

INI CET ENT

Sample Paper – 1

Duration: 14 Minutes

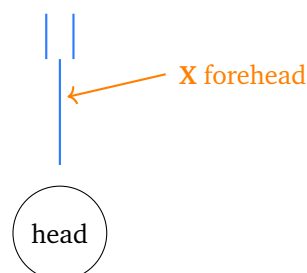
Maximum Marks: 15

Instructions

- This paper contains **15** Multiple Choice Questions (Single Best Response), modelled on the ENT (Otorhinolaryngology) content of **INI CET** (Institutes of National Importance Combined Entrance Test) conducted by AIIMS New Delhi.
- The **15-question** length matches the number of ENT items you actually meet in the real 200-question paper.
- Each correct answer carries **+1 mark**. There is **negative marking of one-third (0.33) mark** for every incorrect answer; unattempted questions carry no penalty.
- Every question has **exactly one best answer**. Choose the single most appropriate option.
- Attempt this practice paper in one timed sitting of about **14 minutes**, the pace the real computer-based test demands.

Otology and Hearing

Q1. A tuning fork placed on the forehead (Weber test) is shown below. In a patient with a purely right-sided *conductive* hearing loss, the sound is heard loudest (lateralises to):



- (A) The left (better-hearing) ear
- (B) Both ears equally



- (C) The right (affected) ear
- (D) Neither ear

Q2. A young adult with progressive bilateral conductive hearing loss, an intact normal tympanic membrane, a positive family history and a Carhart notch on the audiogram most likely has:

- (A) Otosclerosis
- (B) Acute otitis externa
- (C) Presbycusis
- (D) Acoustic neuroma

Q3. An attic retraction pocket with foul-smelling ear discharge and a pearly keratin-filled sac that erodes the ossicles indicates:

- (A) Serous otitis media
- (B) Otomycosis
- (C) Cholesteatoma (unsafe chronic suppurative otitis media)
- (D) A furuncle of the ear canal

Rhinology and Paranasal Sinuses

Q4. The most common site of anterior epistaxis in children and young adults is:

- (A) Little's area (Kiesselbach plexus) on the anteroinferior nasal septum
- (B) Woodruff plexus in the posterior nose
- (C) The sphenopalatine artery deep in the nasal cavity
- (D) The floor of the frontal sinus

Q5. The paranasal sinus most commonly involved in chronic sinusitis in adults is the:

- (A) Frontal sinus
- (B) Maxillary sinus



- (C) Sphenoid sinus
- (D) Posterior ethmoid air cells

Q6. An adolescent boy has recurrent profuse epistaxis and nasal obstruction, with a nasopharyngeal mass that enhances intensely on contrast imaging. The most likely diagnosis is:

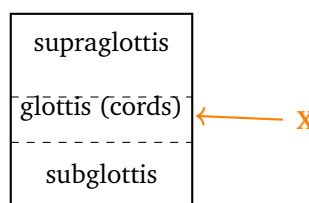
- (A) Simple ethmoidal nasal polyp
- (B) Inverted papilloma
- (C) Rhinosporidiosis
- (D) Juvenile nasopharyngeal angiofibroma

Laryngology and the Airway

Q7. Injury during thyroid surgery to which nerve causes vocal cord paralysis with hoarseness of voice?

- (A) External branch of the superior laryngeal nerve
- (B) Recurrent laryngeal nerve
- (C) Glossopharyngeal nerve
- (D) Hypoglossal nerve

Q8. The larynx is shown below. Carcinoma at the site marked **X** (the true vocal cord) is the commonest laryngeal cancer and carries the best prognosis because it causes early hoarseness and the region has sparse lymphatics. This site is the:



- (A) Supraglottis
- (B) Subglottis
- (C) Pyriform fossa



(D) Glottis (true vocal cord)

Oral Cavity, Pharynx and Head-Neck Oncology

Q9. Peritonsillar abscess (quinsy), a complication of acute tonsillitis, characteristically causes:

- (A) Bilateral symmetrical tonsillar enlargement without pain
- (B) A painless neck lump
- (C) Trismus with the uvula pushed towards the opposite side
- (D) Sudden painless hoarseness

Q10. The commonest histological type of malignancy of the oral cavity is:

- (A) Squamous cell carcinoma
- (B) Adenocarcinoma
- (C) Lymphoma
- (D) Malignant melanoma

Q11. Nasopharyngeal carcinoma, common in Southeast Asia and often presenting with a neck node and unilateral serous otitis media, is most strongly associated with which virus?

