

Name: Infanullah 19- _____ Marks: _____

Note: Read the text carefully and choose the correct one & encircle your answer in the answer column only.

S. No.	Text of the Question	Answer
1.	The social measure for improvement in environmental health is: a) Chemical and radiation aspects b) Food safety c) Health education d) Vector control e) Prevention of epidemics	A B C D E
	C	
	$a, b, c, d, e = \text{initial correction}$ $c \rightarrow \text{next to} = \text{Final correction}$ mcq \#	
2.	The most harmful effect of air pollution on human life is: a) Asthma b) Alzheimer's disease c) Excessive premature mortality d) Ventricular Hypertrophy e) Lung cancer	A B C D E
	e	
3.	The major component of greenhouse gases is: a) Carbon dioxide b) Carbon monoxide c) Methane d) Ozone e) Water vapors	A B C D E
	e	
4.	The immediate biological effect/s of radiation are: a) Carcinogenesis b) Fetal developmental abnormalities c) Mutations d) Radiation sickness e) Shortening of life	A B C D E
	d	
5.	According to CDC, the most commonly found but most hard to detect chemical in well water is: a) Arsenic b) Calcium c) Nitrates d) Nitrites e) Radon	A B C D E
	e	
6.	Solid waste that includes bulky items such as old refrigerators, couches, large tree stumps, or construction and demolition waste is called: a) Ash b) Garbage c) Rubbish d) Refuse e) Trash	A B C D E
	e	
7.	The most effective method of killing bacteria in water, but impracticable on large scale is: a) Boiling b) Chlorination c) Iodine d) Potassium permanganate e) UV radiation	A B C D E
	a	
8.	The chemical that indicates the recent pollution of water, except for the deep wells is: a) Arsenic b) Albuminoidal ammonia c) Chlorides d) Nitrates e) Nitrites	A B C D E
	e	
9.	The biomedical waste that should not be disposed-off in incinerator include: a) Needles b) Lab cultures c) Sealed ampules d) Pressurized containers e) Option C & D	A B C D E
	e	
10.	The most important step in hospital waste management is: a) Storage b) Segregation c) Transport d) Collection e) Disposal	A B C D E
	b	
11.	Pellagra is caused by the deficiency of which vitamin? a) Vitamin B1 b) Vitamin B2 c) Vitamin B3 d) Vitamin B4 e) Vitamin B5	A B C D E
	c	

12. Gomez malnutrition classification is based on which of the following parameters? a) Chest and waist b) Height and age c) Waist and hip d) Weight and age e) Weight and height	d	A B C D E
13. TT2 should be administered a) 1 month after TT1 b) 6 months after TT1 c) 1 year after TT1 d) 5 years after TT1 e) 2 weeks after TT1	a	A B C D E
14. Which one of the following is a pillar of safe motherhood? a) Equity for women b) Primary health care c) Communication for behavior change d) Family planning e) Infertility	d	A B C D E
15. The time period before the antibodies are produced in the blood after HIV infection when patient is infectious but tests negative on standard antibody blood test is called: a) Incubation period b) Infectious period c) Latent period d) Communicable period e) Window period	e	A B C D E
16. The principal of Ergonomic dictates a) Fitting worker to the job b) Fitting the job to the worker c) Fitting the machinery to the work d) Fitting the job to the environment e) Prevent loss of production	b	A B C D E
17. A broad-based population pyramid showing a very rapid population increase is featured by which of the following stages of demographic transition? a) Stage 0 b) Stage 1 c) Stage 2 d) Stage 3 e) Stage 4	c	A B C D E
18. What is the most commonly used drug for the treatment of acute bacterial UTI's in both males and females? a) Rifampin b) Amoxicillin c) Miconazole d) Nitazoxanide e) None of the above	e	A B C D E
19. A 57 year old man who has benign prostatic hypertrophy comes in for a checkup and complains that he is having some difficulty in urination. Physical examination indicates that the man has a blood pressure of 160/100 mmHg. which of the following medications would be useful in this conditions? a) Amlodipine b) Valsartan c) Tamsulosin d) Clonidine e) Terazosin	e	A B C D E
20. Which of the following drugs is useful in treating severe secretory diarrhea, hormone secreting tumors of pancreas (adenoma) and acromegaly? a) Pegvisomant b) Somatropin c) Octreotide d) Mecasermin e) Leuprolide	c	A B C D E
21. A 25 year old diabetic female who is on regular insulin treatment visits medical OPD with frequent complaints of palpitations and a localized rash on abdomen. Which of the following is most common adverse effect associated with Insulin? a) Allergic reactions b) Hypoglycemia c) Local lipid atrophy d) Local lipid hypertrophy e) Weight loss	b	A B C D E
22. Thyroid storm presents with extreme symptoms of hyperthyroidism. The treatment of thyroid storm is same as for hyperthyroidism. For blunting widespread sympathetic stimulation in an asthmatic hyperthyroid patient, which of the following is drug of choice? a) Propranolol b) Metoprolol c. Diltiazem. d - Nadolol. e. Timolol.	b	A B C D E

