

Block J

1. A 46-year-old man who is an IV drug user is admitted to the hospital because he has had increasing headache, high fever & vomiting for the past 24 hours. On Physical Examination, his temperature is 38.4°C and there is neck rigidity. The CSF shows an increased protein concentration and a decreased glucose level. Which of the following infectious agents is most likely to produce these findings?
a. JC papovavirus b. Mycobacterium tuberculosis c. Staphylococcus aureus
d. Herpes simplex virus e. Toxoplasma gondii
2. A 45-year-old, previously healthy man has developed headaches over the past month. A cerebral angiogram shows a 7-mm saccular aneurysm at the trifurcation of the right middle cerebral artery. Which of the following is most likely to result from this lesion?
a. Epidural hematoma b. Subarachnoid hemorrhage c. Subdural hematoma
d. Cerebellar tonsillar herniation e. Hydrocephalus
3. A 43-year-old female patient recently had a severe respiratory tract infection. She has had a headache and fever for the past 2 weeks. CT scan of the head shows a sharply demarcated, 3-cm, ring lesion in the right occipital region. Laboratory analysis of the CSF shows a cell count of four lymphocytes & eight neutrophils and increased protein & normal glucose levels. What is the most likely diagnosis?
a. Glioblastoma multiforme b. Multiple sclerosis c. Subacute infarction d. Cerebral abscess e. Metastatic carcinoma
4. A 5 years old child presents with blurred and double vision. CT scan of the head shows the presence of a 4-cm mass in the cerebellar vermis and dilation of the cerebral ventricles. A lumbar puncture is done. Cytological examination of the CSF shows small cells with hyperchromatic dark blue nuclei and scant cytoplasm. What neoplasm would most likely explain these findings?
a. Schwannoma b. Ependymoma c. Glioblastoma multiforme d. Medulloblastoma e. Metastatic carcinoma
5. Which one of the following proteins is associated with the pathogenesis of Parkinson's disease?
a. Amyloid beta b. Tau c. FUS d. α synuclein e. Polyglutamine
6. Which one of the following is the autosomal dominant disease characterized by jerky, hyperkinetic dystonic movements involving all parts of the body and dementia, caused by degeneration of striatal neurons?
a. Parkinson's disease b. Multiple sclerosis c. Multiple sclerosis d. Huntington disease e. Myasthenia gravis
7. A 32-year-old female patient presents with fluctuating weakness that worsens with exertion over the courses of the day. She also has a problem of diplopia and ptosis. Which of the following antibodies will be present in this patient?
a. Anti-acetylcholine receptor Ab b. Anti- M2 Ab c. Anti-Jo1 Ab
d. Anti-P155/140 Ab e. Anti- Myelin Sheath Ab
8. Which of the following is not a tumor of central nervous system?
a. Astrocytoma b. Oligodendroglioma c. Meningioma. d. Ependymoma
e. Retinoblastoma
9. Which of the following is not a tumor of central nervous system?
a. Astrocytoma b. Oligodendroglioma c. Meningioma d. Ependyoma e. Retinoblastoma
10. A 65 years old male patient was diagnosed as Huntington's disease. What genetic abnormality is present in this patient?
a. CAG trinucleotide repeat expansions b. AAA repeats c. ACG repeats

22. Which of the following drugs has established clinical uses that include attention deficit hyperkinetic disorder, enuresis and the management of chronic pain?
 a. Bupropion b. Fluvoxamine c. Imipramine d. Morphine e. Venlafaxine
23. A patient was anesthetized for surgery with a drug which produced sedation, analgesia, amnesia and detachment from surrounding without complete loss of consciousness. The drug most likely used is:
 a. Halothane b. Isoflurane c. Ketamine d. Nitrous oxide e. Propofol
24. Parkinson's disease is associated with a decrease of dopamine in the
 a. Brain stem b. Spinal cord c. Basal ganglia d. mesencephalon e. Chemoreceptor trigger zone
25. Which antipsychotic drug requires blood monitoring to detect agranulocytosis?
 a. Loxapine b. Clozapine c. Olanzapine d. Phenothiazine e. Benterpine
26. Lithium salts are mainly used for treating
 a. Depression b. Schizophrenia c. Bipolar disorder d. Tourette's syndrome e. Parkinson's disease
27. To compare the death rate of Nepal with death rate of Pakistan, the most appropriate measure is a comparison between;
 a. Age specific mortality rates b. crude death rates c. Maternal mortality rates
 d. standardized mortality rates e. Life expectancy
28. Crude death rates means Number of Deaths per year per
 a. 10% population b. 100% population c. 100 population d. 1000 population e. 10,000 population
29. Which of the following measures is used frequently as a denominator to calculate the incidence rate of a disease?
 a. Number of cases observed b. Number of new cases observed c. Number of asymptomatic cases
 d. person years of observation e. persons lost to follow-up
30. In the definition of Epidemiology determinants refer to;
 a. sources b. Risk Factors c. Causes d. Agents e. All of the above
31. Case fatality rate is highest for
 a. Measles b. Diphtheria c. influenza d. T.B
 e. Polio
32. You collect data about type of blood groups of 100 people. What type of data you will get
 a. Nominal b. Ordinal c. Interval scale d. Ratio scale
 e. Continuous
33. What type of data is qualitative?
 a. Nominal b. Interval c. Ratio d. Numerical e. Numerical discreet
34. The birth weights in a hospital are to be presented in a graph. This is best done by a:
 a. Bar diagram b. Pie chart c. Histogram d. Pictogram e. Frequency chart
35. An analysis of the race of patients who visit an emergency room reveals that 40% are white, 25% are black, 20% are Native American, and 15% are Asian. These data would best be depicted graphically with a
 a. Venn diagram b. Cumulative frequency graph c. Normal curve d. Histogram e. Pie chart

