

GMC block L 2023 Solved and  
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# GOMAL MEDICAL COLLEGE, MTI, D.I.KHAN

MCQs Written Test 4<sup>th</sup> YEAR MBBS (Block-L)

Name of Student: \_\_\_\_\_

Please encircle the correct answer with blue/black pen

Date: 25<sup>th</sup> September, 2023

Roll No. \_\_\_\_\_

Paper ID: **BLUE**

TIME ALLOWED: 02-HOUR'S

Green waly are the final answers after review

TOTAL MARKS: 120

Note: Attempt ALL questions from this section. Select ONE best answer. Each question carries 01 mark.

**Q#1:** A 45-year-old woman presents with hypertension, hypokalemia, and metabolic alkalosis. She has no history of renal disease or heart failure. Her plasma renin activity is low and her serum aldosterone level is high. What is the most likely cause of her condition?

- a) Renal artery stenosis
- b) Aldosterone-producing adrenal adenoma
- c) Renin-producing tumor
- d) Ectopic aldosterone-secreting tumor
- e) Familial hyperaldosteronism type 1

**Q#2:** A 30 year old woman presents with abdominal pain and distension for the last two months. On physical examination, she has multiple angiofibromas on her face and ash-leaf spots on her trunk. A pelvic examination reveals an enlarged uterus. Laboratory tests show normal renal function and negative pregnancy test. A pelvic ultrasound shows multiple cysts in both ovaries. A renal ultrasound shows multiple cysts in both kidneys and multiple solid masses in the cortex and medulla. A contrast-enhanced CT scan confirms the presence of bilateral renal angiomyolipomas. Which of the following cells are most likely to be found in these tumors?

- a) Mature adipose cells
- b) Immature cartilage cells
- c) Malignant epithelial cells
- d) Eosinophilic granular cells
- e) Multinucleated giant cells

**Q#3:** A 65 year old man presents with painless hematuria and a palpable mass in the lower abdomen. Cystoscopy reveals a large, irregular, and ulcerated tumor involving the posterior wall of the Urinary bladder. Biopsy shows a high grade urothelial carcinoma with extensive squamous differentiation. What is the most likely stage of this tumor according to the TNM system?

- a) T1
- b) T2
- c) T3
- d) T4
- e) Tx

**Q#4:** A 55 year old woman undergoes transurethral resection of a small papillary tumor in the bladder. Histologic examination shows a low grade urothelial carcinoma with thin fibrovascular cores and orderly arrangement of cells. Immunohistochemistry shows positive staining for CK20 in the superficial cells and negative staining for CK7 in the basal cells. What is the most appropriate diagnosis for this tumor?

- a) Papilloma
- b) Papillary urothelial neoplasm of low malignant potential
- c) Low grade papillary urothelial carcinoma
- d) High grade papillary urothelial carcinoma
- e) Invasive urothelial carcinoma

**Q#5:** A 30 year old female presented with solitary thyroid nodule. She complained of hoarseness of voice. On clinical examination cervical lymph node is also palpable. On thyroid scan it was cold solid nodule. FNAC of nodule showed intranuclear inclusions in aspirated cells. On biopsy the tumor cells showed orphan annie eye nuclei. What is the diagnosis?

- a) Anaplastic Carcinoma
- b) Follicular Carcinoma
- c) Hurthle cell Carcinoma
- d) Medullary Carcinoma
- e) Papillary Carcinoma

**Q#6:** A 50 year old woman complained of post-menopausal bleeding. On examination her cervix was eroded and ulcerative. Biopsy was taken and diagnosis of Squamous intraepithelial neoplasm was made on the basis of nuclear changes along with cytoplasmic halos having perinuclear vacuoles termed koilocyticatypia. Which of the following is associated with koilocyticatypia?

- a) EBV
- b) High Ki-67
- c) High CEA level
- d) HPV protein E5
- e) Keratin formation

**Q#7:** A 50 year old male patient presented with costovertebral pain, palpable mass & hematuria. He also complained with fever, weight loss & malaise. On biopsy of renal mass, the diagnosis of Clear cell carcinoma was made. Which gene mutation is responsible for clear cell carcinoma?

- a) Loss of VHL
- b) Mutated BHD gene
- c) Mutated FH gene
- d) Mutated MET gene
- e) VEGF inhibition

**Q#8:** A patient presented with weight loss, sweating, palpitation, lid lag, exophthalmos, tachycardia tremors and a goiter. Upon thyroid scan, there appears to be increased intake of Iodine. What is the pathogenesis of this disease?

- a) Infection
- b) Immune complex mediated
- c) Hashimoto's Thyroid
- d) Idiopathic
- e) Autoimmune mediated

**Q#9:** A patient who is presented with increased growth of skeletal and soft tissues, hypertension, arthritis, menstrual disturbances, and diabetes mellites. When oral glucose administered, which one of the following level will increase?

- a) Growth hormone
- b) antidiuretic hormone
- c) insulin like growth factor
- d) None of the above
- e) both A and C

Q#10: A patient presents with polyuria and increased thirst. Serum glucose is not elevated. Serum osmolality is low. Upon water deprivation test, the osmolality is still low. Which one of the following is correct?

