

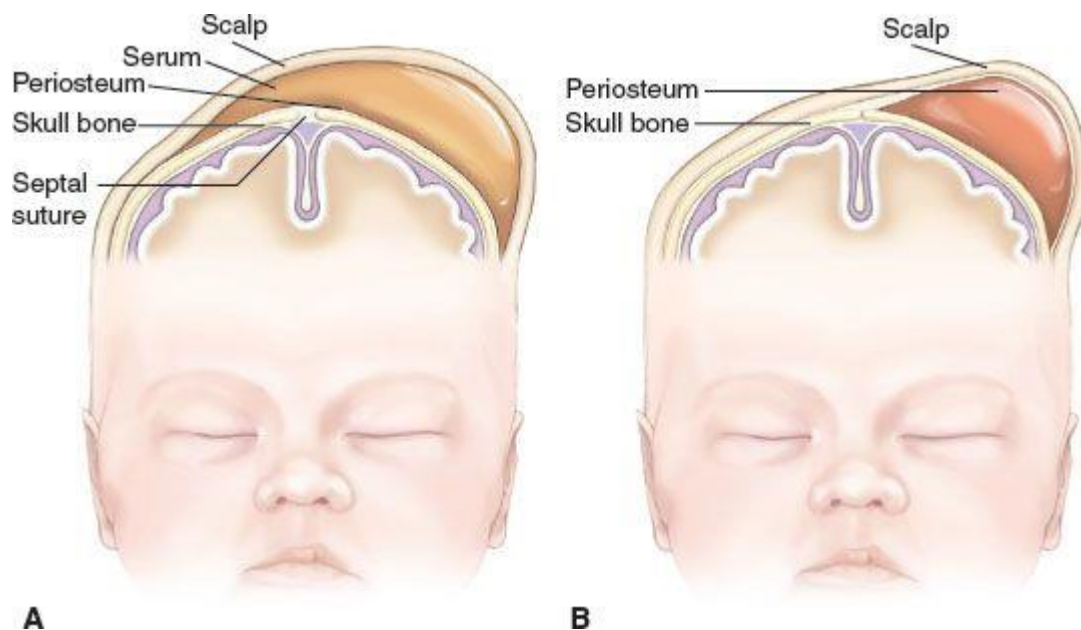


The above picture represent “ Bilateral Black eye”

1. Which is the layer of the scalp from which blood gravitates into the eyelid (0.5 marks)
2. Mention the anatomical reason for this phenomenon (1 mark)
3. Name two other clinical significances of this layer (0.5 marks)
4. What is the reason for calling the fourth layer as the dangerous area of the scalp (1 mark)
5. Name the layers of scalp in order from superficial to deep(1 mark)

BLACK EYE

1. Which is the layer of the scalp from which blood gravitates into the eyelid (0.5 marks)
Loose areolar tissue layer/ Subaponeurotic layer
2. Mention the anatomical reason for this phenomenon (1 marks)
Connective tissue layer of scalp is continuous with the loose connective tissue of eyelids and orbit/ no bony attachment for aponeurotic layer anteriorly
3. Name two other clinical significances of this layer (0.5 marks)
. Caput Succadaneum, Safety valve hematoma
4. What is the reason for calling the fourth layer as the dangerous area of the scalp (1 marks)
Thrombosis of intracranial venous sinuses as a result of spread of infection through valveless emissary veins present here
5. Name the layers of scalp in order (1 marks)
Skin, Connective tissue layer, Aponeurotic layer, Loose connective tissue layer, Pericranium



The above picture depicts two common birth injuries

1. Name the two birth injuries marked A and B (1 mark)
2. How will you differentiate between the two conditions anatomically (2 marks)
3. Which blood investigation is likely to be deranged in Disease B and why (1 mark)

CAPUT SUCCEDANEUM & CEPHALOHEMATOMA

1. Name the two birth injuries marked A and B (1 marks)
Caput succedaneum & cephalohematoma
2. How will you differentiate between the two conditions anatomically (2 marks)
Cephalhematoma does not cross suture lines. Caput succedaneum shows diffuse swelling of scalp.
3. Which blood investigation is likely to be deranged in Disease B and why (1 marks)
Serum bilirubin is elevated, as there is haem breakdown from the blood collected in the scalp



