First ever book conceptualized for giving One Touch to ENT by **Flowcharts • Tables • MCQs • One-Liners**

Updated Edition **2025**

ONE Touch ENT

For NEET PG/NEXT/FMGE/INI-CET

What's **New** in this Edition?

- Thoroughly revised and updated edition
- Enriched with latest updates up to **March 2025**
- Previous years' papers coverage (for the last 5 years) up to **Jan 2025 (FMGE Jan 2025, INI-CET Nov 2024 and NEET PG 2024)**
- Complete subject covered in the form of Tables, Figures, Flowcharts, One liners for last-minute revision in just 240 pages
- All Important Clinical Illustrations/Images covered.

2nd Edition

Editor
Sachin Budhiraja

Manisha Sinha Budhiraja

CBS Publishers & Distributors Pvt. Ltd.

ONE Touch ENT

For NEET PG/NEXT/FMGE/INI-CET

Second Edition

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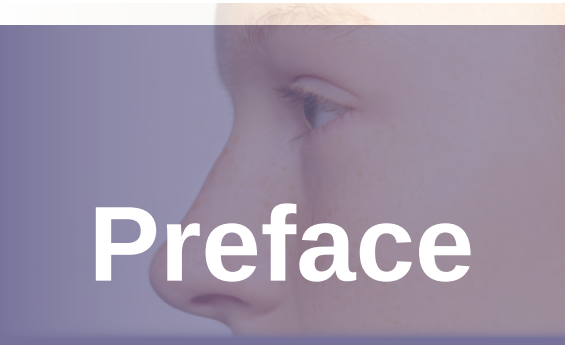


Preface

Dear students,

ENT, an important subject in the MBBS curriculum, is a high mark fetching subject. To score good, it is not only essential to understand the important topics, but also to be able to recall them when you need it the most. Yes, **Revision** is the key to success. So, **keep revising not only till you can get it right but till you can never get it wrong**.

One Touch ENT is an effort from my side which will enable the students to:

- Revise entire ENT quickly before exam
- Think clinically
- Know the approach to the diagnosis and treatment of the ENT diseases as asked in the current exams
- Answer all the questions including **clinical questions, fact-based questions as well as image-based questions** with ease.

The salient features of this book are:

- The entire subject has been covered in a very crisp manner with the help of flowcharts and high-yield tables to make the revision a cakewalk for students.
- Although the content is in the form of tables and flowcharts, a clinical approach has been maintained which will help the students in doing well in the current clinical-based exam pattern.
- All PYQs of NEET and INICET have been marked as PYQ next to it.
- All the clinical images that are important have been given alongside the text.

I have left no stone unturned in making this book student-friendly and exam-oriented; now, it's your turn to utilize my efforts and convert it into your success.

Always remember that success is neither magical nor mysterious. Success is the natural consequence of your consistent hard work toward your goal with infinite patience, infinite enthusiasm and infinite passion till you reach your destination.

"Take up one idea. Make that one idea your life. Think of it, dream of it, live on that idea.
Let the brain, muscles, nerves, every part of your body, be full of that idea,
and just leave every other idea alone—this is the way to success."

—Swami Vivekananda

With lots of love!

Manisha Sinha Budhiraja

From the Publisher's Desk

Dear Students,

Let us begin with a power-packed and inspiring quote:

> Arise, awake, and stop not until the goal is achieved.
>
> —**Swami Vivekananda**

Healthcare is undoubtedly one of the most noble and sacred professions. We are truly fortunate to be a part of this field, which stands as a beacon of selfless service to humanity. Healthcare professionals work tirelessly, transcending boundaries of caste, creed, religion, community, nationality, and preferences. Their service is a testament to the divine nature of this profession.

We extend our deepest gratitude to all healthcare professionals for their unwavering commitment, particularly during the pandemic. When the world retreated behind closed doors, these brave individuals stood on the frontlines, leaving no stone unturned in saving the lives of people.

At CBS Publishers, we take great pride in supporting the healthcare community by offering resources that empower future professionals. Ten years ago, we laid the foundation of the PGMEE segment with titles such as the **Conceptual Review Series, SARP Series, AIIMS MedEasy, NIMHANS, PGI Chandigarh, My PGMEE Notes, ROAMS, PRIMES, FMGE Solutions** and many more.

What makes our PGMEE books stand out is the updated, simple, clear, and easy-to-understand language, making study sessions feel less like a challenge and more like an enjoyable learning experience. A team of our esteemed medical educators brings their expertise to create these comprehensive yet compact books, ensuring that all the critical topics are covered.

A special feature of our books is the use of illustrations that simplify complex concepts, making them easier to grasp. We have also included previous years' questions, complete with detailed explanations, which are invaluable for exam preparation. Image-Based Questions (IBQs) further enhance the learning experience. The combination of concise theory and multiple choice questions makes these books the ultimate tool to ease exam-related worries.

FMGE Solutions is one of our best-selling titles, meticulously designed to meet the specific needs of FMG aspirants. This comprehensive guide is an all-in-one resource for FMGE preparation, offering in-depth coverage of essential topics, detailed explanations, and a wide array of questions that reflect the latest exam patterns. Its reputation as a bestseller speaks of its effectiveness and reliability as a trusted resource for future medical professionals.

One Touch Series has been tailored specifically for aspirants of NEET PG, NExT, FMGE, and INI-CET. Conceptualized with a focus on last-minute revision, the **One Touch Series** covers a complete range of preclinical, paraclinical, and clinical subjects. These concise, expertly curated books have been designed to help students efficiently review key concepts, ensuring they are well-prepared and confident as they approach their exams.

This year, we have introduced a new addition to the CBS Exam Book Series: **Ten into Ten** (Part A and B). According to market research, at present no book is available for practice and this new addition to our exam book series will fill this gap for sure. Although there are multiple apps from where students can

attempt test series online, not a single updated book is available in the market for offline practice, and this book now in your hand will fill this vacuum. The motto of this book is Practice: Practice: Practice as this book offers a decent amount of MCQs which will meet the evolving needs of students. **Ten into Ten** is a comprehensive question bank covering 19 medical subjects. It offers over 10,000 meticulously curated questions across 10 key subjects, crafted by 10 renowned medical scholars.

Following this, we will soon release the next part, **Nine into Nine**, further expanding our collection of practice material for the PGME Examination, with the latest and most effective study approaches.

At CBS, we are committed to revolutionize the medical education; and your support and encouragement can make our task easier. So, keep extending your support by sending feedback to us. We will be highly pleased to serve you and make you victorious in your career. You can share your feedback at feedback@cbspd.com

Wishing you all the best in your endeavors.

Mr Bhupesh Aarora
(Sr. Vice President – Publishing & Marketing)
bhupeshaarora@cbspd.com | +91 95553 53330

Contents

PHARYNX

LARYNX

LATEST QUESTION PAPERS

EAR

1 Embryology, Anatomy and Diseases of Pinna and BAHA

HIGH-YIELD POINTS ON PINNA DEVELOPMENT, DEVELOPMENTAL ANOMALY WITH ITS MANAGEMENT

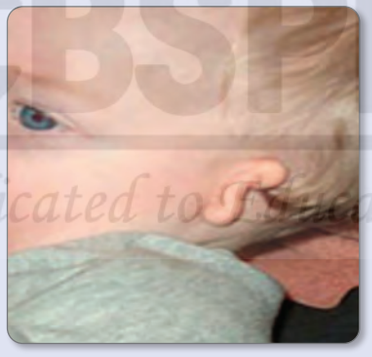
Pinna develops from	Developmental anomaly/ developmental significance	Management of anomaly
• Pinna is a **single elastic fibrocartilage** PYQ • It develops from 6 hillocks of His which are derived from 1st and 2nd arches: ▪ **1st arch** PYQ — Forms tragus and anterior helix. And ▪ **2nd arch** PYQ — Forms rest of pinna.	**Due to improper fusion of auricular tubercles, develops preauricular sinus**, accessory auricles, microtia, anotia (often seen in Goldenhar syndrome, Treacher Collins syndrome). **IMP PYQ** **Q. What is the mc site of preauricular sinus?** **Ans.** Root of helix	• Preauricular sinus is managed by Excision if it repeatedly gets infected. • In **Microtia**/anotia- Reconstruction of pinna, i.e., **otoplasty/pinnaplasty is done with autologous rib cartilage after 6 years** PYQ of age. • **Hearing rehabilitation in microtia/anotia can be given by bone-anchored hearing aids (BAHA).** PYQ

Image-Based PYQs

Identify the images.

1.

2.



3.

