



Q#11: An LHV in a BHU of a remote area examined a primigravida at 22 weeks of gestation. She should have proper antenatal assessment and to prevent complications of pregnancy induced hypertension. The first level referral should be to:

- a) BHU
- b) DHQ
- c) Specialized maternity clinic
- d) Teaching hospital
- e) THQ

Q#12: A woman traveled a long way from a remote village & came to a population welfare center/family planning center. She had enough money but was very tired on account of traveling. When she went inside, she found a male doctor dealing with the clients. She decided to go back. The most likely reason for this decision is lack of:

- a) Acceptability
- b) Affordability
- c) Accessibility
- d) Efficacy
- e) Effectiveness

Q#13: In a poor community, there is high prevalence of acute diarrhea cases. The best method for preventing this health problem in the long run is:

- a) Anti-diarrheal drugs.
- b) Immunization against cholera and typhoid
- c) Living in mosquito proof zone
- d) Provision of sanitary latrine
- e) Use of fresh vegetables

Q#14: True about viral hepatitis B is

- a) No vaccine available
- b) Transmit by fecal route
- c) Transmit by fomite
- d) Transmit by reuse of infected syringe
- e) Transmits by oral route

Q#15: As COVID-19 pandemic was spreading in many countries. Researchers wanted to calculate the risk of acquiring COVID-19 for population. Which rate would he calculate for this?

- a) Case fatality
- b) Cause specific mortality
- c) Incidence
- d) Prevalence
- e) Proportionate mortality

Q#16: A mother brings her four year old child to a doctor with a complaint of intense perianal itching. Despite being fed properly, he has not gained weight for the last few months. The likely condition is:

- a) Ancylostomiasis
- b) Ascariasis
- c) Entrobiasis
- d) Filariasis
- e) Scabies

Q#17: For providing quality health services, community participation plays an essential role. To ensure maximum community participation, which level of health care system should be strengthened?

- a) Higher level referral facility
- b) Primary health care
- c) Second level referral facility
- d) Secondary health care
- e) Tertiary health care

Q#18: To suit the rural situation in Pakistan the lady health visitor introduced a homemade fluid for oral rehydration. What does this represent?

- a) Appropriate technology
- b) Community participation
- c) Equality
- d) Equity
- e) Suitability

Q#19: A 68-year-old patient with cardiac failure is diagnosed with ovarian cancer. She is started on cisplatin but becomes nauseous and suffers from severe vomiting. Which of the following medications would be most effective to counteract the emesis in this patient without exacerbating her cardiac problem?

- a) Droperidol.
- b) Dolasetron.
- c) Dronabinol.
- d) Ondansetron.
- e) Prochlorperazine.

Q#20: A 45-year-old woman is distressed by the dissolution of her marriage. She has been drinking heavily and overeating. She complains of persistent heartburn and an unpleasant, acid-like taste in her mouth. The clinician suspects gastrointestinal reflux disease and advises her to raise the head of her bed 6 to 8 inches, not to eat for several hours before retiring, to avoid alcohol, and to eat smaller meals. Two weeks later, she returns and says the symptoms have subsided slightly but still are a concern. The clinician prescribes:

- a) An antacid such as aluminum hydroxide.
- b) An anti-anxiety agent such as alprazolam.
- c) Dicyclomine.
- d) Esomeprazole
- e) Tetracycline

Q#21: Which of the following agents interferes with most of the cytochrome P450 enzymes and, thus, leads to many drug-drug interactions?

- a) Cimetidine.
- b) Famotidine.
- c) Ondansetron.
- d) Omeprazole
- e) Sucralfate

Q#22: A couple celebrating their fortieth wedding anniversary is given a trip to Peru to visit Machu Picchu. Due to past experiences while traveling, they ask their doctor to prescribe an agent for diarrhea. Which of the following would be effective?

- a) Amoxicillin
- b) Famotidine.
- c) Loperamide.
- d) Lorazepam
- e) Omeprazole

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Q#23: A 48-year-old immigrant from Mexico presents with seizures and other neurologic symptoms. Eggs of *Taenia solium* are found upon examination of a stool specimen. A magnetic resonance image of the brain shows many cysts, some of which are calcified. Which one of the following drugs would be of benefit to this individual?

