# POSTGRADUATE INSTITUTE OF MEDICINE UNIVERSITY OF COLOMBO

#### MD (OTORHINOLARYNGOLOGY) EXAMINATION - MAY 2024

**Date:-** 6<sup>th</sup> May 2024

**Time:** -1.00 p.m. -4.00 p.m.

# PAPER I (Otology, Audiology & Rhinology)

#### All four (04) questions to be answered.

- 1. A 40-year-old man attends your clinic with a recent onset of constant left sided nasal obstruction.
- 1.1. What are the differential diagnoses of this symptom?
- 1.2. Discuss the features in the history, examination findings and investigations that would suggest these symptoms are due to an antrochoanal polyp.
- 1.3. Describe the management of this condition.
- 2. The paediatric team has referred a 10-year-old child with a history of fever for 7 days and left periorbital swelling of 2 days duration.

The initial investigations show WBC count of  $20,000/\mu$ L with 90% neutrophils, CRP of 250 mg/dL, ESR of 120 mm/hour and x-ray sinus view showing left side opaque maxillary and frontal sinuses.

- 2.1. Discuss how you further evaluate this child.
- 2.2. Describe briefly the staging of the orbital cellulitis.
- 2.3. Discuss the further management of this patient including other possible complications.
- 3. A 45-year-old woman with a known tympanic membrane perforation complains of recurrent discharge from that ear which exacerbates when she uses her behind the ear (BTE) hearing aid.
- 3.1. List the possible causes of the discharge?
- 3.2. Discuss the medical and surgical management of this patient.
- 4. Write notes on:
- 4.1. Management of a nasal septal perforation.
- 4.2. Middle ear ossicular reconstruction techniques.
- 4.3. Objective hearing tests.

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#### MD (OTORHINOLARYNGOLOGY) EXAMINATION – MAY 2024

**Date:-** 7<sup>th</sup> May 2024

**Time:-** 9.00 a.m. – 12.00 noon

## PAPER II (Laryngology and Head & Neck Surgery)

All four (04) questions to be answered. Illustrations must be labelled.

1.

- 1.1. Classify deep neck space infections/abscesses.
- 1.2. Discuss the aetiology, clinical features and management of above.
- 1.3. What are the complications?

2.

- 2.1. Enumerate causes of stridor in the neonate.
- 2.2. Discuss the clinical evaluation and management.
- 3. Discuss the post operative complications following a total thyroidectomy and describe the management of these complications.
- 4. Write notes on:
  - 4.1. Bifid uvula.
  - 4.2. Vocal cord nodule.
  - 4.3. Precautions to be taken when using laser.

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#### MD (OTORHINOLARYNGOLOGY) EXAMINATION – MAY 2024

**Date:-** 7<sup>th</sup> May 2024

**Time:** 1.00 p.m. - 4.00 p.m.

### PAPER III (General Surgery)

All six (06) questions to be answered.

- 1. A 30-year-old woman presents with a clinically asymptomatic thyroid nodule of right lobe of thyroid. TSH and T4 are within the reference range.
- 1.1. Describe the indications to perform a fine needle aspiration (FNAC) of this nodule?
- 1.2. Discuss initial management of this patient based on FNAC findings.
- 2. A patient is scheduled to undergo a cancer surgery that may require blood transfusion.
- 2.1. List the complications that could follow blood transfusions?
- 2.2. The patient then declares that he is a Jehovah's witness and refuses donor blood transfusions on religious grounds.Discuss the measures that could be undertaken to safely perform this surgery without any donor transfusions.
- 3. Write notes on:
- 3.1. Surgical stomas.
- 3.2. Principles of surgical incisions.
- 4. Write notes on:
- 4.1. Prehabilitation of patients undergoing major surgery.
- 4.2. Management of post operative pain.

Contd..../2-

- 5. A 30-year-old male motorcyclist is brought to Accident & Emergency Department following a high-speed motor bike accident. He has extensive facial injuries. His pulse rate is 100 beats/minute, blood pressure 120/70 mmHg and SaO<sub>2</sub> 88% on room air. He is on a semi rigid cervical collar.
- 5.1. What factors will make you anticipate a difficult airway in this scenario?
- 5.2. Outline the sequential measures you will take to secure the airway.
- 5.3. State the measures required to minimise secondary brain injury?
- 6. A 65-year-old man presents with left lower cervical lymphadenopathy. Ultrasonography of the neck and FNAC confirms a metastatic carcinoma. Clinical assessment fails to identify a potential primary site.

Discuss the further evaluation of this patient.