<p>23. A 60 year old known diabetic patient is suffering from heart failure. Which of the following antidiabetics can exacerbate symptoms of congestive cardiac failure and should be avoided in such patients?</p> <p>a) Acarbose b) Metformin c) Pioglitazone d) Sitagliptin e) Tolbutamide</p>	<p>A B C D E</p>
<p>24. A 47 years old female patient presents with complaints of flushing, sweating and features suggestive of depressive illness. The attending doctor decides to prescribe estrogen as part of hormone replacement therapy. Which of following is NOT an effect of Estrogens?</p> <p>a) Increased plasma LDL b) Decreased plasma Triglycerides c) Increased plasma Leptin d) Increased plasma sex hormone binding globulin e) Increased plasma transferrin</p>	<p>A B C D E</p>
<p>25. Which of the following statement is not true regarding oxytocin?</p> <p>a) Estrogen increases oxytocin production and number of oxytocin receptors b) It has a titratable action c) It has short half-life d) It is less likely to affect fetal descent e) In IV bolus, it can have anti-diuretic and pressor effect</p>	<p>A B C D E</p>
<p>26. Which of the following is the main mechanism of action of combination oral contraceptives:</p> <p>a) Change in motility and secretion of uterine tubes b) Change in the cervical mucus c) Change in the endometrium d) Inhibition of ovulation e) Stimulation of uterine contractility</p>	<p>A B C D E</p>

S. No.	Text of the Question	Answer
27-	In Hashimoto thyroiditis, all of the following are true EXCEPT a) Females are affected more than males b) Gradual thyroid failure by autoimmune destruction of the thyroid gland c) Under the microscope hurthle cells are present d) Lymphoma can occur in these patients e) Amyloid deposition is seen	A B C D E
28-	Growth hormone adenomas are characterized by all the following EXCEPT. a) Gigantism b) Acromegaly c) Impaired glucose tolerance d) Cushing syndrome e) E. Cardiomegaly	A B C D E
29-	The most important feature differentiating feature between thyroid adenoma and carcinoma is? a) Capsular and vascular invasion b) Pleomorphism c) Microfollicles d) Hurthle cell change e) Prominent nucleoli	A B C D E
30-	Disruption of clock genes play an important role in the pathogenesis of which type of Diabetes. a) Diabetes Insipidus b) Gestational Diabetes c) Latent autoimmune diabetes of adult d) Type 1 diabetes e) Type 2 diabetes	A B C D E
31-	Amyloid deposition is seen within pancreas in which type of diabetes a) Diabetes Insipidus b) Gestational Diabetes c) Latent autoimmune diabetes of adult d) Type 1 diabetes e) Type 2 diabetes	A B C D E
32-	A 65 year male presented with bilateral breast enlargement. Microscopic examination of the biopsy specimen showed an increase in the number of ducts and dense cellular stroma while lobules were absent. Which of the following is less likely the cause of this condition? a) Alcohol b) Anabolic steroids c) Cirrhosis of liver d) Increased level of testosterone e) Leydig cell tumor of testes	A B C D E
33-	A 35-year female presented with multiple warts on vulva and perineum. Histopathology of the biopsy specimen showed papillary cores of stroma covered by keratinized stratified squamous epithelium. Most of the cells in epithelium revealed koilocytosis. Which of the following is the cause of this lesion? a) Candida Albicans b) Herpes simplex virus c) High-risk HPV d) Low-risk HPV e) Neisseria gonorrhoea	A B C D E
34-	45-year women presented with nipple discharge and retraction in the right breast. An ill-defined nodule was biopsied. It revealed ducts filled with inspissated fluid and surrounded by plasma cell-rich chronic inflammatory infiltrate and fibrosis. Which of the following is the most likely diagnosis? a) Abscess b) Fat Necrosis c) Infiltrating ductal carcinoma d) Mammary Duct Ectasia e) Radial Scar	A B C D E
35-	A 35-year female presented with a right adnexal mass. A gross examination showed a cystic mass with hair and cheesy material. What is the most likely diagnosis? a) Cystadenocarcinoma b) Immature teratoma c) Mature cystic teratoma d) Mucinous cyst adenoma e) Serous cyst adenoma	A B C D E
36-	Pap test is a screening test for a) Breast carcinoma b) Cervical cancer c) Ovarian cancer d) Vulvar cancers e) Tumors involving the nipple	A B C D E