36. Malaria cases were reported throughout the world during the year 1971-1978 excluding African region. These cases can be best represented by:
 a. Frequency polygon b. Histogram c. Line diagram d. Pictogram e. Scatter diagram
37. There are 50 individual in population and they have same hemoglobin level that is 14g/dl. As There is no variability, the standard deviation will be:
 a. 0 b. 1,-1 c. 0,1 d. +2 e. -2
38. Mean is a measure of;
 a. Central tendency b. Variability c. Skewness d. Kurtosis
39. A person with head injury can talk normally and tell about the circumstantial evidence in case of:
 a. Lucid interval b. Concussion c. Retrograde amnesia d. Automatism
40. Which one of the followings produce toxic hypothermia:
 a. Salicylates b. Anticholinergics c. Antidepressants d. Opioids
41. Benzodiazepines act on the CNS through the following mechanism:
 a. Increasing catecholamines b. Increasing serotonin c. Increasing the activity of GABA d. Decreasing the activity of GABA
42. Which one of the following manifestations is an indication of severe ethanol intoxication:
 a. Euphoria and sense of well-being b. Marked muscular incoordination c. Increased confidence d. Aggressive behavior
43. The level of toxicity of Datura plant on the basis of increasing level is
 a. Root, Seeds, Fruit, Leaf b. Leaf, Root, Fruit, Seeds c. Fruit, Root, Seeds, Leaf d. Seeds, Leaf, Root, Fruit
44. All of the following are associated with psychosis, EXCEPT:
 a. Delusion b. Depression c. Phobia d. Mania
45. A 15 years old girl was brought to OPD. She had a single unprovoked generalized tonic clonic fit for 2 minutes followed by altered conscious level for 20 minutes. She had no tongue bite but had urinary incontinence. She had no focal neuro-deficit. She was investigated and her EEG, MRI brain, and other metabolic profile were normal. What is the best treatment you can offer this young girl?
 a. Carbamazepine b. Lamotrigine c. Levitiracetam d. No treatment required unless recurrence of fits e. Valproate
46. A 25 years old girl who had one year history of sudden loss of vision and numbness in right hand, now presented with one week history of diplopia. On examination she had failure of adduction in the right eye and nystagmus in the left eye on attempting left gaze. What is the most likely diagnosis?
 a. Congenital squint b. Hysteria c. Multiple sclerosis d. Pseudotumor cerebri e. Right Middle cerebral artery infarct
47. A 33 years old male presented with weak legs. O/E tone was reduced, muscles were wasted but no fasciculation. Power was 2/5 and deep tendon reflexes were depressed and down-going planters. He could not perform heel-shin test due to reduced power. What type of lesion this patient has?
 a. Cerebellar lesion b. Cortical lesion c. Extra-pyramidal lesion d. Lower motor neuron lesion e. Upper motor neuron lesion

48. A 30 years old lady presented with acute severe "thunderclap" headache and vomiting. O/E patient is drowsy with neck rigidity. Fundoscopy revealed subhyaloid haemorrhages. Her Temp is 98°F and BP is 125/70 mmHg. What is the most appropriate treatment option?
 a. Fluoxetine b. Intravenous Ceftriaxone c. Intravenous chlorpromazine d. Nimodipine e. Sumatraptan
49. A 23 years old male presented with weak legs for 5 days. He was treated for chest symptoms 3 weeks ago by GP. O/E he had power of 2/5 in lower limbs, absent deep tendon reflexes with no sensory level. His CSF showed cells 45/mm³. Protein 60 mg/dl, sugar 55mg. TPHA negative and Serum K was 4.0 meq. What is the most likely diagnosis?
 a. Botulism b. Gullian-barre syndrome c. Hypokalemic periodic paralysis d. Poliomyelitis e. Transverse myelitis
50. A 66-year-old man presented with progressive cognitive impairment. He does not remember his relatives names and unable to write. He is able to take care of his daily activities. He does not have any motor problems, has normal gait, and has no history of falls. He had no medical illness in the past. Mini Mental State Examination score of 13 out of 30. MRI brain showed moderate generalized cerebral atrophy. Which of the following is the most likely diagnosis?
 a. Alzheimer's disease b. Creutzfeldt-Jakob disease c. Dementia with Lewy bodies
 d. Frontotemporal dementia e. Vascular dementia
51. A 8 years old child presented to neurology unit with difficulty getting up from deep position and climbing steps and waddling gait. His elder brother died at the age of 16 years due to similar illness. On examination, Gower sign was positive, CPK was 10,000. What is the most likely diagnosis?
 a. Dermatomyositis b. Duchenne muscular dystrophy c. Inclusion body myositis
 d. limb girdle Muscular dystrophy e. Polymyositis
52. A 48 years old male patient was admitted with 3 weeks history of fever, malaise, headache, vomiting and altered sensorium. O/E he had GCS of 13/15, mild neck rigidity and left 6th cranial nerve palsy. CSF R/E showed Pressure 24 cmH₂O), Protein 87 mg/L, sugar 45 mg, cell count 450 u/L with predominant lymphocytes. Random blood sugar was 120 md/DL, What is the most likely diagnosis?
 a. Acute bacterial meningitis b. Fungal meningitis c. Tuberculous meningitis d. Viral encephalitis e. Viral meningitis
53. A 16 years old girl presented with rapid, jerky movements of irregular timing for the last 2 weeks. She had history of sore throat, fever and joint pains in the past. What is the most likely diagnosis?
 a. Athetosis, b. Huntington Chorea c. Sydenham chorea d. Thyrotoxicosis e. Torsion dystonia
54. A 30 year old lady during traveling from Kohat to Peshawar starts palpitations and choking whenever she enters Kohat Tunnel and therefore, returns back to kohat. Which one of the following is the most probable psychiatric diagnosis?
 a. Panic Disorder b. Post Traumatic stress disorder c. Agoraphobia
 d. Acute stress disorder e. Generalized anxiety disorder
55. A first year medical student came to psychiatry OPD with 2 days history of anger outbursts, irritability, headache and nausea which started within 24 hours of having been bullied by senior students in hostel at night. Which one of the following could be the most possible diagnosis:
 a. Post Traumatic stress disorder b. Adjustment disorder c. Panic Disorder
 d. Acute stress reaction e. Generalized anxiety disorder
56. A 35 years old lady, after 20 days of delivery of a baby, refused to feed her baby, stopped moving, lost enjoyment and interest in daily routine. Which one is the most probable diagnosis?
 a. Acute fatigue syndrome b. Post partum Purpeurium c. Phobic anxiety disorder d. Post Partum Depression

57. A 4 years old child presents to OPD with difficulty in walking and having tendency to fall down for the past five days. He was alright before except for a low grade fever and the appearance of rash on the body which was vesicular in nature initially, then it became pustular after few days. Child has been vaccinated according to EPI schedule. His elder brother also had fever and rash but he recovered completely. He only took paracetamol for his illness. What is the most likely diagnosis?
 a. Acute cerebellar ataxia b. Encephalitis c. Trauma d. Drug poisoning e. poliomyelitis
58. An 8 years old child has progressively difficulty in walking over the past few months. He was alright before and had normal growth and development. History was unremarkable for any fits, fever, headache or loss of consciousness. His clinical neurological examination reveals an absent deep tendon reflexes, loss of touch sensation, positive Babinski sign. He also has difficulty in speech articulation. His spinal cord shows scoliosis. The child is fully vaccinated.
 a. Ataxia talengetesia b. Abetalipoproteinemia c. GullenBarresyndrome(GBS) d. Fredrick's ataxia e. Spinocerebellar ataxia
59. A 4 years old child presents to ER with 3 days history of high grade fever. He was well before the onset of fever but now it has increased in intensity and since morning he has developed generalized tonic clonic fits. Clinically he is sick looking child and in distress. His heart sounds are normal and also chest is clear bilaterally. CNS examination reveals increased tone in lower limbs and a positive kerning sign, with up going plantars. What is the most likely diagnosis?
 a. Febrile fits b. Meningitis c. seizure disorder d. stroke e. space occupying lesion
60. A 3 years old child presents to OPD with 3 weeks history of fever. He was well before the onset of fever and had attained mile stones at the appropriate time. Fever is moderate and occurs usually in the evening. It is accompanied by loss of appetite as well as weight loss. Child is unable to walk now which his mother attributes to his weakness and prolonged fever. He also occasionally vomits out. Two days back child also had a brief episode of generalized stiffness of body. Family history reveals he is a product of consanguineous marriage other family members are fine, although his grandmother has a history of chronic productive cough for which she is on some medicines. What is the most likely diagnosis?
 a. Brain abscess b. space occupying lesion c. Viral meningitis d. Sepsis e. Tuberculous meningitis



