1. A female thirty years of age presented with pain right ear for last three days which has increased in intensity gradually. The pain is aggravated on chewing movements. There is no history of ear discharge. On examination movements of pinna are painful. Meatus is occluded by swelling and there is some forward displacement of pinna.
   a) What is the probable diagnosis? 1
   b) What is the differential diagnosis? 1
   c) How will you manage this patient? 3

2. A female thirty years of age complains of decreased hearing both ears which is gradually worsening. Hearing is better in noisy surroundings. Voice is quiet. On otoscopy tympanic membrane is normal.
   a) What is the most probable diagnosis? 1
   b) What would be the findings:
      i) On TFT (Tuning Fork Tests). 1
      ii) On Pure Tone Audiometry. 1
   c) How will you manage this patient? 2

3. A female forty years of age presents with episodic vertigo. Vertigo is intense, associated with nausea and vomiting. There is rotation of surroundings. Vertigo lasts for few hours and patient complains of decreased hearing during the attack which improves in between. Patient also complains of tinnitus and fullness of ears.
   a) What is the most probable diagnosis? 1
   b) What is the differential diagnosis? 1½
   c) How will you prove the diagnosis? 1
   d) How will you manage this patient? 1½

4. A male 20 years of age presents with unilateral nasal obstruction on right side. On examination there is a pale mass in right nostril which is seen hanging in the nasopharynx on posterior rhinoscopy.
   a) What is the most probable diagnosis? 1
   b) How will you confirm your diagnosis? 2
   c) How will you manage this patient? 2

5. A female 50 years of age, known diabetic for last ten years is admitted in the medical ward for management of diabetic ketoacidosis. Black necrotic turbinate is noted in the right nostril alongwith right eye proptosis by the medical resident on call. Patient is sent to the ENT department for consultation.
   a) What is the probable reason for these clinical findings? 1
   b) How will you prove your diagnosis? 2
   c) How will you manage this case? 2
6. A male fourteen years of age presents with recurrent epistaxis and right nasal obstruction for last six months. On examination there is a mass in the right nostril and nasopharynx, pinkish in colour, lobulated and bleeds on touch.
   a) What is the most probable diagnosis? 1
   b) How will you confirm your diagnosis? 2
   c) How will you manage this patient? 2

7. A child ten years of age has recurrent attacks of acute tonsillitis; more than five attacks per year for three years. On examination there is anterior faucial flare, cheesy substance coming out of tonsillar crypts and enlarged jugulodigastric lymph nodes.
   a) What is your diagnosis? 1
   b) i) What is the treatment for this patient? 1
      ii) Enumerate indications for tonsillectomy. 1½
   c) What is:
      i) Primary hemorrhage. 1½
      ii) Reactionary hemorrhage.
      iii) Secondary hemorrhage.

8. A girl ten years of age presents with fever and swelling in submental and right submandibular region for four days. On examination skin over the swelling is red and swelling is tender. First molar tooth right lower jaw is carious.
   a) What is the most probable diagnosis? 1
   b) What are the causative organisms? 2
   c) How will you manage it? 2

9. A male 50 years of age presented with hoarseness of voice for 6 months. It is progressive. On indirect laryngoscopy there is a mass on the right vocal cord which extends supraglottically across the ventricle of the larynx. The right hemilarynx is fixed. There are no neck nodes and no evidence of distant metastases.
   a) What is the most probable diagnosis? 1
   b) How will you confirm your diagnosis and stage the disease? 2
   c) How will you manage this patient? 2