	A	B	C	D	E
37- Proliferative breast disease without atypia includes all of the following EXCEPT a) Complex sclerosing lesions b) Epithelial hyperplasia c) Fibrocystic changes d) Intraductal papilloma e) Sclerosing adenosis			C		
38- Autosomal dominant polycystic kidney disease is a type of kidney disease with following features. Which feature do you think is not related to this disease. a) Abnormal proteins causing defective - Cell - cell-matrix interactions b) It shows Slow progression c) Mostly Caused by PKD1 (85%), PKD2 (10%) d) Renal cystic dysplasia is important morphological type e) Systematic disorder with multiple cysts in Kidneys, Liver, Spleen, Pancreas and Lung					
39- Autosomal recessive polycystic kidney disease has following features <u>except</u> : a) Death occurs due to renal failure and lung hypoplasia b) One copy of altered gene is enough to cause disease c) It is a Rare disease d) It manifest as Perinatal, Neonatal, Infantile and Juvenile forms. e) Liver - congenital hepatic fibrosis - portal hypertension are important related feature				b	
40- Rapidly progressive glomerulonephritis is a morphological entity characterized by: a) Also called as lipoid nephrosis b) Classified in to three groups on the bases of immunology c) Histologically shows the presence of crescents. d) It is not a specific form of glomerular injury e) Rapid and progressive loss of renal functions			C		
41- Regarding Pathogenesis of glomerular injury all the statements are false <u>except</u> . a) Etiological agent & triggering agents are mostly known b) Most forms of glomerulonephritis have non- immune bases c) Good pasture syndrome is a type of immune-complex disease d) Cytotoxic antibodies activate mast cells e) Activation of alternate complement pathway is important in pathogenesis of some forms			C		
42- The Glomerular Syndromes include the following <u>except</u> : a) Nephritic syndrome b) Nephrotic syndrome c) Rapidly progressive glomerulonephritis d) Chronic renal failure e) Renal cystic dysplasia				e	
43- Glomerulonephritis is a type of glomerular injury characterized by: a) Endostreptolysin & nephritis strain associated protein are responsible triggering agents b) strains of group A.β hemolytic streptococci are important as (1, 4, 12) c) morphologically the Glomeruli are enlarged & hypercellular d) glomerular Involvement is diffused & global e) IGG, IGM and C3 are not present in florescent microscopy			C		
44- Following conditions may be associated with urolithiasis except a) Shows a common male predominance b) Habit of eating stones is always present c) Infections of kidney, some metabolic diseases and environmental factors play arole d) Microscopic hematuria may be present e) X ray and ultrasound are important investigations					b
45- Following are malignant tumors of kidney except a) Multilocular cystic renal cell carcinoma b) Clear cell (conventional) renal cell carcinoma c) Papillary (chromophil) renal cell carcinoma d) Chromophobe renal cell carcinoma e) Nephroblastoma			a		
46- Following are childhood tumors of the kidney a) Collecting duct carcinoma b) Medullary carcinoma c) Rhabdoid tumor d) Mucinous tubular and spindle cell carcinoma e) Renal cell carcinoma, unclassified				a	
47- All the following statements are true about germ cell tumors of testis except a) Testicular germ cell tumors are associated with a spectrum of disorders known as <i>testicular dysgenesis syndrome (TDS)</i> . b) Environmental factors play a role in the incidence of testicular germ cell tumors c) Most testicular germ cell tumors originate from lesions called <i>intratubular germ cell neoplasia</i> d) Seminomas, Embryonal Carcinoma, Yolk Sac Tumor, Choriocarcinoma and mucinous cyst adenoma are important types e) Seminoma is most common type					b
48- Regarding morphology of prostatic carcinoma following statements are incorrect a) Divided into two major categories: Peripheral duct carcinoma & Large (primery duct carcinoma) b) Ranges from anaplastic to highly differentiated neoplasm c) The grading schema used for prostate cancer is the Gleason system d) Prostatic intraepithelial neoplasm may be a precursor lesion e) Tumor is graded on a scale of 1 to 4					e

<p>49- Following are not the usual tumors of urinary bladder</p> <ul style="list-style-type: none"> a) Exophytic papilloma b) Inverted papilloma c) Alveolar soft part sarcoma d) Papillary urothelial neoplasms of low malignant potential e) Low-grade and high-grade papillary urothelial cancers 	<p style="text-align: center;">a</p> <p style="text-align: center;">A B C D E</p>
<p>50- Causing a women with a child whose organs have been partially formed to be aborted is called</p> <ul style="list-style-type: none"> a) Isqat e harnal b) Isqat e janin c) Criminal abortion d) Infanticide e) Incomplete abortion 	<p style="text-align: center;">b</p> <p style="text-align: center;">A B C D E</p>
<p>51- The child who is born after 28 weeks of pregnancy and it did not show any signs of life, at any time after being completely born is a.</p> <ul style="list-style-type: none"> a) Live born child b) Still born child c) Dead born d) Macerated child e) Infanticide 	<p style="text-align: center;">c</p> <p style="text-align: center;">A B C D E</p>
<p>52- Spaulding sign is observed in</p> <ul style="list-style-type: none"> a) Putrefaction b) Maceration c) Precipitate labor d) Fetus with congenital anomalies e) Twin pregnancy 	<p style="text-align: center;">b</p> <p style="text-align: center;">A B C D E</p>
<p>53- "Superfoetation" means</p> <ul style="list-style-type: none"> a) Ectopic pregnancy b) Twin pregnancy c) Pregnancy resulting in precipitate labor d) Fertilization of two or more ova liberated in the same cycle e) Fertilization of two or more ova liberated in the different cycles 	<p style="text-align: center;">e</p> <p style="text-align: center;">A B C D E</p>
<p>54- Hagar's sign of pregnancy means</p> <ul style="list-style-type: none"> a) Softening of lower uterine segments b) Softening of cervix of uterus <i>goodells</i> c) Vaginal mucosa is bluish in color <i>chadwick</i> d) Blowing murmur is heard on the side of uterus <i>soufling</i> e) Black line extending from pubis to umbilicus <i>linea nigra</i> 	<p style="text-align: center;">a</p> <p style="text-align: center;">A B C D E</p>
<p>55- Most important sign of defloration is.</p> <ul style="list-style-type: none"> a) Enlarged fleshy breasts b) Enlarged nipples c) Dilated vaginal canal d) Ruptured hymen e) Enlarged clitoris 	<p style="text-align: center;">d</p> <p style="text-align: center;">A B C D E</p>
<p>56- In case of transplantation of regenerative tissue, what is the restriction of age between siblings</p> <ul style="list-style-type: none"> a. Not less than 18 years b. Not less than 21 years c. Not less than 25 years d. No restriction of age e. None of the above 	<p style="text-align: center;">d</p> <p style="text-align: center;">A B C D E</p>

BLOCK L

Q57. What is most common organism causing urinary tract infection in pregnancy.