- a) Problem in pituitary
- b) problem in kidneys
- c) Patient has diabetes mellitus
- d) Serum ADH is high
- e) Both B and D

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Q#11: Patients with diabetes have an increased risk for all of the following except?

- a) Cataracts
- b) Infections
- c) Increased atherosclerosis
- d) Peripheral Neuropathy
- e) Pancreatic Carcinoma

Q#12: Which of the following is true for papillary thyroid carcinoma?

- a) May have psammoma bodies
- b) Least common type
- c) Worst prognosis
- d) associated with MEN-II
- e) Most common in elderly population

Q#13: The most common cause of hypothyroidism in third world countries is which one of the following?

- a) Pituitary dysfunction
- b) Dequervain's thyroiditis
- c) Graves' disease
- d) Hashimoto's thyroiditis
- e) Iodine deficiency

Q#14: In live person for kidney transplantation, what investigations you will not do?

- a) blood grouping
- b) HLA
- c) RFTs
- d) Renin hormone
- e) Renal tract study

Q#15: In IgA nephropathy, histological finding is

- a) podocyte fusion
- b) thick glomerular basement membrane
- c) segmental glomerulosclerosis
- d) increased mesangial matrix
- e) segmental sclerosis in glomeruli

Q#16: Cushing's triad is

- a) Increase ICP, HTN, Bradycardia
- b) Increase ICP, hypotension, bradycardia
- c) Increase ICP, hypotension, tachycardia
- d) Increase ICP, HTN, tachycardia
- e) Decrease ICP, HTN, tachycardia

Q#17: A 32 years old female patient with diagnosed case of ovarian tumor with ascites and pleural effusion. All these findings are present in which of the following condition?

- a) Basal cell carcinoma.
- b) Carcinoid tumor.
- c) Krukenberg tumor.
- d) Meigs syndrome.
- e) Pseudomyxomaperitonei.

Q#18: A 28 years old female patient with history of primary infertility, dysmenorrhea, painful stool defecation and abnormal bleeding. Laparoscopic findings show ectopic endometrial tissue with red hemorrhagic spots at the site outside the uterus. What will be the most likely diagnosis?

- a) Adenomyosis.
- b) Endometriosis.
- c) Molar pregnancy.
- d) Oophoritis.
- e) Salpingitis.

Q#19: The most common type of thyroid carcinoma is?

- a) Anaplastic carcinoma.
- b) Follicular carcinoma.
- c) Medullary carcinoma.
- d) Papillary carcinoma.
- e) Small cell carcinoma.

Q#20: The following selective medium is used to isolate Neisseria Gonorrhoea.

- a) Blood agar
- b) Chocolate agar
- c) MacConkey's medium
- d) Mannitol salt agar
- e) Modified Thayer-Martin medium

Q#21: DIRECT Microscopy smear examination of purulent discharge from genital tract can give definitely diagnosis of Neisseria gonorrhoea in ?

- a) Diabetics
- b) children
- c) Man
- d) Pelvic inflammatory disease patient
- e) woman

Q#22: Fibroid uterus may present with all of the following except?

- a) Amenorrhoea
- b) Irregular menstrual cycle
- c) Infertility
- d) Pelvic mass
- e) Poly menorrhoea

Q#23: Which gland is under direct neural regulation of hypothalamus?

- a) Adrenal gland
- b) Anterior pituitary gland
- c) Parathyroid glands
- d) Posterior pituitary gland
- e) Thyroid gland

Which of the following is correct?  
a) Case-cr  
b) Coh  
c) A res  
d) entri

C

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Which of the following study designs is most appropriate for investigating the cause-effect relationship between an exposure and an outcome provided no ethical issue is involved?

- a) Case-control study
- b) Cohort study
- c) Cross-sectional study
- d) Ecological study
- e) Randomized controlled trial

Q#25: A researcher wants to study the risk factors of a rare disease like Sarcoidosis. Which study design is best suited for identifying risk factors for a rare disease?

- a) Case-control study
- b) Cohort study
- c) Cross-sectional study
- d) Ecological study
- e) Randomized controlled trial

Q#26: A researcher wants to study prevalence of protein energy malnutrition in children under three years of age in a village. Which study design is most useful for studying the prevalence of a disease in a population?

- a) Case-control study
- b) Cohort study
- c) Cross-sectional study
- d) Ecological study
- e) Randomized controlled trial

Q#27: A renowned pharmacologist claimed that his new drug for type 2 diabetes mellitus is showing more promising results in control of diabetes than older drugs available. Which of the following study designs is most appropriate for evaluating the effectiveness of a new drug therapy?

- a) Case-control study
- b) Cohort study
- c) Cross-sectional study
- d) Ecological study
- e) Randomized controlled trial

Q#28: Which of the following study designs is most appropriate for studying the natural history of a disease?

- a) Case-control study
- b) Cohort
- c) Cross-sectional study
- d) Ecological study
- e) Randomized controlled trial

Q#29: Which of the following study designs is most appropriate for assessing the impact of an intervention in a community?

- a) Case-control study
- b) Cohort study
- c) Cross-sectional study
- d) Ecological study
- e) Experimental study

Q#30: A study was conducted on 10,000 antenatal women from first trimester visit till their term delivery to see the effect of smoking on birth weight of new born. Out of 10,000 women 3000 were smokers. 100 low birth weight children were born in both groups. What type of study design is this?

