

66 Tubotympanic chronic suppurative otitis media (CSOM)

- A A non-marginal perforation of the pars tensa is usually present.
- B Middle ear polyps should be removed by the naked eye with a snare.
- C Cholesterol granulomata may occur.
- D Copious mucoid discharge is produced.
- E Adenoidectomy may be indicated.

67 Pathogenesis of acquired cholesteatoma

- A Congenital epidermoid rests may break through the outer attic wall.
- B Squamous epithelium from the external meatus can migrate through a marginal perforation.
- C Tumarkin's theory postulates an intratympanic negative middle ear pressure with collapse of the ear drum.
- D Prolonged infection of the middle ear cleft may lead to squamous metaplasia.
- E Bone erosion is mainly due to a pressure effect.

68 In attico-antral CSOM

- A Deafness is always marked if ossicular damage has occurred.
- B Copious malodorous otorrhoea is common.
- C Otagia is commonly a presenting symptom.
- D A central perforation is invariable.
- E Vertigo is due to blockage of the eustachian tube.