

76 Diagnosis and management of secretory otitis media

- A Varying head posture may alter the degree of deafness.
- B Pain is an uncommon feature.
- C A mobile eardrum excludes the diagnosis.
- D Cortical mastoidectomy may be necessary.
- E Chronic suppurative otitis media with cholesteatoma may be a late sequela.

77 Late sequelae of otitis media

- A Middle ear atelectasis is usually sited in the posterior half of the ear drum and may be reversed by ventilation.
- B Adhesive otitis media can be satisfactorily managed by division of fibrous bands and insertion of silastic sheeting.
- C The commonest site of intratympanic tympanosclerosis is the stapedius tendon.
- D Dry perforations of the pars flaccida are present in about 60% of cases of middle ear tympanosclerosis.
- E Attic tympanosclerosis may result in the 'fixed malleus syndrome'.

78 Tuberculous otitis media is

- A Usually painless.
- B Associated with multiple perforations of the pars tensa.
- C Occasionally heralded by a mastoid complication such as facial paralysis.
- D Possibly contracted by aspiration of milk via the eustachian tube.
- E Caused by treponema pallidum.