- a) Case control
- b) Cohort
- c) Cross sectional
- d) Quasi experimental
- e) Randomized control trial

Q#31: A researcher wanted to study the time sequence to prove the concept of causality. He started studying the healthy people. Researcher wanted to see if high fat diet consumption has any role in ischemic heart disease development. Which design of study should be preferred by the researcher?

- a) Case report
- b) Case series report
- c) Cross-sectional
- d) Longitudinal
- e) Quasi experimental

Q#32: Smoking leads to esophageal carcinoma. Alcohol intake is related to smoking and also has its role in esophageal carcinoma development. This factor can distort the results of the study which intends to prove an association between smoking and esophageal cancer. What type of effect is this?

- a) Confounding
- b) Dose response relation
- c) Multiple causation
- d) One to one relationship
- e) Strength of association

Q#33: An expert in the field of public health is required to estimate the magnitude of a health problem for adequate provision of hospital facilities, logistics, finances and human resources. Which rate would he calculate for this purpose?

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

Q#34: HPV is the major cause of cervical carcinoma. What is the probable contribution of HPV in Ca Cervix?

- a) 90%
- b) 92%
- c) 95%
- d) 99%
- e) 89%

Q#35: In 1993 WHO promoted a program to improve infant and young children nutritional health known as?

- a) IMNCI
- b) MNCH
- c) BFHI
- d) WASH
- e) MAMI

Q#36: A 23 year old para 1 delivered a baby boy last month. She wants to plan for contraception advised. She is feeding her baby is breast fed, feeding frequency is more at night. What is the best way to avoid conception in first 04 months of delivery?

- a) Oral contraceptive
- b) Male Pills
- c) Injectable contraceptive
- d) IUCD
- e) No Contraception

- Q#37: A lady from remote area with early pregnancy visited gynecology OPD for antenatal. She told the doctor that, it is difficult for her to attend monthly antenatal visits. The doctor advised the minimum number of visits is?
- a) 03  
 b) 04  
 c) 05  
 d) 06  
 e) 07
- Q#38: Keeping in mind the stationary population pyramid of Austria. Which of the following features is most obvious?
- a) High fertility  
 b) high mortality  
 c) Low birth and low death rates  
 d) High dependency ratio  
 e) Low sex ratio
- Q#39: The total number of population of an area during a specified time is called:
- a) Average  
 b) census  
 c) Count  
 d) Proportion  
 e) Rate
- Q#40: The extent to which a test gives same results on repeat measurements under same conditions is a quality measure of this test. Which of the following refers to this quality of test?
- a) Reliability  
 b) Sensitivity  
 c) Specificity  
 d) True-positive value  
 e) Validity
- Q#41: In pregnancy, enlargement of uterus at pubic level is seen in the following weeks:
- a) 4 weeks  
 b) 8 weeks  
 c) 12 weeks  
 d) 24 weeks  
 e) 36 weeks
- Q#42: False virgin is who has:
- a) Elastic hymen  
 b) No hymen  
 c) Imperforated hymen  
 d) Annular hymen  
 e) Septate hymen
- Q#43: A habituated female (i.e. female who had frequent sexual intercourse) shows torn hymen known as:
- a) Carunculæ hymenalis  
 b) Linea Nigra  
 c) Carunculæ myrtiformes  
 d) Marginal hymen  
 e) Imperforated hymen
- Q#44: A female who had given birth to child exhibits only remnants of hymen known as:
- a) Carunculæ hymenalis  
 b) Linea Nigra  
 c) Carunculæ myrtiformes  
 d) Marginal hymen  
 e) Imperforated hymen
- Q#45: The spermatozoa in a case of sexual intercourse can be seen in vagina till:
- a) 1-7 days  
 b) 10 days  
 c) 2 weeks  
 d) 4 weeks  
 e) 8 weeks
- Q#46: Sin of Gomorrah is:
- a) Anal coitus  
 b) Buccal coitus  
 c) Incest  
 d) Lesbianism  
 e) Indecent assault
- Q#47: The pregnancy caused by rape can be terminated under the following ground:
- a) Therapeutic  
 b) Eugenic  
 c) Humanitarian  
 d) Social  
 e) None
- Q#48: A 75 year old woman being investigated for recurrent UTIs ( proteus on culture report) has a stag horn calculus on CT scan what is the most likely stone composition?
- a) Cystine  
 b) Uric acid.  
 c) Struvite.  
 d) Calcium oxalate  
 e) Hydrogen
- Q#49: Which one of the following symptoms is not related to urinary tract infections ?
- a) Burning micturition  
 b) Fever (low grade).  
 c) Strong persistent urge to urinate  
 d) cloudy urine  
 e) None
- Q#50: nephrectomy is primarily indicated in which of the following conditions?
- a) Polycystic kidney disease.  
 b) Renal cell carcinoma.  
 c) nephrolithiasis  
 d) UTI  
 e) BOTH C and D
- Q#51: What is the primary treatment goal for small kidney stones that can be passed naturally?
- a) Surgical removal.  
 b) Pain Management  
 c) Prevention of future stones  
 d) Advice to increase fluid intake  
 e) None

descended  
 a) inguinal he  
 b) varicocele  
 c) cryptorchidism.  
 33: Hysteroscopy is a  
 a) Remove  
 b) Look  
 c) P  
 Q#54: Whi

D

difficult

undescended testes is also referred to as

- a) Inguinal hernia
- b) varicoele
- c) cryptorchidism.
- d) hydrocele
- e) both B and C

Q#53: Hysteroscopy is a technique used to

- a) Remove ureteric stone
- b) Look inside uterus for abnormalities
- c) Remove testicular masses
- d) To see bowel for polyps.
- e) Examine oesophagus.