Block K

1. Secondary health care is provided by;
 a. Primary Healthcare Centre b. Community Health Centre **c. Teaching Hospitals** d. Apex Hospitals
2. "Essential Health Care made universally accessible to all individuals in a community through full participation of its members by means that are acceptable to them and at a cost the community and the country can afford" This is the definition of;
 a. Basic health services b. Comprehensive health care **c. Primary health care** d. Integrated health care
3. Health for All by 2000 - The WHO is mainly concerned with all except:
 a. Resources allocation b. Prevention and control of endemic diseases
 c. Immunization against infectious diseases **d. Providing potable water supply**
4. True about "Health for All by 2000 AD" is;
a. Primary health care b. Hospital based services
 c. Health service by government with participation of community d. Health services at personal exposure
5. All of the following statements about eradication program are true except:

- a. There is complete interruption of disease transmission in the entire area of the community
is over once the disease has been certified as having been eradicated
Case finding is of secondary importance
d. The object is to eliminate the disease to the extent that no new case occurs in the future

?

b

6. Which of the following is not a requirement to be satisfied by a health information system?
a. System should be population based
b. System should be problem oriented
c. System should express information briefly
d. System should have no provision for feedback of data

7. Data collected by health information system is useful for:

- a. Measuring the health status of the people
b. National and international comparison of health status
c. Assessing the attitudes and degree of satisfaction of the beneficiaries
d. All of the above

8. Most common channel of communication is:

- a. Face to face
b. Mass media
c. Dramas
d. Folk dances

9. The objective of health education is to;

- a. Impart knowledge regarding health to those who are illiterate
b. Effect change in health practices of people and in the knowledge and attitude related to such changes
c. Teach personal hygiene to people
d. Teach children subjects like anatomy and preventive medicine

10. Which of the following is very effective method of health education to bring a change in healthy behaviour of people?

- a. Panel discussion
b. Symposium
c. Group discussion
d. Workshop

11. Vertical transmission may be seen in;

- a. Hepatitis B
b. Hepatitis C
c. Hepatitis D
d. All of the above

12. Which of the following viral infections can result in chronic carrier state?

- a. HBV
b. HBC **HCV**
c. HDV
d. All of the above

13. Which of the following viruses can be transmitted by the parenteral route?

- a. HBV
b. HCV
c. HDV
d. All of the above

14. A 32-year-old man complains of a low-volume, mostly watery diarrhea associated with flatulence. The symptoms occur episodically, but they have been persistent for the past year and are associated with the ingestion of wheat, barley or rye. He has experienced a 5-kg weight loss. A biopsy specimen from the upper part of the small bowel shows diffuse villous atrophy and a chronic inflammatory infiltrate in the lamina propria. Which of the following serologic tests is most likely to be positive in this patient?

- a. Anticentromeric antibody
b. Anti-DNA topoisomerase I antibody
c. Antigliadin antibody
d. Antimitochondrial antibody
e. Antinuclear antibody

Celiac dx.

15. A 68-year-old woman has had substernal pain after meals for many years. For the past year, she has had increased difficulty swallowing liquids and solids. Upper gastrointestinal endoscopy shows a lower esophageal mass that nearly occludes the lumen of the esophagus. A biopsy specimen of this mass is most likely to show which of the following neoplasms?

- a. Adenocarcinoma
b. Leiomyosarcoma
c. Squamous cell carcinoma
d. Non-Hodgkin lymphoma
e. Carcinoid tumor

16. A 53-year-old man has had nausea, vomiting, and mid epigastric pain for 5 months. On physical examination, there are no significant findings. An upper gastrointestinal radiographic series shows gastric outlet obstruction. Upper gastrointestinal endoscopy shows an ulcerated mass that is 2 x 4 cm at the pylorus. Which of the following neoplasms is most likely to be seen in a biopsy specimen of this mass?

- a. Non-Hodgkin lymphoma
b. Neuroendocrine carcinoma
c. Squamous cell carcinoma
d. Adenocarcinoma
e. Leiomyosarcoma

17. A 30-year-old man has sudden onset of hematemesis after consuming large amounts of alcohol. The bleeding stops, but he has another episode under similar circumstances 1 month later. Upper gastroesophageal endoscopy shows longitudinal tears (Mallory Weiss tear) at the esophagogastric junction. What is the most likely mechanism to cause his hematemesis?

- a. Absent myenteric ganglia
b. Autoimmune inflammation
c. Herpes simplex virus infection
d. Portal hypertension
e. Vomiting

18. A 70-year-old man takes large quantities of nonsteroidal anti-inflammatory drugs because of chronic degenerative arthritis of the hips and knees. Recently, he has had epigastric pain with nausea and vomiting and an episode of hematemesis. On physical examination, there are no remarkable findings. A gastric biopsy specimen is most likely to show which of the following lesions?

- a. Epithelial dysplasia b. Hyperplastic polyp c. Adenocarcinoma d. Helicobacter pylori infection
 e. Acute Gastritis

19. A 31-year-old woman had increasingly severe diarrhea. Gross examination of the stools showed mucus and streaks of blood. The diarrheal illness subsided within a couple of weeks, but now the patient has become febrile and has pain in the right upper quadrant of the abdomen. An abdominal ultrasound scan shows a 10-cm, irregular, partly cystic mass in the right hepatic lobe. Which of the following infectious organisms is most likely to produce these findings?