- a) Albendazole
- b) Diethylcarbamazine
- c) Ivermectin
- d) Niclosamide
- e) Pyrantel pamoate

Q#24: A 56-year-old man from South America is found to be parasitized by both schistosomes and *Taenia solium* the pork tapeworm. Which of the following anthelmintic drugs would be effective for both infestations?

- a) Albendazole
- b) Ivermectin
- c) Mebendazole
- d) Niclosamide
- e) Praziquantel

Q#25: A peptic ulcer is a sore that forms where the lining of the stomach or duodenum (the first part of the small intestine) has been eaten away by stomach acids or digestive juices. In addition to *Helicobacter pylori* infection of the stomach, what is the most common cause of peptic ulcer?

- a) Consuming very spicy foods
- b) Cigarette smoking
- c) Moderate use of alcohol
- d) Use of nonsteroidal anti-inflammatory drugs (NSAIDs)
- e) None of the above

Q#26: Identify the mucosal protective agent from the given anti-peptic ulcer drugs?

- a) Sodium bicarbonate
- b) Aluminum hydroxide
- c) Famotidine
- d) Bismuth subcitrate
- e) All of the above

Q#27: The only agent among the following that selectively blocks gastric M1-muscarinic receptors, thereby inhibiting stomach secretions is:

- a) Pirenzepine
- b) Olanzapine
- c) Magnesium trisilicate
- d) Clozapine
- e) Cyclosporine

Q#28: For the effective treatment of Hepatitis C, other than interferon and ribavirin, two drugs (protease inhibitors) directly inhibit HCV virus are?

- a) Boceprevir and ribavirin
- b) Telaprevir and ribavirin
- c) Pegylated interferon and boceprevir
- d) Pegylated interferon and telaprevir
- e) Boceprevir and Telaprevir

Q#29: A female patient who is being treated for chronic hepatitis B develops nephrotoxicity while on treatment. Which is the most likely medication she is taking for HBV treatment?

- a) Entecavir
- b) Telbivudine
- c) Lamivudine
- d) Adefovir
- e) Both c & d

Q#30: Extrapyramidal symptoms (EPS) have been associated with which of the following drugs?

- a) Metoclopramide
- b) Alprazolam
- c) Aprepitant
- d) Loperamide
- e) Misoprostol

Q#31: Which one of the following best describes the mechanism of action of ribavirin?

- a) Inhibits viral aspartate protease
- b) Inhibits viral DNA polymerase
- c) Inhibits viral RNA polymerase
- d) Inhibits viral reverse transcriptase
- e) Prevent integration of viral genome

Q#32: Drug of choice for echinococcosis treatment

- a) Albendazole
- b) Iodoquinol
- c) Piperazine
- d) Niclosamide
- e) Suramin

Q#33: The following helminthic disease can be treated by albendazole but not by mebendazole.

- a) Hookworm infestation
- b) Threadworm infestation
- c) Trichuriasis
- d) Neurocyticercosis
- e) Nematodes

Q#34: The primary role of sulfasalazine in ulcerative colitis is:

- a) Suppression of enteroinvasive pathogens
- b) Control of acute exacerbations of the disease
- c) Maintenance of remission
- d) Both b and c
- e) None of the above

Q#35: A 30 year, old female undergoes Appendectomy for acute appendicitis. Histopathology shows 1 cm carcinoid tumour at the tip of the appendix most appropriate further management is

- a) Right hemicolectomy
- b) Right hemicolectomy with chemotherapy
- c) Chemotherapy alone
- d) No further treatment
- e) Radiotherapy

