- B. Spherical and elliptical sacs
- C. Promontorium. Vestibular and cochlear windows. Facial nerve canal.

#### 60. THE POSTERIOR WALL OF THE TYMPANIC CAVITY INCLUDES:

A. The entrance to the antrum. Ampoula of horizontal semicircular canal. Facial nerve canal

- B. The pyramidal process
- C. Eustachian tubes.

#### 61. THE ANTERIOR WALL OF THE TYMPANIC CAVITY INCLUDES:

- A. Tympanal cells
- B. Hole drum canal
- C. Auditory tube. Channel of the internal carotid artery.

#### 62. THE MASTOID PROCESS CAN HAVE THE FOLLOWING STRUCTURE:

- A. Pneumatic. Sclerotic. Diploetic
- B. Mixed
- C. Hypoplastic.

#### 63. VESTIBULAR APPARATUS INCLUDES:

- A. Cochlea
- B. Tympanic cavity
- C. Semicircular canals.

#### 64. THE AUDITORY ANALYZER INCLUDES:

A. The semicircular canals

- B. Cochlea
- C. Vestibule
- D. Endolymphatic duct.

#### 65. PUS ACCUMULATION IN THE SUBDURAL ABSCESS OCCURS:

- A. Between the leaves of the dura mater
- B. Between the dura and arachnoid
- C. Between arachnoid and choroid.

#### 66. PUS ACCUMULATION IN THE EXTRADURAL ABSCESS OCCURS:

- A. Between the dura and arachnoid
- B. Between the leaves of the dura mater
- C. Between the bone and dura mater.

#### 67. THE SYMPTOMS OF MENINGITIS ARE:

- A. Gordon's symptom
- B. Oppenheim's and Babinski's symptoms
- C. Stiff neck. Kernig's and Brudzinski's symptoms.

#### 68. THE SPONTANEOUS NYSTAGMUS IN MENIERE'S DISEASE OCCURS:

- A. Just after an attack
- B. Only during an attack
- C. During and after an attack
- D. There is no nystagmus.

# 69. THE PROTECTION OF HEARING FROM HARMFUL EFFECT OF EXTERNAL NOISE OCCURS IN:

- A. External ear
- B. Middle ear
- C. Inner ear

- D. Cortical auditory centers
- E. Canals.

#### 70. THE FUNCTION OF THE AUDITORY TUBE IS:

- A. Sound conduction
- B. Sound resonator
- C. Drainage and ventilation.

#### 71. THE THEORIES OF CHOLESTEATOMA ARE:

- A. Tumorous. Gaberman's. Inflammatory
- B. Epidermis ingrowth. Retraction pockets
- C. Immune. Allergic. Cytotoxic.

#### 72. THE COLOR OF THE NORMAL EARDRUM IS:

- A. White
- B. Yellow
- C. Red
- D. Pearl grey
- E. Milky grey.

### 73. A MOMENTARY ATTACK OF VERTIGO DURING THE EAR CLEANING IN A PATIENT WITH CHOLESTEATOMA OCCURS IN:

- A. Brain abscess
- B. Dural exposure
- C. Tympanic membrane perforation
- D. Exposure of the stapes head
- E. Horizontal semicircular canal fistula.

### 74. UNUSUAL BLEEDING AFTER REMOVAL OF AN AURAL POLYP OCCURS IN:

- A. Carcinoma
- B. Cholesteatoma
- C. Glomus Jugulare tumor
- D. Everything except B
- E. Everything except C.

## 75. THE FOLLOWING COMPLICATIONS ARE THE INTRACRANIAL COMPLICATIONS OF OTITIS MEDIA, EXCEPT:

- A. Extradural abscess
- B. Subdural abscess
- C. Petrositis
- D. Brain abscess
- E. Meningitis
- F. Otitic Hydrocephalus.

### 76. THE INDICATIONS FOR MYRINGOTOMY ARE THE FOLLOWING, EXCEPT:

- A. Pus in the middle ear under tension
- B. Secretory otitis media
- C. Non-supurative otitis media
- D. Haemotympanum of recent origin
- E. Myringitis bullosa.

#### 77. ALL OF THE FOLLOWING DRUGS ARE OTOTOXIC, EXCEPT:

- A. Streptomycin
- B. Neomycin
- C. Kanamycin
- D. Cefotaxime
- E. Salicylates.

#### 78. THE FOLLOWING NERVES INNERVATE PINNA EXCEPT:

- A. Greate auricular nerve
- B. Lesser occipital nerve
- C. Jacobson's nerve
- D. Auriculotemporal nerve.

#### 79. ORGAN OF CORTI IS LOCATED ON:

- A. Basilar membrane
- B. Reissner's membrane
- C. Tectorial membrane
- D. Otolithic membrane

#### 80. BAT EAR

- A. Is displacement of the auricle
- B. Is absence of the auricle
- C. Is excessive enlargement of the auricle
- D. Is ulcerous auricle
- E. Is small and deformed auricle.

#### 81. MICROTIA

- A. Is displacement of the auricle
- B. Is absence of the auricle
- C. Is excessive enlargement of the auricle
- D. Is ulcerous auricle
- E. Is small and deformed auricle.

#### 82. ANOTIA

- A. Is displacement of the auricle
- B. Is absence of the auricle
- C. Is excessive enlargement of the auricle

- D. Is ulcerous auricle
- E. Is small and deformed auricle.

#### 83. MACROTIA

- A. Is displacement of the auricle
- B. Is absence of the auricle
- C. Is excessive enlargement of the auricle
- D. Is ulcerous auricle
- E. Is small and deformed auricle.

#### 84. MASTOID ABSCESS IS:

- A. An abscess over the zygoma
- B. An abscess with swelling beneath sternomastoid muscle
- C. An abscess in the external auditory canal
- D. The usual post-aural subperiosteal abscess.

#### 85. ZYGOMATIC ABSCESS IS:

- A. An abscess over the zygoma
- B. An abscess with swelling beneath sternomastoid muscle
- C. An abscess in the external auditory canal
- D. The usual post-aural subperiosteal abscess.

#### 86. BEZOLD'S ABSCESS IS:

- A. An abscess over the zygoma
- B. An abscess with swelling beneath sternomastoid muscle
- C. An abscess in the external auditory canal
- D. The usual post-aural subperiosteal abscess.

### 87. CHOLESTEATOMA OF THE EAR CONTAINS A HIGH CHOLESTEROL FROM DESQUAMATED EPITHELIAL DEBRIS.

A. True

B. False

88. THE OTOSCLEROSIS IS MORE COMMON IN MALES THAN IN FEMALES.A. True

B. False

89. BILATERAL OTOSCLEROSIS IS MORE COMMON THAN UNILATERAL OTOSCLEROSIS.

A. True

B. False

90. CHILDREN WITH CLEFT PALATE HAVE SEROUS OTITIS MEDIA MORE OFTEN THAN CHILDREN WITH NORMAL PALATE.

A. True

B. False

91. EACH FIBRE OF AUDITORY NERVE ENDS IN ONE INNER HAIR CELL OF THE COCHLEA.

A. True

B. False.

92. DEAFNESS IS RARELY CAUSED BY LESIONS OF CEREBRAL CORTEX.

A. True

B. False.

93. FISTULA TEST IS PERFORMED TO DETECT EROSION IN THE LATERAL SEMICIRCULAR CANAL IN CASES OF CHRONIC SUPPURATIVE OTITIS MEDIA.

A. True

B. False

94. ACOUSTIC NEUROMAS ARE BEIGNE TUMOURS ARISING FROM THE NEURILEMMAL OR SCHWANN CELLS OF THE EIGHTH CRANIAL NERVE. A. True

B. False.

95. CHOLESTEATOMA OF THE EAR IS USUALLY PRECEEDED BY A CHRONIC INFECTION OF THE ATTIC OR MARGINAL PERFORATION OF THE TYMPANIC MEMBRANE.