- a. Staph Aureus
- b. Candidiasis
- c. E. Coli
- d. Pseudomonas
- e. Klebsella

C

Q58. What is the most effective method of emergency contraception?

- a. Tablet Levonorgestrel (1.5 mg)
- b. Copper IUCD
- c. LNG – IUS/ mirena
- d. Injection depo provera
- e. Combined oral contraceptive pills

b

Q59. Failure rate of male barrier method of contraception is

- a. 1%
- b. 5%
- c. 8%
- d. 15%
- e. 10%

d

e ← Q60. A 30 years old P8 AL8 obese lady all vaginal deliveries, (last baby born 1 year old) has attended family planning OPD to get advised about future contraception. She is hypertensive with history of hemorrhagic stroke 6 months back. Now she is stable taking only anti hypertensive medication.

Which method of contraception is not suitable for her.

- a. Depoprovera (Injectable progesterone)
- b. Copper IUCD
- c. Progesterone only pills
- d. Levonorgestrel releasing intrauterine contraception device (Mirena)
- e. Combine oral contraceptive pills

b

d ← Q 61. A 45 year old p5 AI5 presents to you in OPD with complaints of heavy menstrual bleeding for last 3 year. Her USG shows fibroid uterus of 10x12 cm.

What is the best treatment option?

- a. Progesterone
- b. Myomectomy
- c. Uterine artery embolization
- d. Hysterectomy
- e. Mirena

B ← Q62. Submucosal fibroids most commonly presents with which of the following?

- a. Inter menstrual bleeding
- b. Subfertility
- c. Pregnancy loss
- d. Heavy menstrual bleeding
- e. Pressure perineum and pain

d

Q63. A 35 years old women presents with complaints of profuse vaginal bleeding. She also has a history of abortion 4 month ago. On examination the uterus is soft & bulky, both ovaries are enlarged & cystic, and the pregnancy test is positive. The probable diagnosis is?

- a. Incomplete abortion
- b. Malignant ovarian tumor
- c. Persistent trophoblastic disease
- d. Dysfunctional uterine bleeding.
- e. Chronic ectopic pregnancy

C

D ← Q64. A 30 year old women G6 P5 presents with 28 weeks size uterus at 20 weeks gestation. On ultrasound she is diagnosed with molar pregnancy.

What is the best treatment option for her?

- a. Medical induction with prostaglandin.
- b. Hysterectomy
- c. Hysterotomy
- d. Suction curettage
- e. Dilatation and curettage

ee

Q65. A 25 years old G2P1A1 present to labour ward with 6 weeks amenorrhoea, severe abdominal pain and fainting attacks, Her BP is 90/60 with pulse rate of 120/min.

What is probable diagnosis of this patient?

- a. Missed miscarriage
- b. Ectopic pregnancy ✓
- c. Normal intrauterine pregnancy
- d. Threatened miscarriage
- e. Molar pregnancy

b

B ← Q66. A 30 years old G4P3A13 with previous one C-Section, presented with amenorrhoea of 8 weeks and severe abdominal pain. She is in shock, with cold clammy extremities. Her initial resuscitative management has been started.

What is definite treatment option for her?

- a) Laproscopy
- b) Laparotomy
- c) Inj Methotraxate
- d) conservative management
- e) Inj KCL

C

Q67. 60 years old lady, post menopausal since 10 years, presents in gynaecology OPD with history of post menopausal bleeding since last one month. On clinical examination she looks pale. Local gynecological examination shows fleshy polypoidal growth in cervix and uterus is bulky.

What is most common histological subtype of carcinoma endometrium?

- a. Clear cell carcinoma.
- b. Squamous cell carcinoma.
- c. Endometroid adenocarcinoma.
- d. Serous cell carcinoma.
- e. Adenosarcoma.

C

Q68. 65 years old post menopausal lady presents in gynaecology OPD with history of post menopausal bleeding since 3 months. She is diabetic since 2 years and is taking metformin for it. She is also taking tamoxifen therapy after surgery for carcinoma breast. Her clinical examination is unremarkable and trans vaginal ultrasound is advised for endometrial thickness.

What is cut off value for endometrial thickness for further evaluation of post menopausal bleeding.

- a. 2 millimeter.
- b. 3 millimeter.
- c. 4 millimeter.
- d. 5 millimeter.
- e. 6 millimeter.

C

Q69. A 35 years old women P4A14 known diabetic present to opd for contraception. She has history of VTE in previous pregnancy and family history of breast cancer. Which type of contraception is best for her

- a. COCPs
- b. LNG-IUS
- c. Cu IUD
- d. implant
- e. progesterone only pills

C

Q.70. You are doing your opd with your consultant. you see a patient who is having gestational amenorrhoea of 12 weeks, she is having complaints of per vaginal bleeding & dull lower abdominal ache. Her scan which was done 2 weeks back which was showing normal intrauterine pregnancy with positive cardiac activity. On scan which is done today is showing 11 weeks pregnancy with absent cardiac activity.

What is probable diagnosis?