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- Q#36:** Scoring system used for diagnosis of acute appendicitis.
- a) Glasgow score
  - b) Ranson score
  - c) Alvarado score
  - d) Bisap score
  - e) APACHE score
- Q#37:** Typhoid disease usually involves which of the following
- a) Jejunum
  - b) Duodenum
  - c) Rectum
  - d) Ileum
  - e) Colon
- Q#38:** Risk factors for the development of colorectal cancer involves
- a) Colonic polyps
  - b) IBD
  - c) Age > 50 years
  - d) Low fibre diet
  - e) All of the above
- Q#39:** A 50 year old male, known hypertensive, history of Ischaemic disease, recently episode of Atrial fibrillation presented with sudden onset of abdominal pain in last 6 hours, generalized and continuous pain BP 100/70 Pulse 150 /min, irregularly irregular most likely clinical diagnosis
- a) Angiodysplasia
  - b) Mesenteric Ischaemia
  - c) Inflammatory Bowel disease
  - d) Myocardial infarction
  - e) Pancreatitis
- Q#40:** All of the following involved in the life cycle of Echinococcus granulosus except
- a) Dog
  - b) Sheep
  - c) Camel
  - d) Man
  - e) Cat
- Q#41:** Most common tumour of biliary system is
- a) CA gall bladder
  - b) Cholangiocarcinoma
  - c) Ampullary carcinoma
  - d) CA head of pancreas
  - e) Hepatocellular carcinoma
- Q#42:** Benign causes of gastric outlet obstruction involved all except
- a) Peptic ulcer disease
  - b) Gastric polyps
  - c) Pyloric stenosis
  - d) Pancreatic pseudocysts
  - e) Worm infestation
- Q#43:** Most common symptom for Gall stone is
- a) Pain RHC
  - b) Vomiting
  - c) Constipation
  - d) Jaundice
  - e) Fever
- Q#44:** Majority of Gall Stones are:
- a) Cholesterol stones
  - b) Pigment stones
  - c) Brown pigment stones
  - d) Mixed stones
  - e) Both a and c
- Q#45:** Jaundice in viral Hepatitis can be classified under
- a) Congenital hyperbilirubinemia
  - b) Haemolytic
  - c) Hepatocellular
  - d) Obstructive
  - e) None of the above
- Q#46:** Pathogenesis of cholesterol gallstones include except
- a) Cholesterol deposition
  - b) Bile stasis
  - c) Low bilirubin concentration
  - d) High bilirubin concentration
  - e) Dehydration
- Q#47:** Hepatitis A in children can progress to;
- a) Liver cirrhosis
  - b) Persistent cholestatic jaundice
  - c) Hepatorenal syndrome
  - d) Megaloblastic anemia
  - e) Viral myocarditis
- Q#48:** A 3-years-old male child presented in outpatient department with history of bulky, greasy and foul smelling stool for the last one year. On examination, patient is under weight, pale with clubbing of digits and having distended abdomen. The most likely diagnosis is;
- a) Lactose intolerance
  - b) Celiac disease
  - c) Inflammatory bowel disease
  - d) Acrodermatitis enteropathica
  - e) Giardiasis
- Q#49:** A 9-months-old infant was rehydrated in emergency department with Normal saline 30ml/kg in one hour and 70ml/kg in next 5 hours. The most likely clinical presentation was;
- a) Restless and irritable
  - b) Lethargic
  - c) Slow skin pinch
  - d) Seizures