- a. Giardia lamblia b. Cryptosporidium parvum c. Entamoebahistolytica d. Clostridium difficile e. Strongyloides stercoralis

20. A 27-year-old man has had intermittent cramping abdominal pain and low-volume diarrhea for several weeks. On physical examination there is mild lower abdominal tenderness. A stool sample is positive for occult blood. The symptoms subside within 1 week. Six months later, the abdominal pain recurs with perianal pain. Colonoscopy shows many areas of mucosal edema and ulceration and some areas that appear normal. Microscopic examination of a biopsy specimen from an ulcerated area shows a patchy acute and chronic inflammatory infiltrate, crypt abscesses, and several noncaseating granulomas. Which of the following underlying disease processes best explains these findings?

- a. Crohn disease b. Amebiasis c. Shigellosis d. Sarcoidosis e. Ulcerative colitis

21. The most common cause of Traveler's diarrhea is;

- a. Giardia lamblia b. Staphylococcus aureus c. Shigelladysenteriae d. Entamoebahistolytica e. E. coli

22. A middle-aged male patient presented for follow-up after completing the Eradication therapy for H. pylori infection. Which one of the following tests will confirm the eradication of H. pylori?

- a. Urea breath test b. Rapid urease test c. Serum antibody to H. pylori d. Culture of gastric biopsy e. Hydrogen breath test

23. Which one of the following is the most common cause of acute pancreatitis?

- a. Alcohol 20% b. Trauma c. Gall stones 40% d. Steroids e. Ischemia

24. Bilateral ovarian metastases presenting as tumor masses are most characteristically associated with carcinoma of the:

- a. Esophagus b. Stomach c. Small intestine d. Appendix e. Colon

Krukenberg's

25. A 61-year-old man has had ascites for the past year. After paracentesis with removal of 1 L of slightly cloudy, serosanguineous fluid, physical examination shows a firm, nodular liver. Laboratory findings are positive for serum HBsAg and anti-HBc. He has a markedly elevated serum α -fetoprotein level. Which of the following hepatic lesions is most likely to be present?

- a. Hepatocellular carcinoma b. Massive hepatocyte necrosis c. Marked steatosis d. Wilson disease
e. Autoimmune hepatitis

26. An epidemiologic study is conducted on patients infected with HBV. These patients are followed for 10 years from the time of diagnosis. Historical data are collected to determine the mode of transmission of HBV. The study identifies a subset of patients who are found to be chronic carriers of HBV. The study is most likely to show an association between the carrier state and which of the following modes of transmission of HBV?

- a. Blood transfusion b. Heterosexual transmission c. Vertical transmission during childbirth d. Oral transmission e. Needle-stick injury

Infants who acquire HBV perinatally have ↑ risk of becoming chronic HBV carriers (~90%), whereas adults only have ~5% risk of chronicity.

27. Which of the following viruses can cause reinfection even after formation of antibodies?

- a. HAV b. HBV c. HCV *mutations (no vaccine)* d. HDV e. HEV

28. Liver biopsy reveals regenerating parenchymal nodules surrounded by dense bands of scars and variable degree of vascular shunting. The findings are characteristic of which of the following

- a. Alcoholic hepatitis congestion b. Viral hepatitis c. Drug toxicity **d. Cirrhosis** e. Chronic

29. In developing and under developed countries, more than 85% cases of hepatocellular carcinoma occur due to high incidence of:

- a. Cytomegalo virus **b. Hepatitis B Virus** c. Hepatitis A Virus d. Hepatitis D Virus e. Hepatitis E Virus

30. Which of the given serological markers is diagnostic of window period in HBV infection?

- a. Anti – HBc of Ig G class **b. Anti – HBc of Ig M class** c. Anti – HBe d. Anti – HBs e. HBs Ag

31. An autopsy study of pancreatitis is performed. In some cases, there is evidence for death from acute pancreatitis in which there are changes of chronic pancreatitis. Microscopic examination shows acute inflammation, chronic inflammation with fibrosis and acinar atrophy, and inspissated protein plugs in small, obstructed pancreatic ducts. Some of the protein plugs show calcification. What is the most likely risk factor for pancreatitis in these cases?

- a. Alcohol abuse b. Biliary tract lithiasis **c. Cystic fibrosis** d. Drug toxicity e. Trauma

32. A 35-year-old man presents with a 1-year history of bouts of dull abdominal pain. Over the next 5 years he also develops steatorrhea and mild glucose intolerance. He does not develop jaundice. An abdominal CT scan shows specks of calcification. Loss of inhibition of which of the following is the most likely cause for the disease seen in these persons?

- a. Amylase b. Complement c. Lipase d. Transforming growth factor- β **e. Trypsin**

33. A patient with infectious diarrhoea is should be avoided giving which of the following drugs

- a. Loperamide b. Bulk former ispaghula c. Hyocyamine **d. Metronidazole** e. Vancomycin

34. A 30 yr old female patient present to ER with severe diarrhea from 30 days, on physical examination she is having emaciated look and her BMI

is 17.1 kg/m², physician suspects drug abuse of laxatives based on clinical picture of patient, which of the following is lab finding are consistent with laxative abuse

- a. Hypoglycemia b. Hyponatremia c. Hypernatremia **d. Hypokalemia** e. Hyperkalemia

35. Which of the following drugs have an anti-androgenic effect?

- a. Ranitidine **b. Cimetidine** c. Famotidine d. Nizatidine e. All of them

36. 65 yr old male patient presented to ER with lethargy and confusion, he is not oriented to time and space, on physical examination he is having spider nevi, gynecomastia, fluid shift, his ALT/AST are raised, which of the following drugs are commonly used

- a. Decosate b. Isphaghula c. Metronidazole d. 0.9% Normal saline **e. Rifaxamin**

37. All of the following are the mechanism of action of metoclopramide except

- a. D2 antagonism b. 5-HT4 agonism c. 5-HT3 antagonism **d. 5-HT4 antagonist** e. NK Receptor Antagonism

38. 75 yr old male presented to ER with decreased body movements for the last 7 days, he is diabetic for last 20 years.

Today his random blood sugar was 350mg/dl and there are decreased pin point sensations in his feet, He also complains of frequent dyspepsia and Indigestion, he had an MI 2 yr ago, which of the following drug is most likely to cause decreased body movements

- a. Benztropine b. Gabapentin for Neuropathy c. Hyoscine for Abdominal pain **d. Metoclopramide for dyspepsia** e. Itropide for Dyspepsia

39. Tegaserod a 5HT-4 partial agonist used in treatment of Constipation dominant irritable bowel syndrome is a/an

- a. Antiemetic **b. Laxative** c. Anxiolytic d. Antidiarrheal e. Antidepressant

40. All of the following drugs act by reducing gastric acid secretion, **Except:**

- a. Omeprazole b. Famotidine c. Pirenzepine d. Sucralfate **e. NSAIDs**

41. The strongest corrosive poison is

- a. HCl b. Sulphuric Acid c. Nitric Acid d. NaOH

Alkali (True solution) → Acid (coagulation necrosis?)