Q#54: Which one of the following can cause urinary retention?

- a) Direct inguinal hernia
- b) benign prostate hyperplasia.
- c) urethral stricture
- d) bladder stone
- e) All except A.

Q#55: Chocolate cyst a complication of endometriosis occurs in ?

- a) Kidney
- b) urethra.
- c) Vagina
- d) ovary.
- e) pouch of Douglas

Q#56: Which of the following is a common complication following thyroid (total thyroidectomy) Surgery?

- a) Diabetes.
- b) Hypertension.
- c) Hypocalcaemia
- d) Hypokalaemia.
- e) None of the above

Q#57: 48 years female under goes laparotomy because of a pelvic mass intraoperative it was unilateral ovarian mass a complete by omental involvement on frozen section serouscystadeno carcinoma was found most appropriate action will be

- a) Bilateral salpingoophorectomy + omentectomy
- b) Total abdominal hysterectomy + Bilateral salpingoophorectomy
- c) Ovarian cystectomy and omentectomy
- d) unilateral oophorectomy + omental resection
- e) Peritoneal washings +Total abdominal hysterectomy + Bilateral salpingoophorectomy + omental resection

Q#58: A 53 years female complaint of pain abdomen on workup there is 4 cm bilateral ovarian mass with septations were present on ultrasound, next step of management is

- a) OCPS and anti-inflammatory
- b) Send tumor markers and decide accordingly
- c) Surgery
- d) Ultrasound guided aspiration
- e) Wait for three months and decide on follow up

Q#59: A G2P1 34 years at 29 weeks came to emergency department with sudden acute abdominal pain on workup there is 5\*6 cm right ovarian mass. What is most common ovarian tumor in pregnancy?

- a) Brenner's tumor
- b) dermoid cyst
- c) dysgerminoma
- d) serouscystadenoma
- e) krukenberg tumor

Q#60: An adolescent girl with complaint of lower abdominal fullness, on and of pain came to OPD on ultrasound 10\*8cm ovarian mass was found. Serum LDH is raised. What preferred mode of treatment you will suggest?

- a) Cystectomy with radio therapy
  - b) Oophorectomy + radiotherapy
  - c) Surgery with preservation of uterus and normal ovary followed by chemotherapy
  - d) Ultrasound aspiration followed by chemotherapy
  - e) Total abdominal hysterectomy + Bilateral salpingoophorectomy
- Looks dysgerminoma... but we will try to preserve fertility

Q#61: A 32 years old patient came to OPD with ultrasound report which shows bilateral ovarian masses with increased vascularity, and septations. She also gives history of weight loss and bloating there is family history of ovarian cancer on her maternal side. What is the percentage of malignant ovarian tumors having genetic predisposition?

- a) 5-10% If only one 1st degree relative... upto 10% risk
- b) 10-15% if two 1st degree relative .. upto 40% risk
- c) 22-25%
- d) 40-50%
- e) 1-2%

Q#62: There are different treatment modalities for cervical malignancy the decision is based on staging of CX cervix, we can proceed towards radical surgery before chemo and radio. Which of the following stage?

- a) stage 1 a and Stage 1 b
- b) stage 2 a
- c) Stage 3 a
- d) Stage 3 b
- e) Stage 2 b

Q#63: To prevent cervical cancer cervical screening program had been started. All women should be screened at the following age group

- a) 12 - 50 years
- b) 15- 60 years
- c) 25- 64 years
- d) 18-60 years
- e) 20 - 64 years

Q#64: You are sitting in gynae clinic a patient para 6 has visted you with the report of cervical screening which showed moderate dyskaryosis with positive HPV testing. What will you do next?

- a) Counsel patient & call for routine follow up visit
- b) Advise hysterectomy
- c) Repeat smear testing
- d) Referral for colposcopy
- e) Give symptomatic treatment only

Q#65: 56 years old para 7 presented with the complaint of post-menopausal spotting along with foul smelling discharge. She also complaining of dysuria and urinary hesitancy along with lower abdominal pain, patient husband had been in Gulf countries for many years. On per speculum examination patient she has marked pallor and she is quite anxious. What is most probable diagnosis?

- a) Menopause symptoms
- b) Pelvic inflammatory disease
- c) Cervical malignancy

- d) Cervical polyp
- e) Fibroid uterus

Q#66: A 47 year old para 5 presented to OPD with postcoital bleeding, intermenstrual bleeding and dysuria on per speculum examination there is fleshy growth that is involving the cervix biopsy was taken and histopathology came out to be cervical malignancy. How will you proceed further to stage the disease?

