

FExNet 2026

Collated SAQs: Ear, Nose and Throat

QUESTION BOOKLET

20 short-answer questions covering the ACEM Fellowship ENT curriculum — epistaxis, deep-neck space infections (peritonsillar, retropharyngeal abscess, Ludwig's), epiglottitis, post-tonsillectomy haemorrhage, otitis (media / externa / mastoiditis / malignant otitis externa), sudden sensorineural hearing loss, foreign bodies, pinna haematoma, septal haematoma, TMJ dislocation, BPPV, sialadenitis, and cervical lymphadenopathy. Stems are written in detailed prose with abbreviations spelt out in full on first use; sub-questions labelled a) b) c) state the required number of responses.

20 questions • 207 marks

ACEM-aligned format. Sub-questions labelled a) b) c). Mark allocations indicative; references cited in the Answer Booklet. Question and answer indexes are clickable.

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Question 1 | Anterior Epistaxis on Anticoagulation (12 marks)

A 68-year-old man presents to your emergency department with ongoing spontaneous-onset epistaxis for 90 minutes. He has a history of chronic atrial fibrillation managed with warfarin, treated hypertension, and aspirin for previous myocardial infarction. On arrival his vital signs are: heart rate 110 beats per minute (irregular), blood pressure 165/95 millimetres of mercury, respiratory rate 18 breaths per minute, peripheral oxygen saturation 98 percent on room air. He is alert and is leaking blood from his right nostril and into his oropharynx with intermittent swallowing of clots. He has lost approximately 200 millilitres into a basin.

a) List 4 important historical features for assessment of this patient. (4 marks)

b) Outline 6 stepwise interventions to control anterior epistaxis from Kiesselbach's plexus (Little's area). (6 marks)

c) List 2 discharge instructions. (2 marks)

Question 2 | Posterior Epistaxis (10 marks)

A 75-year-old female with hypertension and atrial fibrillation (anticoagulated with apixaban) presents with significant epistaxis that has failed to respond to anterior nasal packing applied 1 hour ago. She is now bleeding profusely from the posterior oropharynx and has swallowed an estimated 500 millilitres of blood. Her vital signs are: heart rate 120 beats per minute, blood pressure 95/60 millimetres of mercury, respiratory rate 26 breaths per minute, peripheral oxygen saturation 96 percent on 6 litres oxygen via Hudson mask, temperature 36.5 degrees Celsius.

a) List 3 features distinguishing posterior from anterior epistaxis. (3 marks)

b) State 5 management priorities. (5 marks)

c) List 2 complications of posterior nasal packing. (2 marks)

Question 3 | Peritonsillar Abscess (Quinsy) (11 marks)

A 22-year-old man presents to your emergency department with a 5-day history of severe sore throat, fever, dysphagia, drooling, and trismus. He describes pain that is markedly worse on the right side of his throat and reports that his voice sounds different ('hot potato' speech). On examination he is unwell with a temperature of 39.0 degrees Celsius, heart rate 120 beats per minute, blood pressure 110/65 millimetres of mercury, respiratory rate 22 breaths per minute, and peripheral oxygen saturation 98 percent on room air. Mouth opening is limited to approximately 2 centimetres. The right tonsil is markedly enlarged with displacement of the uvula to the left and fluctuance of the soft palate above the right tonsil.

a) List 3 examination features supporting peritonsillar abscess. (3 marks)

b) State 5 management priorities (with antibiotic regimen). (5 marks)

c) List 3 important differential diagnoses. (3 marks)

Question 4 | Adult Acute Epiglottitis (12 marks)

A 48-year-old man presents to your regional emergency department with a 24-hour history of severe sore throat, dysphagia, fever, and new respiratory distress. He has no significant past medical history. On arrival he is sitting upright in the tripod position, drooling, with marked anxiety and unwillingness to lie flat. He has a soft inspiratory stridor and a hoarse voice. His vital signs are: heart rate 90 beats per minute, blood pressure 140/80 millimetres of mercury, respiratory rate 24 breaths per minute, peripheral oxygen saturation 99 percent on room air, temperature 37.8 degrees Celsius. The nearest tertiary centre is 2 hours' drive away.

