Q#1: A 2 year old child presents with fever, headache, prostration and nuchal rigidity. The cerebrospinal fluid is cloudy and microscopic examination reveals innumerable neutrophils. The CSF protein is increased and glucose is decreased. The most likely etiologic agent is:

a) Escherichia coli
b) Hemophilis influenzae
c) Group B streptococci

d) Streptococcus pneumoniae
e) Staphylococcus aureus

d

Q#2: A 40 year old woman who has had progressive localizing signs of central nervous system compression fully recovers following resection of an intracranial neoplasm. These clinical findings are highly suggestive of a specific diagnosis. Assuming that this diagnosis is correct, which of the following is most characteristic?

a) Extra cranial metastases
b) Fried egg" appearance of tumor cells
c) Multiple areas of necrosis & hemorrhage within tumor

d) Origin in arachnoidal cells of meninges
e) Tumor cells arranged in a rosette pattern

d

Q#3: In Axonotegnesis following structure is distrupted

a) Axon
b) Endoneurim
c) Epineurium

d) Perineurium
e) Distal segment of nerve

a

Q#4: A 45 year old man suddenly developed severe headache followed by neurologic deterioration and unconsciousness. CT scan showed rupture of arteriovenous aneurysm. What is the location of vascular injury in central nervous system?

a) Cerebellum
b) Epidural space
c) Subdural space

d) Subarachnoid space
e) Intraparenchymal region

d

Q#5: A 15-year-old boy presented with tinnitus and hearing loss. On CT scan a tumor was found at cerebellopontine angle. On biopsy, microscopically the tumor showe cellular areas that had spindle cells arranged into intersecting fascicles and hypocellular areas having myxoid extracellular matrix. What is the most likely diagnosis?

a) Dermatofibroma
b) Malignant peripheral nerve sheath tumor
c) Neurofibroma

d) Schwannoma
e) Triton tumor

d

Q#6: Vestibular schwannomas, also called acoustic neuromas, almost always arise from the vestibular division of the 8th cranial nerve. Which of the following is the hallmark symptom of this condition?

a) Dizziness
b) Disequilibrium
c) Sensation of pressure or fullness in the ear

d) Slowly progressive unilateral sensorineural hearing loss
e) Numbness in the fac

d

Q#7: Most common tumor associated with Neurofibromatosis I in children is?

a) ML
b) JMML (Juvenile myelomonocytic leukemia)

c) ALL
d) CML

e) CLL

b

Q#8: Weakness in myasthenia gravis is first noted in.

a) Extraocular muscles
b) Facial muscles

c) Respiratory muscles
d) Skeletal muscles

e) Smooth mus

a

Q#9: Myasthenia gravis is more common in women because.

a) An x linked disorder
b) An autoimmune disease
c) Antibodies are present

d) Prescence of thymic hyperplasia
e) Association with thymoma

a *a*

Q#10: A 40-year-old female presented with ptosis, diplopia and generalized weakness. Her weakness increases with repea movements. What is the most probable diagnosis?

a) Brain Tumor
b) Encephalitis

c) Lambert Eaton syndrome
d) Myasthenia Gravis

e) Tabes D

C

Q#11: A 48-year-old man is referred to AE dept as he complains of severe headache and blurring of vision, the doctor on examination of CSF found it to be blood stained. What is the single most likely diagnosis?

a) Bacterial meningitis
b) Epidural hematoma
c) Subarachnoid hemorrhage

d) Tuberculous Meningitis
e) Viral Encephalitis

C

Q#12: 18 years male presented with headache high grade fever and severe vomiting from 3 days. On Examinat conscious oriented there is neck stiffness and petechial rash on the shins. On investigations Raised WBC of 13.5, Ra /E shows Turbid appearance, polymorphonuclear cells (Neutrophils) 350/mm3, normal lymphocytes count an /hat is your Diagnosis?

a) Acute Bacterial Meningitis
b) Brain abscess
c) Cerebral Malaria

d) Subarachnoid Haemorrhage
e) Tuberculous Meningitis

A

Q#13: 30 years female presented with fever, headache and seizures. On Examination she is disoriented, positive Babinski sign. Diagnosed as acute viral encephalitis. According to your knowledge what are the possible Routine examination?

a) Normal CSF protein and glucose
b) Mildly elevated CSF protein and Normal Glucose
c) Low CSF protein and Glucose
d) Markedly elevated CSF protein and Glucose
e) Low CSF protein and Elevated CSF Glucose

B

Q#14: 35 years female presented with high grade fever with rigors, headache and vomiting. On Examination positive Kernig's and Brudzinski's signs. Diagnosed and treated as Acute Bacterial Meningitis.

a) Name 3 Bacteria causing Meningitis.
b) What will be the Glucose amount on CSF routine Examination in this patient?
c) What will be the Polymorphonuclear cells count in CSF in this case?
d) None of the above