- Q#50: What is the predominant route of transmission for HEV infection?
- Person-to-person contact
  - Consumption of contaminated drinking water
  - Vertical transmission from mother to child
  - Parenteral route of infection
  - Transmission by blood transfusion
- Q#51: A 45-year-old man comes to your office for a follow up visit. One year ago, he was diagnosed with hereditary hemochromatosis after routine blood work found elevated ferritin and genetic testing revealed he had a C282Y/H63D genotype. He has been treated by phlebotomy with one unit of blood removed every week for the past year. His most recent laboratory results include the following: Hemoglobin 12.0 g/dL, Hematocrit 36%, Serum ferritin 50 ng/mL, Serum iron 100 ug/dL, Serum total IBC 260 mg/dL. What is the most appropriate next step in his therapy?
- Phlebotomy 1 unit every 3 months
  - A low iron diet
  - Phlebotomy 1 unit every 2 weeks until the hemoglobin concentration is less than 10.0 g/dL
  - Liver biopsy to assess hepatic iron overload
  - Phlebotomy 1 unit every 2 weeks until the serum iron level is less than 20 ug/dL
- Q#52: A 65-year-old Asian man with chronic HBV and cirrhosis is referred to your clinic. He is not currently on HBV treatment. A recent abdominal ultrasound did not show any suspicious lesion in the liver. His laboratory values are as follows: AST 45 U/L, ALT 34 U/L, HBeAg negative, HBeAb positive, HBV DNA 3000 IU/mL, INR 1.3, Total bilirubin 1 mg/dL. What is the most appropriate recommendation at this time?
- A liver biopsy to assess for inflammation
  - An abdominal MRI
  - Initiating antiviral treatment with tenofovir
  - Holding antiviral treatment for now and monitor liver function tests every 6 months
  - Treatment with interferon
- Q#53: A 60-year-old female with persistent GERD underwent endoscopy. On OGD there was suspicion of Barrett's esophagus so a biopsy was taken. Biopsy showed low grade dysplasia on histopathology. The patient is at greatest risk for which of the following:
- Squamous cell carcinoma
  - Adenocarcinoma
  - Peptic stricture
  - Pernicious anemia
  - None of the above
- Q#54: A 60-year-old patient presented with history of progressive dysphagia which is both for solids and liquids. There is also history of foul-smelling vomiting. A manometric study was advised based on barium swallow. The manometry showed absent peristalsis and increased lower esophageal sphincter pressure. What is the most likely diagnosis?
- Diffuse esophageal spasm
  - Esophageal carcinoma
  - Achalasia cardia
  - Scleroderma
  - None of the above
- Q#55: A 30-year-old patient with known ulcerative colitis presented with acute flare of the disease due to non-compliance of therapy which was severe in intensity. He was put on tab mesalamine 800 mg TDS and i/v prednisolone at a dose of 1 mg/kg/day. On 6<sup>th</sup> day there was no response to treatment as evaluated by Truelove and Witts criteria. Patient is otherwise hemodynamically stable. What will you do next?
- Pan colectomy
  - Start on i/v cyclosporin
  - Double the dose of steroids
  - Add azathioprine to above treatment
  - None of the above
- Q#56: Which of the test is done to detect latent tuberculosis?
- Smear staining
  - Nuclear acid amplification
  - Culture
  - Montoux test
  - All of the above
- Q#57: A 60-year-old woman was presented with chronic NSAID use for osteoarthritis of her knees is admitted to Hospital for hematemesis. On physical examination her vital signs are as follows: Temp 37.5, BP 90/50, Heart rate 130, Respiratory rate 17/min. She is resuscitated and EGD was performed. A large 4 cm ulcer noted in antrum with oozing of blood. Which of the following is most appropriate next step in management?
- No endoscopic therapy, start PPI drip
  - Send the patient to interventional radiology for further therapy
  - Dual endoscopic therapy and PPI drip for 72 hrs
  - Bilroth 1 gastric surgery
  - None of the above
- Q#58: A 60-year-old patient was admitted in hospital for pneumonia. He was put on antibiotics and while recovering from pneumonia he suddenly developed pain abdomen, watery diarrhea and fever. His labs are as follow: Hb 10.5, TLC 25000, ALT 56, CRP positive, Creatinine 1.9. What is the most appropriate investigation to evaluate the cause of Diarrhea in this patient?
- Stool R/E
  - Fecal calprotectin level
  - Clostridium difficile toxin B assay in stool
  - Sigmoidoscopy with biopsy
  - None of the above
- Q#59: Which of the following type of gastritis is associated with pernicious anemia?
- Diffuse antral gastritis
  - Environmental metaplastic atrophic gastritis (EMAG)
  - Collagenous colitis
  - Autoimmune metaplastic atrophic gastritis (AMAG)
  - None of the above

Q#60: A 39-year-old woman presents in OPD with one month history of nausea and vague pain epigastrium that is worse after meal. She denies weight loss, vomiting, dysphagia, hematemesis and rectal bleeding. She is taking contraceptives and occasional ibuprofen for headaches. Physical examination revealed mild tenderness in epigastrium. She was advised to stop ibuprofen and started on pantoprazole. She returns to OPD after 8 weeks but her symptoms are not changed. What is the best therapeutic test?