- a)** List 4 features assessing the severity of upper airway obstruction in this patient. (4 marks)

- b)** State the likely diagnosis AND list 4 components of immediate management. (4 marks)

- c)** List 4 considerations for transferring this patient to the tertiary centre. (4 marks)

Question 5 | Paediatric Retropharyngeal Abscess (11 marks)

A 4-year-old girl is brought to your emergency department by her parents with a 3-day history of fever, neck pain, and reluctance to swallow. She has had two recent bouts of upper respiratory tract infection. On examination she is febrile (38.8 degrees Celsius), holding her neck stiff with extension, and refuses to move her neck. She has stridor when crying. Vital signs: heart rate 145 beats per minute, respiratory rate 30 breaths per minute, peripheral oxygen saturation 98 percent on room air. Lateral soft-tissue neck radiograph shows widening of the prevertebral space at C2-C4 level.

a) List 4 features supporting retropharyngeal abscess. (4 marks)

b) State 4 immediate management priorities. (4 marks)

c) List 3 complications of retropharyngeal abscess. (3 marks)

Question 6 | Ludwig's Angina (12 marks)

A 25-year-old woman presents to your emergency department with a 3-day history of severe jaw pain and rapidly progressive facial / neck swelling. She had a dental extraction 1 week ago. On examination she has bilateral diffuse swelling and induration of the floor of the mouth and submandibular regions, with elevation and posterior displacement of the tongue. She is drooling with a muffled voice. Vital signs: heart rate 120 beats per minute, blood pressure 130/75 millimetres of mercury, respiratory rate 24 breaths per minute, peripheral oxygen saturation 99 percent on room air, temperature 38.5 degrees Celsius.

a) Define Ludwig's angina AND list 3 supporting examination findings. (3 marks)

b) State 5 management priorities. (5 marks)

c) List 4 indications for emergency cricothyroidotomy AND describe 4 key steps of Seldinger cricothyroidotomy. (4 marks)

Question 7 | Secondary Post-Tonsillectomy Haemorrhage (12 marks)

A 12-year-old boy is brought to your emergency department by his parents with profuse blood loss from his mouth. His clothes are covered in blood. He had undergone tonsillectomy at your hospital 7 days earlier (uncomplicated procedure). On arrival, he is alert (Glasgow Coma Score 15) but pale and sweaty. Vital signs: heart rate 160 beats per minute, blood pressure 75/40 millimetres of mercury, respiratory rate 30 breaths per minute, peripheral oxygen saturation 99 percent on room air. Your initial assessment is that he does not require immediate intubation. Estimated blood loss is approximately 300 millilitres.

a) State 5 initial management steps with drug, dose, and end-point. (5 marks)

b) List 4 anticipated difficulties when intubating this patient AND state your solution for each. (4 marks)

c) List 3 risk factors / aetiological considerations for post-tonsillectomy bleeding. (3 marks)

Question 8 | Acute Otitis Media (10 marks)

A 3-year-old girl is brought to your emergency department by her parents with a 2-day history of right ear pain, fever, and decreased oral intake. She is alert and active but fussy, holding her right ear. Her vital signs are: heart rate 130 beats per minute, blood pressure 90/55 millimetres of mercury, respiratory rate 28 breaths per minute, peripheral oxygen saturation 99 percent on room air, temperature 38.6 degrees Celsius. Otoscopy reveals a bulging, erythematous, opacified tympanic membrane with loss of normal landmarks; the membrane is intact.

- a)** List 3 components of management AND state 3 options for analgesia (with paediatric doses). (3 marks)

- b)** List 4 indications for antibiotic treatment. (4 marks)

- c)** List 3 potential complications. (3 marks)

Question 9 | Acute Mastoiditis (10 marks)

A 5-year-old boy presents to your emergency department with a 7-day history of right ear pain, fever, and now post-auricular swelling. He has been on amoxicillin for the past 5 days for diagnosed acute otitis media but symptoms are worsening. On examination, the right pinna is displaced anteriorly and laterally, with marked post-auricular swelling, erythema, and fluctuance. Otoscopy shows a bulging tympanic membrane with otorrhoea. Vital signs: heart rate 140 beats per minute, blood pressure 95/60 millimetres of mercury, respiratory rate 30 breaths per minute, peripheral oxygen saturation 98 percent on room air, temperature 39.0 degrees Celsius.