A. True

B. False.

96. INTERNAL AUDITORY ARTERY IS A BRANCH OF THE INTERNAL MAXILARY ARTERY.

A. True

B. False.

97. INTERNAL AUDITORY ARTERY IS A BRANCH OF THE EXTERNAL MAXILLARY ARTERY.

A. True

B. False.

98. VESTIBULAR ARTERY IS A BRANCH OF INTERNAL AUDITORY ARTERY. A. True

B. False.

99. ANTERIOR TYMPANIC ARTERY IS A BRANCH OF INTERNAL AUDITORY ARTERY.

A. True

B. False.

100. TEGMEN ANTRI SEPARATES THE ATTIC FROM THE MIDDLE CRANIAL FOSSA.

A. True

B. False.

101. TEGMEN TYMPANI SEPARATES THE ATTIC FROM THE MIDDLE CRANIAL FOSSA.

A. True

B. False

102, THE CARTILAGE GETS THICKENED IN PERICHONDRITIS OF THE PINNA.

A. True

B. False

103. CHOLESTEATOMA IS MORE FREQUENT IN WELL PNEUMATIZED TEMPORAL BONES.

A. True

B. False

104. THE CHORDA TYMPANI NERVE CARRIES THE TASTE FIBRES FROM ANTERIOR 2/3RDS OF THE TONGUE.

A. True

B. False

105. THE CHORDA TYMPANI NERVE CARRIES THE TASTE FIBRES FROM POSTERIOR 1/3RD OF THE TONGUE.

A. True

B. False

106. IN TUBERCULOUS OTITIS MEDIA THE WHOLE TYMPANIC MEMBRANE GETS NECROSED.

A. True

B. False

107. THERE IS AS SUDDEN AND COMPLETE LOSS OF VESTIBULAR FUNCTION FROM ONE SIDE WITHOUT HEARING IMPAIRMENT IN MENIERE'S DISEASE.

A. True

B. False

108. CHOLESTEATOMA IS MORE FREQUENT IN POORLY PNEUMATIC TEMPORAL BONES.

A. True

B. False

109. CHOLESTEATOMA IS MORE FREQUENT IN CASES WITH CENTRAL EARDRUM PERFORATION.

A. True

B. False

110. CHOLESTEATOMA IS MORE FREQUENT IN CASES WITH MARGINAL EARDRUM PERFORATION.

A. True

B. False

111. MYRINGOTOMY IS THE TREATMENT OF CHOICE FOR BULLOUS MYRINGITIS.

A. True

B. False

### 112. BULLOUS MYRINGITIS OCCURS DUE TO STREPTOCOCCUS INFECTION.

A. True

B. False

113. BULLOUS MYRINGITIS OCCURS DUE TO VIRAL INFECTION.

A. True

B. False

#### NOSE

114. SYMPTOMS OF FOREIGN BODIES AND RHINOLITHS IN THE NASAL CAVITY ARE :

- A. Atrophy of the nasal mucosa. Wide nasal passages
- B. Deformation of the nasal septum
- C. Unpleasant smell from the nose. Epistaxis
- D. Unilateral nasal obstruction. Purulent rhinitis with unpleasant odor. Epistaxis
- E. Lacrimation. Degradation of olfaction. Headaches.

#### 115. METHODS OF FOREIGN BODIES DIAGNOSING IN THE NOSE ARE:

- A. Sinuscan. Encephalography
- B. Sinuscopy. Fiberscopy
- C. Radiography. Rhinoscopy.

#### 116. A METHOD OF FOREIGN BODIES REMOVING FROM THE NOSE IS:

- A. Without the aid of instruments
- B. With the Politzer's balloon

C. Using hook

D. Using nasal forceps.

#### 117. EXPLAIN THE CONCEPT OF HEMOSINUS.

A. Hemorrhage into the orbit

- B. Hemorrhage into the paranasal sinuses
- C. Hemorrhage under the perichondrium.

# 118. IN HEMOSINUS IT IS NECESSARY TO CARRY OUT THERAPEUTIC MEASURES:

A. Always

- B. When suppuration
- C. No need.

#### 119. WAYS TO STOP EPISTAXIS ARE:

A. Vasoconstrictor, burned, hemostatic means. Electrothermy. Cryodestruction. Surgical methods

B. Sub Mucosal Resection. Disturbance of the mucous membrane of nasal cavity. Incisions of the mucous membrane

C. Removal of the mucosa and cartilage.

120. INDICATIONS FOR POSTERIOR NASAL TAMPONADE USE:

A. Not effective anterior nasal tamponade. Bleeding from the posterior parts of the nose or throat

B. Always

C. Blood disease.

121. THE TYPICAL CLINIC BENIGN TUMORS OF THE NOSE ARE CHARACTERISED BY:

A. Long period of time. Gradual disturbance of nasal respiration

- B. Ulceration
- C. Often bleeding
- D. Infiltrative tumor growth.

#### 122. THE MOST COMMON CAUSE OF ORO-ANTRAL FISTULA IS:

- A. Osteomyelitis of maxilla
- B. Carcinoma of the maxilla
- C. Maxillary sinusitis
- D. Dental extraction
- E. None of the variants mentioned above.

# 123. METHODS OF NASAL BONES FRAGMENTS FIXATION IN NOSE FRACTURES ARE:

- A. External fixation (different tires)
- B. Internal fixation (anterior tamponade)
- C. Combination fixation (different tires and anterior tamponade
- D. Internal fixation (posterior nasal tamponade)
- E. Gypsum external bandage and anterior nasal tamponade
- F. Fragments of nasal bones do not require fixation.

### 124. BLEEDING POLYPUS OF THE NASAL SEPTUM ARE CHARACTERISED BY:

- A. Breathing obstruction
- B. Frequent epistaxis
- C. Anosmia
- D. Mucous discharge from the nose.

#### 125. INFERIOR TURBINATE IS:

- A. Separate bone
- B. Part of ethmoid bone

- C. Part of maxillary bone
- D. None of the variants mentioned above.

#### 126. MIDDLE TURBINATE IS:

- A. Separate bone
- B. Part of ethmoid bone
- C Part of maxillary bone
- D. None of the variants mentioned above.

#### 127. MAXILLARY SINUS OPENING IS LOCATED IN:

- A. Spheno-ethmoidal recess
- B. Inferior meatus
- C. Superior meatus
- D. Middle meatus.

#### 128. POSTERIOR ETHMOIDAL SINUSES OPEN IN:

- A. Superior meatus
- B. Inferior meatus
- C Middle meatus
- D. Sphenoethmoidal recess
- E. None of the variants mentioned above.

#### 129. OLFACTORY AREA IS LOCATED:

- A. In front of middle turbinate
- B. Above the middle turbinate
- C. Below the middle turbinate
- D. None of the variants mentioned above.

#### 130. ROLE OF NASAL TURBINATES IS:

A. Regulation of air flow

- B. Air conditioning of the inhaled air
- C. Filtration of the inhaled air

D. Everything mentioned above.

# 131. TERMS OF THE NOSE DEFORMATION TREATMENT AFTER THE TRAUMA ARE:

A. Through 2-3 weeks after trauma

B. As early as possible before the appearance of swelling of soft tissues, immediately after the disappearance of soft tissue swelling (within 5-7 days after trauma)

C. Without waiting for the disappearance of soft tissue swelling at the time of admission.

#### 132. ALLERGIC RHINITIS:

- A. Is usually associated with a pale nasal mucosa
- B. Is frequently associated with eosinophilia on nasal smear
- C. May be associated with clouding of the sinuses on X-ray in the absence of infection
- D. Everything mentioned above
- E. None of thevariants mentioned above.

## 133. SEPSIS, CHEMOSIS AND PROPTOSIS FOLLOWING AN ENT INFECTION SUGGEST:

- A. Lateral sinus thrombosis
- B. Fronatal osteomyelitis
- C. Cavernous sinus thrombosis
- D. Brain abscess
- E. None of the variants mentioned above.

#### 134. THE OPERATION OF SUBMUCOSAL RESECTION IS INDICATED IN:

- A. All cases of septum deviation
- B. All cases of septum deviation with spur formation

- C. In cases repeating attacks of epistaxis
- D. In cases of deviated septum in constant complaints of nasal obstruction
- E. None of the variants mentioned above.