42. The color of PM staining of Nitric acid is

- a. Blue Green b. White c. Green d. Violent

Yellow-brown

43. Coffee Ground vomitus is seen in

- a. HCl b. Sulphuric Acid c. Nitric Acid d. Oxalic acid

44. Olive oil is used in stomach wash in

- a. HCl b. Sulphuric Acid c. Carbolic acid d. Oxalic acid

45. Cyanide produced ----- color

- a. Blue Green b. White c. Chary red d. Violent

46. Numbness in extremities is the first sign for ----- poisoning

- a. HCN b. Sulphuric Acid c. Nitric Acid d. Oxalic acid

47. Delayed poisoning by oxalic acid is characterized by

- a. Hypertension b. Cardiac Arrest c. Uremia d. Septicemia

48. BAL is contraindicated in ----- damage

- a. Liver b. Heart c. Kidney d. Lungs

49. Ptyalism is seen in ----- poisoning

- a. HCN b. Copper c. Mercury d. Oxalic acid

50. Sea snake venom is

- a. Myotoxic b. Neurotoxic c. Vasculotoxic d. Hepatotoxic

Elapids progressive

Vipers

51. A 64-year-old man develop increasing dysphagia over many months. A barium swallow is performed. What is the most likely cause of his clinical presentation?

- a. Carcinoma of the Esophagus b. Achalasia c. Sliding hiatal hernia d. Paraesophageal hernia e. Esophageal diverticulum

60-70

Middle age (50-60)

52. A 50-year-old man is involved in a major motor vehicle collision and suffers multiple trauma. He is admitted to the intensive care unit. After 2-days of hospital admission he bleeds massively from the stomach. What is the probable cause?

- a. Gastric cancer b. Duodenal ulcer c. Hiatal hernia d. Mallory-Weiss tear e. Erosive gastritis

53. A patient CT scan reveals diverticulitis confined to the sigmoid colon. There is no associated peri-colic abscess. What is best course of treatment?

- a. Bowel rest, nasogastric suction, IV fluids and broad spectrum antibiotics b. Urgent surgical resection c. Steroids d. Diverting colostomy e. Ileostomy

54. A 25-year-old man has recurrent, indolent fistula in ano. He also complains of weight loss, recurrent attacks of diarrhea with blood mixed in the stool, and tenesmus. Proctoscopy revealed a healthy, normal-appearing rectum. What is the most likely diagnosis?

- a. Crohn's colitis b. Ulcerative colitis c. Amoebic colitis d. Ischemic colitis e. Colitis associated with AIDS

55. An 83-year old man is diagnosed on colonoscopy to have cancer of the colon. He refuses surgical intervention and after a 3-month follow-up period is admitted to the emergency department with large-bowel obstruction. Carcinoma of the colon is most likely to obstruct if found in the

- a. Cecum b. Ascending colon c. Descending colon d. Rectum e. Transverse colon

56. A 52-year-old otherwise healthy woman presented with history of dysphagia equally for liquids and solids over many months. There had been off and on episodes of nocturnal cough and retrosternal chest discomfort. What is the most likely diagnosis?

- a. Achalasia b. Barrett's esophagus c. Motor neuron disease d. Esophageal carcinoma e. Pharyngeal pouch

57. A 41-year-old man presents with complaints of intermittent heartburn after meals for the past 6 months. He has tried various antacids and H2 receptor antagonists with only minimal relief. He denies any dysphagia or odynophagia, and is otherwise in good health. He is concerned about the risk of developing cancer, because his father died of gastric cancer at age 49. His physical examination is unremarkable. Which of the following would be the most appropriate next step in management?

- a. Diet restriction and reassurance modifications with PPI **b. Endoscopy with H-pylori investigation** c. Lifestyle modifications with PPI d. Proton pump inhibitors e. Reassurance

58. A patient with chronic diarrhea having on and off blood was scoped and found inflamed sigmoid colon with perianal skin tags and fissure with normal looking rectum. What could be the likely diagnosis?

- a. Chronic amoebiasis b. Chronic giardiasis **c. Crohn's disease** d. Ulcerative colitis

59. A 40-60 middle aged male cirrhotic patient came to casualty department with worsening ascites and pain in the right hypochondrium. Examination revealed a palpable mass in the right hypochondrium. What could be the possible cause of his worsening ascites?

- a. Fibrolamellar hepatocellular carcinoma b. Hepatic adenoma **c. Hepatocellular carcinoma** d. Pseudotumor peritonei

60. A 35 years old female patient on oral contraceptive pills presented with a history of rapid of Development of abdominal pain and distension. There is no past history of any liver disease. The examination revealed the patient is icteric. The liver is tender and palpable 4 cm below the right costal margins, has ascites and splenomegaly. Investigation revealed SAAG showed less than 1.1

- a. Acute hepatitis b. Nonalcoholic steatohepatitis **c. Budd-Chiari syndrome** d. Metastatic liver disease e. Right heart failure

SAAG ≥ 1.1

→ Not sure, but scenario favors Budd-Chiari.

SAAG ≥ 1.1

SAAG ≥ 1.1

SAAG ≥ 1.1 → trans
SAAG < 1.1 → Budd-Chiari

→ Not sure, but scenario favors Budd-Chiari. (mix of OCPs (↑ hypercoagulability), tender liver, ascites, rapid development.)

Block L

Q 1 The human anterior pituitary gland hormones of group specific cells are released to blood. Thyrotroph is one of these. Which of the statement is inappropriate?

- a. Thyroid stimulating hormone is its secretion. b. Thyroid releasing hormone is its stimulator.
c. The only one of T3, T4, Dopamine, Somatostatin, GH is inhibitor. d. Thyroid is the target gland for its action.
e. T4 synthesis and secretion are the trophic effects.

Q 2 Keeping in view the role of Melanocyte stimulation hormone which of the following statements is wrong?

- a. Describes a group of hormones produced by the pituitary gland, hypothalamus and skin cells.
b. Is produced from the same precursor molecule as adrenocorticotrophic hormone called pro-opiomelanocortin (POMC).
c. Is important for protecting the skin from UV rays, development of pigmentation and control of appetite.
d. Affects a range of processes in the body as anti-inflammatory effects, release of the hormone aldosterone, also has an effect on sexual behavior.
e. Plays a key role in producing coloured pigmentation found only in the hair and eyes.

Q 3 Hyperpituitarism arising from excess secretion of trophic hormones. The causes of hyperpituitarism may not include:

- a. Pituitary hyperplasia b. Pituitary adenoma c. Pituitary carcinomas d. Hormones by nonpituitary tumor. e. Pituitary apoplexy.