Q#15: A 40 year's old patient came to hospital with complaints of headache and vomiting. After completing investigation the diagnosis is made as brain abscess. What will be the most common offending organisms identified in non-immunosuppressed patient?

a) Candida and Rickettsia.
b) E-coli and Neisseria.
c) Neisseria Meningitidis and E-coli.
d) Staphylococci and Streptococci.
e) Taenia and Treponema

D

Q#16: A HIV positive pt presents with fever, headache and conversations. On MRI multiple ring enhancing lesions seen. What will be the most possible diagnosis in this case?

a) Cerebral edema.
b) Cerebral Toxoplasmosis.
c) Encephalitis.
d) Glioma.
e) Meningitis.

B

Q#17: what is Cushing 's triad?

a) Decrease ICP,HTN.Tachycardia
b) Increase ICP,HTN, Bradycardia
c) Increase ICP,HTN, Trachycardia
d) Increase ICP, hypotension, Bradycardia
e) Increase ICP,hypotension, Tachycardia

B

Q#18: Which is the most common brain tumour of posterior cranial fossa in children?

a) Glioblastoma
b) Hemangioma
c) Maningioma
d) Medulloblastoma
e) Pilocytic astrocytoma

D

Q#19: Which is the only nerve affected in multiple sclerosis?

a) Abducent nerve
b) Occular nerve
c) Olfactory nerve
d) Optic nerve
e) Trigerminal nerve

D

Q#20: Meningitis is defined as inflammation of the meninges and subarachnoid space and may be classified under several different categories. Of these categories, which of the following types is particularly serious due to the speed of its progression?

a) Acute bacterial meningitis
b) Aseptic meningitis
c) Noninfectious meningitis
d) Viral meningitis
e) None of above

A

Q#21: When diagnosing meningitis, which of the following findings is a key indicator of meningeal irritation?

a) Fever
b) Headache
c) Myalgia
d) Nuchal rigidity
e) All of above

D

Q#22: A researcher wants to conduct a study on fetal outcome in pregnant diabetic ladies. He only includes women with si live term fetus with cephalic presentation and excludes women with fetal anomalies, IUGR, hypertension, anemia, other me disorders and fetal mal presentation. Which is the most suitable sampling method for this study?

a) Convenience
b) Purposive
c) Quota
d) Simple random
e) Snowball

B

23: A researcher wants to conduct a study on sugar mill workers of KPK regarding occupational hazards and safety. Which best sampling method for this study?

a) Convenience
b) Cluster sampling
c) Quota
d) Simple random
e) Snowball

2

A researcher wants to conduct a study on people living with STDs. Which is the best sampling method for finding th of people?

a) Convenience
b) Purposive
c) Quota
d) Simple random
e) Snowball

E

study was conducted in GMC to know about favorite sport of students and majority of students declared crick port. Which type of variable is this?

) Continuous
) Interval
Nominal
d) Ordinal
e) ratio

C

...usehold sur... of 10 families was conducted by students of 4th year MBBS, ...
...ages of heads of ... ..., 36, 36, 42, 44, 46, 48, and 52. Which one of the following is best mea...
...tendency for above data?

a) Mean
b) Median

c) Mode
d) Quartile
e) Percentile

Q#28: A nutritional research team studied serum levels of vitamin B12 in 120 children for three years. The results were as follows:
VITAMIN B12 LEVELS: Mode: 260 pg/ml ,Median: 226 pg/ml and Mean: 194 pg/ml. From the data, what type of distribution is this?

a) Bimodal
b) Multimodal
c) Negatively skewed

d) Normal
e) Positively skewed

C

Q#29: In a descriptive study the sample mean for serum cholesterol level is 150 and the standard error is 5. What is the 95% confidence interval for population mean?

a) 145 to 155
b) 140 to 155

c) 140 to 160
d) 150 to 160

e) 205 to 235

C

Q#30: A tehsil is divided into 5 union councils. Out of which two were chosen randomly for a survey and all the subjects in the chosen union councils were studied. What type of sampling technique is this?

a) Cluster sampling
b) Convenient sampling
c) Simple random sampling

d) Stratified random sampling
e) Systematic random sampling

A

Q#31: A researcher recorded the IQ level of 100 medical students. He wants to presents the results graphically for quick understanding of frequency distribution. Which one of the following graph will be best for presenting this type of data?

a) Cumulative frequency graph
b) Histogram
c) Ogive curve

d) Pie chart
e) Venn diagram

B

Q#32: A study was conducted in a medical college and BMI of students was recorded. Data is as following: 20, 21, 19, 22, 21, 23, 43. Which measure of central tendency is unlikely to be affected by outlier?