- a) Staging is done mainly radio logically
- b) CX cervix is staged surgically
- c) Staging is done clinically

- d) Staging is done histopathologically
- e) None of the above

Q#67: 52 years old lady had her last menstrual period 12 months back, presented in out-patient department with a complaint of hot flushes, bloating abdomen and irritability. Which 1 of the following hormones is responsible for these vasomotor changes?

- a) Decreased levels of LH.
- b) Decreased levels of Progesterone.
- c) Increased level of FSH.

- d) Increased level of Prolactin.
- e) Reduced Estrogen level.

Q#68: A 50 years old para 6 has experienced a complaint of mood changes, hot flushes, irritability and loss of libido. She is very anxious about her symptoms and wants to get them treated. Which one of the following is an absolute contraindication to hormone replacement therapy (HRT)?

- a) Chronic liver disease.
- b) Increased bone mineral density.
- c) Previous history of benign breast disease.

- d) Uncontrolled Hypertension.
- e) Uterine Fibroid.

Q#69: 55 years old woman who has gone through her menopause, is very concerned that she may develop bone fractures. What is the most effective way of preventing pathological fractures in post-menopausal women?

- a) Clonidine
- b) Combined Oral Estrogen & Progesterone pills.
- c) Phytoestrogens. *mainly for hot flushes*

- d) Selective Serotonin Reuptake Inhibitors.
- e) Vaginal Estrogen.

Not COCPs..  
HRT are COPs  
but have higher  
dose than  
COCPs

Q#70: 49 years old lady who is amenorrhic for the last 12 months, is complaining of increased sweating at night, hot flushes and disturbed sleep pattern? She went to her GP where her laboratory tests were done in which she had raised FSH levels. Which one of the following is most appropriate for the diagnosis of menopause?

- a) Absent menstruation for 1 year at this age.
- b) Bloating and irritability.
- c) Changes in sleep pattern.

- d) History of night sweats.
- e) Raised level of FSH.

Q#71: A 22 years old girl has a secondary amenorrhea of 12 months. She was being diagnosed with premature ovarian insufficiency. Which one of the following is responsible for this condition?

- a) Increased Estradiol level.
- b) LH reduced and FSH increased.
- c) Low FSH, Raised LH.

- d) Raised FSH, Low Estradiol level.
- e) Raised Gonadotrophins.

Q#72: A 20 years old patient presents in outpatient department with a history of 2 months amenorrhea and vaginal bleeding. Her ultrasound report shows 8 weeks single viable intrauterine pregnancy. Per speculum examination shows closed cervical os with no active bleeding. What is your management in this case?

- a) Oral antibiotics
- b) Oral misoprostol
- c) Oral mifeprstone

- d) Oral tranxamic acid
- e) Supportive treatment

Q#73: A 25 years old patient is presented in outpatient department with history of irregular menstrual bleeding. Her urine pregnancy test is positive and her ultrasound report shows 7 weeks intrauterine pregnancy with absent cardiac activity. What is your diagnosis?

- a) Ectopic pregnancy
- b) Incomplete abortion
- c) Inevitable abortion

- d) Missed abortion
- e) Threatened abortion

Q#74: A 28 years old patient presented in emergency with a complaint of amenorrhea of 2 months, lower abdominal pain and heavy vaginal bleeding. Her urine pregnancy test is positive. Her blood pressure is 80/60mmHg, pulse is feeble and speculum examination shows open cervical os with a passage of clots and fleshy pieces protruding through the cervical os. What is your management?

- a) Bed rest and reassurance
- b) Immediate evacuation and curettage
- c) Intravenous antibiotics

- d) Intravenous tranxamic acid
- e) Oral misoprostol

Q#75: A 22 years old nulliparous patient presents in outpatient department with a history of complete miscarriages at 8 weeks gestation. What are the most common aetiological factors for first trimester miscarriage?

- a) Chromosomal abnormalities
- b) Drugs / chemicals
- c) Medical disorder

- d) Perinatal infections
- e) Uterine abnormalities

Charge Sheet  
Most Probable

A 26 years old patient presents with vaginal bleeding and positive pregnancy test. Her ultrasound report shows a 8 weeks intrauterine pregnancy. What would it be reasonable to offer her, choose single best answer?

- a) Laparoscopy
- b) Methotrexate
- c) Misoprostol
- d) Progesterone
- e) Serum hcg measurements

Q#77: A 55-year-old woman with a history of obesity and hypertension visits her gynaecologist for a routine check-up. She reports having irregular vaginal bleeding for the past two months. She is not taking any medications and has no family history of cancer. The gynaecologist suspects that she may have endometrial cancer and orders a biopsy of her endometrium. What type of endometrial cancer is most likely in this case?

- a) Adenoacanthoma
- b) Adenocarcinoma with squamous differentiation
- c) Clear cell carcinoma
- d) Endometrioid adenocarcinoma
- e) Uterine serous carcinoma

Q#78: A 60-year-old woman presents to her gynaecologist with postmenopausal bleeding. She has no history of hormone replacement therapy. What is the most common clinical feature of endometrial carcinoma?