Q 4 As morphological findings of glandular diseases are the hallmark for treatment options. Which of the Pituitary adenomas gross or microscopic finding is contrary to usual findings:

- a. larger lesions extend inferiorly through the diaphragm where they compress the adjacent structures such as cranial nerves.
b. In as many as 30% of cases, the adenomas are not grossly encapsulated and infiltrate neighboring tissues.
c. Macroadenomas are invasive more frequently than smaller tumors.
d. Foci of hemorrhage and necrosis are also more common in the larger adenomas.
e. The biologic behavior of the adenoma cannot be predicted from its histologic appearance.

Q 5 Carcinomas of the thyroid are relatively uncommon in advanced countries, accounting for about 1.5% of all cancers. The major histologic subtypes of thyroid carcinoma and their relatives' frequencies statement are given which of the statement is incorrect?

- a. Papillary carcinoma >85% of cases. b. Follicular carcinoma 5% to 15% of cases. c. Anaplastic (undifferentiated) carcinoma <5% of cases.
d. Medullary carcinoma 5% of cases e. Carcinomas including Medullary arise from the follicular epithelium.

Q 6 A 25-year-old male patient presents with acute renal failure. He has history of recurrent episodes of hemoptysis and chest radiograph shows focal lung consolidation. What type of antibodies can be responsible for his pulmonary and renal symptoms?

- a. Anti smooth muscle antibodies b. Anti neutrophil cytoplasmic antibodies c. Antinuclear antibodies
d. Autoantibodies to type IV collage e. Autoantibodies to type III collagen

Q 7 Hyper function of anterior pituitary in pre-pubertal children generally results in:

- a. Acromegaly b. Addison's disease c. Cushing's syndrome d. Gigantism e. Hyperprolactinemia

Q 8 An 8-month-old infant is being evaluated for growth and mental retardation. Physical examination reveals a small infant with dry, rough skin; a protuberant abdomen; periorbital edema; a flattened, broad nose; and a large, protuberant tongue. Which of the following disorders is the most likely cause of this infant's signs and symptoms?

- a. Graves' disease b. Cretinism c. Toxic multinodular goitre d. Toxic adenoma e. Struma ovarii

Q 9 An 18 year old, unconscious girl was brought to the emergency department. Her mother told that the patient has type 1 diabetes mellitus. Which of the following test would be most appropriate to differentiate between diabetic coma and hypoglycemic shock in this patient?

- a. Blood pH b. Measurement of Insulin level c. Plasma glucose d. Urinary ketone bodies e. Plasma ketone bodies

Q 10 A 28-year-old woman who has never been pregnant presents with amenorrhea for 3 months and a milky discharge from her nipple. She states that her menstrual cycles have been irregular for the past year. Laboratory tests show that her serum LH and estradiol levels are below normal, and a pregnancy test is negative. Which of the following is the most likely cause of these signs and symptoms?

- a. Craniopharyngioma of the hypothalamus b. Germinoma of the pineal gland c. Islet cell adenoma of the pancreas
d. Medullary carcinoma of the thyroid gland e. Prolactinoma of the pituitary gland

Q 11 Which one of following is the most common acute metabolic complication encountered in Type-1 of Diabetes mellitus:

- a. Diabetic nephropathy b. Diabetic atherosclerosis c. Diabetic ketoacidosis d. Diabetic retinopathy e. Diabetic neuropathy

Q 12 A 47-year-old man presents with increasing peripheral edema and dark, tea-colored urine. Laboratory examination finds decreased serum albumin, while examination of a 24-hour urine specimen reveals marked proteinuria. Microscopic examination of urine reveals numerous red cells along with rare red cell casts. Electron microscopic examination of a renal biopsy reveals dense, ribbon-like deposits in the lamina densa of the glomerular basement membrane. Which of the following is the most likely diagnosis?

- a. Acute glomerulonephritis b. IgA nephropathy c. Lipoid nephrosis d. Membranoproliferative glomerulonephritis e. Membranous glomerulopathy

Q 13 A 25-year-old woman experiences sudden onset of fever, malaise, and nausea. On physical examination, her temperature is 38.2°C, pulse is 85/min and blood pressure is 140/90 mm Hg. A routine urinalysis shows 1+ proteinuria, 4+ hematuria. RBC casts are seen on microscopic examination of the urine. A renal biopsy is performed, and light microscopic examination shows marked glomerular hypercellularity. Immunofluorescence microscopy shows granular deposition of IgG and C3 in glomerular capillary basement membranes. Electron microscopy shows electron-dense subepithelial "humps." What is the most likely diagnosis?

- a. Goodpasture's syndrome b. Systemic amyloidosis c. Membranous glomerulonephritis d. Diabetes mellitus e. Post-infectious glomerulonephritis

Q 14 A 65-year-old man recently retired after many years in a job that involved exposure to aniline dyes, including β -naphthylamine. One month ago, he had an episode of hematuria. Urinalysis shows 4+ hematuria, Microscopic examination of the urine shows numerous RBCs. The result of a urine culture is negative. What is the most likely diagnosis?

- a. Renal cell carcinoma b. Hemorrhagic cystitis c. Tubercular cystitis d. Urothelial carcinoma e. Squamous cell carcinoma of the urethra