#### 135. PERFORATION OF NASAL SEPTUM OCCURS IN:

- A. Tuberculosis
- B. Syphilis
- C. Lupus
- D. Trauma
- E. All of the cases mentioned above.

#### 136. IN ETHMOIDAL NASAL POLYPS:

- A. Recurrence occurs as a rule
- B. Recurrence does not occur on total removal and proper prophylaxis
- C. Rate of recurrence is very high
- D. Rate of recurrence is very low.

#### 137. ANTRO-CHOANAL POLYPS ARE USUALLY:

- A. Single and unilateral
- B. Multiple and bilateral
- C. Multiple and unilateral
- D. Single and bilateral.

#### 138. IN ANTRO-CHOANAL POLYPS:

- A. Recurrence rate is a rule
- B. Recurrence rate is very high
- C. Recurrence does not occur after complete removal
- D. Recurrence is very rare.

#### 139. NASAL INFECTION CAN BE PREVENTED BY:

- A. Vitamins
- B. Vaccines
- C. Calcium
- D. Ultra violet radiations
- E. All of the measures mentioned above.

#### 140. ETHMOIDAL NASAL POLYPS ARE USUALLY:

- A. Single
- B. Multiple and bilateral
- C. Unilateral
- D. None of the variants mentioned above.

#### 141. THE FEATURE OF OZAENA IS:

- A. More frequent in female patients
- B. Anosmia
- C. Foetid smell from nose
- D. Everything mentioned above.

# 142. IN SUBMUCOSAL RESECTION, ALL THE FOLLOWING PARTS SHOULD BE RESECTED EXCEPT:

- A. Nasal bones
- B. Septum cartilage
- C. Maxillary spine
- D. Perpendicular plate of Vomer
- E. Vomerine crest.

#### 143. THE MAIN SYMPTOMS OF ETHMOIDAL NASAL ARE CORRECT EXCEPT:

- A. Repeated attacks of epistaxis
- B. Continuous nasal blockage
- C. Rhinorrhoea

D. Headache.

#### 144. A RHINOLITH IS A:

- A. Foreign body in the nose
- B. Stone in the nose
- C. Deposition of calcium over some foreign body in the nose
- D. Misnomer.

#### 145. IN MALIGNANCIES OF NASAL CAVITIES THE MAIN SYMPTOM IS:

- A. Repeated epistaxis
- B. Continuous purulent and sanguineous discharge
- C. Headache
- D. Broadening of nasal bones
- E. Nasal obstruction.

### 146. TREATMENT OF MOST OF THE NASAL AND PARANASAL MALIGNANCIES USUALLY INCLUDES:

- A. Surgical excision
- B. Radiotherapy
- C. Chemotherapy
- D. A and B
- E. A and C
- F. B and C
- G. All of the variants mentioned above (A+B+C).

#### 147. UNILATERAL NASAL DISCHARGE SUGGESTS:

- A. Papilloma
- B. Nasal polyps
- C. Juvenile angiofibroma
- D. Foreign body

#### E. Vasomotor rhinitis.

#### 148. CHOANAL POLYPS USUALLY ORIGINATE IN:

- A. Posterior ethmoidal cells
- B. Nasopharynx
- C. Maxillary sinus
- D. Sphenoidal sinus
- E. Anterior ethmoidal cell.

## 149. BENIGN NEOPLASMS IN THE NOSE AND SINUSES INCLUDE ALL THE FOLLOWING DIAGNOSES, EXCEPT:

- A. Dermoid
- B. Vestibular papilloma
- C. Juvenile angiofibroma
- D. Olfactory neuroblastoma
- E. Chondroma.

#### 150. OSTEOMA OF THE FRONTAL BONE AND SINUSES:

- A. Is usually asymptomatic
- B. Does not metastasize
- C. Does not produce external deformity
- D. Everything mentioned above
- E. Everything mentioned above except C.

#### 151. CYTOLOGIC EXAMINATION OF NASAL SECRETIONS:

- A. Suggests allergy when eosinophils are found
- B. Rules out allergy when eosinophils are not found
- C. Both
- D. Neither.

#### 152. COMPLICATIONS OF SINUS DISEASES INCLUDE:

- A. Retrobulbar neuritis
- B. Orbital cellulitis
- C. Cavernous sinus thrombosis
- D. Superior orbital fissure syndrome
- E. All mentioned above.

#### 153. LOCAL DEFENCES OF NOSE INCLUDE:

- A. Cilia
- B. Film of mucous
- C. Lysozymes
- D. Interferon
- E. All mentioned above.

#### 154. PHYSICAL FINDINGS SUGGESTING ALLERGY ARE:

- A. Pale slightly grey nasal mucosa
- B. Nasal polyps

C. Increased amount of lymphoid tissue in the nasopharvnx and lateral pharyngeal bands

- D. All mentioned above
- E. None of the variantsmentioned above.

155. ALL THE FOLLOWING PARTS OPEN INTO THE MIDDLE MEATUS, EXCEPT:

- A. Nasolacrimal duct
- B. Anterior ethmoidal sinus
- C. Maxillary sinus
- D. Frontal sinus.

156. THE CAUSE OF THE ABSCESS OF NASAL SEPTUM IN CASE OF TRAUMA

IS:

A. Infection hematoma nasal septum

B. Infection of the soft tissues of the anterior nasal septum.

#### 157. RHINOSCLEROMA IS A DISEASE INVOLVING:

- A. Nose only
- B. Nose and paranasal sinuses
- C. Nose and throat
- D. Any part of the respiratory passage
- E. Any part of the body.

# 158. A PATIENT WITH COMPLETE ANOSMIA WOULD RESPOND TO INHALATION OF:

- A. Tobacco
- B. Coffee
- C. Ammonia
- D. Oil of lemon
- E. Chocolate.

159. SYMPTOMS OF AN OPEN FRACTURE OF NASAL BONES ARE:

- A. Crepitus osseous fragments
- B. Emphysema of soft tissues
- C. Wound of external nose. Swelling, deformation of the nose. Extravasation
- D. Damage to nasal mucosa. Wounds, penetrating to the bone at the fracture site.

### 160. THE MOST FREQUENT CAUSE OF PERFORATION OF THE NASAL SEPTUM IS:

- A. Congenital
- B. Operative trauma

- C. Chronic infection
- D. Syphilis
- E. Tuberculosis.

### 161. IN ADULTS, ABSCESS OF THE NASAL SEPTUM USUALLY FOLLOWS:

- A. Traumatic haematoma
- B. Purulent rhinitis
- C. Syphilis
- D. Tuberculosis
- E. Atrophic rhinitis.

# 162. CONVULSION, UNCONSCIOUSNESS AND DEATH FOLLOWING MAXILLARY SINUS IRRIGATION SUGGEST:

- A. Meningitis
- B. Air embolism
- C. Septicaemia
- D. Maxillary artery thrombosis
- E. Cocaine reaction.

163. THE MOST COMMON TYPES OF EXTERNAL NOSE DEFORMITIES AFTER TRAUMA ARE (IS):

- A. Lateral displacement of the nose. Retraction of the backrest of the nose
- B. Hump nose
- C. Combined types of deformation.

# 164. A MUCOCELE IN THE FRONTAL SINUS IS CHARACTERIZED BY ALL SYMPTOMS, EXCEPT:

- A. Diplopia
- B. Swelling above the medial canthus
- C. Tender swelling

#### D. Enlarged sinus.

#### 165. MALIGNANT TUMOURS ARE MOST COMMON IN FOLLOWING SINUSES:

- A. Sphenoidal sinus
- B. Frontal sinus
- C. Ethmoidal sinuses
- D. Maxillary sinus.

#### 166. INFECTION FROM NOSE SPREADS TO CAVERNOUS SINUS VIA:

- A. Ophthalmic veins
- B. Sphenopalatine veins
- C. Pterygoid plexus
- D. A and C
- E. B and C.