- a) Abdominal pain
- b) Dyspareunia
- c) Postmenopausal bleeding
- d) Urinary incontinence
- e) Vaginal discharge

Q#79: A 52-year-old woman with a history of obesity and diabetes is diagnosed with stage I endometrioid adenocarcinoma after experiencing abnormal uterine bleeding. She undergoes a total hysterectomy with bilateral salpingo-oophorectomy. The pathology report shows a grade 1 tumor with no myometrial invasion or lymphovascular invasion. No cervical or ovarian involvement is seen. What is the most appropriate adjuvant therapy for her case?

- a) Chemotherapy
- b) Combined chemotherapy and radiotherapy
- c) External beam pelvic radiotherapy
- d) No adjuvant therapy is required
- e) Vaginal brachytherapy

Q#80: A 45-year-old woman with a history of breast cancer is prescribed tamoxifen, a selective estrogen receptor modulator (SERM), as part of her adjuvant therapy. She is aware that tamoxifen can reduce the risk of breast cancer recurrence, but also increase the risk of endometrial cancer. She asks her oncologist what she can do to prevent endometrial cancer while taking tamoxifen. What is the best advice that the oncologist can give her?

- a) Avoid consuming alcohol.
- b) Maintain a healthy weight and exercise regularly
- c) Stop taking tamoxifen & switch to another medication
- d) Should take a low-dose aspirin daily
- e) Undergo regular endometrial biopsies to detect

Q#81: A 15 years old unmarried girl presented with marked anemia and haemoglobin of 5 gm /dl .she gave history of heavy irregular cycle since menarche ,her blood clotting profile is normal with normal platelets count. The most probable diagnosis is?

- a) Chronic anemia
- b) Heamophilia
- c) Pubertal menorrhagia
- d) Vwb factor deficiency
- e) Worm infection

Q#82: A 35 years old women presented with heavy regular menses she has experienced spontaneous miscarriages over past 5 years ,her pelvic examination demonstrates an enlarged irregular uterus .her haemoglobin is 8 gm/dl.her urine pregnancy test is negative .what is the most likely diagnosis in this case?

- a) Adenaxal torsion
- b) Ovarian teratoma
- c) Endometriosis
- d) Pregnancy
- e) Fibroid uterus

Q#83: A 20 years old obese unmarried girl presented with ammenorrhea for two months, she gave history of infrequent menses with scanty flow .she developed facial hairs and temporal baldness.on ultrasound her uterus is normal with enlarged polycystic ovaries.whats the diagnosis?

- a) Cushing syndrime
- b) Ovarian cysts
- c) Polycystic ovariam syndrome
- d) Pregnancy
- e) Miscarriage

Q#84: A34 years old female para 4 had contraceptive injection one month ago she presented with continous per vaginal spotting .there is no bleed free days she is very worried what could be the possible treatment.?

- a) Tab primulut N
- b) Tab panadol
- c) Reassure and cap transamin
- d) No treatment
- e) Admit patient give iv antibiotics

Q#85: A 46 years old patient para 5 presented with irregular bleeding her family is completed and she want cure for her disease. She had history of blood transfusion twice.she had multiple fibroids on ultrasound .whats the treatment?

- a) No treatment
- b) Myomectomy
- c) Hystectomy
- d) Dnc
- e) Cap transamin

Q#86: Fibroid uterus is a

- a) Benign tumor of smooth muscle of uterus
- b) Malignant tumor of smooth muscle of uterus
- c) Benign tumor of ovaries
- d) Malignant tumor of ovaries
- e) None of the above



Q#87: The most common benign gynecological tumor of women's of reproductive age is

- a) Cervical intraepithelial neoplasia
- b) Follicular ovarian cyst
- c) Leiomyoma
- d) endometrial carcinoma
- e) None of the above

Q#88: Fibroid uterus are usually:

- a) Asymptomatic
- b) Symptomatic
- c) Lethal
- d) Aggressive in nature
- e) None of the above

Q#89: Growth of fibroid is dependent on

- a) Estrogen
- b) Progesterone
- c) Cortisol
- d) Estrogen and progesterone
- e) None of the above

Q#90: What is diagnostic test used for fibroids?

- a) Ultrasound PELVIS
- b) MRI
- c) X-RAY
- d) CT SCAN
- e) None of the above

Q#91: A 28 year old woman trying to conceive for the past 2 years is having history of irregular cycles. Now has presented to you with some vaginal spotting and severe pain in the right lower quadrant of abdomen. On her initial ultrasound scan in ER there is an empty uterus with some collection in pouch of douglus is reported. The most likely diagnosis in her case is:

- a) Ruptured appendix
- b) Acute cholecystitis
- c) Ruptured ectopic pregnancy
- d) Mesenteric lymphadenitis
- e) Cecal perforation

Q#92: A 26 year old P1 who had a vaginal delivery 14 months back has been brought to Emergency department with history of sudden fainting in kitchen. She is looking pale on examination with pulse rate of 120 beats per minutes, BP 80/60 mm Hg. Per abdomen examination there is fullness in lower abdomen. On vaginal examination, cervical movements are very tender. The most appropriate management option for her would be :

- a) Conservative management with blood transfusion
- b) Preparation for urgent laparotomy
- c) Dilatation and curettage
- d) I/V Antibiotics
- e) Diagnostic laparoscopy

tender cervical movement in 2 cases... i) Pid ii) ruptured ectopic hemodynamic unstabality ,, fullness favors ruptured ectopic