Ans. 1. Preauricular sinus; 2. Microtia; 3. BAHA

BONE-ANCHORED HEARING AID (BAHA)

Important concept → BAHA bypasses the EAC and middle ear and directly stimulates the inner ear/cochlea

ALL YOU NEED TO KNOW ABOUT BAHA

Indications

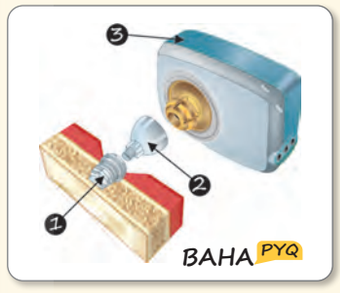
- In patient, who cannot use normal hearing aid:
  - **Atresia of EAC/microtia/anotia** PYQ
  - Discharging ear
  - Big cavity following canal wall down mastoidectomy.
- **In single side deaf** PYQ

Eligibility

- AGE – US FDA — 5 years
- BC threshold less than or equal to 45 dB in the implanted ear.
- BC threshold 20 dB or better in contralateral ear in single side deafness.

Parts

1. Implant/fixture-taken up by **Osseointegration** in the skull bone
2. Abutment—It connects fixture to speech processor
3. Speech processor

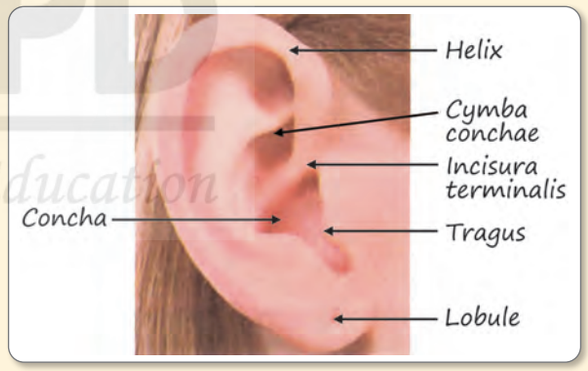


BAHA PYQ

High-Yield Points

High-yield points in the anatomy of pinna

Part of pinna	Significance
Cymba conchae	Cartilaginous landmark for mastoid antrum.
Incisura terminalis	Site of intercartilaginous incision (**Lempert incision**) in endaural approach.
The skin on the lateral side of pinna PYQ	**More tightly adherent** PYQ to underlying perichondrium with very little subcutaneous tissue hence, more prone to hematoma, perichondritis.
Darwin's tubercle PYQ	**The prominence at the junction of upper 1/3rd and lower 2/3rd of helix** PYQ Atavistic feature can be used as personal identification mark.



2 Embryology and Anatomy of External Auditory Canal

HIGH-YIELD POINTS ON EAC DEVELOPMENT, DEVELOPMENTAL ANOMALY AND ITS MANAGEMENT

Part of ear	Develops from	Developmental anomaly/ Developmental significance	Management of anomaly
External auditory meatus	1st arch	Meatal atresia	Meatoplasty PYQ
External auditory canal	**1st cleft/groove** PYQ	• At birth, only the **cartilaginous part** of EAC is **completely developed.** • Persistence of ventral part of 1st cleft is k/a— **Collaural fistula: Its** ▪ External opening is at angle of mandible. ▪ Internal opening is in floor of EAC.	Collaural fistula is managed by excision of tract taking care of facial nerve  Collaural fistula

Frequently Asked Differences between the Anatomy of Cartilaginous and Bony Part of EAC

Cartilaginous EAC	Bony EAC
Outer 1/3rd (8 mm) PYQ	**Inner 2/3rd (16 mm)** PYQ
Completely developed at birth PYQ	Not developed at birth, Continues to develop after birth
Directed upward, backward and medially	Directed **downward, forward and medially** PYQ
Contains thick skin (stratified squamous keratinized) with **ceruminous (apocrine)** PYQ glands and **hair follicles.**	Contains thin skin (stratified squamous keratinized) without skin appendages. Has the **narrowest part** of EAC called isthmus 5–6 mm lateral to TM

Contd...

Cartilaginous EAC	Bony EAC
Has deficiency anteroinferiorly **k/a fissures of Santorini** PYQ	Has deficiency k/a **foramen of Huschke**

IMP PYQs

- In neonates, since the bony part of EAC is not developed, the pinna is drawn downward and backward, i.e., posteroinferiorly to view the TM.
- To straighten the EAC to visualize TM, the pinna should be pulled **posterosuperiorly in adults.** PYQ
- The bony-cartilaginous junction, **fissures of Santorini (deficiency in cartilaginous part) and foramen of Huschke (deficiency in bony part) are the potential paths for the spread of infections and tumors from EAC to the base of skull and parotid and vice versa.** PYQ

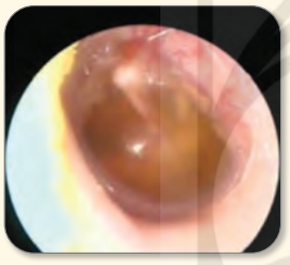
RETRACTION OF TYMPANIC MEMBRANE

It occurs as a result of Eustachian tube obstruction.

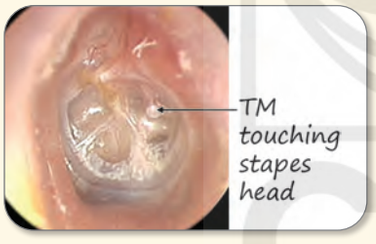
Stages of Pars Tensa Retraction k/a Sade Classification

Stage 1: Retraction of eardrum not in contact with incus.

(**Loss of cone of light, Foreshortened handle of malleus, Prominent lateral process of malleus, Sickling of anterior and posterior malleolar folds** PYQ)



Stage 2: Retracted drum **touching the incus or stapes** PYQ



Stage 3: Atelectasis PYQ —Tympanic membrane touching (not adherent) the promontory, middle ear space obliterated

Stage 4: Tympanic membrane adherent to the promontory—**Adhesive otitis media** PYQ

P → Promontory

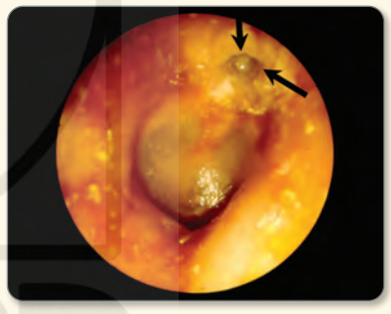
Also Know

Stage 3 and 4 can be differentiated only by pneumatic otoscopy/siegalization

Stages of Pars Flaccida Retraction k/a TOS Classification

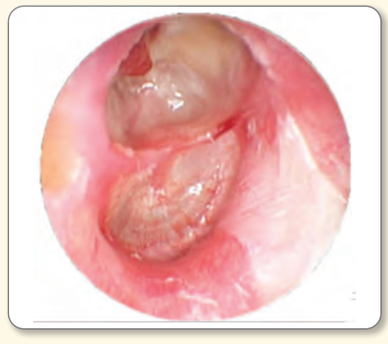
Stage 1: Pars flaccida is retracted (dimpled) than normal but not adherent to the malleus.

Stage 2: Retraction pocket is adherent to the neck of malleus. The full extent of the retraction pocket can be clearly seen.



Stage 3: Part of the retraction pocket may be hidden. There may also be associated erosion of the outer attic wall (scutum).

Stage 4: Definite erosion of the outer attic wall with full extent of the retraction pocket not seen.



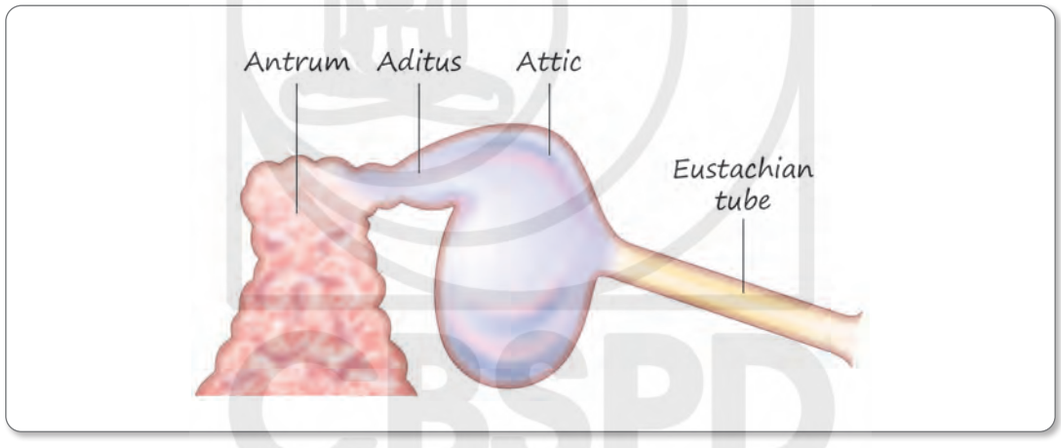
IMP PYQ

Pars flaccida retraction can lead to primary cholesteatoma.