a) List 3 examination features of acute mastoiditis. (3 marks)

b) State 4 management priorities. (4 marks)

c) List 3 intracranial complications of mastoiditis. (3 marks)

Question 10 | Otitis Externa and Malignant Otitis Externa (10 marks)

A 72-year-old woman with poorly controlled type 2 diabetes mellitus (HbA1c 9.5 percent) presents to your emergency department with a 2-week history of severe right ear pain that wakes her at night. The pain has been progressively worsening despite topical corticosteroid and antibiotic ear drops. On examination she is afebrile but appears unwell with marked tenderness over the mastoid and right temporomandibular joint. The external auditory canal is oedematous, erythematous, and contains granulation tissue with purulent discharge.

a) Define malignant (necrotising) otitis externa AND list 3 risk factors. (3 marks)

b) List 4 management priorities. (4 marks)

c) List 3 complications. (3 marks)

Question 11 | Benign Paroxysmal Positional Vertigo (10 marks)

A 55-year-old woman presents to your emergency department with a 3-day history of brief episodes of severe vertigo (lasting 30-60 seconds), triggered by changes in head position (rolling in bed, looking up). She has no associated hearing loss, tinnitus, or focal neurological symptoms. She is symptom-free between episodes. Her medical history includes treated hypertension. On examination, neurological examination is normal; gait is normal between episodes.

a) Describe the pathophysiology of BPPV. (3 marks)

b) Describe the Dix-Hallpike manoeuvre AND state the expected positive findings. (4 marks)

c) Describe the Epley manoeuvre — name the steps. (3 marks)

Question 12 | Sudden Sensorineural Hearing Loss (9 marks)

A 55-year-old man presents to your emergency department with sudden-onset right-sided hearing loss that he noticed on waking this morning. He describes associated tinnitus and aural fullness but no vertigo. He has no recent ear infection, trauma, or noise exposure. On examination, his external auditory canals and tympanic membranes appear normal bilaterally. Tuning fork testing (512 Hz) reveals: Weber test lateralises to the LEFT ear; Rinne test is positive (air conduction greater than bone conduction) bilaterally.

a) Define sudden sensorineural hearing loss AND state 3 audiometric criteria. (3 marks)

b) List 3 important differential diagnoses. (3 marks)

c) State 3 management priorities. (3 marks)

Question 13 | Nasal Foreign Body in a Child (10 marks)

A 4-year-old male is brought to your emergency department by his mother who saw him push a green plastic bead into his right nostril 2 hours ago. He is now uncomfortable but otherwise well. Vital signs are within normal limits. On examination of the right nostril, you can see a green spherical foreign body in the anterior portion of the right nasal cavity. The child is mildly cooperative.

- a)** List 2 clinical features suggesting an occult (non-visualised) nasal foreign body. (2 marks)

- b)** List 4 techniques for nasal foreign body removal AND state an advantage and disadvantage of each. (4 marks)

- c)** List 4 indications to refer to an ENT surgeon (rather than attempt removal in the emergency department). (4 marks)

Question 14 | Aural Foreign Body (10 marks)

A 3-year-old boy is brought to your emergency department by his parents who saw him insert a kernel of uncooked popcorn into his right ear canal 1 hour ago. He is cooperative but mildly distressed. On otoscopy, you confirm a dry, light-coloured, round foreign body in the cartilaginous portion of the right external auditory canal. The tympanic membrane is not visualised.

- a)** List 4 techniques for aural foreign body removal AND state an advantage and disadvantage of each. (4 marks)

- b)** List 3 considerations specific to organic matter (vegetable / popcorn) and 3 specific to button battery. (3 marks)

- c)** List 3 indications for referral to ENT for removal under general anaesthesia. (3 marks)

Question 15 | Auricular Haematoma (10 marks)

A 22-year-old man, an amateur rugby player, presents to your emergency department after sustaining a direct blunt blow to his left ear during a match approximately 6 hours ago. The auricle is grossly swollen, tense, with a fluctuant collection over the antihelix and scaphoid fossa. Normal contours of the cartilaginous auricle are obliterated. He has no other associated injuries.