a) Mean
b) Median
c) Range

d) Standard deviation
e) Variance

B

Q#33: In study carried out in the hospital ward, first patient was chosen randomly and then every 10th admitted patient was included in the sample. Which sampling procedure is this?

a) Convenient sampling
b) Quota sampling
c) Snowball sampling

d) Stratified sampling
e) Systematic sampling

e

Q#34: A research study was conducted in America. The mean cholesterol levels of the two groups were compared to determine whether the measurements were significantly different or not. What is the most appropriate statistical test?

a) ANOVA
b) Chi square test
c) Pearson Correlation

d) Regression analysis
e) T test

e

Q#35: In a class of 140 medical students, the mean systolic blood pressure was found to be 120 mm Hg with a standard deviation of 5 mm Hg. If the blood pressures in this sample are normally distributed. What portion of the medical students will have systolic blood pressures above 130 mm Hg?

a) 0.5%
b) 2.4%
c) 5%

d) 16%
e) 32%

B

Q#36: A large study in a hospital was conducted to find association between cigarette smoking and bladder cancer. Bladder cancer Patients with past history of Schistosomiasis infection were excluded from study. What type of variable past history of Schistosomiasis infection is?

a) Confounding variable
b) Dependent variable
c) Independent variable

d) Outcome variable
e) Predictor variable

A

Q#37: A study was conducted to assess the weight of students of 4th year in 10 medical colleges. The values of weight ranged between 55 – 75 lbs. What type of data it is?

a) Both qualitative and quantitative data
b) Categorical data
c) Continuous data

d) Discrete numerical data
e) Nominal data

C

Q#38: A study was conducted to assess the height of students of 4th year in 10 Medical colleges. The values of heights ranged between 5.5 – 5.10 feet. Which graph should be used by the researcher to present the obtained data?

a) Bar chart
b) Histogram
c) Line graph

d) Pie chart
e) Scatter diagram

A

Q#39: After arranging the data in ascending or descending order of magnitude. What the value of middle observation is c...

a) Geometric mean
b) Mean
c) Mean deviation

d) Median
e) Mode

D

Q#40: The area between two standard deviations on either side of the mean (X ± 2SD) in a normal distribution is repeatedly to be the same by statistician in case of continuous physiological variables. How much percentage of values in the distribution lie in this area?

a) 68%
b) 95.4%
c) 99.7%
d) 100%
e) 90%

B

Q#41: In a descriptive study the mean is 200 and the standard error is 5. What would be the 95 %confidence interval?

a) 180 to 200
b) 190 to 200
c) 180 to 210
d) 200 to 220
e) 190 to 210

e

Q#42: Researcher wants to know the which of the two groups has more dispersion of the values. For this purpose he uses coefficient of variance. Which of the following two measures are used in coefficient of variance?

a) IQR & Mean
b) Median & SD
c) Mode and SD
d) Percentile and IQR
e) SD & Mean

e

Q#43: A sampling frame is a list of all members of which of the following populations.

a) Demographic population
b) Midyear population
c) Reference population
d) Study Population
e) Target Population

e

Q#44: A researcher wants to study association between ethnicity and heart disease in a population. He wants to generalized results of study to target population. Which kind of sampling method will he use?

a) Quota
b) Simple random
c) Snowball
d) Stratified
e) Systematic

d

Q#45: A researcher wants to study the difference between sample and population mean values. He studies the IQ level of a sample of 40 medical students. Mean of the sample was 100 with SD of 10. What is the most appropriate statistical test for this study?

a) ANOVA
b) Chi square test
c) Pearson Correlation
d) t test
e) z test

e

Q#46: A researcher wants to study association between ethnicity and breast cancer. He collects data from Asian, African and European population regarding his study problem. What is the most appropriate statistical test to calculate association between ethnicity and breast cancer?

a) ANOVA
b) Chi square test
c) Pearson Correlation
d) t test
e) z test

Q#47: A researcher determined the correlation between sugar intake and body weight. What is the most appropriate statistical test used to establish the sugar intake as independent variable for predicting body weight as dependent variable.

a) ANOVA
b) Chi square test
c) Regression
d) t test
e) z test

b

Q#48: When the standard for accepting the difference was at P-value of 0.05 and the calculated value was 0.01, the null hypothesis was rejected by the researcher. What do you think of results?

a) Alternate hypothesis is wrong
b) beta error is high
c) No difference
d) Significant difference
e) Wrongly rejected

d

Q#49: What is the major cause of dealt in my asthenia Gravis?

a) Auto immunity
b) Myocardial infection
c) Respiratory compromise
d) Skeletal muscle weakness
e) Stroke

C

Q#50 : A 19 years old boy was brought to OPD with a history of Low mood, Feelings of guilt, worthlessness, helplessness, Loss of interest in daily life activities, Decreased energy, and suicidal thoughts. Their parents said that he had had these problems for the last 03 months.

a) Phobia
b) Anxiety
c) Depression
d) Psychosis
e) Sleep Disorder

C

Q#51: _____ are types of sleep disorders.

a) Sleep Apnoea.
b) Restless legs syndrome.
c) Narcolepsy.
d) all of the above
e) Both (a) + (b).