- (A) Human papillomavirus type 6
- (B) Hepatitis B virus
- (C) Epstein-Barr virus
- (D) Cytomegalovirus

Paediatric ENT and Emergencies

Q12. A toddler develops sudden coughing, choking and a unilateral wheeze after playing with peanuts. The most likely diagnosis is:

- (A) Acute laryngitis
- (B) Bronchial asthma



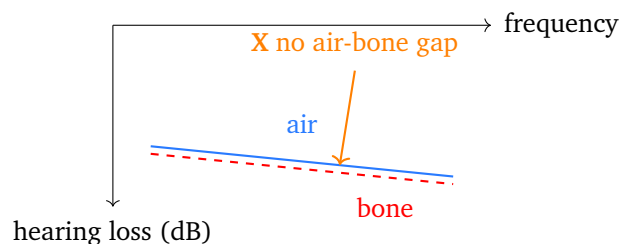
- (C) Retropharyngeal abscess
- (D) An inhaled foreign body in the bronchus

Q13. A 6-year-old with chronic mouth breathing, nasal obstruction, a hyponasal voice and recurrent otitis media most likely has:

- (A) Adenoid hypertrophy
- (B) Bilateral choanal atresia
- (C) An isolated deviated nasal septum
- (D) Allergic rhinitis alone

Audiology and Vestibular Assessment

Q14. The pure-tone audiogram below shows both the air-conduction and bone-conduction thresholds falling together with no gap between them. This pattern indicates:



- (A) A conductive hearing loss (air-bone gap with normal bone conduction)
- (B) A sensorineural hearing loss (air and bone reduced together, no air-bone gap)
- (C) Completely normal hearing
- (D) A middle-ear effusion only

Q15. Brief episodes of rotatory vertigo triggered by changes in head position, reproduced by the Dix-Hallpike test, are characteristic of:

- (A) Meniere disease
- (B) Benign paroxysmal positional vertigo (BPPV)



- (C) Vestibular schwannoma
- (D) Acute labyrinthitis



Detailed Solutions**Q1.****Solution**

Concept – the Weber test in conductive loss: The Weber test places a vibrating tuning fork on the midline of the skull and asks where the sound is heard.

Step 1 – apply the rule: In a **conductive** hearing loss the sound lateralises *to the affected ear*, here the right.

Step 2 – the reason: The blocked conductive pathway masks background room noise, so the affected cochlea perceives the bone-conducted sound as louder.

Why the other options are wrong:

- A, the better ear: lateralisation to the opposite ear indicates a *sensorineural* loss, not conductive.
- B, both equally: is the normal (or symmetrical) result.
- D, neither ear: is not a recognised Weber outcome here.

Final Answer: Lateralises to the right (affected) ear ⇒ C

Answer: (C) [Go Back to Q1](#)

Q2.**Solution**

Concept – otosclerosis: Otosclerosis is abnormal bony remodelling at the footplate of the stapes.

Step 1 – read the clues: A young adult, progressive conductive loss, a *normal* drum, a family history and a **Carhart notch** (a dip in bone conduction at 2 kHz) point to otosclerosis.

Step 2 – the mechanism: New bone fixes the stapes footplate in the oval window, so sound cannot be transmitted to the cochlea.

Why the other options are wrong:

- B, otitis externa: is a painful ear-canal infection, not a painless conductive loss with a normal drum.
- C, presbycusis: is age-related sensorineural loss in the elderly.
- D, acoustic neuroma: causes a unilateral sensorineural loss, not a conductive one.



Final Answer: Otosclerosis ⇒ A

Answer: (A) [Go Back to Q2](#)

Q3.

Solution

Concept – cholesteatoma: Cholesteatoma is a sac of keratinising squamous epithelium in the middle ear or attic.

Step 1 – match the features: An **attic retraction pocket**, foul-smelling scanty discharge and a keratin sac eroding the ossicles define cholesteatoma, the ‘unsafe’ type of chronic suppurative otitis media.

Step 2 – why it is dangerous: Its enzymes erode bone, risking complications such as facial palsy, labyrinthine fistula and intracranial spread, so it needs surgery (mastoidectomy).

Why the other options are wrong:

- A, serous otitis media: is a painless middle-ear effusion without a keratin sac.
- B, otomycosis: is a fungal ear-canal infection.
- D, a furuncle: is a painful staphylococcal boil of the canal.

Final Answer: Cholesteatoma ⇒ C

Answer: (C) [Go Back to Q3](#)

Q4.

Solution

Concept – the commonest epistaxis site: Most nosebleeds in young people arise from one vascular watershed on the septum.

Step 1 – name the site: Little’s area (Kiesselbach plexus) on the anteroinferior nasal septum, where several arteries anastomose, is the commonest source.

Step 2 – why here: This exposed anterior mucosa is easily traumatised by finger-nose contact and dry air.