- a- Incomplete Miscarriage
- b- Inevitable Miscarriage
- c- Threatened Miscarriage
- d- Missed Miscarriage
- e. Septic Miscarriage

d

Q71. You are working as a house officer in Labour ward & you receive a patient in shock. On inquiry her attendant is giving history of gestational amenorrhoea of 10 weeks & this was followed by heavy per vaginal bleeding resulting in shock. On examination there is soft/ non tender abdomen & there is 8 weeks uterus with open cervical os & heavy bleeding. You started management of shock. Your PGR ask you about probable diagnosis,

What is your probable diagnosis?

- a- Missed miscarriage
- b-Threatened Miscarriage.
- c- In Complete Miscarriage
- d- Complete Miscarriage
- e.Recurrent miscarriage

C

Q72. Sarah, a 30-year-old woman, has been experiencing severe menstrual cramps and pelvic pain for several months. She also complains of pain during sexual intercourse and irregular menstrual cycles. She recently had difficulty getting pregnant

What is the most likely condition Sarah may be suffering from?

- a) Polycystic Ovary Syndrome (PCOS)
- b) Uterine fibroids
- c) Endometriosis
- d) Pelvic inflammatory disease (PID)
- e) Cervicitis

C

Q73. Aleena, a 25-year-old woman, has a strong family history of endometriosis. She presents with chronic lower abdominal pain that worsens during her periods. On examination, her healthcare provider notes the presence of tender nodules in her pelvic region.

What is one of the main complications associated with endometriosis?

- a. Osteoporosis
- b. Infertility
- c. Migraines
- d. Skin rashes
- e. PID

b

Q74 . Sarah and Ahmed, a couple in their late twenties, have been trying to conceive for a year without success. They have regular sexual intercourse and no history of contraception use. Sarah's menstrual cycles are regular.

What is the most appropriate initial diagnostic test for evaluating their infertility?

- a) Hysterosalpingogram (HSG)
- b) Semen analysis
- c) Laparoscopy
- d) Hormone level testing for Sarah
- e) Hormone level of Ahmed

b

Q75: Ayesha, a 30-year-old woman, has been experiencing heavy, painful periods and discomfort during sexual intercourse. She and her partner have been trying to conceive for several months without success. What diagnostic test should be considered to assess Ayesha's fertility?

- a) Hormone level testing
- b) Hysterosalpingogram (HSG)
- c) Pelvic ultrasound
- d) Genetic testing for her partner
- e) Husband semen analysis

C

Q76 There is a 25 years old nulliparous patient presented in Gynae opd with complaints of heavy menstrual bleeding for the last 2 years & it is not responding to pharmacological management. She is eager to start her family too. On USG there is about 8 cm intramural fibroid in fundal region. She wants definite treatment for this fibroid as her Hb has dropped to 5g/dl.

What is treatment of choice for this patient?

- a- Myomectomy
- b- Uterine artery embolization
- c- Hysterectomy.
- d- Endometrial ablative procedure.
- e. DnC

a

Q77 A 30 years old presented in Gynae opd with history of previous three 2nd trimester miscarriages at (14, 16 & 18 weeks) of gestation. She is very upset & wants to know the probable cause of her recurrent miscarriages. On further inquiry she gives history of painless spontaneous expulsion.

What could be probable cause?

- a-Antiphospholipid antibody syndrome.
- b-Anti thrombin three deficiency.
- c- Cervical Incompetence.
- d- Asherman Syndrome.
- e. PCOS

C

Q.78. An 84-year-old woman presents with vaginal bulge and pressure as well as urinary frequency and urgency. She describes episodes when she could not pass urine when she goes to the toilet. Examination revealed a third degree anterior vaginal wall prolapse; moderate uterine prolapse and moderate posterior vaginal wall prolapse.

What is the next most appropriate step in her management?

- a - Admission to hospital for vaginal packing and self retaining catheter
- b - Insertion of a shelf pessary and booking pessary replacement as usual
- c - Not inserting the pessary, using local oestrogen cream and booking another appointment in 2 weeks to insert a new ring pessary
- d - AP repair
- e - Vaginal hysterectomy and AP repair

e

Q79. A white 40-year-old woman presents with moderate uterine prolapse, severe anterior and posterior vaginal wall prolapse. She has 3 children, all born vaginally. She suffers from asthma, which is well controlled on inhalers (seretide 2 puffs 3 times a day and ventolin as required). Her mother had vaginal hysterectomy for pelvic organ prolapse. Her body mass index is 37.

Which risk factor could be modified to improve the safety and effectiveness of any surgical procedure carried out for her pelvic organ prolapse

- a - Asthma
- b - Being white
- c - Body mass index
- d - Family history of pelvic organ prolapse
- e - Parity

C

Q.80. Which of the following is not a part of broad ligament of uterus ?

- a. ovarian ligament ✓
- b. fallopian tubes ✓
- c. ureters ✓
- d. suspensory ligaments ✓
- e. ovaries.

e

Q81. A 36 years old para 2 who is HIV positive with a CD 4 count of 100 has been recently started on antiretrovirals. She has attended for her routine cervical smear and mentions that she has developed an ulcer on her labia. Clinically this is vulval herpes simplex virus.

What is the best treatment regime for her?

