



**DATE:22/11/2020**

**Time allowed: 3 hours**

**MD in Audiology (October 2020)**

**Paper III (Otolaryngology)**

**All questions should be answered:**

**1- A 45 years old diabetic patient presented with idiopathic sudden unilateral hearing loss: how to manage? (20 %)**

**2-Describe: causes and management of conductive hearing loss following stapedectomy.(20 %)**

**3- Write short comment on: (5%each)**

- A. Bullous myringitis.**
- B. Flamingo red sign.**
- C. Grisinger's sign.**
- D. Malignant otitis externa.**

**4-Mention causes of referred otalgia.(20 %)**

**5-Discuss investigations and management of the deaf child. (20 %)**

**Best wishes.....**

Tanta University

ENT Department

28/11/2020

Time: 1.5 hours

**MD of AudioVestibular Medicine**

**Fourth Paper**

**All questions must be answered:**

- 1- Give an account on the of the outcome measures of  
HA fitting in children. (40 Degrees)
- 2- Discuss briefly the essential features associated with  
a successful auditory rehabilitation. (35 Degrees)
- 3- Write shortly on rehabilitation of visual vertigo using  
visual reality systems. (25 Degrees)
- 4- Enumerate the negative effects of hearing loss in early  
childhood. (20 Degrees)

**Good Luck**



**DATE:18/11/2020**

**Time allowed: 3 hours**

**Doctorate in Otolaryngology (October2020)**

**Paper II**

**All questions should be answered:**

**1-Differential diagnosis and management of jugular foramen lesions. (20 %)**

DATE:18/11/2020

**2- COVID-19 pandemic era: The impact on otolaryngology clinical practice. (20 %)**

**3-Write: (10 % Each)**

**A. Endoscopic approaches to Parapharyngeal spaces.**

**B. Surgical management of laryngomalacia.**

**4- Staged total thyroidectomy:Discuss principles and rationales? (20 %)**

2. COVID-19 pandemic era: The

**5-In occult primary of the head and neck region: What is the role of Narrow band imaging? (20 %)**

(10 % Each)

**A. Endoscopic approaches to Pa spaces.**

**B. Surgical management of laryngomala**

**4- Staged total thyroidectomy:Discuss p rationales? (20 %)**

**5-In occult primary of the head and neck**

**Best wishes.....**



**DATE: 14/11/2020**

**Time allowed: 3 hours**

**Doctorate in Otolaryngology (October 2020)**

**Paper I**

**All questions should be answered:**

**1-Surgical anatomy of frontal recess? (20 %)**

**2-Discuss the role of eosinophils in ENT diseases, mechanisms, clinical features and treatment? (20 %)**

**3-Discuss recent updates in management of Single sided deafness. (20 %)**

**4- Write: (10 % Each)**

**A. Endoscopic anatomy of the retro-tympanum.**

**B. Tissue engineering of the auricular cartilage defects and congenital anomalies.**

**5- Active middle ear implants for hearing restoration: What is new? (20 %)**

**Best wishes.....**

**4- Write: (10 % Each)**

**A. Endoscopic anatomy of the retro-tympanum.**

**B. Tissue engineering of the auricular cartilage defects and congenital anomalies.**

**5- Active middle ear implants for hearing**



**DATE:12/11/2020**

**Time allowed: 3 hours**

**Doctorate in Otolaryngology (October2020)**

**Paper IV**

**All questions should be answered:**

**1-The Trigeminal nerve: Describe the surgical anatomy, course and distribution. (20 %)**

**2-Describe surgical anatomy of the thyroid gland. (20 %)**

**3- Describe surgical anatomy of the middle ear. (20 %)**

**4-Surgical pathology of the nasal and paranasal neoplasms. (20 %)**

**5-Explain surgical pathology of salivary glands neoplasms. (20 %)**

**Best wishes.....**

**4-Surgical pathology of the nasal and paranasal neoplasms. (20 %)**

**5-Explain surgical pathology of salivary glands neoplasms. (20 %)**



**DATE:10/11/2020**

**Time allowed: 1 hour**

**Doctorate in Otolaryngology (October2020)**

**Paper III**

**Commentary**

A 50-year-old female patient reported to Otolaryngology clinic with painless swelling over the right midface region. The swelling had been gradually increasing in size over a period of 1 year, to its present state. The skin overlying the swelling was normal, with no local rise in temperature. The right nostril and ala of nose were raised. Intraoral examination revealed fullness of right labial vestibule, the labial mucosa overlying the swelling was normal. A trough-like depression was appreciated over the buccal aspect of right anterior maxilla, suggestive of pressure resorption from the space-occupying lesion. For further evaluation, patient was subjected to imaging using CT scan. Axial and coronal sections of CT images showed round to oval hypodense mass lesion of 2.5 cm size.

**Comment on the diagnosis and management.**

**Best wishes.....**

**Comment on the diagnosis and management.**

**Best wishes.....**



**DATE:25/11/2020**

**Time allowed: 1 hour**

**Doctorate in Otolaryngology (October2020)**

**Paper III**

**Commentary**

A 15 year old female reported to our Out Patient Department with a mass over the soft palate for 2 months which gradually increased in size.It was associated with paresthesia, but no pain, dysphagia, or oral bleeding. On examination of the oral cavity there was a bulge on the left side of the soft palate. On palpation the mass was about 2 × 2 cm in diameter with firm consistency, smooth surface margins, non-tender, and there was no breach in the mucosa.

There was no loss of sensation over the swelling and the surrounding region. Palatal movements and gag reflex were intact. On pan endoscopy there was no extension of the mass in the nasal cavity or the pharynx. Fine Needle Aspiration was increased number of vessels, monolayer of endothelial cells with ill-defined cytoplasm.

Computed Tomography scan suggested a well-defined cystic lesion in the soft palate with central brightly enhancing component within the lesion with homogenous enhancement during venous phase.

On Magnetic Resonance Imaging of oral cavity with Neck angiography a well-defined oval lesion of size 2.6 × 1.8cm in axial plain was seen in soft palate. The lesion was intensely hyper intense on T2 Weighted and Short T1 Inversion Recovery images and hypo intense on T1 Weighted images. No abnormal feeder was seen to the mass on Magnetic Resonance angiography.

Surgical excision of the lesion was done under general anesthesia. The mass was removed in total and the specimen was sent for pathology.

**Comment**

**Best wishes.....**

Tanta University

ENT Department

18/11/2020

Time: 1.5 hours

**MD of AudioVestibular Medicine**

**Second Paper**

**All questions must be answered:**

- 1- Give an account on effect of cochlear implant array design (Lateral wall vs peri-modiolar types) on electrophysiological and psychophysical measures.  
(30 Degrees)
- 2- Give short notes on:
  - a- Gain calculation methods in VHIT. (30 Degrees)
  - b- Kalman filter. (10 Degrees)
- 3- Discuss (with illustration) vibrant sound bridge.  
(30 Degrees)
- 4- Draw the equipment set up of electric stapedial reflex (e-SR)  
(20 Degrees)

**Good Luck**