#### 167. NASAL FRACTURES SHOULD BE REDUCED:

- A. Immediately
- B. After one week
- C. After two weeks
- D. After six weeks.

## 168. THE FEATURES OF A CLOSED FRACTURE OF THE NOSE WITH DISLOCATION ARE:

- A. "Eyeglasses" symptom
- B. The deformation of the external nose
- C. Chemosis of the conjunctiva.

#### 169. MAXILLARY SINUS FLOOR IN AN ADULT IS LOCATED :

- A. Above the level of a nose floor
- B. Below the level of a nose floor

C. At the level of a nose floor.

### 170. IN A NEWBORN, FRONTAL SINUS IS:

- A. Rudimentary
- B. Not developed
- C. Well developed
- D. Nothing from the mentioned above.

### 171. THE NOSE IS SUPPLIED BY ALL THE FOLLOWING ARTERIES, EXCEPT:

- A. Sphenopalatine artery
- B. Superior labial artery
- C. Anterior ethmoidal artery
- D. Supra orbital artery.

### 172. NASOLACRYMAL DUCT OPENS IN THE:

- A. Inferior meatus
- B. Middle meatus
- C. Superior meatus
- D. Sphenoethmoidal recess.

## 173. IN BILATERAL CHOANAL ATRESIA ALL THE STATEMENTS ARE CORRECT, EXCEPT:

- A. An infant has no difficulty in swallowing food
- B. It is an emergency
- C. Patient may need tracheostomy
- D. An infant shows considerable difficulty in breathing immediately after birth.

# 174. THE STRUCTURES CLOSELY RELATED TO THE ETHMOID AIR CELLS ARE:

A. Anterior cranial fossa.

- B. Orbit
- C. Lacrimal duct
- D. Optic nerve
- E. Olfactory nerve
- F. All of the mentioned above.

# 175. THE NOSE AND PARANASAL SINUSES ARE SUPPLIED BY THE FOLLOWING BRANCHES OF EXTERNAL CAROTID ARTERY:

- A. Internal maxillary artery
- B. Spheno-palatine artery
- C. Nasopalatine artery
- D. Lateral nasal artery
- E. Descending palatine artery
- F. Everything mentioned above.

### 176. THE COMMON SYMPTOMS OF CHOANAL ATRESIA ARE:

- A. Nasal obstruction
- B. Rhinorrhea
- C. Asphyxia
- D. Difficulty with nursing
- E. All of the symptoms mentioned above
- F. All of the symptoms mentioned above except D.

### 177. MOST COMMON PATIENTS' COMPLAINT OF ATROPHIC RHINITIS IS:

- A. Epistaxis
- B. Nasal obstruction
- C. External nasal deformity
- D. Protruding polypoid masses
- E. Continuous purulent nasal discharge.

## 178. BILATEREL POSTERIOR CHOANAL ATRESIA IS NOT A RESPIRATORY EMERGENCY BECAUSE THE NEWBORN BREATHES THROUGH HIS MOUTH.

A. True

B. False

### 179. THE MAXILLARY SINUSES ARE ABSENT IN NEWBORNS.

- A. True
- B. False

### 180. THE FRONTAL SINUS MAY BE TOTALLY ABSENT.

- A. True
- B. False

### 181. INFERIOR TURBINATE IS A SEPARATE BONE.

- A. True
- B. False

# 182. INFERIOR TURBINATE HAS A GREAT NUMBER OF CAVERNOUS SPACES.

- A. True
- B. False

## 183. FRONTAL SINUS OPENS INTO THE MIDDLE MEATUS.

- A. True
- B. False

### 184. NASOLACRIMAL DUCTS OPEN INTO THE MIDDLE MEATUS.

- A. True
- B. False

185. ANTERIOR ETHMOIDAL CELLS OPEN INTO THE MIDDLE MEATUS.

A. True

B. False

186. UNILATERAL NASAL DISCHARGE IS THE MAIN SYMPTOM OF FOREIGN BODIES IN THE NOSE.

A. True

B. False

187. UNILATERAL NASAL DISCHARGE IS THE MAIN FEATURE OF VASOMOTOR RHINITIS.

A. True

B. False

188. CHOANAL POLYPS ORIGINATE FROM POSTERIOR ETHMOIDAL CELLS.

A. True

B. False

189. CHOANAL POLYPS ORIGINATE FROM THE MAXILLARY SINUS.

A. True

B. False

190. CHOANAL POLYPS ARE USUALLY SINGLE.

A. True

B. False

191. CHOANAL POLYPS ARE USUALLY BILATERAL.

A. True

B. False

192. CHOANAL POLYPS ARE USUALLY UNILATERAL.

A. True

B. False

193. ETHMOIDAL POLYPS ARE OF ALLERGIC ORIGIN.

A. True

B. False

194. ETHMOIDAL NASAL POLYPS ARE OF INFECTIVE ORIGIN.

A. True

B. False

195. THE COMMONEST CAUSE OF NASAL SEPTAL ABSCESS IS SECONDARY INFECTION IN A SEPTAL HEMATOMA.

A. True

B. False

196. THE MOST COMMON CAUSE OF NASAL SEPTAL ABSCESS IS PURULENT RHINITIS.

A. True

B. False

197. THE MOST SERIOUS COMPLICATION OF MAXILLARY SINUS LAVAGE IS MENINGITIS.

A. True

B. False

198. THE REASON FOR FREQUENT NOSE INJURIES IS:

A. The fragility of the bony skeleton of the nose

B. Protruding position of the nose on face.

199. PATIENTS WITH CLOSED FRACTURES OF THE NOSE WITHOUT DISLOCATION COMPLAIN OF:

A. Pain in the nose. Epistaxis. Disturbance of nasal respiration

B. Headache. Dizziness. Stiff neck.

200. SYMPTOMS OF A CLOSED FRACTURE OF THE NOSE WITHOUT DISLOCATION ARE:

A. Abscess of the soft tissues of the external nose. Edema of the eyelids

B. Tenderness to palpation in the area of damage

C. Edema and rupture of the mucous of the nasal cavity

D. Epistaxis. Moderate swelling of the external nose

E. Crepitus on palpation of bone fragments, epistaxis. Nasal bone fracture on X-ray picture

F. Soft tissue injuries (extravasation, bleeding, abrasions) in the external nose. Face hematoma.

#### 201. WHAT SINUSES OPEN INTO THE UPPER NASAL PASSAGE?

- A. Maxillary sinus. Sphenoid sinus
- B. Frontal sinus. Cells of the ethmoid bone

C. The posterior cell of the ethmoid bone. Sphenoidal sinus

D. Cells of the ethmoid bone. Frontal sinus.

#### 202. WHAT SINUSES OPEN INTO THE MIDDLE NASAL PASSAGE?

A. Maxillary sinus. Cells of the ethmoid bone

- B. Frontal sinus. Sphenoid sinus
- C. Anterior and middle cells of the ethmoid bone. Frontal and maxillary sinuses
- D. The posterior cells of the ethmoid bone. Frontal sinus
- E. Sphenoid, maxillary and frontal sinuses. Cells of the ethmoid bone.

#### 203. WHAT OPENS INTO THE LOWER NASAL PASSAGE?

- A. Cells of the ethmoid bone
- B. Nasolacrimalis channel
- C. The front cells of the ethmoid bone
- D. Channel frontal bone.

### 204. ENUMERATE THE SINUSES IN NEWBORNS:

- A. Maxillary and frontal sinuses
- B. Cells of the ethmoid bone. Maxillary sinus
- C. Frontal sinus. Ethmoid bone
- D. Sphenoid and frontal sinuses.

### 205. MUCOUS MEMBRANE NASAL CAVITY IS COVERED BY:

- A. Stratified squamous epithelium
- B. Cubic multilayered epithelium
- C. Multi-row cylindrical ciliated epithelium.

### 206. THE AIRFLOW PATH THROUGH THE NOSE DURING INHALATION IS:

- A. The common nasal passage to the choanae
- B. The lower nasal passage to the choanae
- C. The upper nasal passage to the choanae.