- a. Oral Aciclovir 200mg five times a day for 5 days.
- b. Oral Aciclovir 200mg 7-10 times a day for 5 days.
- c. Oral Aciclovir 400mg five times a day for 5 days.
- d. Oral Acilovir 400mg five times a day for 7-10 days.
- e. Oral Acilovir 800mg five times a day for 5 days.

d

Q82. A 28 year old para 3 presents with vulval pruritus and burning. She reports dysparunia and copious foul smelling greenish vaginal discharge. On examination there is erythema of the vulva as well as petechiae of the upper vagina and cervix (strawberry cervix).

What is the most likely diagnosis?

- a. Chlamydia
- b. Gonorrhoea
- c. Syphilis
- d. Trichomonas Vaginalis
- e. Candidiasis.

d

Q83. A 16 year old girl came with her mother for the HPV vaccine as she missed the school immunization programme.

What does she need to do next?

- a. There is no need to give vaccine.
- b. She needs 2 doses of vaccine one month apart.
- c. She needs 2 doses of vaccine 6 months apart.
- d. She needs 3 doses of vaccine 6 months apart.
- e. She needs 3 doses of vaccine with the 2nd dose after one month and 3rd dose after 6 months from 1st dose.

e

Q84. A 24 Years old comes to clinic complaining of multiple groups of painful ulcers. on examination the base of the ulcer was edematous and inguinal lymph nodes were painful.

What is the most likely diagnosis?

- a. Chancroid
- b. Granuloma inguinale
- c. Herpes simplex virus
- d. Lymphogranuloma venereum
- e. Syphilis.

d

Q85. During a diagnostic laparoscopy on a 28 year old female for chronic pelvic pain, you noticed adhesion and inflammation of the liver capsule and adjacent peritoneum (fitz-hugh-curtis syndrome)

What is the most likely causative organism?

- a. Calymmatobacterium granulomatis
- b. Chlamydia trachomatis
- c. Haemophilus ducreyi
- d. HSV-type 2
- e. Treponema pallidum.

b

Q86. Your consultant examine a 65 years old patient who presented with symptoms of pelvic organ prolapse. she had hysterectomy 10 years back. on examination prolapse is noted and the most distal portion of prolapse protrudes more than 2cm below the hymen.

What is the stage of prolapse?

- a. Stage 0
- b. Stage 1
- c. Stage 2
- d. Stage 3
- e. Stage 4.

d

e ← Q87. A 60 year old para 4 on a continuous combined HRT regimen presents with a history of 2 weeks irregular PV bleeding.

What is the most appropriate next step in her management?

- a. Dilation and curettage
- b. Norethisterone 5mg TDS
- c. Pipelle endometrial biopsy
- d. Sequential combined HRT
- e. Trans vaginal USG.

C

Q88. A 26 years old nulliparous women, married since 2 years present to Gynae OPD with delayed menstruation and reduced menstrual flow since last 4 years. now she has secondary amenorrhoea for 3 months. on clinical examination her BMI is 29kg/m². She has hirsutism and her thyroid gland is slightly enlarged.

What is commonest cause of secondary amenorrhoea in young reproductive age?

- a. Hypothyroidism
- b. Polycystic ovarian disease
- c. Benign ovarian cysts
- d. Adrenal tumours
- e. Pituitary adenoma.

b

Q89. A 32 years old para 2 presents in gynae Opd with hypo oligomenorrhoea for 2 years. She also complains of weight gain, hirsutism. On clinical examination her BMI is 30kg/m².

Which clinical features are included in Rotterdam criteria for polycystic ovarian disease?

- a. oligomenorrhoea, acne and hirsutism
- b. Increase BMI and weight gain
- c. Acne and hirsutism
- d. Alopecia, dry skin and weight gain.
- e. Weight gain and oligomenorrhoea

a

Q90. A 55 year old female presented with abdominal mass. She undergoes exploratory laparotomy. Both ovaries were enlarged so TAH and BSO done. Pathology report shows Krukenburg tumour indicating which one of the following?

- a. ectopic pregnancy
- b. Endometriosis
- c. Ca cervix
- d. Ca endometrium
- e. Metastatic Ca

e

Q91. A 45 year old patient is found to have a large cervical cancer infiltrating into the right parametrium, although not reaching the pelvic side wall.

What stage of disease is this?

- a. Stage IB
- b. Stage IIA
- c. Stage IIB
- d. Stage IIIA
- e. Stage IIIB.
- f.

C

Q92. A 15 Years old patient presents to you with left lower abdominal pain. USG shows a solid 10cm left ovarian mass. Her LDH is raised and serum bHCG, afp and Ca125 are in normal range.

What is the most likely diagnosis?

- a. Dysgerminoma.
- b. Choriocarcinoma
- c. Embryonal cell carcinoma
- d. Yolk sac tumour
- e. Serous adenocarcinoma.

a

Q93. You see a 62 Year old woman in urogynae clinic with complaints of urgency, daytime frequency, nocturia and urge incontinence.

What is your initial step in management?

- a. Pelvic USG
- b. Frequency volume chart
- c. Urodynamics
- d. Cystoscopy
- e. Q-tip test.

b

Q94. Which one of the following is not related to a problem arising from pelvic floor dysfunction?

- a. Sexual dysfunction
- b. Cervical incompetence
- c. Fecal incontinence
- d. Urinary incontinence
- e. Pelvic organ prolapsed

a

Q95. A 50 years old female comes to OPD with hot flushes, bodyaches and amenorrhoea for one year.