5 Embryology and Anatomy of Middle Ear

HIGH-YIELD POINTS TO REMEMBER IN DEVELOPMENT OF MIDDLE EAR

Part of ear	Develops from
Middle ear cleft (ME cavity, mastoid antrum, eustachian tube) PYQ	1st pouch/Tubotympanic recess PYQ
Malleus and incus	1st arch PYQ
Stapes suprastructure PYQ	2nd arch
Stapes footplate PYQ	Otic capsule, endochondral bone, neural crest cells



Middle ear cleft

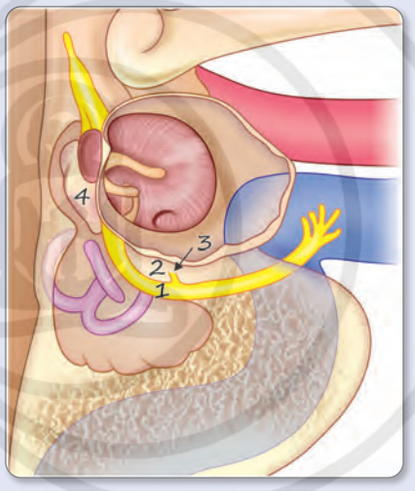
IMP PYQs

- Parts of ear which are of adult configuration at birth PYQ → Middle ear, mastoid antrum
- MC congenital anomaly of middle ear PYQ → Fixation of stapes footplate

Structures on the posterior wall	Significance
Sinus tympani/infrapyramidal recess PYQ	Bounded above by ponticulus and below by subiculum. K/a **Hidden area** as It is the most common site for **residual/recurrent cholesteatoma**.
Pyramid	The **stapedius muscle (supplied by facial nerve)** originates from here and attaches to the neck of stapes. It mediates the Stapedial reflex.
Mastoid/vertical segment of facial nerve/4th segment	Medial boundary of facial recess. **MC site of facial nerve injured during mastoid Sx.** 2nd genu bisects bulge of LSCC.

Image-Based PYQ

Identify.



Important structures on the posterior wall of middle ear

Ans.

1. **Mastoid segment of facial nerve (medially)**
2. **Facial recess/suprapyramidal recess** PYQ
3. Chorda tympani nerve entry **(laterally)**
4. **Short process of incus projecting on fossa incudis (superiorly)**

Image-Based PYQ

Identify the structures in the given picture.

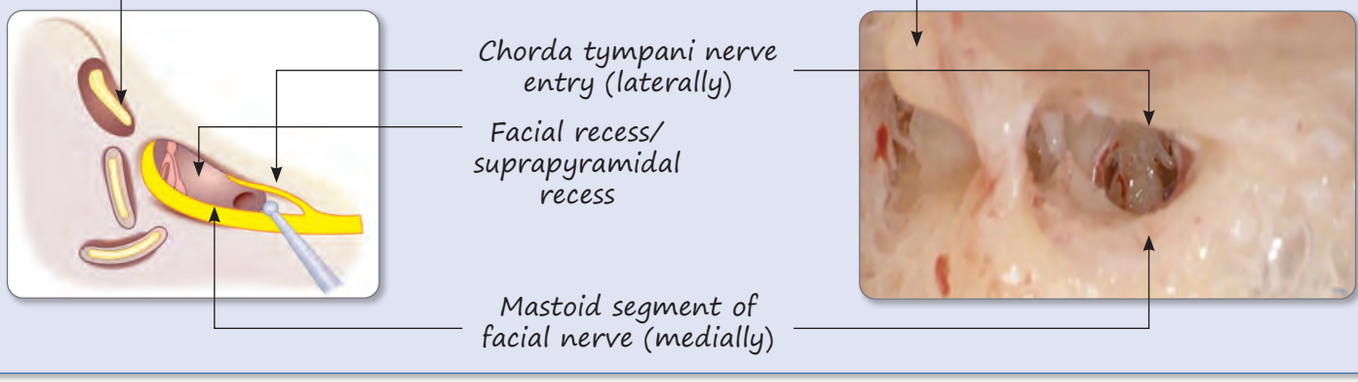
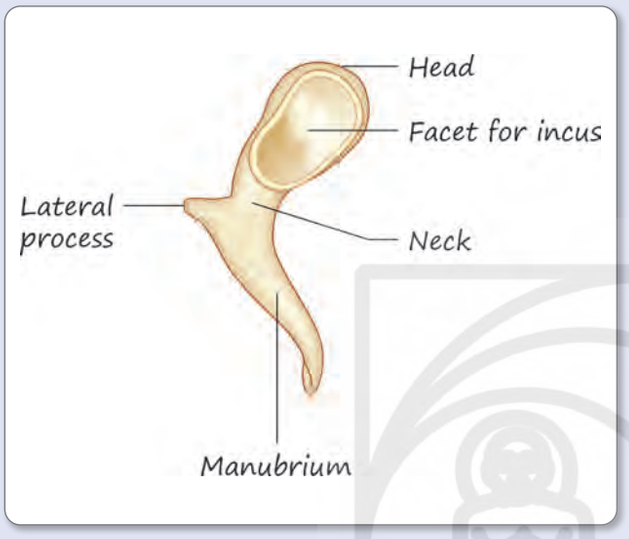


Image-Based PYQs

Identify.

1.



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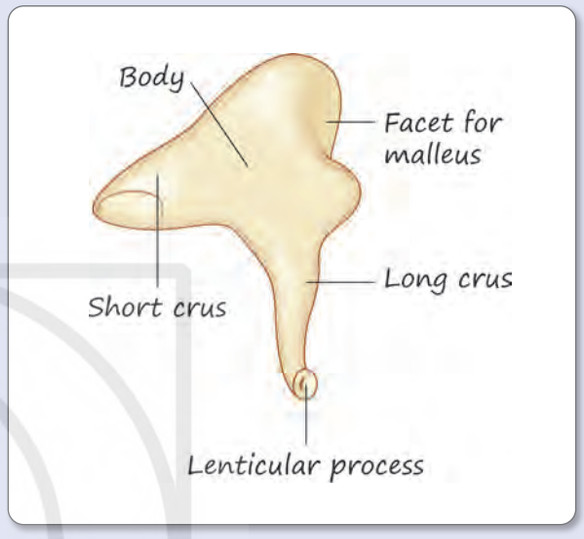

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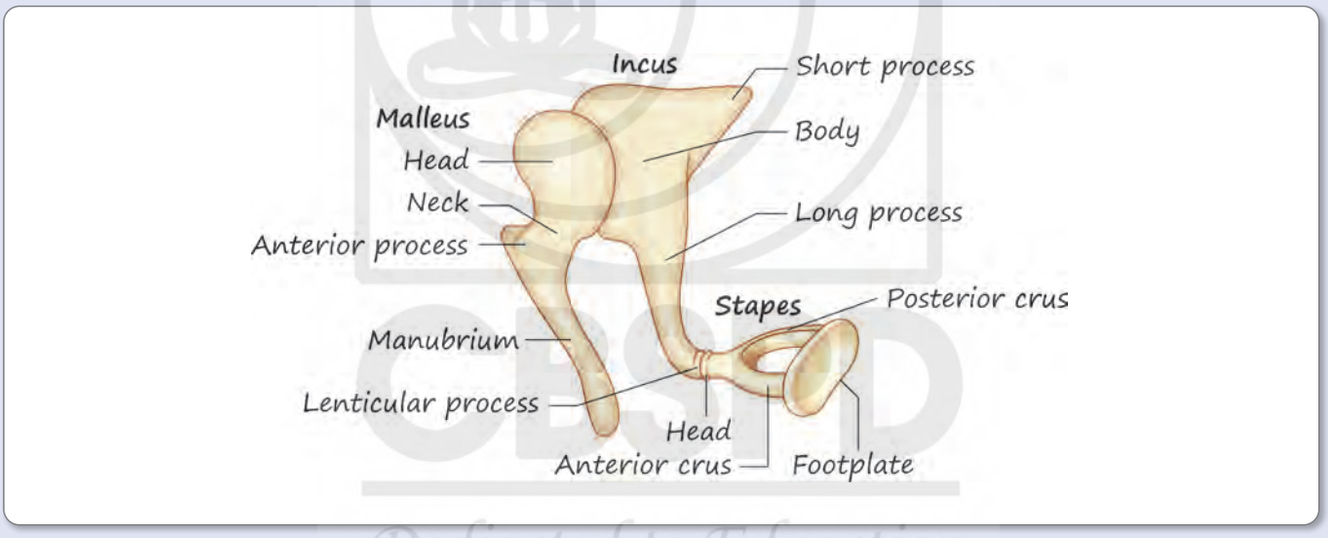


Ans. 1. Malleus; 2. Incus; 3. Ossicles.

NOSE

35 Fractures of Nasal Bone

MC fractured bone of face—Nasal bone PYQ

History

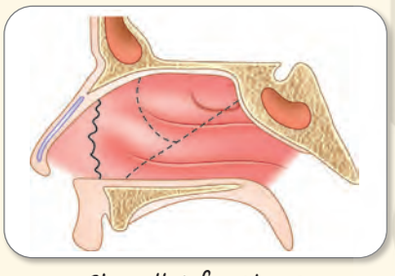
Patient presents with C/O nasal obstruction with/without external deformity following h/o trauma.