- Q 15 Calcium oxalate stones formation is associated most frequently with which one of the following?
 a. Idiopathic hypercalciuria b. Hypercalciuria and hypercalcemia c. Hyperoxaluria d. Hypocitraturia e. Hyperuricosuria
- Q 16 Which of the following is the most likely cause of the clinical combination of generalized edema, hypoalbuminemia, and hypercholesterolemia, marked proteinuria, with fatty casts and oval fat bodies?
 a. Nephritic syndrome b. Nephrotic syndrome c. Acute renal failure d. Renal tubular defect e. Urinary tract infection
- Q 17 In type III rapidly progressive glomerulonephritis which of the following histologic changes is most likely to have been present in the biopsy specimen?
 a. Eosinophilic masses attached to the of Bowman's capsule b. Fibrinoid necrosis in afferent arterioles
 c. Large numbers of neutrophils in the interstitium and tubules d. Numerous crescents in the glomeruli
 e. The basement membrane split by mesangial cells
- Q 18 A 28 years old female presents with a 2 days history of dysuria with frequency and urgency. A urine culture grows more than 100,000 colonies/ml of E.Coli. She is treated with antibiotic therapy. However, if she continues to suffer recurrences of this problem she is at great risk for development of:
 a. Diffuse glomerulosclerosis. b. Chronic glomerulonephritis. c. Amyloidosis. d. Membranous glomerulonephritis
 e. Chronic pyelonephritis
- Q 19 Histologic sections of a kidney reveal patchy necrosis of epithelial cells of both the proximal and distal tubules with flattening of the epithelial cells, rupture of the basement membrane (tubulorrhexis), and marked interstitial edema. Acute inflammatory cells are not seen. Which of the following is the most likely diagnosis?
 a. Acute pyelonephritis b. Acute tubular necrosis c. Chronic glomerulonephritis d. Chronic pyelonephritis
 e. Diffuse cortical necrosis
- Q 20 A 35-year-old woman presents with the sudden onset of severe, colicky pain on the right side of her abdomen. Physical examination finds marked tenderness over the right costovertebral angle. Microscopic examination of urine reveals numerous red blood cells and 1-2 WBCs/HPF. Which of the following is the most likely cause of her signs and symptoms?
 a. Bilirubin gallstones b. Calcium oxalate kidney stones c. Cholesterol gallstones d. Magnesium ammonium phosphate kidney stones
 e. Acute uric acid nephropathy
- Q 21 A 45-year-old male presents with painless hematuria. CT Scan abdomen shows a cystic mass of 4x4cm at lower pole of right kidney. Biopsy shows a tumour composed of polygonal cells with abundant clear cytoplasm, distinct cell membranes and high-grade nuclei. Which of the following genetic alterations best explains its pathogenesis?
 a. VHL gene inactivation b. Trisomy 7 c. TFE3 gene mutation d. Xp11 translocation e. WT-1 gene mutation
- Q 22. A 2-year-old child has had failure to thrive. The child is short, with coarse fascial features, a protruding tongue, and an umbilical hernia. Profound mental retardation is apparent as the child matures. These findings are best explained by a lack of:
 a. Cortisol b. Norepinephrine c. Somatostatin d. Thyroxine (T4) e. Insulin
- Q 23. Which of the following is the most common and radiosensitive tumor of the testes?
 a. Seminoma b. Dysgerminoma c. Embryonal Carcinoma d. Teratoma e. Mixed Tumor
- Q 24. A 58-year-old seemingly healthy man goes to his urologist for a routine check-up. On examination there is a hard nodule palpable in the prostate via digital rectal examination. Prostate biopsy taken and microscopic examination shows small, crowded glands containing cells with prominent nucleoli within the nuclei. Which of the following is the most likely diagnosis?
 a. Adenocarcinoma of the prostate b. Benign prostatic hyperplasia c. Chronic prostatitis
 d. Metastatic urothelial carcinoma e. Recent infarction of prostate
- Q 25. A pelvic area biopsy from a 50-year-old female is reported by pathologist as having presence of endometrial tissue outside the uterus. What is this condition called?
 a. Adenomyosis b. Endometriosis c. Cervical intraepithelial neoplasia d. Endometritis e. Fibroid
- Q 26. What is the Prostate specific antigen (PSA) level for diagnosis of prostate cancer?
 a. Less than 1ng/ml b. Between 2.0 ng/ml c. 3.0ng/ml d. More than 4.0ng/ml e. 2.5ng/ml

Q 27A 46-year-old female has complaints of on & off bleeding per vaginum, itching in vulvar region and slight heaviness in lower abdominal region. She is diagnosed by a smear as Cervical intraepithelial neoplasia. The main risk factor for cervical neoplasia is?

- a. Herpes Virus b. Cytomegalovirus c. Human PapillomaVirus 16 d. Chlamydia e. Ebsteinbarr virus

Q 28 A 37-year-old woman has cyclical premenstrual pain. According to physician, her breasts have a "lumpy bumpy" texture on palpation. The histopathologic features include small cysts lined by epithelial cells with apocrine metaplasia, calcification, areas of fibrosis, increased number of acini (adenosis), and foci of florid hyperplasia of ductal epithelium. Which of these changes increase the risk of breast cancer?

- a. Adenosis b. Apocrine metaplasia c. Calcium deposits d. Cysts e. Epithelial hyperplasia

Q 29. Schiller–Duval bodies are a cellular structure seen by microscope in which of the most common testicular cancer in children?

- a. Yolk sac tumors b. Seminomatous Germ cell tumors c. Non-Seminomatous germ cell tumors d. Sertoli cell tumor
e. Choriocarcinoma

Q 30. Clear, white, greenish or yellowish vaginal discharge with a strong vaginal odor is most characteristic of Sexually Transmitted Diseases due to:

- a. Trichomonas b. Chlamydia c. Neisseria d. Treponema e. HPV

Q 31. A benign tumor of breast composed of ducts lined by luminal epithelial cells (single layer of cuboidal cells) and outer myoepithelial cells is most likely to be:

- a. Phyllodes tumor b. Ductal carcinoma in situ c. Lobular carcinoma in situ d. Fibroadenoma e. Mixed tumor

Q 32 The condyloma acuminatum are warty lesions exhibiting koilocytic atypia on histology. They are more likely associated with which of the following viral infections?

- a. HPV 16 and 18 b. CMV c. EBV d. HSV e. HPV 6 and 11

Q 33 A tumor resected from a female patient was sent for histopathology reporting, which reveals neoplastic ductal cells not penetrating the basement membrane and growing into ductal lumen. What is your probable diagnosis?

- a. Invasive lobular carcinoma b. Ductal carcinoma in Situ c. Lobular carcinoma in situ d. Paget disease of nipple
e. Fibroadenoma

Q 34. A 25 year female has amenorrhea for 15 months. She has developed dark hair on her face and breasts over few weeks. Her pelvic examination shows an enlarged clitoris. Her BMI is 30 Kg/m². Her serum testosterone is very raised. The most likely cause of this clinical picture is ?

- a. PCOS b. Idiopathic Hirsutism c. Ovarian tumor d. Non classical Congenital adrenal hyperplasia e. Adrenal adenoma

Q 35. A 70 year old female resident of nursing home complains of bone pains. She is taking thyroxine for hypothyroidism and phenytoin. Her serum calcium is 8.2 g/dl (low), PTH is 80 (raised), Alkaline phosphatase 350 (raised) and PO₄ is 2.1 (low). What is the most likely cause of this clinical picture ?

- a. Primary hyperparathyroidism b. Tertiary hyperparathyroidism c. Vitamin D deficiency d. Autoimmune hypoparathyroidism
e. Hypomagnesemia.

Q 36. The adverse effects of air pollution can be observed not only in respiratory, circulatory, and nervous systems but also in renal function.

Which pollutants can cause human kidney disorder?

- a. Carbon Monoxide b. Heavy metals c. Nitrogen Oxides d. Sulfur Dioxide.

Q37. The mechanisms linking air pollutants exposure to CKD include

- a. elevated blood pressure b. worsening oxidative stress and inflammatory response
c. DNA damage and abnormal metabolic changes d. All of the above.

Q38. Which of these is a symptom of HIV infection?

- A. Swollen lymph nodes B. Fever C. Tiredness D. All of the above

Q 39. The risk for HIV/AIDS is tied to behaviors. Which of these behaviors can put you at risk?