Which one of the following test will confirm her menopausal status?

- a. serum FSH
- b. Serum LH
- c. BhCG
- d. Estrogen levels
- e. Serum progesterone

a

Q96. A 60 Years old present to OPD with post menopausal symptoms.

What is the most serious negative effect of menopause?

- a. Hot flushes
- b. Insomnia
- c. Osteoporosis
- d. Heart disease
- e. C and D

e

Block I theory Exam

Paper 4.

Q. 97 An 18-year-old girl presented with shortness of breath and blood in sputum. She didn't pass urine for the last 24 hours. On catheterization, she had 50 ml urine in the bag. Chest X ray showed bilateral infiltrates. WBC: 9000/mm, Creatinine: 6.5mg/dl. Urine RE: protein 1+, RBC: Numerous

- a. Post streptococcal GN
- b. Goodpasture Syndrome
- c. IgA nephropathy
- d. Minimal Change Disease
- e. Membranous Nephropathy

b

Q. 98 A 50-year-old patient, known case of Membranous Nephropathy and treatment failure, was on conservative treatment for several years. Now he complained of loss of appetite and generalized weakness.

Urea: 150mg/dl, Creatinine 5.5mg/dl, Potassium: 5.5 mEq/L, Bicarbonate: 18 mEq/l

Which of the following treatment modalities ensures the best chances of survival?

- a. Conservative Treatment
- b. Hemodialysis via Fistula
- c. Renal Transplantation
- d. Sodium Bicarbonate
- e. Immunosuppression

c

Q. 99 A 52-year-old known diabetic patient was found to have proteinuria on routine urine examination. Blood pressure was 155/90 mmHg on amlodipine 10mg once daily. Creatinine was stable at 1.3mg/dl. Diagnosis of diabetic nephropathy was made.

Which of the following should be added for his blood pressure management?

- a. Calcium channel blocker
- b. Beta blocker + alpha blocker
- c. Angiotensin Receptor Blocker
- d. Beta blocker + Thiazide Diuretic
- e. Loop Diuretic + Indapamide

c

Q. 100 A 50-year-old gentleman, known case of ischemic heart disease, presented to emergency with palpitations. His medications include Aspirin, clopidogrel, Spironolactone, Lisinopril, and carvedilol. ECG shows sinus bradycardia with tall T-waves. Labs: creatinine: 1.4mg/dL, Sodium: 135mEq/L, Potassium: 6.5 mEq/L. Troponin I is negative.

What is the next step in management?

- a. Start insulin and dextrose infusion.
- b. Administer IV Calcium Gluconate
- c. Give IV sodium Bicarbonate.
- d. Prepare for Hemodialysis
- e. Start IV heparin Infusion.

b

Q. 101 A 44-year-old male who is newly diagnosed as having diabetes mellitus is being told about dietary intake regarding carbohydrates. Which of the following food items has a high Glycemic index?

- A. Beans
- B. Corn
- C. Fruit Juices
- D. Green vegetables
- E. Whole Grains

e

Q. 102 A 35-year-old man presented to his primary care physician with blood pressure of 160/100 mmHg

Bendroflumethiazide and amlodipine. He has a strong family history of elevated blood pressure and hemorrhagic stroke. Blood tests show hypokalemia K 3.2 mmol/L. The diagnosis of secondary hypertension due to primary Hyperaldosteronism is considered.

Which of the following is a recommended criterion to screen for primary hyperaldosteronism?

- A. Adrenal Incidentaloma (in a normotensive patient)
- B. Diuretic-induced hypokalemia
- C. family history of cerebrovascular disease
- D. hypertension in pregnancy
- E. BP not controlled with one antihypertensive medication

e

Q. 103 A 30-year-old female presented in OPD with complains of weight loss, excessive sweating, palpitations, and tremors. She also has history of increased appetite and heat intolerance. There is family history Thyroid disease. On examination, she has diffuse thyroid enlargement. Which of the following is the best test to screen for her thyroid disease?

- a A. TSH
- B. Thyroid Ultrasound
- C. Thyroid Receptor Antibodies
- D. Thyroid Scintigraphy
- E. FNAC

a

Q. 104 A 40-year-old man presented in OPD with complaints of fever, sore throat, neck pain, sweating, palpitations, and tremors of hands. There is no thyroid disease in the family. On exam, he has tremors of hands. Pulse is 101/min, BP is 140/80 mmHg. He has tenderness on palpation of the neck. His TSH is 0.01(Normal range is 0.5-4.56) and ESR is 70 mm/hour. The thyroid scintigraphy shows low uptake of Iodine. What is the most likely diagnosis?

- A. Graves' Disease
- B. Solitary Thyroid adenoma
- C. Multinodular Goiter
- D. TSH Induced Thyrotoxicosis
- E. Thyroiditis

b

Q. 105 A 65-year-old male patient has diabetes for the last 14 years which is uncontrolled. It has been decided to start him on insulin. Which of the following is a known complication of insulin?

- A. hyperglycemia
- B. Pancreatitis
- C. Neuropathy
- D. Renal Failure
- E. Weight Gain

hypo
glyce
mia

Q. 106 A 46-year-old female diabetic patient on multiple oral anti diabetic medication presents with recurrent genital infections. Which of the following antidiabetic medication is likely to cause this complication?