- Clinical examination—crepitus, abnormal mobility
- X-rays—high false positive, done only for medicolegal purposes
- Class 3 fracture—CT scan

ACCORDING TO EXAMINATION OF FINDINGS: TYPES OF NASAL FRACTURE

Class 1/Chevallet PYQ (2024)

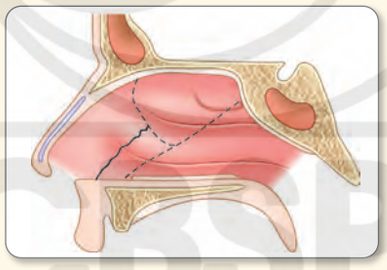
Fractured nasal bones + Vertical Fractured septum PYQ but no deformity.



Chevallet fracture

Class 2/Jarjavay

Fractured nasal bones + **Horizontal or C fracture of septum** PYQ with gross external and septal deviation.



Jarjavay fracture

Class 3/Naso-orbito-ethmoid

- **Pig nose deformity.**
- **Fracture of** nasal dorsum, perpendicular plate of **ethmoid**, cribriform plate and lamina papyracea.

Management

- **Follow ABCD of trauma.**
- **Immediate** open reduction and internal fixation.

Management of class 1 and class 2

Patient Presenting early

Wait for edema to subside (5–7 days) PYQ

- If no deformity—symptomatic treatment
- If deformity +nt—Class 1/2- PYQ

Closed reduction of external and septal deformity PYQ

- Forceps for **nasal bone—Walsham Forceps** PYQ

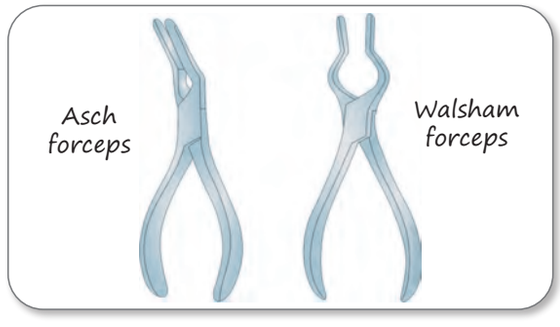
For septum—Asch forceps PYQ

Patient Presenting late (>3 weeks)—

- **Rhinoplasty/ septorhinoplasty after 6 months of injury if age >17 years or.**
- **In age <17 years, Sx after 17 years.**

Crooked nose PYQ— Dorsum deviated, tip in midline (like S, C)

Deviated nose PYQ— Dorsum + tip deviated, to one side

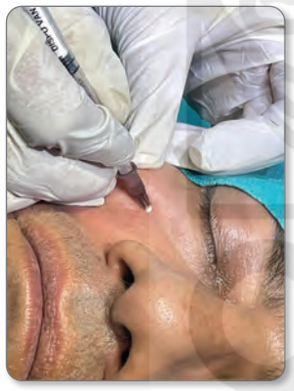


37 Anesthesia of Nose

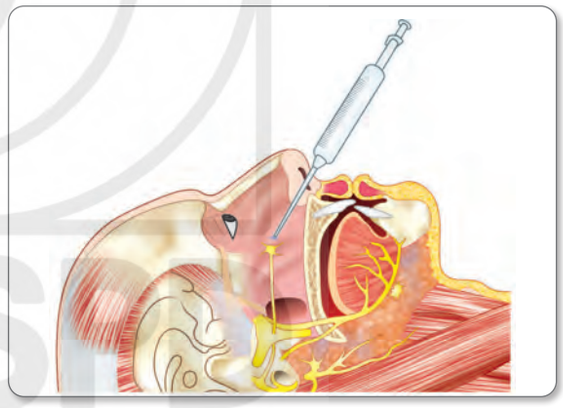
Nasociliary/anterior Ethmoidal nerve block PYQ — 1 cm Above medial canthus

Infratrochlear nerve block PYQ —just medial to medial end of eyebrow

External nasal nerve block PYQ



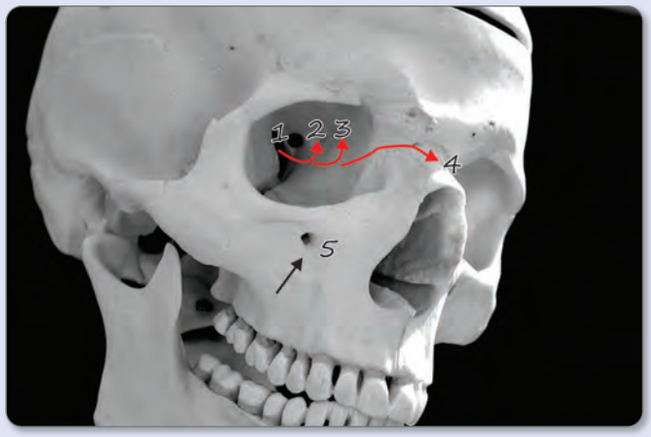
Infraorbital nerve block



Sphenopalatine nerve block

Image-Based PYQ

Identify.



Ans.

1. Nasociliary entering through superior orbital fissure
2. Posterior ethmoidal
3. Anterior ethmoidal
4. Infratrochlear
5. Infraorbital foramen

39 Important Facial Fractures

IMPORTANT FACIAL FRACTURES

1. Fractures of Maxilla PYQ

Le Fort I/Guerin's Fracture

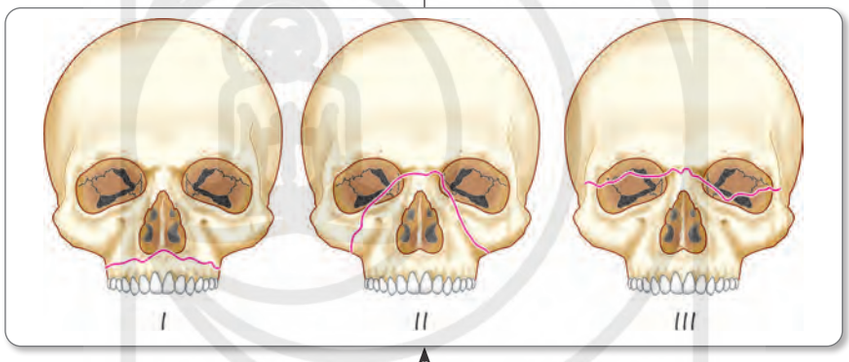
- This fracture runs parallel to the palate.
- Seen on X-ray or CT as floating palate or floating teeth.

Le Fort II

- It is a pyramidal fracture.
- Seen on CT or X-ray as hanging maxilla.
- It is associated with **CSF rhinorrhea and infraorbital nerve injury.**

Le Fort III

- **Craniofacial dysjunction** PYQ occurs here.
- It is associated with **CSF rhinorrhea** PYQ.



2. Fracture of Zygomatic bone/Tripod fracture

Other Findings

- Flattening of malar eminence.
- Trismus.

Orbital Findings

- **Anesthesia in the territory of infraorbital nr.** PYQ
- **Periorbital emphysema.** PYQ
- **Step deformity of Infraorbital margin.** PYQ
- **Restricted ocular movements (d/t entrapment of inferior rectus and inferior oblique) leading to Diplopia.** PYQ
- **Enophthalmos.** PYQ

Also Know

- Trismus also seen in condylar fracture of mandible.
- **MC site of mandibular fracture is condylar** PYQ on the side opposite to the injury.

3. Blow Out Fracture PYQ

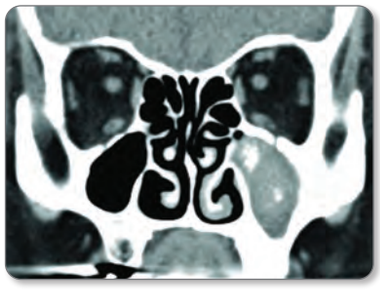
- It is fracture of **inferior wall or floor of orbit.**
- **CT—tear drop sign.**
- **Infraorbital nerve injured.** PYQ