### 207. THE MOST SEVERE COMPLICATION OF NOSE FURUNCLES IS:

- A. Lymphadenitis chin and submandibular region
- B. Thrombosis of the cavernous sinus. Sepsis
- C. Abscess of the nasal septum
- D. Periostitis of the maxilla.

### 208. THE MOST FREQUENT COMPLICATIONS OF ACUTE RHINITIS ARE:

A. Epistaxis. Eustacheitis

- B. Dacryocystitis. Laryngitis
- C. Sinusitis. Tubootitis. Laryngotracheobronchitis

D. Diphtheria of the nose. Frontal dry rhinitis. Bleeding polyp of nasal septum.

## 209. TREATMENT RHINOGENOUS ABSCESS OF THE FRONTAL LOBE OF THE BRAIN IS:

A. Puncture of the abscess

B. Radical surgery on the affected sinuses, joints on the wound. Removing abscess neurosurgical access

C. Frontotomy, exposure of the dura mater, puncture and drainage of the abscess cavity.

#### 210. TREATMENT OF RHINOGENOUS EXTRADURAL ABSCESS IS:

- A. Opening of the dura mater
- B. Removing extradural abscess neurosurgical access
- C. Frontotomy and removal of the cerebral wall of the frontal sinus
- D. Frontoetmoidotomy without exposure of the dura mater anterior cranial fossa.

## 211. PATHWAY OF INFECTION INTO THE CAVERNOUS SINUS IN NOSE FURUNCLES IS:

- A. Front facial vena internal jugular vena
- B. Facial vena internal maxillary vena
- C. Angular vena orbital vena.

# 212. RHINOGENOUS ABSCESSES OF ANY LOCATION ARE MOST OFTEN FOUND IN:

- A. Temporal lobe
- B. Brainstem
- C. Occipital lobe
- D. Frontal lobe
- E. Fronto-parietal lobe.

213. THE MOST FREQUENT INTRACRANIAL COMPLICATIONS IN SINUSITIS ARE:

A. Extradural, subdural abscess

- B. Brain abscess of the frontal lobe
- C. Cavernous sinus thrombosis and rhinogenous sepsis
- D. Meningitis
- E. Abscess of the temporal and occipital lobes of the brain.

#### 214. THE SYMPTOMS TYPICAL FOR RHINOGENOUS MENINGITIS ARE:

- A. Infectious, cerebral, focal symptoms
- B. Increased intracranial pressure, meningeal, infection symptoms.

#### 215. THE TREATMENT OF RHINOGENOUS ORBITAL COMPLICATIONS IS:

- A. Radical surgery on the affected sinuses. Orbitotomy. Antibacterial therapy
- B. The introduction of anticoagulants
- C. The use of glucocorticoids
- D. Hemosorbtion, the pressure chamber.

#### 216. THE MOST FREQUENT CAUSES OF NOSE INJURIES ARE:

- A. Industrial ones
- B. Sports ones
- C. Street ones
- D. Transport ones
- E. Domestic ones
- F. Other.

#### THROAT

#### 217. THE PHARYNX IS DIVIDED INTO:

- A. Nasopharynx. Oropharynx. Laryngopharynx
- B. Oropharynx. Anterior and posterior pharynx
- C. Side pharynx. Nasopharynx. Lower pharynx
- D. Back pharynx. Nasopharynx. Side pharynx
- E. Front pharynx. Back pharynx. Lower pharynx.

### 218. THE PHARYNGEAL TONSIL IS LOCATED:

- A. At the back wall of the oropharynx
- B. At the vault of the nasopharynx
- C. At the side wall of the pharynx
- D. At the laryngopharynx.

#### 219. ADENOTOMY IS INDICATED IN:

- A. Recurring attacks of earache, deafness and acute otitis media
- B. Adenoid facies
- C. Along with tonsillotomy
- D. All of the cases mentioned above
- E. None of the cases mentioned above.

# 220. THE MOST FREQUENT LOCATION OF A RIGID FOREIGN BODY IN THE OESOPHAGUS IS:

- A. Just below the circopharyngeus muscle
- B. At the level where the arch of aorta crosses the oesophagus
- C. At the level where the left bronchus crosses the oesophagus
- D. At the cardio-oesophageal junction.

### 221. ACUTE FOLLICULAR TONSILLITIS:

- A. Is usually caused by a virus
- B. Is treated by tonsillectomy
- C. May occur in infectious mononucleosis

- D. All the variants mentioned above
- E. None of the variants mentioned above.

#### 222. THE INCREASE OF TONSILS CAN HAVE:

- A. Four degrees
- B. Three degrees
- C. Two degrees.

#### 223. THE ESOPHAGUS HAS:

- A. Cervical, physiological, intermediate parts
- B. Side, average, lower parts
- C. Thoracic, neck, abdomen parts
- D. Abdomen, physiological, average parts.

224. THE PALATINE TONSIL IS A PERIPHERAL ORGAN OF THE IMMUNE SYSTEM.

- A. No
- B. Palatine tonsils are involved in the formation of the cellular and humoral immunity
- C. Involvement of tonsils in the immune system is not proven.

## 225. THE MAIN TREATMENT METHOD OF THE THROAT BENIGN TUMORS IS:

- A. Radiation therapy
- B. Surgical treatment
- C. Chemotherapy
- D. Radiotherapy and chemotherapy
- E. Inhalation therapy.

## 226. CLINICALLY MALIGNANT COURSE THE THROAT (NASOPHARYNX) BENIGN TUMOR IS OBSERVED IN:

- A. Papilloma pharynx
- B. Pharyngeal polyp
- C. Juvenile angiofibroma of the skull base
- D. Pharyngeal teratoma
- E. Cysts of the tonsils.

### 227. PARATONSILLAR ABSCESS IS CHARACTERIZED BY:

A. Hyperemia, infiltration paratonsillar area, one-sided protrusion of the palatine tonsil.Trismus. Lymph nodes neck. High body temperature

B. Bulging and swelling of the tonsils, whitish coating that goes beyond the tonsils. No trismus

C. Swelling of the soft tissues of neck, fever. Hyperemia of the front of the neck. Pain when swallowing.

### 228. THE AUTOPSY OF PARATONSILLAR ABSCESS IS CONDUCTED:

A. By perpendicular incision at the site of the largest bulge in the front abscesses

B. In the place of greatest protrusion in the midline, connecting the base of the uvula with the last upper tooth (at the front abscesses)

C. By vertical incision at the site of the largest bulge in the back palatal arch (at the rear abscesses).

# 229. CONTRAINDICATIONS TO TONSILLECTOMY INCLUDE ALL THE FOLLOWING DISEASES, EXCEPT:

- A. Haemophillia
- B. Attack of tonsillitis in preceding 2 weeks
- C. Poliomyelitis epidemic
- D. Sickle cell trait
- E. Active pulmonary tuberculosis.

### 230. ANGIOFIBROMA OF THE NASOPHARYNX IS CHARACTERISED BY:

- A. Highly destructive nature
- B. A benign tumour
- C. Absence of metastases
- D. All of the mentioned above.

### 231. THE MOST FREQUENT SYMPTOM OF THE NASOPHARYNX CANCER IS:

- A. Blocked nose
- B. Epistaxis
- C. Diplopia.
- D. Tinnitus

# 232. A GREYISH WHITE TRUE MEMBRANE OVER BOTH TONSILS SUGGESTS:

- A. Diphtheria
- B. Tonsillitis
- C. Infectious mononucleosis
- D. Vincent's angina
- E. Candidosis.

233. ALL THE STATEMENTS ARE CORRECT, EXCEPT:

A. The parapharyngeal abscess is usually accompanied by enlargement or swelling of the tonsil

B. The parapharyngeal abscess is usually accompanied by trismus

C. The parapharyngeal abscess is more likely to occur after tonsillectomy under local anaesthesia than under general anaesthesia

- D. The parapharyngeal abscess may result in jugular vein thrombosis
- E. The parapharyngeal abscess is better to draine externally.