- A. Dapagliflozin
- B. Glimepiride
- C. Metformin
- D. Pioglitazone
- E. Sitagliptin

a

Q. 107. A 58-year-old man presented to OPD with voiding difficulty for the last three months. He has post micturition dribbling. His ultrasound shows a prostate volume of 80ml. His serum PSA level is 3mg/dl. What is the best treatment plan?

- A. Watchful waiting
- B. alpha Blocker therapy
- C. 5-alpha reductase inhibitor therapy

b

E. TURP (transurethral resection of Prostate)

Q. 108. A 65-year-old man presented with mild lower urinary tract symptoms. All baseline investigations are normal. Serum PSA level is 60mg/dl. His DRE show nodular prostate. Systemic examination was normal. What is the next best investigation?

- A. MRI
- B. CT pelvis
- C. Repeat Serum PSA level
- D. TRUS biopsy
- E. Cystoscopy.

d

Q. 109. A 38-year-old man married for the last three years comes with primary infertility. There is no significant past medical or surgical history. Repeated semen analysis shows azoospermia. Serum FSH level is normal. Which of the following is NOT the probable cause of his infertility?

- A. Primary testicular failure
- B. Obstructive Azospermia
- C. Retrograde Ejaculation.
- D. Hypergonadotropic Hypogonadism
- E. Pituitary Tumor

d

Q. 110. A 39-year-old lady presented to OPD with total urinary incontinence for the last six months. She has to use 5-6 pads in 24 hours for her problem. She has a history of pelvic surgery 7 months ago. She is using anticholinergic for the last six months without any improvement. She has not normal voiding.

Which is the most likely cause?

- A. overactive bladder
- B. Stress Incontinence
- C. Vesicovaginal Fistula
- D. Uterovaginal Fistula
- E. Normal

c

Q. 111 A 43-year-old lady is diagnosed as having a malignant lesion in the inferior aspect of her left breast. There is palpable axillary lymphadenopathy. What is the most appropriate course of action?

- A. mastectomy and axillary node clearance
- B. Wide local excision and axillary node clearance
- C. Wide local excision and sentinel node biopsy
- D. Image guided fine needle aspiration of the axillary nodes.
- E. CT scan of the chest, abdomen, and pelvis

c

Q. 112 A 44-year-old lady presented with a mass in the upper quadrant of her left breast. On examination she has 2cm mass lesion which on core biopsy is invasive ductal carcinoma. AN FNAC of the bulky axillary nodes contains malignant cells. What is the correct course of action?

- A. wide local excision and axillary node clearance
- B. Radical mastectomy and Axillary node clearance
- C. Simple mastectomy and sentinel node biopsy
- D. Wide local Excision and sentinel node biopsy
- E. Excisional biopsy and sentinel node biopsy

a

Q. 113 A 43-year-old lady has recently undergone a wide local excision and sentinel node biopsy for carcinoma of the breast. Of the factors below, which will provide the most important prognostic information?

- A. Mitotic number
- B. Grade
- C. Nodal Status
- D. Size

c

E. Estrogen receptor status

Q. 114 Surgical procedure where testis is brought into scrotum and fixed there is called:

- A. Jaboulay's repair
- B. Orchidectomy
- C. Orchidopexy
- D. Cystotomy
- E. Varicocelectomy

c

Q. 115. Which of the following statements is correct for the diagnosis of hydrocele:

- A. (painless mobile mass in left testes that you can't get above on palpation.
- B. Swelling is red tender on palpation with absent transillumination.
- C. The swelling transilluminates, and testis cannot be separately palpated.
- D. The swelling bulges out and increases in size on coughing.
- E. The swelling feels like bag of worms

c

Q. 116. Which of the following is NOT a common complication of nephrotic syndrome?

- A. Blood clots (Thrombosis)
- B. Malnutrition
- C. High levels of protein in the blood
- D. Increased susceptibility to infections
- E. Normal lipid profile

e

Q. 117. What are the recommended dietary restrictions for patients with nephrotic syndrome to manage edema?

- A. Low protein diet
- B. Low Sodium (salt) diet
- C. High potassium diet
- D. High phosphorous diet
- E. Low sugar diet

a

Q. 118. Which one of the following is the example of disproportionate short stature?

- A. Familial short stature
- B. Constitutional short stature
- C. Panhypopituitarism
- D. Hypophosphatemia rickets
- E. Down's syndrome

c

Q. 119. A 45-year-old diabetic patient presented to primary care doctor with 2 weeks history of nausea, loss of appetite, decreased urine output and fatigue. She has itching and restless legs. Her Blood pressure is 154/96 mmHg. What renal presentation does these symptoms refer to:

- A. Chronic Kidney Disease
- B. Acute Kidney Injury
- C. Nephrotic Syndrome
- D. Nephritic Syndrome
- E. Nephritic Nephrotic syndrome

d

Q. 120. A 25-year-old woman presented to OPD clinic for follow-up after a diagnosis of PID 3 weeks previously. Results of swab were negative for chlamydia and gonorrhoea. You explained the significance and sequelae. She stated that symptoms have resolved, and she takes her antibiotics regularly. What else you should check at this visit?

- A. Reassure and do nothing.
- B. Review again in 4-6 weeks
- C. Repeat swabs for chlamydia and gonorrhoea
- D. Repeat Bloods and CRP
- E. Screen and treat the sexual contact.

b