Tear drop sign PYQ

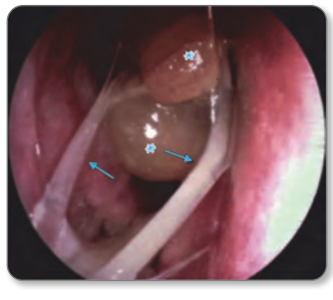
IMPORTANT DIFFERENCES BETWEEN DIFFERENT TYPES OF FUNGAL SINUSITIS

	Fungal ball noninvasive	Allergic fungal sinusitis (AFS) Noninvasive	Acute invasive fungal sinusitis
Causative organism	Aspergillus (MC) PYQ	Dematiaceous fungi, Bipolaris, Curvularia, Alternaria.	Mucormycosis—Rhizopus and Mucor PYQ Invasive aspergillosis—Aspergillus fumigatus PYQ
Immune status	Immunocompetent	Immunocompetent PYQ Atopic (Type 1 hypersensitivity). PYQ	Immunocompromised PYQ
Presentation	Chronic rhinosinusitis	Chronic rhinosinusitis with Nasal Polyps. → Bent and Kuhn Criteria. PYQ	Acute rhinosinusitis PYQ Rapidly progressive to adjacent areas and highly fatal PYQ
MC sinus involved	Maxillary	Ethmoids PYQ	Middle meatus/middle turbinate PYQ
Endoscopic finding	Cheesy or clay like debris in Middle meatus.	Mucinous discharge, peanut butter' or 'axle—grease, polyps.	Black necrotic areas in/ anesthetic areas PYQ
NCCT finding	Heterogeneous signal intensity (**double density sign**). PYQ	Heterogeneous signal intensity due to **deposition of heavy metals (double density sign)** PYQ, expansion of sinuses leading to erosion.	Shows sinus opacification, bony erosion, tissue infiltration
Management	FESS	FESS + postoperative PYQ steroids Refractory cases after above treatment—antifungal—Itraconazole.	Local debridement Treatment of underlying immunosuppression. Mucormycosis—IV liposomal Amphotericin B. PYQ Invasive aspergillosis—Voriconazole. PYQ

Fungal ball—endoscopy Cheesy/clay like debris



Fungal ball—double density sign



AFS endoscopy—polyps with mucinous secretions

Allergic fungal sinusitis (AFS)—double density sign on CT PYQ

IMPORTANT DIFFERENCES BETWEEN ORBITAL COMPLICATIONS AND CAVERNOUS SINUS THROMBOSIS

Orbital cellulitis	Cavernous sinus thrombosis
Presents with gradual onset of unilateral—eyelid edema, conjunctival chemosis, proptosis, restricted ocular movements, ophthalmoplegia. PYQ	Abrupt onset of fever with associated chills and rigor. PYQ
Ophthalmoplegia (3, 4, 6 together)	First nerve involved is 6th. PYQ Then 3, 4.
Unilateral	Unilateral chemosis, proptosis, restricted ocular movements progress to B/L involvement. PYQ
Absent	Trigeminal paresthesia + nt

Edema and erythema of eyelid

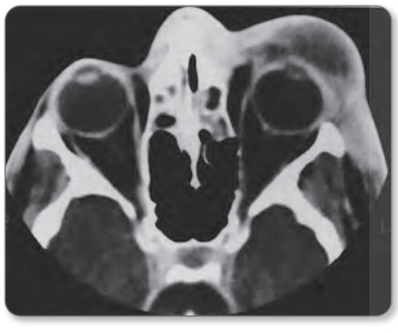
Chemosis, proptosis, restricted ocular movement, decreased vision—seen with increasing severity

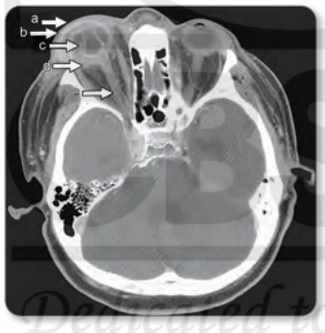
Preseptal cellulitis

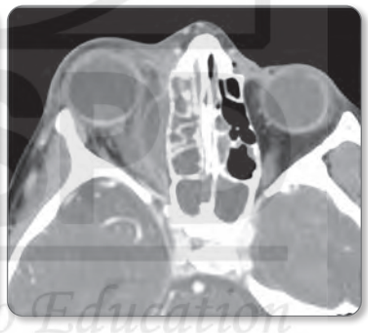
Orbital cellulitis

Subperiosteal abscess

Orbital abscess







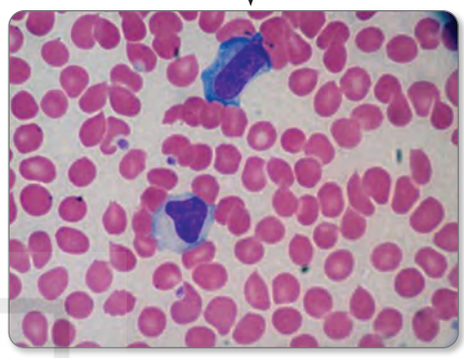
Cavernous sinus thrombosis

PHARYNX

Infectious mononucleosis (Glandular fever)

Enlarged tender lymph nodes of IM

Pseudomembrane



Atypical lymphocytosis

Image-Based PYQs

Identify.

Diphtheria

1.

2.

Ans. 1. Bull neck; 2. Pseudomembrane

Causes of Pseudomembrane on tonsil—AL VITAMIN D (Mnemonic)

- Agranulocytosis
- Leukemia
- Vincent's angina or Trench mouth
- **Infectious mononucleosis**
- **Trauma**
- Aphthous ulcers
- **Moniliasis (candidiasis)**
- Infections of throat
- Neoplasia
- **Diphtheria**

Image-Based PYQs

Identify.

1.

2.

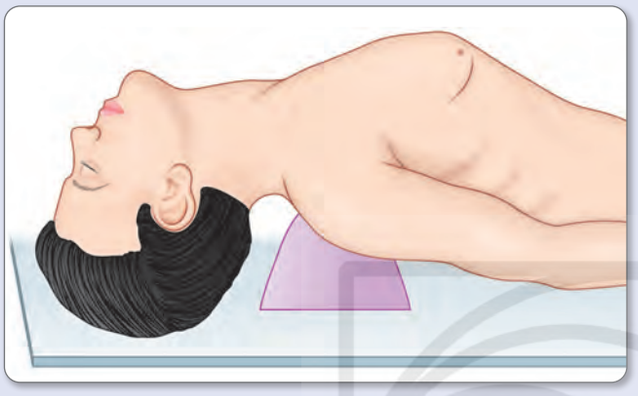
Ans.

1. **Vincent's angina**/Acute necrotizing ulcerative gingivitis/Trench mouth
2. **Moniliasis (candidiasis)/Oral thrush** (**Caused by**—Candida, **Predisposing factor**—Immunosuppression, due to steroid inhaler)

Image-Based PYQs

Identify.

1.



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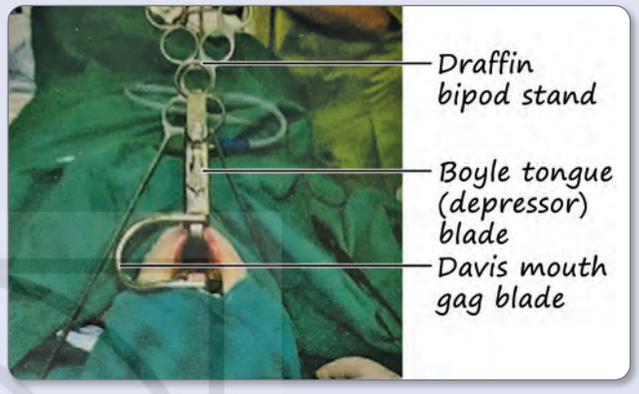
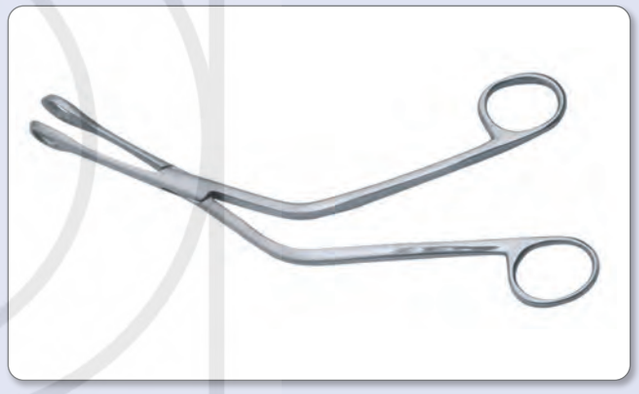


3.

4.



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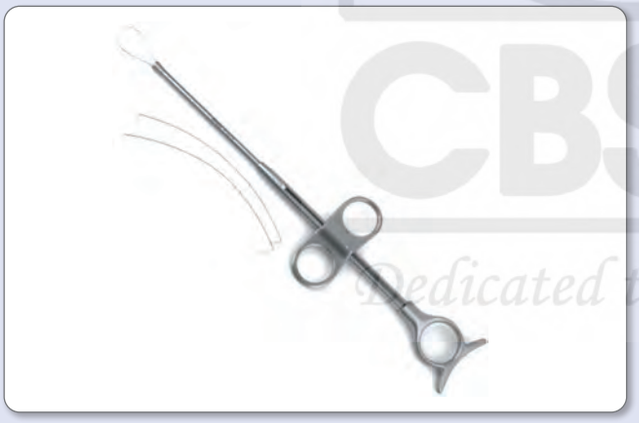


6.

Ans.

1. Rose's position for tonsillectomy, adenoidectomy, tracheostomy
2. Instruments (Boyle-Davis mouth gag) for adenotonsillectomy
3. Boyle-Davis mouth gag
4. Denis-Browne tonsil holding forceps. Blunt edges of jaw to avoid cutting of tonsil. Upper jaw smaller than lower.
5. **Eve's tonsillar snare** to crush and cut to reduce bleeding.
6. Yankauer tonsil suction tube.