- a) Endoscopy with random biopsy
- b) H. pylori serology and treatment if positive
- c) H. pylori stool antigen testing and treatment if positive
- d) Empirically treat H. pylori
- e) None of the above

Q#61: A 16 year old female presented to emergency department with sudden onset of profuse watery diarrhea followed by vomiting. O/E she is conscious but dehydrated with BP of 80/60mmHg and feeble pulse. Investigations show urea = 140mg/dl and creatinine = 2.6mg/dl, rest of the baseline investigations are normal. What should be the immediate step in management?

- a) Intravenous antibiotics
- b) Intravenous fluid replacement
- c) Oral rehydration solution
- d) Oral fruit juices
- e) Hemodialysis

Q#62: A 30 year old male was admitted with high grade continuous fever, malaise, arthralgia and loose stool for 6 days. O/E his Temp = 100 F, pulse = 78/min and has splenomegaly. CBC shows leucopenia. On the basis of above information we are suspecting enteric fever.

What next investigation will you do to confirm your diagnosis?

- a) Blood culture
- b) Stool culture
- c) Widal test
- d) Ultrasound abdomen
- e) Urine culture

Q#63: Which one of the following conditions commonly predisposes to colonic carcinoma?

- a) Ulcerative colitis
- b) Crohn's disease
- c) Diverticular disease
- d) Ischemic colitis
- e) IBS

Q#64: Which of the following is most commonly associated with adenocarcinoma of the oesophagus?

- a) Achalasia cardia
- b) Barrett's oesophagus
- c) Chronic smoking
- d) Plummer vinson syndrome
- e) Lynch Syndrome

Q#65: Which of the following would be the best morphological feature to distinguish ulcerative colitis from Crohn's disease?

- a) Diffuse distributions of pseudopolyps
- b) Mucosal edema
- c) Crypt abscesses
- d) Lymphoid aggregates in the mucosa
- e) None of the above

Q#66: In which of the following conditions of malabsorption, an intestinal biopsy is diagnostic?

- a) Tropical sprue
- b) Celiac disease
- c) Whipple's disease
- d) Lactose intolerance
- e) IBS

Q#67: Upper GI endoscopy and biopsy from lower esophagus in a 48-year-old lady with chronic heart burn shows presence of columnar epithelium with goblet cells. The feature is most likely consistent with?

- a) Dysplasia
- b) Hyperplasia
- c) Carcinoma in-situ
- d) Metaplasia
- e) Anaplasia

Q#68: Most common mechanism of GERD?

- a) Gastritis
- b) Hiatus Hernia
- c) Hypotension at lower esophageal sphincter
- d) Transient decrease in pressure at LES
- e) Varice

Q#69: A female Ascaris can be identified on which basis?

- a) Curved posterior end.
- b) Common cloacal aperture.
- c) Presence of post anal papillae.
- d) Straight posterior end.
- e) Two spicules found at the posterior end.

Q#70: A patient with cirrhosis is at risk for developing complications. Which condition is most serious and potentially life threatening?

- a) Ascites.
- b) Oesophageal varices.
- c) Gastric ulcer.
- d) Hepatomegaly.
- e) Peripheral edema

Q#71: Bilirubin which is insoluble in water is called?

- a) Conjugated bilirubin.
- b) Direct bilirubin.
- c) Indirect bilirubin.
- d) Unconjugated bilirubin.
- e) Urobilinogen.

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Q#72: A 50 years old patient came to hospital with diagnosed case of peptic ulcer. Which of the following is most common site for peptic ulcer?

- a) Cecum.
- b) Duodenum.
- c) Esophagus.
- d) Ileum.
- e) Pancreas.

Q#73: What is best used for detecting small or healing ulcers?

- a) Abdominal CT.
- b) Barium radiography.
- c) Endoscopy.
- d) MRI.
- e) Urea breathe test?

Q#74: A patient develops hepatic encephalopathy. Which clinical manifestation is most common with this condition?

- a) Altered level of consciousness.
- b) Decreased tendon reflex.
- c) Hypertension.
- d) Hypotension.
- e) Increased urine output.

Q#75: A 65 year old male patient was diagnosed with Gastric carcinoma. His biopsy report findings are diffuse infiltrative type (Linitis plastica) gastric cancer typically composed of signet ring cells. The gastric wall is thickened with partial loss of rugal folds but no prominent mass is present. Which of the following mutation is key step in development of this type of Gastric carcinoma?