### 234. THE CHARACTERISTIC OF RETROPHARYNGEAL ABSCESS IS:

A. It occurs most commonly in infants

- B. It involves the prevertebral space
- C. It may occur with tuberculosis of cervical vertebrae
- D. It is well seen on lateral X-ray of neck
- E. All of the characteristics mentioned above.

235. AN INSTRUMENTAL PERFORATION OF THE OESOPHAGUS IS TREATED BY:

- A. Antibiotics
- B. Intravenous fluids
- C. Giving the patient nothing through mouth
- D. Superior mediastinotomy
- E. Everything mentioned above.

## 236. ALL OF THE FOLLOWING SYMPTOMES ARE CLINICAL FEATURES OF PERITONSILLAR ABSCESS, EXCEPT:

- A. Acute pain in the throat
- B. Trismus
- C. Lateral head bending in an unaffected side
- D. Intense dysphagia
- E. General malaise and fever.

## 237. FEATURES OF ACUTE RETROPHARYNGEAL ABSCESS INCLUDE ALL THE SIGNS EXCEPT:

- A. Is more common in children
- B. Breathing obstruction
- C. Pain when swallowing
- D. Diphtheritic nature
- E. Lateral swelling of the posterior pharyngeal wall.

#### 238. ALL OF THE FOLLOWING SYMPTOMES ARE FEATURES OF CHRONIC

TONSILLITIS, EXCEPT:

- A. Redenning of the palatine arch
- B. An unpleasant taste and smell in the mouth
- C. Cheesy particles in the crypts
- D. Submandibular glands are palpable
- E. Systemic features.

#### 239. NASOPHARYNGEAL ANGIOFIBROMA IS:

- A. Benign but locally invasive tumour
- B. Observed only in males at puberty
- C. Highly vascular tumour
- D. All of the mentioned above
- E. B and C only.

#### 240. PERITONSILLAR ABSCESS IS COMMON IN:

- A. Right fossa
- B. Left fossa
- C. Both
- D. Either of the fossae.

#### 241. ABSOLUTE INDICATION FOR TONSILLECTOMY IS:

- A. Rheumatic fever
- B. Recurrent peritonsillar abscess
- C. Pyelonephritis
- D. Everything mentioned above.

#### 242. TONSILLECTOMY IS CONTRAINDICATED IN:

- A. Poliomyelitis epidemics
- B. Small atrophic tonsils
- C. Tonsillolith

D. Quinsy.

### 243. THE FORAMEN OVALE TRANSMITS:

- A. Mandibular nerve
- B. Middle meningeal artery
- C. Both
- D. Neither.

### 244. GLOSSOPHARYNGEAL NERVE IS:

- A. Sensory nerve
- B. Motor nerve
- C. Mixed nerve.

# 245. MANAGEMENT OF PERITONSILLAR ABSCESS INCLUDES ALL THE FOLLOWING MEASURES, EXCEPT:

- A. Drainage of abscess and antibiotics
- B. Wait and watch till abscess ruptures spontaneously
- C. Treatment of predisposing factors.

246. NASOPHARYNGEAL FIBROMA, THOUGH A BENIGN LESION IS LOCALLY MALIGNANT IN NATURE.

- A. True
- B. False

247. IN PERITONSILLAR ABSCESS THERE IS A DIFFUSE TENDER SWELLING OF THE NECK BELOW THE ANGLE OF THE MANDIBLE.

A. True

B. False

248. PARAPHARYNGEAL ABSCESS MAY CAUSE THROMBOSIS OF THE

INTERNAL JUGULAR VEIN.

A. True

B. False

249. PARAPHARYNGEAL ABSCESS SHOULD BE DRAINED THROUGH AN EXTERNAL INCISION IN THE NECK.

A. True

B. False

250. THERE ARE METASTASES IN CASES OF NASOPHARYNGEAL FIBROMA.A. TrueB. False

251. THE INCIDENCE OF NASOPHARYNGEAL FIBROMA IN FEMALES IS GREATER THAN IN MALES.

A. True

B. False

252. PARAPHARYNGEAL ABSCESS PRODUCES DISPLACEMENT OF LATERAL PHARYNGEAL WALL WITHOUT SWELLING OR ENLARGEMENT OF TONSILS.

A. True

B. False

253. TONSIL AND ADENOID TISSUE HAS EFFERENT BUT NOT AFFERENT LYMPHATICS.

A. True

B. False

254. NASOPHARYNGEAL FIBROMAS ARE USUALLY OBSERVED IN

CHILDREN OF 10-12 YEARS.

A. True

B. False

#### LARYNX

255. CARCINOMA OF THE LARYNX INVOLVING THE ARY-EPIGLOTTIC FOLDS AND OTHER PARTS OF SUPRAGLOTTIC LARYNX EARLY METASTASIZES TO DEEP CERVICAL NODES.

A. True

B. False

256. THE VOCAL CORDS HAVE NO LYMPH DRAINAGE.

A. True

B. False

257. LARYNGOTOMY IS DONE THROUGH THE NOTCH BETWEEN THE LOWER BORDER OF THE THYROID CARTILAGE AND UPPER BORDER OF THE CRICOID.

A. True

B. False

#### 258. EPIGLOTTITIS IS CAUSED BY

A. Tuberculosis

B. Acute infection

C. A congenital condition

D. Epiglottitis is a normal variation

### 259. VALLECULAR CYST IS CAUSED BY

A. Tuberculosis

- B. Acute infection
- C. A congenital condition
- D. Vallecular cyst is a normal variation

#### 260. LONG TUBULAR EPIGLOTTIC

- A. Tuberculosis
- B. Acute infection
- C. A congenital condition
- D. Long tubular epiglottic is a normal variation

261. IN SEVERE CRUSH INJURIES OF THE LARYNX MOST PROMINENT FEATURE IS SEVERE HAEMORRHAGE.

A. True

B. False

262. IN SEVERE CRUSH INJURIES OF THE LARYNX THE MOST PROMINENT FEATURE IS THE OBSTRUCTION OF THE AIRWAY.

- A. True
- B. False

263. THE FIRST THING TO BE DONE IN SEVERE CRUSH INJURIES OF LARYNX IS ENDOTRACHEAL INTUBATION.

A. True

B. False

264. THE FIRST THING TO BE DONE IN SEVERE CRUSH INJURIES OF LARYNX IS REMOVAL OF AIRWAY OBSTRUCTION BY TRACHEOSTOMY.

A. True

B. False

265. IN PARALYSIS OF RECURRENT LARYNGEAL NERVE CORDS REMAIN IN:

- A. Paramedian position
- B. Cadaveric position
- C. Full abduction
- D. None of the variants mentioned above.

## 266. AN INFANT WITH INSPIRATORY STRIDOR DURING PHYSICAL ACTIVITY PROBABLY HAS:

- A. Asthma
- B. Bronchiolitis
- C. Tracheomalacia.
- D. Tracheal atresia
- E. Tracheo-oesophageal fistula

## 267. THE MOST COMMON COMPLICATION OF PAEDIATRIC TRACHEOSTOMY IS:

- A. Pneumothorax
- B. Tracheal granuloma
- C. Haemorrhage
- D. Tracheo-oesophageal fistula
- E. None of the mentioned above.

#### 268. LYMPHATIC DRAINAGE FROM VOCAL CORDS FLOWS INTO:

- A. Upper deep cervical lymph nodes
- B. Pretracheal nodes
- C. Para-tracheal nodes
- D. Everything mentioned above
- E. None of the mentioned above.

#### 269. A FUNCTION OF LARYNX IS NOT:

A. Respiration

B. Phonation

C. Deglutition.

# 270. ALL THE STATEMENTS ABOUT ACUTE OEDEMA OF THE GLOTTIS ARE CORRECT EXCEPT:

- A. It is oedema of the vocal cords
- B. Dysphagia may be present
- C. Laryngoscopy show cervix like form
- D. Some cases are caused angioneurotic oedema.

### 271. SUPRAGLOTTIS INCLUDES ALL THE FOLLOWING PARTS, EXCEPT:

- A. Ary-epiglottic folds
- B. False cords
- C. The lingual surface of the epiglottis
- D. The laryngeal surface of the epiglottis
- E. Arytenoids.