TONSILLECTOMY → IMPORTANT POINTS TO REMEMBER

Contraindications for Tonsillectomy PYQ

- Acute infection
- Bleeding diathesis
- Velopharyngeal insufficiency
- Polio epidemics—virus aggregated in lymphoid tissue—gets access into blood.

Postoperative Care

- Place patient in Recovery/Coma Position → Best protection from airway occlusion or aspiration of fluids into the lungs.
- Watch for bleeding—swallowing, vitals—pulse, BP, respiration monitoring.

Complications Following Tonsillectomy PYQ

- MC C/C following Sx—hemorrhage
  - **Primary**—during Sx
  - **Reactionary**—after Sx to 24 hours
  - **Secondary** (secondary to infection)—24 hours to 10 days, most commonly at 5–6 days.

Steps for Management of Hemorrhage PYQ

Re-exploration under GA → clot removal (for clipping action of superior constrictor) → pressure with vasoconstrictor → cautery → ligate.

Image-Based PYQs

Identify.

1.

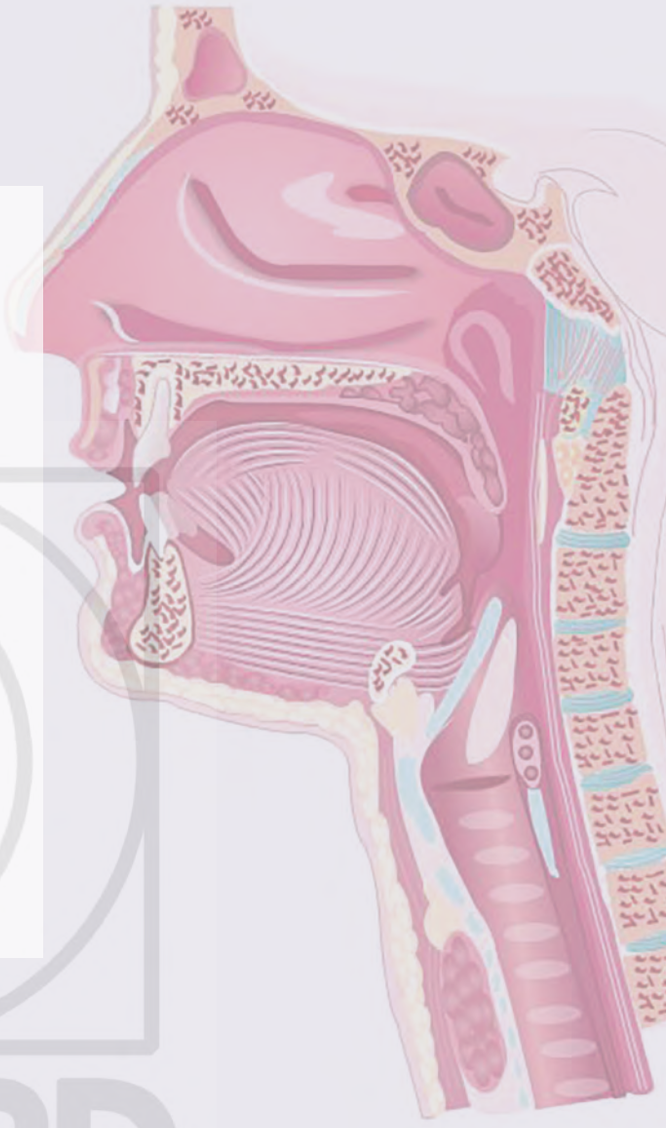
2.

3.

Ans.

1. Mollison's tonsil dissector and anterior pillar retractor
2. Coblation wand
3. Microdebrider

LARYNX



71 Anatomy of Larynx

Development

- Develops from 4th and 6th arch.
- **Epiglottis**—**Hypobranchial eminence** (4th), PYQ **Thyroid** from 4th.
- **Cricoid** from 6th.
- Hence upper half (supraglottis) is supplied by SLN (4th arch nerve) and lower half (glottis and subglottis) by RLN (8th arch nerve).

Functions of Larynx

Primary function of larynx:

- Protection of lower airways.
- Respiration.
- Phonation.
- Increased intrathoracic pressure for coughing and lifting heavy weight.

ANATOMY OF LARYNX

Differences in Larynx with Age PYQ

	Children	Adults
		
Epiglottis shape PYQ	Omega-shaped	Leaf-shaped
Shape of larynx PYQ	Funnel	Cylindrical
Narrowest part PYQ	Subglottis	Glottis
Opposite Vertebrae PYQ	C2–C3 in children (High placed larynx allows infants to breathe and suckle at the same time) PYQ	C3, 4, 5, and 6

ANATOMY OF LARYNX

Unpaired Cartilages

- **Epiglottis—elastic cartilage** PYQ (not calcify), leaf-shaped.
- **Cricoid—signet ring** PYQ, MC site for stenosis, hyaline.
- Thyroid—**hyaline (calcify)**, Angle in Males-90°, Females-120°.
- **Hyaline (calcify)**→Arytenoid, Cricoid, Thyroid (ACTH).

Paired PYQ

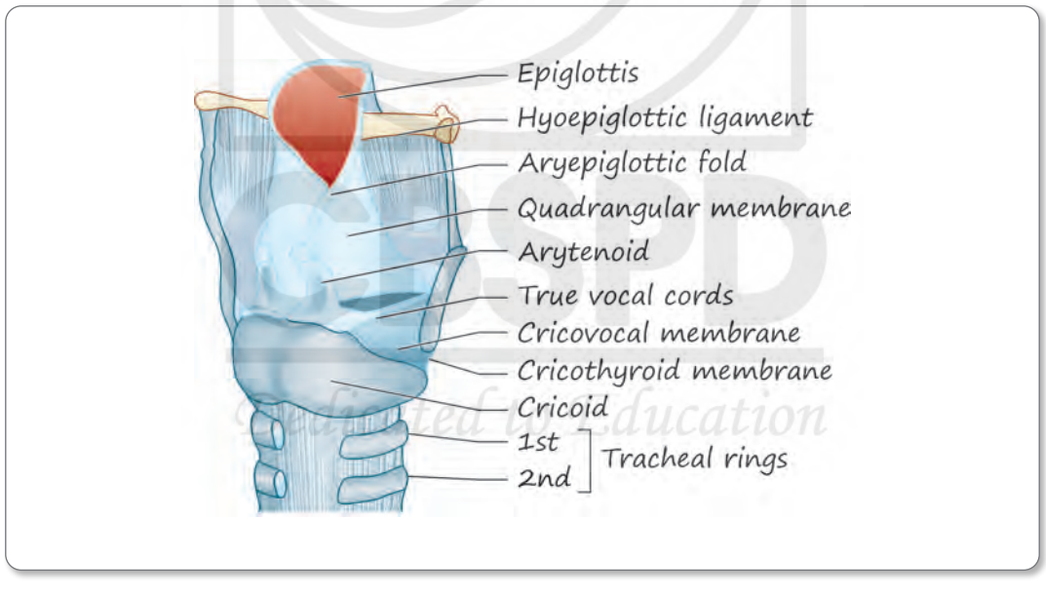
- Arytenoid (vocal and muscular process),
- Corniculate (Santorini),
- Cuneiform (Wrisberg).

Extrinsic Membranes PYQ

- **Thyrohyoid membrane—pierced by ILN, site for anesthesia of ILN—below hyoid greater cornu.**
- Hyoepiglottic
- Cricotracheal

Intrinsic Membranes PYQ

- Quadrangular
- Conus elasticus/cricovocal membrane—anterior thickening is k/a **cricothyroid membrane—site of cricothyrotomy** PYQ.



Cartilage and membranes of larynx

Also Know

Absence of Laryngeal crepitus PYQ (produced by rubbing of cricoid with vertebra on moving the larynx side by side) is an important sign of postcricoid carcinoma and is k/a Moure's sign.