- a) APC mutations
- b) E-cadherin loss
- c) CDKN2A mutation
- d) TGF-beta mutation
- e) Wnt pathway

Q#76: A 50 year old lady was diagnosed with gastric carcinoma having metastasis in ovaries at the time of diagnosis. The biopsy report showed numerous signet ring cells. What is this metastatic gastric carcinoma in ovaries called?

- a) Krukenberg tumor
- b) Lobular carcinoma
- c) Pouch of Douglas tumor
- d) Sister Mary Joseph nodule
- e) Virchow node

Q#77: Which of the following is the most powerful prognostic indicator of gastric cancer?

- a) Barrett's esophagus
- b) CDH1 mutation
- c) Depth of invasion
- d) H. pylori gastritis
- e) Peptic ulcer disease

Q#78: A 40-year-old male patient presented with jaundice, fever & abdominal pain. He also complained of vomiting and nausea. The provisional diagnosis of Liver abscess due to hydatid cysts is being considered.

Which of the following investigation will most likely help you in making a diagnosis?

- a) Blood complete picture
- b) Flow cytometry
- c) Immunohistochemistry
- d) Radiologic finding
- e) Stool culture

Q#79: Which of the following protozoal infection in endemic region is responsible for Liver abscess formation?

- a) Amebiasis
- b) Histoplasmosis
- c) Mycobacterial infection
- d) Salmonella typhi
- e) Staphylococcus aureus

Q#80: Risk factor for alcoholic liver disease is

- a) Cirrhosis.
- b) Hepatitis C infection
- c) Hormones
- d) Obesity
- e) Regular intake of alcohol

Q#81: Diphyllorhynchiasis is caused by eating

- a) Raw fish
- b) Raw fruits
- c) Raw meat
- d) Raw milk
- e) Raw vegetables

Q#82: Enterobius vermicularis is commonly known as?

- a) Flatworm
- b) Fish worm
- c) Hook worm
- d) Pinworm
- e) Tapeworm

Q#83: High risk transmission for HCV is

- a) Breast feeding
- b) Fomite transmission
- c) Needle stick injury
- d) Sexual transmission
- e) Vertical transmission

Q#84: What is the most common symptom associated with chronic HCV infection?

- a) Abdominal pain with or without ascites
- b) Asymptomatic
- c) Dark stool
- d) Fever with or without jaundice
- e) Jaundice

Q#85: Which of these is a symptom of pinworm infection?

- a) Nausea
- b) Paranoia
- c) Intense itching
- d) Diarrhea
- e) abdominal pain

Q#86: Which type of pneumonia is caused by *Ascaris lumbricoides*?

- a) Bacterial pneumonia
- b) Fungal pneumonia
- c) Loeffler's pneumonia
- d) *Mycoplasma pneumoniae*
- e) Viral pneumonia

Q#87: Toxic megacolon is a complication of which of the following?

- a) Alcoholic liver disease
- b) Crohn disease
- c) Hepatitis B
- d) Irritable bowel syndrome
- e) Ulcerative colitis

Q#88: Granulomas are present in which of the following?

- a) Crohn disease
- b) Hepatitis A
- c) Hepatitis C
- d) Liver cirrhosis
- e) Ulcerative colitis

Q#89: Crohn disease is also known as:

- a) Granulomatous disease
- b) Terminal ileitis
- c) Irritable bowel syndrome
- d) Intestinal perforation
- e) Toxic megacolon

Q#90: Which of the following part of the intestine is involved in Ulcerative colitis?

- a) Colon and rectum
- b) Duodenum
- c) From mouth to anus
- d) Ileum
- e) Small intestine

Q#91: Skip lesions are present in which of the following?

- a) CA colon
- b) Cirrhosis of liver
- c) Crohn disease
- d) Hepatitis A
- e) Ulcerative colitis

Q#92: A 50-year-old male patient presents with abdominal pain, constipation, and rectal bleeding. He has a family history of colon cancer. What is the most likely diagnosis?