D

#52: A 45 years old lady is a known case of psychiatric illness for the last 15 years. She Presents to OPD with Decreased sleep, essured speech, Flight of ideas, Excessive pleasure, Elevation of mood, Increased activity, singing songs, and Self-important as. She has a history of various episodes of Depressed mood, Lack of interest in daily life activities, Weight loss, Insomnia, igue, Feelings of worthlessness, and Thoughts of suicide.

a) Panic Anxiety Disorder
b) Bipolar Affective Disorder
c) Schizophrenia
d) Post-Traumatic Stress Disorder
e) Depression

B

...ung 32 year ma... ...d male presents to you with sudden recurrent episodes of intense fear, an increased heartbeat,
...e. Trembling or shaking, Sensations of shortness of breath, or choking and Feelings of impending death. His ECG is Normal,
...no cardiac Problems and he was referred to Psychiatry OPD from Cardiology unit. What is the most likely diagnosis?

   a) Personality Disorder
   b) Bipolar Affective Disorder
   c) Panic Anxiety Disorder
   d) Depression.
   e) Manic Episode

c

Q#54: A 25-year-old male presents with Auditory Hallucinations, Paranoid Delusions, Flat affect, Selfneglect, Self-Talking and Lack of Insight. He has these symptoms for the last 08 years. What is the most likely diagnosis?

   a) Phobic anxiety Disorder.
   b) Depression
   c) Panic Anxiety Disorder
   d) Schizophrenia
   e) All of the above

D

Q#55: Personality disorders are treated with_____?

   a) Psychotherapy only.
   b) Medications only
   c) Both Psychotherapy and Medications.
   d) Brain Surgery
   e) None of the Above

c

Q#56: A young female presented in the OPD with Throbbing, Severe pain in head, pain is on one side of the head, worsening with exertion, pain is associated with Nausea, Vomiting, and Photophobia, According to the patient she has these episodes for the last 08 months and the duration of this pain is mostly 4 to 72 hours.

   a) Tension-Type Headache
   b) Cluster Headache
   c) Trigeminal Neuralgia
   d) Panic attacks
   e) Migraine Headache.

e

Q#57: A 33 years old car driver survived in bad car accident 06 months ago, now for the last 02 months, He has Flashbacks— remembering the trauma over and over, With Bad dreams, frightening thoughts, feeling tense, having difficulty in sleeping with angry outbursts, most of the time he is avoiding driving. Now he is detached from his friends and family members. What is the most likely diagnosis?

   a) Personality Disorder.
   b) Acute Stress Disorder
   c) Panic Anxiety Disorder
   d) Post-Traumatic Stress Disorder
   e) Depression

D

Q#58: Serotonin

   a) Helps to regulate circadian rhythms
   b) Is an important regulator of sleep, appetite, and libido
   c) Stores are increased by transient stress and depleted by chronic stress
   d) Permits or facilitates goal-directed motor and consummatory behaviour in conjunction with norepinephrine and dopamine
   e) All of the above

e

Q#59: Epidural anesthesia is preferred to spinal anesthesia because

   a) Hypotension is absent
   b) Dura is not penetrated
   c) Low dose of anesthetic is used
   d) Level of blood logically changed
   e) Easy to perform

a

Q#60: Post spinal headache is prevented by

   a) Use of thinner needles
   b) NSAIDS
   c) Pre-anesthetic medication
   d) Plenty of oral fluids
   e) Pre-op leading

d

Q#61: The most common complication of spinal anesthesia is

   a) Post spinal headache
   b) Hypotension
   c) Meningitie
   d) Arrlythmias
   e) Nausea and vomiting

b

Q#62: A 31 year old women present to the emergency department with a 1 hour history of sudden onset sever, diffuse headache and vomiting. She has no past medical history. Her observations are recorded as:

   a) Heart rate :89 beats per minute
   b) Blood pressure: 145/89 mmhg
   c) Respiratory rate :18 breaths per minute
   d) Tepmraure:36.9 C
   e) None of the above

b

Q#63: What is the next step in your management plan for this patient ?

   a) Urgent CT head
   b) Oral sumatriptan
   c) Short burst oxygen therapy
   d) Urgent lumber puncture
   e) Intravenous ceftriaxone

a

Q#64: You're assessing a patients Glasgow coma scale at the bedside. What is the patients score based on these findings: when you arrive to the patient's bedside the patients eyes are closed, but they open when you speak to the patient, the patient does not respond appropriately to question asked and says words that don't make sense. In addition, the patient can't obey a motor command. Therefore, when you apply a central stimulus the patient moves to locate and remove the stimulus.