Why the other options are wrong:

- B, Woodruff plexus: is the site of *posterior* epistaxis, typically in older, hypertensive patients.



- C, sphenopalatine artery: supplies posterior bleeds, not the common anterior ones.
- D, frontal sinus: is not a source of epistaxis.

Final Answer: Little's area (Kiesselbach plexus) ⇒ A

Answer: (A) [Go Back to Q4](#)

Q5.

Solution

Concept – the commonest sinus in chronic sinusitis: Sinus drainage anatomy explains which sinus is most often affected.

Step 1 – name the sinus: The **maxillary sinus** is the most commonly involved in chronic sinusitis.

Step 2 – why: Its ostium lies high on the medial wall, so gravity-dependent drainage is poor and secretions stagnate.

Why the other options are wrong:

- A, frontal; C, sphenoid; D, posterior ethmoid: all are affected less often than the maxillary sinus.

Final Answer: Maxillary sinus ⇒ B

Answer: (B) [Go Back to Q5](#)

Q6.

Solution

Concept – juvenile nasopharyngeal angiofibroma: This is a benign but locally aggressive vascular tumour of adolescent boys.

Step 1 – read the clues: An **adolescent boy** with recurrent profuse epistaxis, nasal obstruction and an intensely enhancing nasopharyngeal mass points to angiofibroma.

Step 2 – the caution: Because it is highly vascular, biopsy in the clinic is avoided; diagnosis is by contrast imaging and it is managed by embolisation and surgery.

Why the other options are wrong:

- A, nasal polyp: is pale and avascular, not intensely enhancing.
- B, inverted papilloma: arises on the lateral nasal wall in older adults.



- C, rhinosporidiosis: gives a friable strawberry-like polyp, not this enhancing nasopharyngeal mass.

Final Answer: Juvenile nasopharyngeal angiofibroma ⇒ D

Answer: (D) [Go Back to Q6](#)

Q7.

Solution

Concept – the nerve of the voice: Most laryngeal muscles depend on one nerve for movement.

Step 1 – name the nerve: The **recurrent laryngeal nerve** supplies all the intrinsic laryngeal muscles except cricothyroid; its injury causes vocal cord paralysis and hoarseness.

Step 2 – the surgical relevance: It runs close to the inferior thyroid artery, so it is at risk during thyroidectomy.

Why the other options are wrong:

- A, external superior laryngeal nerve: supplies only cricothyroid, causing subtle voice fatigue, not paralysis.
- C, glossopharyngeal nerve: is sensory to the pharynx and posterior tongue.
- D, hypoglossal nerve: moves the tongue, not the vocal cords.

Final Answer: Recurrent laryngeal nerve ⇒ B

Answer: (B) [Go Back to Q7](#)

Q8.

Solution

Concept – glottic carcinoma: Laryngeal cancer is grouped by the level it arises at, which sets its prognosis.

Step 1 – identify the site: The commonest and best-prognosis laryngeal cancer arises on the **glottis** (true vocal cord, marked X).

Step 2 – why the good prognosis: It causes hoarseness very early (so it presents while small), and the true cords have a sparse lymphatic supply, so nodal spread is late.

Why the other options are wrong:



- A, supraglottis: has rich lymphatics and often presents late with nodes.
- B, subglottis: is rare and presents late.
- C, pyriform fossa: is a hypopharyngeal site with a poor prognosis.

Final Answer: Glottis (true vocal cord) ⇒ D

Answer: (D) [Go Back to Q8](#)

Q9.

Solution

Concept – peritonsillar abscess (quinsy): Quinsy is a collection of pus between the tonsil capsule and the pharyngeal muscle.

Step 1 – match the signs: It causes **trismus** (difficulty opening the mouth), severe unilateral throat pain and pushes the **uvula to the opposite side**.

Step 2 – management: Treatment is incision and drainage plus antibiotics.

Why the other options are wrong:

- A, bilateral symmetrical enlargement: describes simple tonsillitis, not a unilateral abscess.
- B, painless neck lump: suggests a chronic node or cyst, not acute quinsy.
- D, painless hoarseness: is a laryngeal, not a tonsillar, symptom.

Final Answer: Trismus with the uvula deviated to the opposite side ⇒ C

Answer: (C) [Go Back to Q9](#)

Q10.

Solution

Concept – oral cavity malignancy: The lining of the oral cavity determines the commonest cancer type.

Step 1 – name the type: **Squamous cell carcinoma** accounts for the great majority of oral cavity cancers.

Step 2 – the risk factors: Tobacco chewing, smoking, betel-nut use and alcohol are the major drivers, especially in South Asia.

Why the other options are wrong:

- B, adenocarcinoma: arises from minor salivary glands and is far less common.