- a) Colorectal adenoma
- b) Inflammatory bowel disease
- c) Colorectal carcinoma
- d) Hemorrhoids
- e) Diverticulitis

Q#93: A 70-year-old male patient presents with weight loss, fatigue, and diarrhea. Imaging studies reveal a large mass in the colon with metastases to the liver. What is the most appropriate treatment for this patient?

- a) Endoscopic mucosal resection
- b) Surgical resection of the tumor
- c) Palliative chemotherapy
- d) Radiation therapy
- e) Observation only

Q#94: Which of the following is NOT a common bacterial cause of enterocolitis?

- a) *Salmonella*
- b) *Shigella*
- c) *Escherichia coli*
- d) *Vibrio cholerae*
- e) *Staphylococcus aureus*

Q#95: Which of the following symptoms is commonly associated with bacterial enterocolitis?

- a) Fever
- b) Joint pain
- c) Headache
- d) Dry cough
- e) Blurred vision

Q#96: Which of the following diagnostic tests is commonly used to detect bacterial enterocolitis?

- a) Magnetic resonance imaging (MRI)
- b) Computed tomography (CT) scan
- c) Blood culture
- d) Stool culture
- e) Urine analysis

Q#97: Rigor Mortis last longer in poisoning due to:

- a) Arsenic
- b) Antimony
- c) Mercury
- d) Thallium
- e) Lead

Q#98: Gastric lavage is contraindicated in corrosive poisoning as it causes.

- a) Aspiration
- b) Embolism
- c) Perforation
- d) Stroke
- e) Stricture formation

Q#99: The predominant symptoms in acute arsenic poisoning is

- a) Changes in voice
- b) Cerebral irritation
- c) Hypothermia
- d) Hyperthermia
- e) Rice water stools

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- 100: Raindrop appearance of the skin is seen in chronic poisoning due to:
- Arsenic
  - Lead
  - Mercury
  - Strychnine
  - Thallium
- Q#101: A person was brought by police from the railway platform. He is talking irrelevant. He has a dry mouth with hot skin, dilated pupils, staggering gait and slurred speech. The most probable diagnosis is
- Alcohol intoxication
  - Carbamate poisoning
  - Organophosphorus poisoning
  - Datura poisoning
  - Capsicum poisoning
- Q#102: A middle aged man presents with paresthesia of hands and feet. Examination reveals presence of "Mees" lines in the nails and raindrop pigmentation in the hands; the most likely causative toxin for the above mentioned symptom is:
- Lead
  - Arsenic
  - Thallium
  - Mercury
  - Copper
- Q#103: A 39 year old carpenter has taken 2 bottles of liquor from the local shop. After about an hour he develops confusion, vomiting and blurring of vision. He has been brought to the emergency department. He should be given
- Naloxone
  - Diazepam
  - Flumazenil
  - Ethyl Alcohol
  - Atropine
- Q#104: A house wife ingests a rodenticide white powder accidentally. She is brought to hospital where the examination shows generalized, flaccid paralysis and an irregular pulse. Electrocardiogram shows multiple ventricular ectopics, generalized changes with ST-T. Serum potassium is 2.5mEq/L. The most likely ingested poison is
- Barium carbonate
  - Super warfarins
  - Zinc phosphide
  - Lead
  - Arsenic
- Q#105: A middle aged woman swallowed 50 ml of solution used for photographic purposes. The quantity was 300 mg. In 2 minutes she became unconscious. The whole of the body was slightly convulsed, the pupils were dilated. She had frothing, the pulse was weak and she died within 20 minutes. The most possible solution is?
- Phosphorus
  - Carbolic acid
  - Potassium cyanide
  - Arsenic
  - Mercury
- Q#106: After skin contamination the patient passed into coma with miosis and finally acute nephritis. The poison responsible is:
- Oxalic acid
  - Nitric acid
  - Hydrocyanic acid
  - Carbolic acid
  - Sulphuric acid
- Q#107: In case of food borne botulism the toxin is:
- Formed in the canned food before consumption
  - Formed in the mouth
  - Formed in the duodenum
  - Formed in the colon
  - Formed in the stomach
- Q#108: "Red Velvety" Stomach is seen in a death due to:
- Acute mercury poisoning
  - Acute copper poisoning
  - Acute lead poisoning
  - Acute Arsenic poisoning
  - Acute phosphorus poisoning
- Q#109: The following should be avoided in neutralization of acid present in the stomach in acid poisoning:
- Water
  - Milk
  - Weak Alkali
  - Milk with magnesium oxide
  - All of above
- Q#110: Castor oil is a following kind of poison
- Irritant
  - Deliriant
  - Inebriant
  - Narcotic
  - Corrosive
- Q#111: The fatal dose of croton seeds is:
- One
  - Four
  - Ten
  - Fifty
  - Hundred
- Q#112: The active principle in ratti seeds is:
- Croton
  - Ricin
  - Cannabinol
  - Abrin
  - Paracetamol