   a) GCS 12(E3 V4M5)
   b) GCS 8 (E2 V4 M2)
   c) GCS 11 (E3 V3 M5)
   d) GCS 10 (E3 V3 M4)
   e) None of the above

C

Q#65: A 20 years old gentleman with a history of flue like symptoms 2 weeks back from which he is recovered. This morning when he woke up he is feeling weakness in his legs with parenthesis. His Serum Electrolytes showing Potassium of 4.2 mnol/L. What is the most likely diagnosis?

   a) Hypokalemia
   b) Gullian Barre Syndrome
   c) Hypomagnesaemia
   d) Peripheral Neuropathy
   e) None of the above

B

Q#66: A 75 years old gentleman with a history of HTN in the past which was well controlled developed left sided hand [tremors] which is getting worse over the last 4 months and now he is unable to button up his shirt properly. He is having some [...] as well but he is attributing that to his age. On examination he is a having resting tremors in his left hand which improves [...] exertion. His CT Brain was done that showed only age related atrophy of the brain.

a) Parkinson's Disease
b) Cerebellar Degeneration
c) Stroke
d) Alzheimer's Disease

a

Q#67: A 30 years lady presented with 2 day history of high grade fever, headache and vomiting. Now she is getting drowsy with feeling uneasy while moving her neck and wants to rest in a dark room. She is also feeling uneasy while at being examined at doctor's office in bright light. On investigations she is having TLC count of 15000 with a high CRP. Her CT Brain didn't show any Pathology. What is the next Best investigation to reach the diagnosis?

a) MRI Brain
b) Blood culture
c) Lumbar Puncture
d) Serum Electrolytes

c

Q#68: 18 years old boy was brought to emergency department with a history of loss of consciousness and Generalized tonic clonic fits from the last 1 hour. He had 4 episodes of fits in the last 1 hour lasting for 5 to 6 mins. He is having blood in his mouth and had incontinence. His RBS is 105mg/dl and Serum sodium of 138mmol/l. He again developed fits which in emergency which were not resolving. After securing his airway and checking his vitals what is the choice of medication in the management of this patient in emergency situation.

a) IV Lorazepam
b) IV Diazepam
c) IV Sodium Valproate
d) IV Levetiracetam
e) None of above

A

Q#69: A 21 years old lady came with a 5 day history of high grade fever, severe headache and vomiting. On examination she is confused, and she is unable to tolerate light during examination. She is having neck stiffness with bilateral down going planters. Her investigations show HB of 13gm/dl. Her white cell count is in 18000 with Platelet count of 193000 and negative malarial parasite on blood smear. Her CRP is 150. RBS is 95mg/dl and her Blood urea is 55. What is the most likely diagnosis?

a) Acute Delirium
b) Febrile Fits
c) Encephalitis
d) Meningitis
e) Both a and b

d

Q#70: 40 years old lady presented with vague symptoms of generalized weakness from the last 6 months and felling tired at the end of the day. She was very active before that and use to do regular exercise. During the night she has also noticed double vision which she attributed to lack of enough sleep. On examination her power is 5/5 in all limbs and neurological examination is unremarkable. She is unable to maintain upward gaze during examination and her limbs feel weak after a brief period of exercise. On investigations she is having Hb of 13gm/dl, RBS of 120mg/dl and Potassium of 4.5mmol/L. What is the most likely diagnosis.

a) Hypokalemic periodic paralysis
b) Guillian bare syndrome
c) Myasthenia gravis
d) Polymyositis
e) None of above

c

Q#71: A 70 years old man presented with chronic backache which is increasing in severity and he is having sleepless nights due to that. He also complains of weight loss of around 8kgs in the last 3 months. He is running low grade fever most of the time. On examination he is bilateral hyperreflexia in the lower limbs with power of 4/5. Investigations shows Hb of 10gm/dl, ESR of 90 and normal serum calcium plus renal function tests. XRay thoracic spine shows decreased height of T10 and T11 vertebrae. What is the most likely diagnosis?

a) Osteoporotic fracture of spine
b) Caries(TB) spine
c) Multiple myeloma
d) Disc Prolapse
e) Both a and b

B

Q#72: 60 years old gentleman with a 10 years history of diabetes, HTN and Ex-smoker presented with sudden onset weakness of left side of body from the last 3 hours. He is unable to talk and is confused. He is having mouth deviation to the right side. He vomited once when he arrived to the hospital. On examination his BP is 200/110 and he is having power of 0/5 in the left side of body with left planter having extensor response. His RBS is 180mg/dl and CT Brain shows no abnormality. What is the most likely diagnosis.