73 Methods of Examining the Larynx

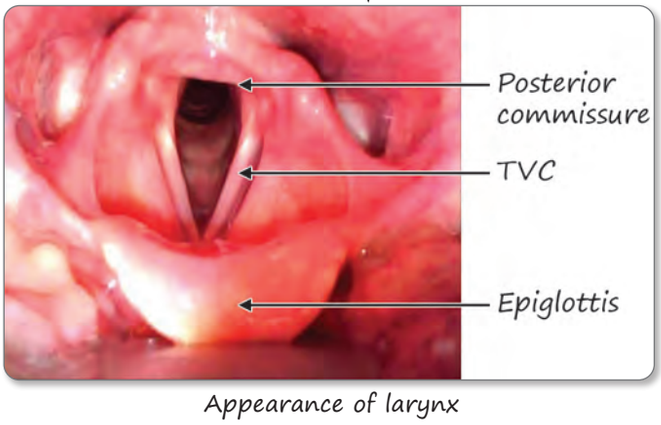
METHODS OF EXAMINING THE LARYNX

Endoscopy with or without stroboscope (visualization of mucosal wave in slow motion to differentiate lesions and site of involvement). PYQ

- **Flexible endoscopy**

- **Rigid Endoscopy**

  Tips of different angles (70, 90)

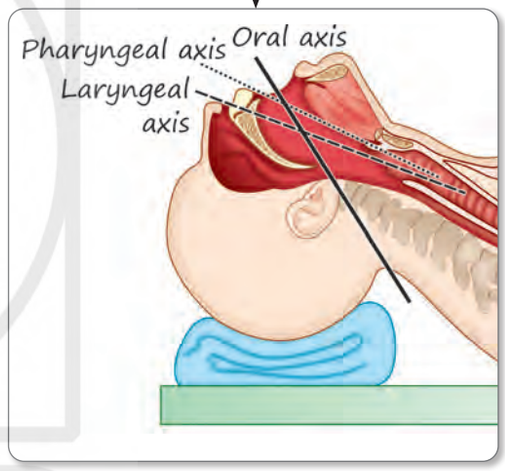


Appearance of larynx

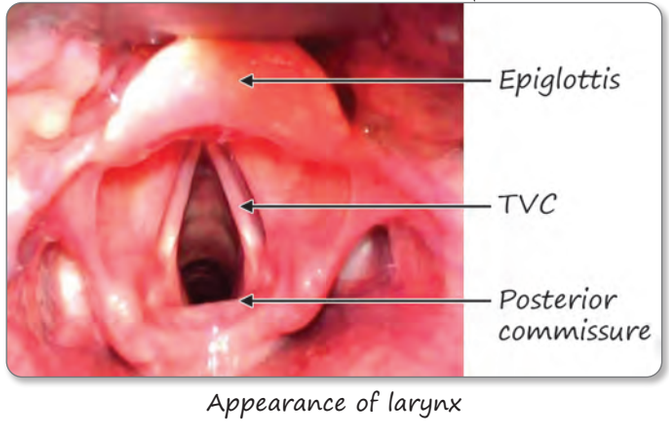
Indirect laryngoscopy PYQ

Appearance of larynx

Direct laryngoscopy PYQ (2024)



Boyce position PYQ / Chevalier Jackson/Barking dog/sniffing morning air—Flexion at cervical spine and extension at atlanto—occipital joint.



Appearance of larynx

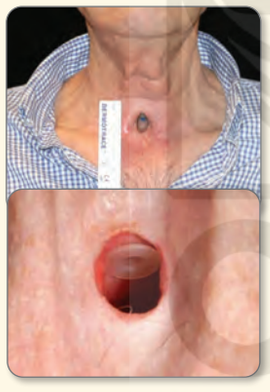
77 Rehabilitation Following Laryngectomy

REHABILITATION FOLLOWING LARYNGECTOMY PYQ

Speech PYQ

Esophageal speech

Tracheoesophageal speech—Best Blom-Singer PYQ and Panje valve used.



Electrolarynx

It gives monotonous robotic voice.

Olfactory rehabilitation— PYQ

Polite yawning—Nasal airflow—inducing maneuver

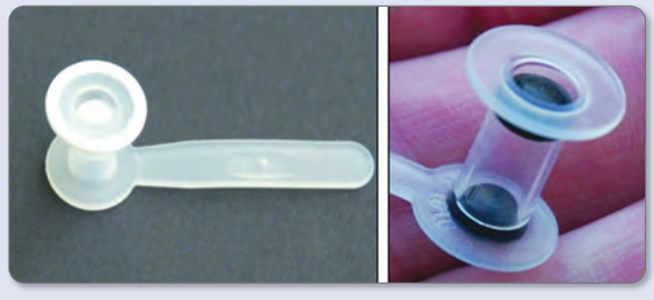
Heat and moisture exchanger (HME)

Humidification and filtering air with **HME with** hands free speaking valve.

Image-Based PYQs

Identify.

1. 

2. 

Ans.

1. **Permanent tracheostome** PYQ (suturing trachea to skin postlaryngectomy) with **tracheoesophageal prosthesis (TEP)** PYQ.
2. Tracheoesophageal valve/Voice prosthesis—Blom-Singer

STRIDOR IN CHILDREN—CONGENITAL CAUSES

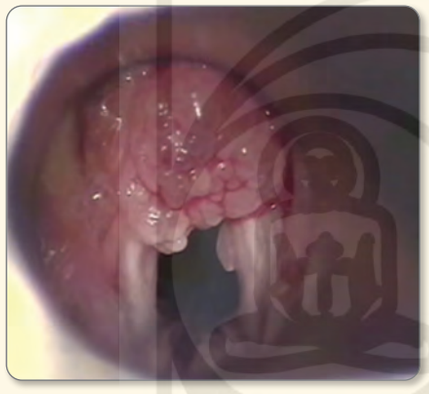
Clinical History

c/o **Hoarseness followed by stridor after some days/weeks/months, H/O vaginal delivery.** PYQ

Next step

Examination

O/E—Multiple papillomas on TVC and supraglottis. **Endoscopic.** PYQ



Diagnosis

Recurrent respiratory papillomatosis (RRP)/ Juvenile laryngeal papillomatosis.

- **(HPV) subtypes 6 and 11 (11 is more virulent).** PYQ
- **Both 6, 11 are of low malinant potential.** PYQ

Management

- Microlaryngoscopic **excision by microdebrider (preferred)** PYQ or laser (MC—CO_2 laser; others—KTP, ND:YAG).
- Tracheostomy avoided
- **To decrease recurrence in postop—(ABC)**
  A—Interferon alpha immunomodulator,
  B—Bevacizumab,
  C—Intralesional Cidofovir.
- **Malignant transformation** PYQ increased postirradiation.

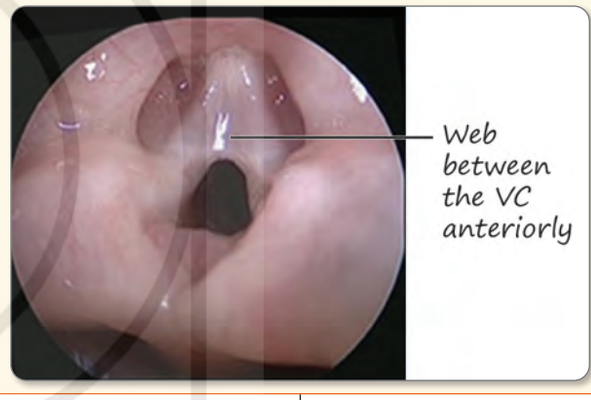
Clinical History

Child presents with **Weak cry, stridor.**

Next step

Examination

Rigid endoscopy



Diagnosis

Web (MC seen in anterior Vocal cord). PYQ

Management

Excision, keel placement.

Image-Based PYQ

Identify.

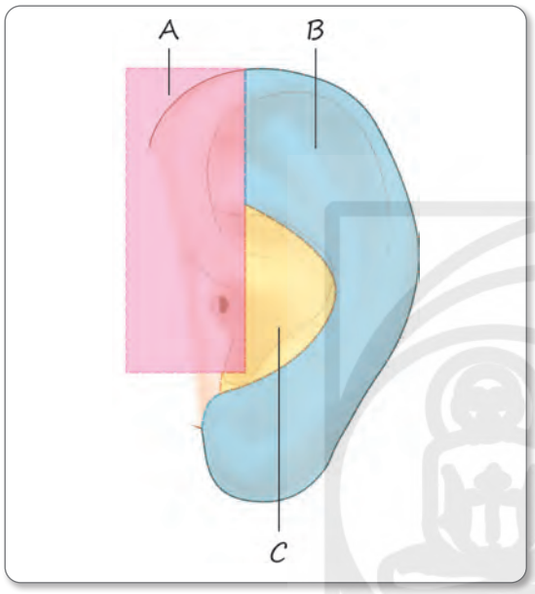
Ans. Endoscopy showing multiple papillomas on the TVC and supraglottis.