**Q#113:** Choose the incorrect: Hepatitis D virus (HDV)

- a) Is directly causing acute hepatitis
- b) Co-infection with hepatitis B virus (HBV)
- c) Super infection in HBs antigen positive patient
- d) Combined with HBV is a cause of fulminant hepatitis.
- e) No vaccine can prevent HDV infection.

**Q#114:** Hepatotropic viruses are:

- a) A, B and C
- b) A, B, C and D
- c) A, B, C, and E
- d) None of the above
- e) A, B, C, E, and cytomegalo virus

**Q#115:** A 14 years male came to OPD with symptoms and signs of malabsorption. He is suspected celiac disease. To confirm it which of the following is most appropriate?

- a) Full blood count, serum ferritin and vit- D level
- b) Tissue transglutaminase antibodies
- c) family history of celiac disease
- d) Tissue transglutaminase antibodies followed by small intestinal endoscopic biopsy histopathology examination
- e) antigliadin antibodies

**Q#116:** Microscopic examination of a histopathology slide shows Rokitansky Aschoff sinuses, the site of biopsy is

- a) Liver
- b) Stomach
- c) Gall bladder
- d) Small intestine
- e) Rectum

**Q#117:** Most common cause of peptic ulcer disease in a 28 yrs male patient is

- a) Helicobacter- pylori infection
- b) NSAIDS
- c) Zollinger ellison syndrome
- d) cigarette smoking
- e) eosinophilic ga

**Q#118:** 45 years male patient's liver biopsy shows Onion skin appearance the diagnosis is

- a) Liver cirrhosis
- b) Cholangio carcinoma
- c) Primary Sclerosing cholangitis
- d) NASH
- e) hepatocellular carcinoma

**Q#119:** Diagnostic test for Wilson's disease is

- a) Antimitochondrial antibodies
- b) Glucose intolerance
- c) Liver biopsy
- d) Serum copper level
- e) Serum ceruloplasmin

**Q#120:** Being assigned responsibility for something that you have done or something you are supposed to do?

- a) Responsibility
- b) Morality
- c) Punctuality
- d) Accountability
- e) Respectfulness

Remember me in your Prayers (TD)

Day: \_\_\_\_\_ Key of Block-K GME 2023 Date: \_\_\_\_\_

1	D	31	C	61	B	91	C
2	B	32	A	62	A	92	C
3	D	33	D	63	A	93	C
4	B	34	C	64	B	94	E
5	C	35	D	65	A	95	A
6	A	36	C	66	C	96	D
7	B	37	D	67	D	97	A
8	B	38	E	68	D	98	C
9	C	39	B	69	D	99	E
10	C	40	E	70	B	100	A
11	E	41	A	71	D	101	D
12	A	42	E	72	B	102	B
13	D	43	A	73	C	103	D
14	D	44	A	74	A	104	A
15	C	45	C	75	B	105	C
16	C	46	C	76	A	106	D
17	B	47	B	77	C	107	A
18	A	48	B	78	D	108	D
19	D	49	B	79	A	109	C
20	D	50	B	80	A	110	A
21	A	51	A	81	A	111	A
22	C	52	C	82	D	112	D
23	A	53	B	83	C	113	A
24	E	54	C	84	B	114	C
25	D	55	B	85	C	115	D
26	D	56	D	86	C	116	C
27	A	57	C	87	E	117	A
28	E	58	C	88	A	118	A
29	D	59	D	89	B	119	E
30	A	60	C	90	A	120	D

ERRORS can be there