- C, lymphoma: can involve the tonsil but is not the commonest oral cavity cancer.
- D, melanoma: is a rare oral malignancy.

Final Answer: Squamous cell carcinoma $\Rightarrow$ A

Answer: (A) [Go Back to Q10](#)

Q11.

Solution

Concept – nasopharyngeal carcinoma and EBV: This cancer has a distinct viral and geographic association.

Step 1 – name the virus: Nasopharyngeal carcinoma is strongly linked to the **Epstein-Barr virus (EBV)**, and is common in Southeast Asia and southern China.

Step 2 – the presentation: It classically presents with a neck node (from early lymphatic spread), unilateral serous otitis media (Eustachian tube blockage) and epistaxis.

Why the other options are wrong:

- A, HPV type 6: causes laryngeal papillomas and genital warts.
- B, hepatitis B: is linked to liver cancer.
- D, cytomegalovirus: is not the recognised cause of this tumour.

Final Answer: Epstein-Barr virus $\Rightarrow$ C

Answer: (C) [Go Back to Q11](#)

Q12.

Solution

Concept – inhaled foreign body: A sudden choking episode while eating small objects points to aspiration.

Step 1 – read the story: A toddler with sudden coughing, choking and a **unilateral wheeze** after peanuts has an **inhaled foreign body**, usually lodging in the right main bronchus.

Step 2 – management: Rigid bronchoscopy removes the object; a chest X-ray may show unilateral hyperinflation from a ball-valve effect.

Why the other options are wrong:



- A, acute laryngitis: causes hoarseness, not sudden unilateral wheeze.
- B, asthma: gives bilateral wheeze and is not triggered by a single choking episode.
- C, retropharyngeal abscess: causes fever, drooling and neck stiffness, not a unilateral wheeze.

Final Answer: Inhaled foreign body in the bronchus ⇒ D

Answer: (D) [Go Back to Q12](#)

Q13.

Solution

Concept – adenoid hypertrophy: Enlarged adenoids obstruct the nasopharynx in young children.

Step 1 – match the picture: Chronic **mouth breathing**, nasal obstruction, a hyponasal voice and recurrent otitis media (from Eustachian tube blockage) are classic for adenoid hypertrophy.

Step 2 – the sequel: Long-standing obstruction can give the typical ‘adenoid facies’ and sleep-disordered breathing.

Why the other options are wrong:

- B, bilateral choanal atresia: presents dramatically at birth, as neonates are obligate nose breathers.
- C, isolated deviated septum: causes obstruction but not the recurrent otitis and adenoid facies.
- D, allergic rhinitis alone: causes sneezing and watery rhinorrhoea, not this full picture.

Final Answer: Adenoid hypertrophy ⇒ A

Answer: (A) [Go Back to Q13](#)

Q14.

Solution

Concept – reading a sensorineural audiogram: The relationship between air and bone conduction defines the type of hearing loss.

Step 1 – read the tracing: Both air and bone conduction thresholds fall together with **no air-bone gap** (marked X), which defines a **sensorineural hearing loss**.



Step 2 – contrast: A conductive loss instead shows normal bone conduction with a widened air-bone gap.

Why the other options are wrong:

- A, conductive loss: would show an air-bone gap, which is absent here.
- C, normal hearing: both thresholds are clearly reduced, so hearing is not normal.
- D, middle-ear effusion: is a conductive problem with an air-bone gap and a flat tympanogram.

Final Answer: Sensorineural hearing loss $\Rightarrow$ **B**

Answer: (B) [Go Back to Q14](#)

Q15.

Solution

Concept – benign paroxysmal positional vertigo (BPPV): BPPV is the commonest cause of positional vertigo.

Step 1 – match the features: Brief episodes of **rotatory vertigo** triggered by head-position change and reproduced by the **Dix-Hallpike** test define BPPV.

Step 2 – the mechanism and treatment: Displaced otoconia in a semicircular canal (usually posterior) cause it; the Epley repositioning manoeuvre is curative.

Why the other options are wrong:

- A, Meniere disease: gives longer vertigo with fluctuating hearing loss and tinnitus.
- C, vestibular schwannoma: causes progressive unilateral sensorineural loss, not brief positional vertigo.
- D, labyrinthitis: causes prolonged constant vertigo with hearing loss, not brief positional attacks.

Final Answer: Benign paroxysmal positional vertigo $\Rightarrow$ **B**

Answer: (B) [Go Back to Q15](#)



Answer Key

Q	Ans	Q	Ans	Q	Ans	Q	Ans	Q	Ans
1	C	2	A	3	C	4	A	5	B
6	D	7	B	8	D	9	C	10	A
11	C	12	D	13	A	14	B	15	B