LATEST QUESTION PAPERS

- → NEET PG 2024 RECALL AUGUST SESSION 1 (MEMORY-BASED)
- → NEET PG 2024 RECALL AUGUST SESSION 2 (MEMORY-BASED)
- → NEET PG 2023 (MEMORY-BASED)
- → NEET PG 2022 (MEMORY-BASED)
- → NEET PG 2021 (MEMORY-BASED)
- → INI-CET NOVEMBER 2024 (MEMORY-BASED)
- → INI-CET MAY 2024 (MEMORY-BASED)
- → INI-CET NOVEMBER 2023 (MEMORY-BASED)
- → INI-CET MAY 2023 (MEMORY-BASED)
- → INI-CET NOVEMBER 2022 (MEMORY-BASED)
- → INI-CET MAY 2022 (MEMORY-BASED)
- → INI-CET OCTOBER 2021 (MEMORY-BASED)
- → FMGE JANUARY 2025 (MEMORY-BASED)
- → FMGE JULY 2024 (MEMORY-BASED)
- → FMGE JANUARY 2024 (MEMORY-BASED)
- → FMGE JULY-JANUARY 2023 (MEMORY-BASED)
- → FMGE JUNE 2022 (MEMORY-BASED)
- → FMGE JUNE 2021 (MEMORY-BASED)

NEET PG 2024 RECALL AUGUST SESSION 1 (Memory-Based)

1. Which nerves supply the marked parts of the external ear?



a. A – Auriculotemporal nerve; B – Greater auricular nerve; C – Facial and Vagus nerve
b. A – Greater auricular nerve; B – Auriculotemporal nerve; C – Facial and Vagus nerve
c. A – Greater auricular nerve; B – Facial and Vagus nerve; C – Auriculotemporal nerve
d. A – Facial and Vagus nerve; B – Greater auricular nerve; C – Auriculotemporal nerve

Ans. a. A – Auriculotemporal nerve; B – Greater auricular nerve; C – Facial and vagus nerve

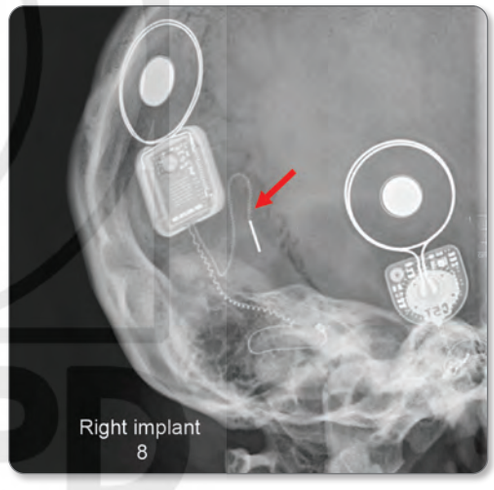
2. Patient with left side vestibular neuritis had positive head impulse test. What does it indicate?

a. On rotating head to left, right saccade is seen
b. On rotating head toward right, left saccade is seen
c. On rotating head toward right, right saccade is seen
d. On rotating to the left, left saccade is seen

Ans. a. On rotating head to left, right saccade is seen

Explanation: In head impulse test, while testing the labyrinth of one ear, the head is swiftly turned to that side (here left side) while the patient is asked to fix the eye in the center. If the labyrinth of that side is hypoactive, saccades will be seen in the opposite direction of head movement (here right side).

3. Identify the marked part of cochlear implant.



a. Ground electrode
b. Internal magnet
c. Receiver stimulator antenna
d. Transmitter coil

Ans. a. Ground electrode

Explanation: The Intracochlear electrode is placed inside the cochlea, whereas the Ground electrode, also known as reference/ball electrode, is placed away from the cochlea in the temporalis muscle.

FMGE JUNE 2021 (Memory-Based)

197. Which of the following conditions causes white membrane in throat which bleeds on removal?

a. Acute tonsillitis
b. Diphtheria
c. Peritonsillar abscess
d. None of the above

Ans. b. Diphtheria

198. Identify the lesion shown in the following image of oral cavity.

a. Erythroplakia
b. Leukoplakia
c. Fordyce's granules
d. Koplik's spots

Ans. b. Leukoplakia

199. A post-COVID patient presented with black discharge from nasal cavity. On examination, a black nasal mass extending onto orbit. Most likely cause is:

a. Tumor
b. Nasal polyp
c. Acute bacterial sinusitis
d. Mucormycosis

Ans. d. Mucormycosis

200. In which of the following conditions the type B tympanogram is seen?

a. Serous otitis media
b. Ossicular dislocation
c. Normal ear
d. Otosclerosis

Ans. a. Serous otitis media

201. Which of the following X-ray view is shown in the image shown?

a. Caldwell's view
b. Waters' view
c. Pierre's view
d. Rhese view

Ans. a. Caldwell's view

202. In the provided X-ray, identify the marked sinus.

a. Maxillary sinus
b. Frontal sinus
c. Ethmoidal sinus
d. Sphenoidal sinus

Ans. a. Maxillary sinus

203. Neck X-ray of a 5-year-old child shows thumb sign. The most common causative organism in this case is:

a. H. influenzae
b. Adenovirus
c. Parainfluenza virus
d. Influenza virus

Ans. a. H. influenzae

204. A known diabetic lady presented with discharge from right ear for few weeks and now has facial palsy. Otoscopic examination showed granulation tissue in the external canal. Most likely diagnosis is:

a. Safe CSOM
b. Unsafe CSOM
c. Serous otitis media
d. Malignant otitis media

Ans. d. Malignant otitis media

205. Which of the following is the major artery supplying the tonsil?

a. Tonsillar branch of facial artery
b. Ascending pharyngeal artery
c. Ascending palatine artery
d. Dorsal lingual artery

Ans. a. Tonsillar branch of facial artery

206. Which of the following nerve is responsible for earache after tonsillectomy surgery?

a. Glossopharyngeal nerve
b. Vagus nerve
c. Mandibular nerve
d. Maxillary nerve

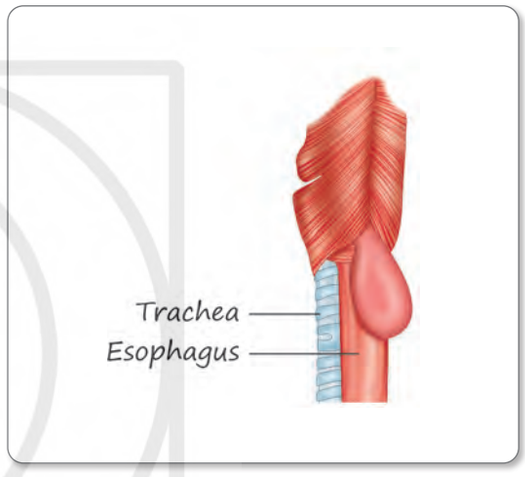
Ans. a. Glossopharyngeal nerve

207. A trumpet blower has neck swelling. The X-ray of neck is shown in the image. Most likely diagnosis is:

a. Brachial cyst
b. Laryngocele
c. Thyroglossal cyst
d. None of these

Ans. b. Laryngocele

208. The area shown in the image lies between which of the following muscles?



a. Medial constrictor and inferior constrictor
b. Superior constrictor and medial constrictor
c. Thyropharyngeus and cricopharyngeus
d. Interarytenoid and thyroarytenoid

Ans. c. Thyropharyngeus and cricopharyngeus

209. A child presented with hearing loss in both the ears. Hearing aid was tried but that did not benefit the child. What is the next treatment option in this child?

a. Bone-anchored hearing aid
b. Tympanoplasty
c. Brainstem implant
d. Cochlear implant

Ans. d. Cochlear implant

210. Which of the following laryngeal cartilages does not undergo calcification?

a. Epiglottis
b. Cricoid
c. Arytenoid
d. Thyroid

Ans. a. Epiglottis

ONE Touch ENT

For NEET PG/NEXT/FMGE/INI-CET

Theory—A concise form of text covered in just 190 pages. Most important points to remember given for last-minute revision. Text of entire book presented in the form of Tables, Boxes, Flowcharts, and Illustrations for easy recalling.

IMP PYQs

- *It is a Subjective test.*
- *Tuning fork used in OPD— 256 Hz, 512 Hz, 1,024 Hz.*
- *MC frequency used— 512 Hz.*
- *Speech frequencies— 500, 1K, 2K.*
- *Ear is sensitive from 20 Hz to 20 kHz.*

Important PYQs—Topic-wise coverage of previous year Qs for giving an exam-centric preparation approach.

Frequently Asked PYQs

- *Done Earliest at 1 year of age.*
- *Passed into middle ear through → Facial recess.*
- *Passed into inner ear through → Round window.*
- *Placed in → Scala Tympani.*
- *Replaces → Organ of Corti.*
- *Stimulates → Cochlear nerve.*

Tables and Flowcharts—Throughout the book, content covered in the tabular and flowchart format for easy and quick recall.

High-Yield Points

High-yield points on PTA

- *It is a Subjective test.* PYQ
- *In conventional audiometry, the AC is measured for sound frequencies from 125 Hz to 8,000 Hz, whereas the BC is measured for 250 Hz to 4,000 Hz.*
- *High-frequency audiometry* PYQ *tests sound frequencies from 8,000–20,000 Hz.*

High-Yield points—Important points from exam point of view have been covered under high-yield points boxes.

Clinical Images/Illustrations—Text is enriched with important clinical images and illustrations from exam point of view.

Last 5 years' Exam Questions—200+ Qs of last 5 years' exam question papers up to Jan 2025 (FMGE Jan 2025, INI-CET Nov 2024 and NEET PG 2024) provided to develop an idea about the pattern of questions and also to know about the recently asked topics.

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