- a)** Explain why an auricular haematoma requires drainage AND state the consequences of inadequate management. (3 marks)

- b)** Describe the technique for drainage of an auricular haematoma in the emergency department (5 steps). (5 marks)

- c)** List 2 indications for referral to ENT or plastic surgery rather than ED drainage. (2 marks)

Question 16 | Nasal Septal Haematoma (9 marks)

A 16-year-old boy presents to your emergency department after a direct blow to the nose during a basketball match 4 hours ago. He is complaining of pain and bilateral nasal obstruction. On examination, the nose is mildly deformed but no external laceration. Speculum examination of both nostrils reveals bilateral fluctuant swelling of the nasal septum, which is wider than the normal septal thickness.

a) Explain why a septal haematoma requires urgent drainage. (3 marks)

b) Describe the technique for drainage in the emergency department. (4 marks)

c) List 2 complications of untreated septal haematoma. (2 marks)

Question 17 | Temporomandibular Joint Dislocation (10 marks)

A 23-year-old woman self-presents to triage with her partner. She is drooling and unable to close her mouth, appearing in significant discomfort. Her partner reports she had been well recently and her symptoms started after she yawned widely 30 minutes ago. On examination, her mouth is held open in an abnormal position, with the lower jaw protruding and the chin deviated. She is unable to bite down. Her vital signs are within normal limits.

- a)** State the diagnosis AND name the anatomical structures involved with direction of displacement. (3 marks)

- b)** Describe approach to imaging. (2 marks)

- c)** Describe 2 techniques for reduction (4 marks — 2 per technique). (4 marks)

- d)** List 2 components of discharge advice. (1 mark)

Question 18 | Pharyngitis and the Centor Criteria (10 marks)

A 16-year-old girl presents to your emergency department with a 3-day history of severe sore throat, fever, and dysphagia. On examination, she has a temperature of 38.5 degrees Celsius, tender anterior cervical lymphadenopathy, exudative tonsillitis, and no cough. Her tonsils are swollen and erythematous with white-yellow exudate bilaterally. She has no other features of upper respiratory tract infection.

a) Describe the modified Centor criteria AND state this patient's score. (4 marks)

b) List 4 indications for antibiotic therapy in pharyngitis. (4 marks)

c) State the antibiotic regimen of choice. (2 marks)

Question 19 | Acute Sialadenitis (9 marks)

A 65-year-old man with type 2 diabetes mellitus and chronic kidney disease presents with a 2-day history of right-sided facial swelling and pain around his ear and jaw. He has noticed that the pain worsens when eating. On examination, there is marked tender swelling over the right parotid region, with overlying erythema. Stensen's duct (in the buccal mucosa opposite the upper second molar) is erythematous, with expression of purulent material on massage of the gland.

a) List 3 clinical features distinguishing acute bacterial sialadenitis from viral parotitis. (3 marks)

b) List 3 immediate management priorities. (3 marks)

c) List 3 indications for surgical / interventional drainage. (3 marks)

Question 20 | Cervical Lymphadenopathy in an Adolescent (10 marks)

A 16-year-old boy is brought to your emergency department by his parents with a 6-day history of fever, fatigue, weight loss, and a non-painful firm lump on the left lateral neck. He denies cough, dyspnoea, or gastrointestinal or urinary symptoms. On examination, his vital signs are: heart rate 110 beats per minute, blood pressure 108/62 millimetres of mercury, respiratory rate 18 breaths per minute, peripheral oxygen saturation 98 percent on room air, temperature 39.2 degrees Celsius. There is a 4 by 5 centimetre rubbery, non-tender, non-mobile mass in the left supraclavicular region. Tonsils are normal. Spleen is palpable 2 centimetres below the costal margin.

a) List 3 important differential diagnoses. (3 marks)

b) List 4 important historical features to elicit. (4 marks)

c) List 3 investigations with rationale. (3 marks)