a) Multiple Sclerosis'
b) Intracerebral Bleed
c) Ischemic CVA
d) Hypertensive Encephalopathy

c

Q#73: A 77 years old gentleman with a history of HTN in the past which was well controlled developed gradual memory loss from the last 1 year. He is getting more forgetful and unable to remember where his car keys are. Few times he got lost on the way home from market. His neurological examination is unremarkable. He is having mini mental score of 19/30. His baseline investigation are all normal including Thyroid function tests. His CT Brain shows age related brain atrophy. What is the most likely diagnosis?

a) Microvascular ischemia
b) Levy body dementia
c) Subdural Hematoma
d) Alzheimer disease
e) None of the above

D

Q#74: A 35 years old gentleman farmer by profession came with a 1 day history of low grade fever, severe headache and occasional vomiting. On examination she is well oriented but feels uneasy to light during examination. She is having mild neck stiffness with bilateral down going planters. Her investigations show HB of 11gm/dl. Her white cell count is in 9000 with Platelet count of 253000. His ESR is 50 with a CRP of 45. RBS is 125mg/dl and her Blood urea is 55. His CT brain showed mildly dilated ventricles. His CSF R.E showed Cell count of 150 with predominant lymphocytes. CSF Protein is 125mg/dl and CSF sugar of 50mg/dl. What is the most likely diagnosis?

a) Hydrocephalus
b) Acute bacterial meningitis
c) Tuberculous meningitis
d) Viral meningitis
e) Both a and b

d

Q#75: 25 years old lady presented with sudden onset backache which is quite severe and she didn't sleep last due to pain. She had flue like symptoms from the last 2 days. She is also complaining of weakness in her lower limbs and she is unable to go to the bathroom by herself. There is no history of trauma or any weight lifting recently. He is running low grade fever today. On examination she is bilateral hyperreflexia in the lower limbs with power of 3/5 and Bilateral up going planters. She is having a loss of sensations of all modalities up to the lower chest. Upper limb examination is normal. Investigations show Hb of 13.5gm/dl, ESR of 20. X-ray thoracic and cervical spine is normal. What is the most likely diagnosis?

a) Anterior spinal artery occlusion
b) Transverse myelitis
c) Disc Prolapse
d) TB Spine
e) Both c and d

b

...s/ul (<5/ul) with all lymphocytes,Protein 160mg/dl(20-45mg/dl) and glucose 80mg/dl(50-80mg/dl) CT scan brain shows ...eariness and is having s... ...of CSF shows
...ral lobe infarct. The most likely organism involved is;

a) Mycobacterium tuberculosis
b) Streptococcus pneumonae
c) Herpes simplex virus
d) Mumps virus
e) Meningococcus

Q#77: Three years old child presented with fever,fits and unconsciousness. On examination he is unable to move left leg and arm.CSF report shows lymphocytic pleocytosis with high protein and normal glucose level.His EEG shows focal discharges in the temporal lobe.The most appropriate treatment is;

a) Ceftriaxone +vancomycin
b) Benzyl penicillin +vancomycin
c) Benzyl penicillin +ceftriaxone
d) Acyclovir
e) Ceftriaxone+acyclovir

d

Q#78: CSF culture growth shows H.influenzae type b as the causative organism. The best prophylaxis regimen for house hold contacts is;

a) Rifampicin 20mg/kg/day for 4 days
b) Rifampicin 10mg/kg/day for 10 days
c) Trimethoprim is the drug of choice for prophylaxis
d) 1st do the bacteriological confirmation of contacts
e) Vaccine is the only affective way for prophylaxis

A

Q#79: A 4-years-old child is receiving treatment for septic meningitis and is now evaluated for complications like Syndrome of inappropriate ADH secretion. The appropriate clue to the diagnosis is;

a) Uncontrolled seizures
b) Low serum calcium
c) Serum sodium 126meq/l
d) Uncontrolled vomiting
e) Depressed conscious level

c

Q#80: A-One-year-old child presented with history of fever,fits and drowsiness.On examination child is febrile and is having bulging anterior fontanelle. Contraindications for lumbar puncture in this child will be;

a) Bulging anterior fontanelle
b) Generalized tonic clonic seizures
c) Shock
d) Fever more than 103F
e) Nasal regurgitation

a

Q#81: A 26-year-old female had frequent episodes of focal left-hand shaking followed by generalized tonic-clonic seizure. She broke her jaw and her right shoulder due to fall. Routine EEG is normal, and brain imaging is unremarkable. Which would be the most appropriate drug for this patient?

a) Lamotrigine
b) Oxcarbazepine
c) Phenobarbital
d) Topiramate
e) Valproate

e

Q#82: A patient is experiencing insomnia and their doctor prescribes a hypnotic drug to help them sleep. What is the mechanism of action of hypnotic drugs?