Q#93: A 34 year old woman who was under investigation for primary infertility presented with history of amenorrhea for 14 days and urine pregnancy test is positive. Her ultrasound scan reports empty uterine cavity but presence of right sided adnexal mass about 4 x 4 cm with increased vascularity. There is no free fluid in pouch of douglus. The most appropriate treatment option in her would be:

- a) I/M Methotraxate with serial hCG
- b) Posterior colpotomy
- c) Diagnostic laparoscopy
- d) Exploratory laparotomy
- e) Serum Progesterone levels

ectopic... Medx when stable, mass <4cm ,, hcg<5000

Q#94: A 36 year old patient has received an IM Methotraxate injection as Medical line of management for her right sided ectopic pregnancy 8 days ago. She has now come for follow up with fresh hCG level reports. What levels of  $\beta$ -hCG would be considered as satisfactory response to IM Methotraxate?

- a) Half the initial level
- b)  $1/3^{rd}$  the initial level
- c) 15% Or more below the initial level
- d) 5% or below the initial level
- e) Rise of 10% at this stage is insignificant

More than 15% fall hona chaye

Q#95: A 35 years old G<sub>3</sub> P<sub>2</sub> has presented for her Ante-natal check-up at 16 weeks Period of Gestation. Her scan report shows an empty uterine cavity but presence of an alive intra-abdominal fetus. What is the most commonly used approach in this case?

- a) Intra-amniotic sac Methotraxate
- b) Expectant management until patient is hemodynamically stable
- c) Umbilical artery embolization then await fetal and placental response
- d) Laparotomy with delivery of fetus and placenta
- e) Fetal intra-cardiac KCl

Q#96: Bilqees is 38 year old women. She presented in OPD with complaint of profuse per vaginal bleeding. She also gives history of miscarriage 4 months ago. On examination Uterus is soft & bulky, both ovaries appear enlarged and cystic. Pregnancy test is positive. The most likely diagnosis in above scenario is?

- a) Abnormal uterine bleeding due to hormonal imbalance
- b) Fibroid uterus
- c) Incomplete misscarrriage
- d) Persistent trophoblastic disease
- e) Threatned Misscarrriage

Q#97: Hameeda is 34 years old women diagnosed case of molar pregnancy. On examination her uterine size is about 26 weeks. What is the most appropriate method of treatment in this case?

- a) Hysterotomy
- b) Hystrectomy
- c) Medical induction with prostaglandin
- d) Methoteraxate Intra muscular
- e) Suction & evacuation

70-year-old woman is being treated with raloxifene for osteoporosis. Which of the following is a concern with this

- a) Breast cancer.
- b) Endometrial cancer.
- c) Venous thrombosis.
- d) Hypercholesterolemia
- e) Hypocholesterolemia

Q#99: A 26-year-old female is using injectable medroxyprogesterone acetate as a method of contraception. Which of the following adverse effects is a concern if she wishes to use this therapy long-term?

- a) Hyperkalemia
- b) Male pattern baldness
- c) Osteoporosis
- d) Weight loss.
- e) Hypokalemia

Q#100: Which one of the following is drug of choice for pregnant female suspected of having a baby with congenital adrenal hyperplasia?

- a) Betamethason
- b) Beclamethasone
- c) Dexamethasone
- d) Hydrocortisone
- e) Prednisolone

Q#101: A 60 year old male patient taking medicine for treatment of BPH for 6 month. Which may cause reflex tachycardia and/or postural hypotension initial administration?

- a) Atenolol
- b) Hydrochlorothiazide
- c) Metoprolol
- d) Prazosin
- e) Verapamil

Q#102: Which of the following is a Selective Estrogen Receptor Modulator that improves bone mineral density in a postmenopausal women?

- a) Clomiphene Citrate
- b) Raloxifene
- c) Ormeloxifene
- d) Alendronate
- e) Both B & C

Q#103: Addition of a Progestin for 10 to 12 days each month to Estrogen Replacement Therapy in a postmenopausal women is recommended because the Progestin:

- a) Block the increased risk of myocardial infarction due to Estrogen
- b) Block the increased risk of endometrial carcinoma due to Estrogen
- c) Reverses vulval atrophy occurring in postmenopausal women
- d) Both A & B
- e) All are correct

Q#104: A 32-year-old woman who has been using a copper intrauterine device (IUD) as her chosen method of contraception for the past five years. She has had no issues with her IUD during this time, and it has been an effective means of preventing pregnancy for her. How does the copper IUD primarily prevent pregnancy?

- a) By thickening cervical mucus, making it difficult for sperm to enter the uterus
- b) By suppressing ovulation and preventing the release of eggs
- c) By releasing hormones that inhibit sperm motility and fertilization.
- d) By creating an unfavorable environment for sperm, impairing their ability to fertilize an egg.
- e) None of the above

Q#105: In which of the following conditions, Estrogen is not the primary drug but is added to Progestin as adjuvant?

- a) Dysfunctional uterine bleeding
- b) Menopausal syndrome
- c) Osteoporosis
- d) Atrophic vaginitis
- e) All of the above

Q#106: A 30-year-old female presents to the clinic with symptoms of a urinary tract infection (UTI), including dysuria, frequency, and cloudy urine. She has a history of penicillin allergy. The urine culture confirms the presence of Escherichia coli. Which antibiotic would be the most appropriate choice for treating her UTI?