### 272. THE MOST FREQUENT CAUSE OF RESPIRATORY ALLERGY IS:

- A. House dust
- B. Smoke
- C. Insecticides
- D. Feathers
- E. Atmospheric mold.

# 273. THE MOST FREQUENTLY OBSERVED SYMPTOM OF LARYNGEAL CARCINOMA IS:

A. Haemoptysis

B. Hoarseness

C. Pain

D. Chronic cough

E. Horner's syndrome.

# 274. A TRACHEOSTOMY LOCATED BETWEEN THE CRICOID CARTILAGE AND FIRST TRACHEAL RING IS:

- A. Called a circothyrotomy
- B. A good procedure in most situation
- C. Useful in short necked individuals
- D. Often complicated by subglottic stenosis
- E. More difficult to perform than useful tracheostomy.

# 275. PALE, SMOOTH, WATERY OEDEMA OF SUPRAGLOTTIC LARYNGEAL TISSUE WHICH DEVELOPS RAPIDLY SUGGESTS:

- A. Reinke's oedema
- B. Acute laryngotracheobronchitis
- C. Epiglottitis
- D. Allergy
- E. Tuberculosis.

# 276. THE HIGHEST PERCENTAGE OF METASTASES OCCURS WITH LARYNGEAL CANCER WHICH IS:

- A. Hypopharyngeal
- B. Subglottic
- C. Glottic
- D. Supraglottic
- E. Marginal.

### 277. A FREQUENT PROBLEM OF TRACHEOSTOMY MOST OFTEN OBSERVED

IN INFANTS IS:

- A. Granuloma formation
- B. Vocal cord paralysis
- C. Difficult decannulation
- D. Tracheocutaneous fistula
- E. Tracheal mucosal necrosis.

#### 278. A LARYNGEAL POLYP:

- A. Usually occurs on the anterior two thirds of the vocal cords
- B. Is covered by pseudostratified ciliated columnar epithelium
- C. Both

D. Neither.

### 279. DURING INDIRECT LARYNGOSCOPY:

- A. The right and left vocal cords appear reversed
- B. The anterior and posterior regions are reversed
- C. Both
- D. Neither.

### 280. ACUTE INFECTIVE LARYNGOTRACHEOBRONCHITIS:

- A. Is most often observed in children under 3 years
- B. Produces infrasternal and intercostal retraction
- C. Should be treated with antibiotics and steroids
- D. Everything mentioned above
- E. None of the variants mentioned above.

## 281. LARYNGEAL CHANGES CAUSED BY EXCESSIVE SMOKING INCLUDE EVERYTHING EXCEPT:

- A. Leukoplakia
- B. Contact ulcer

- C. Keratosis
- D. Oedematous fibroma
- E. None of the diseases mentioned above.

## 282. PRECANCEROUS CONDITION OF THE LARYNX INCLUDES ALL THE DISEASES EXCEPT:

- A. Syphilis
- B. Papilloma
- C. Leukoplakia
- D. Keratosis
- E. None of the diseases mentioned above.

#### 283. THE RECURRENT LARYNGEAL NERVE IS CLOSELY RELATED TO THE:

- A. Superior thyroid artery
- B. Inferior thyroid artery
- C. Middle thyroid vein
- D. Pyramidal lobe
- E. Thyrohyoid membrane.

#### 284. FIXATION OF THE VOCAL CORD IN CARCINOMA:

- A. Indicates involvement of the underlying muscle
- B. Is a contraindication for hemilaryngectomy
- C. Both
- D. Neither.

## 285. THE RECURRENT LARYNGEAL NERVE SENDS MOTOR BRANCHES TO ALL INTERNAL LARYNGEAL MUSCLES, EXCEPT:

- A. Vocalis
- B. Interarytenoid
- C. Cricothyroid

- D. Posterior cricoarytenoid
- E. Lateral cricoarytenoid.

# 286. IN CASE OF INABILITY TO TALK, BREATHE, OR COUGH DURING EATING A LARGE PIECE OF SOLID FOOD THE EMERGENCY TREATMENT IS:

- A. Slapping the victim on the back
- B. Digital removal
- C. Emergency tracheostomy
- D. Direct laryngoscopic removal
- E. Mouth to mouth resuscitation.

### 287. PRECANCEROUS CONDITIONS OF THE LARYNX INCLUDE:

- A. Syphilis
- B. Keratosis
- C. Papilloma
- D. Leukoplakia
- E. All of the variants mentioned above except A.

### 288. CANCER OF THE LARYNX:

- A. Is common in the third and fourth decade of life
- B. Is equal in both sexes
- C. Is differentiated from tuberculosis by the fact that cancer does not arise from the posterior commisure
- D. Everything mentioned above
- E. None of the variants mentioned above.

## 289. THE EPIGLOTTIC CAN BE REMOVED SURGICALLY WITHOUT THE RISK OF SUBSEQUENT ASPIRATION BECAUSE THE GLOTTIC CLOSES DURING SWALLOWING.

A. True

#### B. False

#### 290. SUPERIOR LARYNGEAL NERVES INJURY WILL CAUSE PARALYSIS OF:

- A. Cricothyroid muscle
- B. Lateral crico-arytenoid muscle
- C. Transverse arytenoids muscle
- D. Oblique arytenoids muscle
- E. Posterior crico-arytenoid muscle.

#### 291. CONICOTOMY IS:

- A. Opening in cricothyroid membrane
- B. Opening of trachea between cricoid cartilage and first tracheal ring
- C. Opening to thyrohyoid membrane
- D. Opening of trachea between the first and the second tracheal rings.

#### 292. MOST COMMON COMPLICATION OF CONICOTOMY IS:

- A. Haemorrhage
- B. Recurrent laryngeal nerve injury
- C. Subglottic stenosis
- D. None of the variants mentioned above.

#### 293. LARYNGOFISSURE IS:

- A. Opening of the larynx in a midline
- B. Making window in thyroid cartilage
- C. Removal of arytenoids
- D. Removal of epiglottis
- E. None of the variants mentioned above.

## 294. BILATERAL RECURRENT LARYNGEAL NERVE PARALYSIS IS MOSTLY THE COMPLICATION OF:

- A. Tracheostomy
- B. Thyroidectomy
- C. Scalene node biopsy
- D. Laryngofissure.

### 295. NAME UNPAIRED CARTILAGES OF LARYNX:

- A. Epiglottis. Sesamoid. Arytenoid
- B. Thyroid. Sphenoid. Corniculate
- C. Cricoid. Thyroid. Epiglottis.

### 296. CONICAL LIGAMENT IS LOCATED BETWEEN:

- A. Cricoid and thyroid cartilage
- B. Thyroid cartilage and hyoid bone
- C. Cricoid cartilage and first tracheal ring
- D. Thyroid cartilage and epiglottis.

### 297. NAME THE NERVES INNERVATING THE LARYNX:

- A. Superior laryngeal nerve. Facial nerve
- B. Inferior laryngeal nerve. Superior laryngeal nerve
- C. Diaphragm nerve. Superior laryngeal nerve
- D. Facial, trigeminal nerve.

### 298. SYMPTOMS OF LARYNGEAL CANCER OF GLOTTIS IS:

- A. Thickening, limited mobility, nodular tumor of the folds
- B. Limitation of swallowing. Asymmetry of larynx
- C. Decrease in the laryngeal ventricle.