The above picture represents Internal Squint

1. Name the muscle which is likely to be affected in this condition (0.5 marks)
2. How will you test for the action of the affected muscle (0.5 marks)
3. Mention the nerve supply of the affected muscle (0.5 marks)
4. Which is the most common clinical feature in Strabismus(0.5 marks)
5. Name all extra ocular muscles and mention their nerve supply (2 marks)

INTERNAL SQUINT

1. Name the muscle which is likely to be affected in this condition (0.5 marks)

Lateral Rectus

2. How will you test for the action of the affected muscle (0.5 marks)

The subject is asked to move the eye laterally along the horizontal plane

3. Mention the nerve supply of the affected muscle (0.5 marks) : Abducent nerve

4. Which is the most common clinical feature in Strabismus(0.5 marks) : Diplopia

5. Name all extra ocular muscles and mention their nerve supply (2 marks)

All extraocular muscles except lateral rectus and superior oblique by oculomotor nerve.

Lateral rectus by abducent nerve and Superior oblique by Trochlear nerve



The above picture represents External Squint

1. Name the muscle which is likely to be affected in this condition (0.5 marks)
2. How will you test for the action of the affected muscle (0.5 marks)
3. Mention the nerve supply of the affected muscle (0.5 marks)
4. Which is the most common clinical feature in Strabismus(0.5 marks)
5. Name all extra ocular muscles and mention their nerve supply (2 marks)

EXTERNAL SQUINT

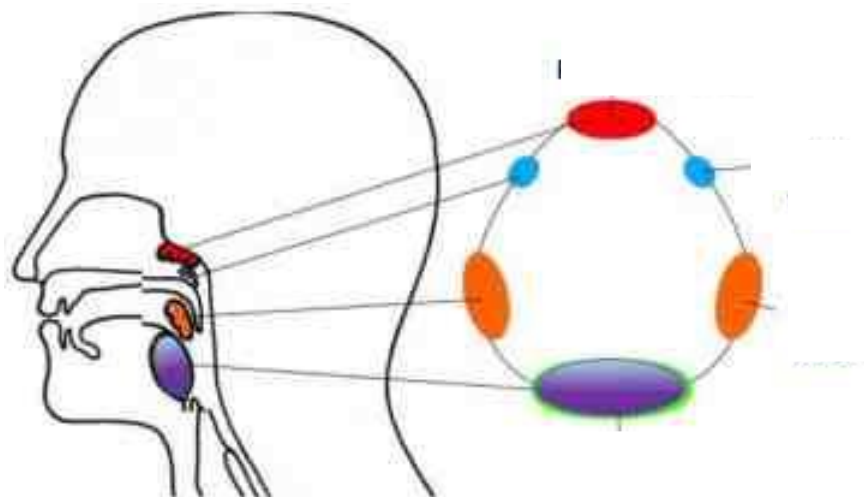
1. Name the muscle which is likely to be affected in this condition (0.5 marks)
Medial rectus

2. How will you test for the action of the affected muscle (0.5 marks)

The subject is asked to move the eye medially in the horizontal plane

3. Mention the nerve supply of the affected muscle (0.5 marks) : Oculomotor nerve
4. Which is the most common clinical feature in Strabismus(0.5 marks) : Diplopia
5. Name all extra ocular muscles and mention their nerve supply (2 marks)

All extraocular muscles except lateral rectus and superior oblique by oculomotor nerve. Lateral rectus by abducent nerve and Superior oblique by Trochlear nerve



1. Mention the components of the Waldeyer's ring (1 mark)
2. Mention the precise location of each of these components (2 mark)
3. In a five year old child with noisy breathing and snoring, which amongst this is likely to be affected (0.5 mark)
4. Mention the development of the structure labeled in Orange color (0.5 mark)

WALDEYER'S RING

1. Mention the components of the Waldeyer's ring (1 mark)
Nasopharyngeal tonsil, tubal tonsil, palatine tonsil, lingual tonsil
2. Mention the precise location of each of these components (2 mark)
Nasopharyngeal tonsil- roof of nasopharynx, tubal tonsil-posterior superior to the tubal opening, palatine tonsil- tonsillar fossa, lingual tonsil- posterior 1/3 of dorsum of tongue
3. In a five year old child with noisy breathing and snoring which amongst this is likely to be affected (0.5 mark)
Adenoid – Nasopharyngeal tonsil
4. Mention the development of structure labeled in Orange color (0.5 mark)
Palatine tonsil- from endoderm of ventral part of 2nd pharyngeal pouch