- a) Ciprofloxacin
- b) Amoxicillin
- c) Trimethoprim-sulfamethoxazole (TMP-SMX)
- d) Doxycycline
- e) Erythromycin

Q#107: A 19 year old medical student presented with complaints of weight loss, polyuria and polydipsia. He was otherwise stable. His labs were as under: FBS: 397mg/dL, HbA1C: >15 %. What will be the treatment strategy?

- a) Metformin
- b) Sulfonylureas
- c) DDP4 inhibitors
- d) Insulin
- e) Diet and life style modification

Q#108: 35 years old female presented to emergency department with polyuria. She is diabetic for past 2 years and using glimepiride 4mg. Now, she got pregnant with gestational amenorrhea of 4months. Her labs are as under: RBS 250mg/dL, HbA1C 7.4%. What will be the treatment strategy?

- a) Continue glimepiride and add Metformin.
- b) Stop glimepiride and start on GP-1 analogue
- c) Continue glimepiride and add DDP 4 inhibitors
- d) Stop glimepiride and switch to insulin
- e) Continue glimepiride and add insulin

- Q#109:** 30 year old lady has obesity, infertility hirsutism and depression. What is the most likely condition she suffering from?
- a) Hypothyroidism
  - b) Morbid obesity
  - c) Polycystic ovary syndrome
  - d) Polyglandular syndrome
  - e) Type I diabetes mellitus
- Q#110:** 15 year old female presented to emergency department in the state of coma and fever. She has air hunger and dehydrated her GCS is 9/15, Pube 100, BI 100/60, blood sugar level are 450 mg/dl. What is the best treatment option for this patient?
- a) Metformin
  - b) Gliclazide
  - c) Long acting insulin
  - d) Hydration with saline & Humulin R (DKA protocol)
  - e) DPP<sub>4</sub> inhibitors
- Q#111:** 30 year old diabetic patient presented with polyuria, burning micturition. Her blood glucose levels are 250 mg/dl despite on oral medications. She has this urinary complaint for last few months. What are the best investigations plans for her management?
- a) Urine routine analysis/RBS
  - b) Fasting blood glucose daily
  - c) Blood culture, RBS
  - d) Urine culture HbAb/c, RBS
  - e) Ultrasound abdomen pelvis
- Q#112:** P7, post-menopausal for 3 years, presented in OPD with heavy P/V bleeding – on TVS, endometrial thickness is 10mm e- normal pelvic structure. What will be the next investigation to proceed for diagnosis?
- a) Hysteroscopy
  - b) Pap smear
  - c) Colposcopy
  - d) Hysteroscopy direct Biopsy
  - e) Cone biopsy
- Q#113:** Iodine deficiency can cause
- a) Goiter
  - b) Thyroid cancer
  - c) Solitary Nodules
  - d) Thyroiditis
  - e) None of the above
- Q#114:** Hyperparathyroidism causes
- a) Heat intolerance
  - b) High blood sugar
  - c) Increased urination
  - d) Headache
  - e) Both A and B
- Q#115:** Most common cause of Cushing syndrome
- a) ACTH Secreting tumor
  - b) Adrenal adenoma
  - c) Exogenous steroids
  - d) Adrenal Carcinoma
  - e) All of the above
- Q#116:** A young Asthmatic previously taking Exogenous steroids came to emergency with vomiting, abdominal pain, low BP, dry mucous Membranes blood sugar 120mg/dl mostlikely Dx is
- a) Cushing syndrome
  - b) Diabetes mellitus
  - c) Diabetes insipidus
  - d) Addisonian crisis
  - e) None of the above
- Q#117:** The MOST common cause of permanent congenital hypothyroidism is
- a) Dyshormonogenesis
  - b) Thyroid dysgenesi
  - c) IODINE deficiency
  - d) Defect of iodide transport
  - e) Pended syndrome
- Q#118:** Which of the following is accurate regarding urine studies in nephrotic syndrome?
- a) A 2+ reading on urinalysis via dipstick represents 300 mg/dL of urinary protein or more, correlating with a daily loss of 3 g or more
  - b) The presence of 4 or more red blood cells per high-power field in a urine sediment examination is required for a diagnosis of microhematuria
  - c) A measurement of 100-150 mg of total protein present in a 24-hour urine collection suggests early nephrotic syndrome
  - d) A ratio of urine protein to urine creatinine > 2 g/g indicates nephrotic-range proteinuria
  - e) None of the above
- Q#119:** In uncentrifuged sample of urine, definition of significant pyuria is:
- a) >3 leukocytes per high power field
  - b) >10 leukocytes per high power field
  - c) >10 leukocytes/cu.mm
  - d) >5 leukocytes/cu.mm
  - e) None of the above
- Q#120:** Which one is not an appropriate treatment for Grave's disease?
- a) Beta blockers
  - b) Surgical removal of thyroid gland
  - c) Radio-active iodine
  - d) Antithyroid drugs
  - e) Thyroxine

شہ زور اپنے زور میں گرتا ہے مثلِ برق

وہ طفل کیا کرے گا جو گھٹنوں کے بل چلے