a) Activate the serotonin receptor
b) Block the action of histamine
c) Increase the production of melatonin
d) Inhibit the release of acetylcholine
e) Stimulate the GABA receptor

e

Q#83: A patient has been taking a hypnotic drug for a few weeks to help with their insomnia. They are concerned about becoming dependent on the drug. Which of the following is a potential risk of long-term use of hypnotic drugs?

a) Decreased heart rate
b) Increased risk of seizures
c) Liver damage
d) Respiratory depression
e) Tolerance and dependence

e

Q#84: Which of the following is a commonly prescribed atypical antipsychotic medication for the treatment of schizophrenia?

a) Clonazepam
b) Diazepam
c) Phenobarbital
d) Risperidone
e) Zolpidem

d

Q#85: A patient has been prescribed a hypnotic drug to help with their insomnia, but they have a history of alcohol abuse. All of the following are potential risk of combining hypnotic drugs with alcohol except one ?

a) Decreased sedation
b) Impaired coordination
c) Increased sedation
d) Memory impairment
e) Respiratory depression

a

Q#86: What is the primary mechanism of action for most anti-Parkinson drugs?

a) Blocking dopamine receptors
b) Enhancing dopamine release
c) Inhibiting dopamine reuptake
d) Increasing dopamine degradation
e) None of the above

B

Q#87: Which of the following anti-Parkinson drugs is a dopamine agonist?

a) Amantadine
b) Carbidopa
c) Levodopa
d) Selegiline
e) Pramipexole

e

Q#88: Which of the following is not an anti-Parkinson drug?

a). Apomorphine
b) Bromocriptine
c) Donepezil
d) Entacapone
e) Ropinirole

c

Q#89: Which anti-Parkinson drug is a COMT inhibitor?

a) Amantadine
b) Levodopa
c) Pramipexole
d) Selegiline
e) Tolcapone

e

Q#90: Which of the following drugs is NOT commonly used for the treatment of Parkinso..
   a) Carbidopa
   b) Donepezil
   c) Entacapone
   d) Levodopa
   e) Pramipexole

[handwritten: b]

Q#91: Which of the following drugs is a dopamine agonist and used for the treatment of Parkinson's disease?
   a) Carbidopa
   b) Donepezil
   c) Entacapone
   d) Levodopa
   e) Pramipexole

[handwritten: e]

Q#92: A 30 years old male patient, using warfarin, is presented to OPD with increased bleeding tendency. On inquiring, he also uses anti-fungal drug regularly. What is that antifungal drug which causes enzyme inhibition of warfarin?
   a) Nystatin
   b) Amphotericin
   c) Ketoconazole
   d) Tetracycline
   e) Miconazole

[handwritten: c]

Q#93: Analgesia, euphoria, respiratory depression associated with morphine are probably mediated mainly through this opioid receptor type.
   a) Kappa
   b) Delta
   c) Mu
   d) A and B
   e) Both B and C

[handwritten: c]

Q#94: A young woman recently diagnosed as schizophrenic develops severe muscle spasm with torticollis, shortly after therapy with haloperidol. The best treatment for muscle spasm will be;
   a) Add risperidone with haloperidol
   b) Discontinue haloperidol
   c) Oral diphenhydramine
   d) Oral lithium
   e) Inject benztropine

[handwritten: e]

Q#95: A 25 years old woman recently diagnosed as bipolar disorder and on medication presents with 5 weeks pregnancy. Which of the following drug is safe and effective to be used in pregnancy?
   a) Carbamazepine
   b) Fluphenazine
   c) Lithium
   d) Olanzapine
   e) Valproic acid

[handwritten: a]

Q#96: A 34 years old man was prescribed citalopram for depression but he stopped taking it. The reason for discontinuation he told was its effect on his sexual performance. What will be the best choice of drug for this patient?
   a) Amitriptyline
   b) Bupropion
   c) Fluoxetine
   d) Imipramine
   e) venlafaxine

[handwritten: a]

Q#97: A 50 year old with history of alcoholism is brought to ER department in confused and delirious state. He has truncal ataxia and ophthalmoplegia. The most appropriate immediate treatment is
   a) Chlordiazipoxide
   b) Disulfiram
   c) Folic acid
   d) Glucosamine
   e) Thiamine

[handwritten: e]

Q#98: A college student is brought to the emergency department by friends holding him down. The physician is informed that student had taken some drug and then went crazy .The patient is agitated and delirious. On examination his skin is warm and sweaty and his pupils are dilated, bowel sounds are normal, tachycardia ,marked hypertension ,hyperthermia ,increased muscle tone and both horizontal and vertical nystagmus . The management of this patient is likely to include:
   a) Administration of epinephrine
   b) Alklinization of urine
   c) Atropine to control hyperthermia
   d) Amitriptyline if psychosis ensues
   e) Ventilator support and control of seizer(benzodiazepine) + haloperidol