### 299. SYMPTOMS OF ACUTE LARYNGITIS ARE:

A. Temperature rise. Dryness in the throat

B. Rawness. Cough. Hoarseness. Excessive sputum production. Moderate difficulty of breath

C. Swollen lymph nodes neck

D. Bright redness of the mucous membrane of larynx. Rawness. Hoarseness.

#### 300. SIGNS OF PHLEGMONOUS LARYNGITIS ARE:

A. Pain when swallowing and turning the neck. Dryness in the throat. Hoarseness. High temperature

B. Tachycardia. Chill. Difficulty of breath. Pouring sweat

C. Redness, swelling, edema of the upper part of the larynx. Difficulty of breath. Hoarseness

D. Stiff neck. Kernig's symptom.

#### 301. THE SYMPTOMS OF CHRONIC LARYNGITIS ARE:

A. Infiltrated arytenoid. Vestibular folds hyperemic

B. Temperature rise. Complete aphonia

C. Hyperemia and insufficient closing vocal folds. Hoarseness.

# 302. THE EARLY SYMPTOM IN CANCER OF THE LARYNX WITH THE LOCALIZATION ON THE VOCAL FOLDS IS:

A. Cough

B. Difficulty of breath

C. Hemoptysis

D. Hoarseness

E. Parastezia.

#### 303. THE MOST COMMON BENIGN TUMORS OF THE LARYNX ARE:

- A. Aerocyst
- B. Neuroma
- C. Epithelioma

- D. Hemangioma
- E. Fibroma
- F. Chondroma.

## 304. THE EARLY SYMPTOM OF LARYNX CANCER IN THE VESTIBULAR DIVISION IS:

- A. Hoarseness
- B. Difficulty of breath
- C. Parastezia. Cough. Difficulty swallowing
- D. Hemoptysis.

### 305. NAME THE NERVES INNERVATING THE LARYNX:

- A. Laryngeus superior, facial nerves
- B. Laryngeus inferior, laryngeus superior nerves
- C. Phrenic, laryngeus superior nerves
- D. Facial, trigeminal nerves

### 306. NAME THE COMPLICATIONS OF FOREIGN BODY ASPIRATION.

- A. Acute cardio vascular insufficiency.
- B. Pneumonia, atelectasis, lung abscess.
- C. Asphyxia, pneumothorax, pneumomediastinum, pneumonia, pulmonary hemorrhage.
- D. Complaints of pain.

# 307. SPECIFY THE CLINICAL SYMPTOMS OF A FOREIGN BODY IN THE LARYNX:

- A. Pain in the neck.
- B. Expiratory dyspnea, larynx movement up and down during breathing.
- C. Difficulty of breath, inspiratory dyspnea, hoarseness.
- D. Increased body temperature.

308. INDICATE THE STAGES OF CLINICAL COURSE OF LARYNGEAL STENOSIS:

- A. Stage compensation, subcompensation, prolonged asphyxia
- B. The initial stage, the prolonged stage, asphyxia
- C. Stage subcompensation, compensation, initial, asphyxia
- D. Stage of a prolonged, decompensation asphyxia
- E. Stage of asphyxia, decompensation, subcompensation, compensation
- F. Stage of decompensation, the initial, asphyxia.

#### 309. THE INDICATION FOR CONIKOTOMY IS:

- A. Subcompensated stenosis of the larynx.
- B. Decompensated stenosis of the larynx.
- C. Asphyxia.

### 310. THE PART OF THE VOCAL APPARATUS GENERATING THE SOUND IS:

- A. Nasal cavity and paranasal sinuses
- B. Throat
- C. Larynx
- D. Subglottic area.

### 311. INDICATE THE AGE OF MUTATION (CHANGE OF VOICE):

- A. Preschool age (under 6 years).
- B. Early school age (6-11 years).
- C. Senior school age (12 15 years).
- D. 15 18 years.

#### **TEST ANSWERS**

1 – C	2 - C	D, 3-C	C, 4-0	C, $5 - E$	B, 6 – E	8,	7 -	- B,
8 – C,	9 – B,	10 – A,	11 – C,	12 – C,	13 – B,	14	_	А,
15 – D,	16 – B,	17 – B,	18 – B,	19 – B,	20 – C,	21	_	C,
22 – C,	23 – C,	24 – C,	25 – A,	26 – A,	27 – D,	28	_	D,
29 - A,	30 – C,	31 – B,	32 – C,	33 – A,	34 – A,	35	_	А,
36 – B,	37 – C,	38 – B,	39 – A,	40 – C,	41 – A,	42	_	D,
43 – C,	44 – A,	45 – C,	46 – C,	47 – D,	48 – B,	49	_	Β,
50 – D,	51 – A,	52 – B,	53 – E,	54 – A,	55 – C,	56	_	А,
57 – C,	58 – B,	59 – C,	60 – A,	61 – C,	62 – A,	63	_	C,
64 – B,	65 – B,	66 – C,	67 – C,	68 – B,	69 – C,	70	_	C,
71 – A,	72 – D,	73 – E,	74 – D,	75 – C,	76 – E,	77	—	D,
78 – C,	79 – A,	80 – D,	81 – E,	82 – B,	83 – C,	84	_	D,
85 – A,	86 – B,	87 – B,	88 – B,	89 – A,	90 – A,	91	_	Β,
92 – A,	93 – A,	94 – A,	95 – A,	96 – B,	97 – B,	98	_	А,
99 – B,	100 – B,	101 – A,	102 – B,	103 – B,	104 – A,	105	—	Β,
106 – B,	107 – B,	108 – A,	109 – B,	110 – A,	111 – B,	112	_	Β,
113 – A,	114 – D,	115 – C,	116 – C,	117 – B,	118 – B,	119	—	А,
120 – A,	121 – A,	122 – D,	123 – E,	124 – B,	125 – A,	126	_	Β,
127 – D,	128 – A,	129 – D,	130 – D,	131 – B,	132 – D,	133	—	C,
134 – D,	135 – E,	136 – C,	137 – A,	138 – C,	139 – E,	140	—	Β,
141 – D,	142 – A,	143 – A,	144 – C,	145 – B,	146 – D,	147	—	D,
148 – C,	149 – D,	150 – E,	151 – A,	152 – E,	153 – E,	154	—	D,
155 – A,	156 – A,	157 – D,	158 – C,	159 – C,	160 – B,	161	—	А,
162 – B,	163 – A,	164 – C,	165 – D,	166 – D,	167 – A,	168	_	Β,
169 – B,	170 – A,	171 – D,	172 – A,	173 – A,	174 – F,	175	_	F,
176 – E,	177 – B,	178 – B,	179 – B,	180 – A,	181 – A,	182	_	А,
183 – A,	184 – B,	185 – A,	186 – A,	187 – B,	188 – B,	189	_	А,
190 – A,	191 – B,	192 – A,	193 – A,	194 – B,	195 – A,	196	_	Β,

197 – B,	198 – B,	199 – A,	200 – E,	201 – C,	202 – C,	203	_	Β,
204 – B,	205 – C,	206 – C,	207 – B,	208 – C,	209 – C,	210	_	C,
211 – C,	212 – D,	213 – D,	214 – B,	215 – A,	216 – E,	217	_	А,
218 – B,	219 – D,	220 – A,	221 – E,	222 – B,	223 – C,	224	_	Β,
225 – B,	226 – C,	227 – A,	228 – B,	229 – D,	230 – D,	231	_	А,
232 – A,	233 – A,	234 – E,	235 – E,	236 – C,	237 – D,	238	_	D,
239 – D,	240 – D,	241 – D,	242 – A,	243 – A,	244 – C,	245	_	Β,
246 – A,	247 – B,	248 – A,	249 – A,	250 – B,	251 – B,	252	_	А,
253 – A,	254 – A,	255 – A,	256 – A,	257 – A,	258 – B,	259	_	C,
260 – D,	261 – B,	262 – A,	263 – B,	264 – A,	265 – A,	266	_	C,
267 – A,	268 – E,	269 – C,	270 – A,	271 – C,	272 – A,	273	_	Β,
274 – D,	275 – D,	276 – A,	277 – C,	278 – C,	279 – B,	280	_	D,
281 – B,	282 – A,	283 – B,	284 – C,	285 – C,	286 – B,	287	_	Ε,
288 - C,	289 – A,	290 – A,	291 – A,	292 – C,	293 – A,	294	_	Β,
295 – C,	296 – A,	297 – B,	298 – A,	299 – D,	300 – C,	301	_	C,
302 – D,	303 – E,	304 – C,	305 – B,	306 – C,	307 – C,	308	_	Ε,
309 – C,	310 – C,	311 – C.						