[handwritten: e]

Q#99: A 30 years old patient with history of pulmonary disease with essential tremors. Which drug is most suitable for the treatment?
   a) Diazepam
   b) Levodopa
   c) Metoprolol
   d) Propranolol
   e) Terbutaline

[handwritten: a]

Q#100: A 22 year young girl present with amenorrhea and galactorrhea, her prolactin levels are grossly high. What will be the drug mostly used in her treatment?
   a) Bromocriptine
   b) Haloperidol
   c) Ketanserine
   d) LSD
   e) Sumatriptan

[handwritten: a]

Q#101: Emotional intelligence model was made by?
   a) Solvay and mayer
   b) William and wilmslow
   c) Maslow and Rogers
   d) Abraham and farooq
   e) Mcmehan and mitgehan

[handwritten: a]

Q#102: Which is not included in the 5 pillars of emotional intelligence?
   a) Self-awareness
   b) Self-regulation
   c) Empathy
   d) Motivation
   e) Positivity

[handwritten: e]

Q#103: Delirium may be seen in:
   a) High grade fevers.
   b) Dysentery
   c) Food poisoning
   d) Pneumonia
   e) Diarrhea

[handwritten: a]

Q#104: Compulsion is a:

- a) Repetitive thought process
- b) Repetitive behaviour
- c) Phobia
- d) Perversion
- e) Anthropophobia

[handwritten: b]

Q#105: Obsession is a:

- a) Repetitive thoughts
- b) Changed behaviour
- c) Phobia
- d) Delusion
- e) Anxiety

[handwritten: a]

Q#106: Delusion is a false belief which;

- a) Gets corrected when logic is given
- b) Does not get corrected even with logic
- c) Is seen in anxiety neurosis
- d) Normal people also experience it
- e) Can induce state of euphoria

[handwritten: b]

Q#107: The pupils are contracted to pin points in the following poisoning:

- a) Dhatura
- b) Alcohol
- c) Morphine
- d) Barbiturates
- e) Paracetamol

[handwritten: c]

Q#108: Convulsions like in tetanus can be seen in the following acute poisoning due to:

- a) Morphine
- b) Codeine
- c) Narcotine
- d) Papavarine
- e) Lead

Q#109: The clinical use of codeine is as:

- a) Cough syrup
- b) Antipyretic
- c) Analgesic
- d) Anti-histaminic
- e) Antibiotic

[handwritten: c]

Q#110: The fatal dose of opium is;

- a) 1-2 gm
- b) 10 gm
- c) 50 gm
- d) 100 gm
- e) 200 gm

[handwritten: a]

Q#111: The following antidote should be used for morphine poisoning:

- a) Physostigimine
- b) Atropine
- c) Methyl alcohol
- d) Naloxone
- e) N acetyl cystine

[handwritten: d]

Q#112: Rhabdomyolysis can be seen in the following poisoning:

- a) Opium
- b) Arsenic
- c) Alcohol
- d) Barbiturates
- e) Paracetamol

[handwritten: a]

Q#113: Widmark's formulae is helpful to know:

- a) Weight of an individual
- b) Race of an individual
- c) Amount of alcohol consumed
- d) Rate of cooling
- e) Toxicity of any poison

[handwritten: c]

Q#114: The best specific antidote in methyl alcohol poisoning is:

- a) Chloral hydrate
- b) Ethyl alcohol
- c) Atropine
- d) Physostigimine
- e) N acetyl cystine

[handwritten: b]

Q#115: Body packer syndrome is seen in trafficking of the following agent:

- a) Opium
- b) Cocaine
- c) Barbiturates
- d) Cannabis
- e) Alcohol

[handwritten: b]

Q#116: The following drug is also misused for reduction in weight:

- a) Morphine
- b) Amphetamine
- c) Cocaine
- d) LSD
- e) Heroin

[handwritten: b]

Q#117: The most potent hallucinogen known till date is:

- a) Charas
- b) Ganja
- c) Amphetamine
- d) LSD
- e) Morphine

[handwritten: d]

Q#118: Stereotyping behavior is seen in psychosis due to the chronic poisoning of:

- a) Opium
- b) Barbiturates
- c) Brown sugar
- d) Ganja
- e) Amphetamine

Q#119: The body may be seen in the following postures in acute strychnine poisoning except:

- a) Opisthotones
- b) Emprosthotones
- c) Pleurosthotones
- d) Hyperflexion
- e) Flaccid

[handwritten: d]

Q#120: The main site of action of strychnine is at:

- a) Vasomotor centers
- b) Cerebral cortex
- c) Anterior horn cells
- d) Respiratory centres
- e) Hypothalamu

[handwritten: c]