- A. Spending time with someone who has AIDS B. Not wearing latex condoms during sex C. Injecting drugs D. B and C

Q 40. What kinds of sex can transmit HIV?

- a. oral b. Vaginal c. Anal d. all of the above

Q 41. Which of the following bacterial infections is predominant in chronic HIV-infected patients or AIDS?

- a) Pneumocystis carinii pneumonia b) Tuberculosis c) Candidiasis d) Toxoplasmosis

Q 42. Which of the following is True regarding syphilis

- a. Syphilis can be transmitted through sexual contact b. herpes and syphilis can be transmitted through skin-to-skin contact
c. muco-cutaneous lesions can be a contagious source for congenital syphilis; therefore the possibility of non-sexual transmission through intimate contact with infected people through humid lesions (such as in kisses, breastfeeding, food-handling) or contaminated fomites (towels, bed sheets, underwear, cups. d. All of the above

Q 43. Carbon mono oxide is a pollutant because

- a. it reacts with O₂ b. it inhibits glycolysis c. makes nervous system inactive d. reacts with haemoglobin

Q 44 Main approach for conservation of water is

- a. afforestation b. constructing waste water treatment plants and recycling the treated water
c. by storing rain water and recharge ground water d. all of these.

Q 45. The activities which deplete plant life and vegetation is

- a. overgrazing b. Deforestation c. environmental pollution d. all of these.

Q 46. Integrated Management of Newborn and Childhood Illnesses (IMNCI) is a proven global strategy that contributes highly in reducing child mortality and morbidity. Which option/s is TRUE:

- a. In Pakistan, strategy has not been able to be rightly implemented due to the major barrier of "long training duration (11 days)".
b. IMNCI include assessing a child's nutrition, immunization and feeding;
c. IMNCI includes especially teaching mothers or parents how to care for a child at home; counselling parents to solve feeding problems; and advising parents about when to return to a health facility d. All of the above.

Q 47. Which is TRUE regarding Breastfeeding:

- a. Breastfed children are less likely to have Diarrhea, Ear infections & Pneumonia.
b. Breastfeeding is not recommended for birth parents who have HIV c. Breastfeeding is not recommended for birth parents who have Hepatitis C. d. Only A & B are True.

Q 48. All of the following are True EXCEPT:

- a. Women who have their first child before age 30 and breastfeed are less likely to develop breast cancer.
b. A woman's chances of developing breast cancer are higher if her mother, a sister, or daughter have it or have had it.
c. Regular exercise can reduce your risk for breast cancer.
d. Most breast lumps are cancer

Q 49. Maternal weight gain monitoring is important in pregnancy. Which of the following statements is/are true:

- a. research to define pattern and level of optimal weight gain is ongoing
b. both inadequate and excessive weight gain are associated with poorer maternal and infant health outcomes
c. excessive maternal weight gain in pregnancy has been linked to obesity in the offspring
d. all of the options given are correct

Q 50. How can smoking affect breastfeeding?

- a. Suppresses milk production b. Alters the composition of breast milk c. Increases the risk of early cessation of breastfeeding
d all of the options given are correct.

Q 51. The basic pillars/principles of safe motherhood are:

- a. Family Planning, Obstetric and Newborn Care b. Antenatal Care, Postnatal Care c. Post abortion Care, STD/HIV/AIDS Control d. All of the above

Q 52. Deficiency of vitamin A in children causes:

- a. Goitre b. Poor cognitive development c. Poor bone growth d. Increased risk of mortality

Q 53. The World Health Organization recommends zinc supplements for which groups of people?

- a. Pregnant and lactating women
- b. Children with severe malnutrition or diarrhoea
- c. All children in low income areas with high prevalence of stunting
- d. Elderly people with low incomes

Q 54. Protein-energy malnutrition (PEM) corresponds to a state where the infant's dietary intake is deficient in

- a. Carbohydrates
- b. overall calories
- c. proteins
- d. both (b) and (c)

Q 55. Which of the following processes are important in explaining obesity?

- a. food environment
- b. physical activity
- c. individual psychology
- d. all of these

Q 56. A 29 years old female on regular use of contraceptive pill presented with diarrhea, weight loss and increased body pigmentation. Examination revealed wasted young lady with pigmentation on palmar creases, knuckles and oral mucosa. There is also decreased body hair. Investigation revealed hyponatremia and hypokalemia. What is diagnosis?

- a. Addison disease
- b. Cushing syndrome
- c. Hemochromatosis
- d. Hypopituitarism
- e. Withdrawal of suppressive glucocorticoids therapy

Q 57. A young adult presented to OPD with polyuria and polydipsia, passing about more than 10 liters urine in 24 hours. Doctor on duty did urine osmolality test which revealed <600 mOsmol/Kg. Water deprivation test was advised for further clarification of diagnosis. Which of the following results suggestive of nephrogenic Diabetes Insipidus

- a. Urine concentrates after giving DDAVP and urine osmolality rises by 50 %.
- b. Urine concentrates after giving DDAVP and urine osmolality rises by 60 %.
- c. Urine fails to concentrate after giving DDAVP and urine osmolality fail to rises by 01 %.
- d. Urine fails to concentrate after giving DDAVP and urine osmolality rises by 40 %.
- e. Urine fails to concentrate after giving DDAVP and urine osmolality rises by 47 %.

Q 58. An adult male with macroadenoma of pituitary undergone surgery and later on radiotherapy presented to endocrinology OPD as follow up case. Doctor on duty assessed him clinically and then order investigations. He expects the sequential hormonal loss in which of following pattern.

- a. GH, TSH, LH, FSH, ACTH
- b. GH, LH, FSH, ACTH, TSH
- c. TSH, LH, FSH, GH, ACTH
- d. ACTH, TSH, GH, LH, FSH
- e. LH, FSH, ACTH, TSH, GH

Q 59. Young patient of Type 1 DM was brought to casualty department in a serious unconscious state 2ndary to DKA. Before start of treatment patient expired. Which one of the following factors would be the possible cause of his mortality

- a. Hyperkalaemia and pneumonia and pulmonary oedema
- b. Hyperkalaemia and renal failure, and pulmonary oedema
- c. Hypokalaemia and acute respiratory distress syndrome
- d. Septicaemia and stroke
- e. Transient ischemic attack and aspiration pneumonia

Q 60. Diabetic Ketoacidosis patient recovered from acute illness in medical ward. The Medical Officer came on the round and after assessing clinically want to discharge the patient. Which one of the followings parameters of the patient should he see before discharge

- a. Bio chemically stable and able to eat and drink normally
- b. Blood insulin level and random blood sugar should be normal
- c. Blood Insulin level should be more than normal with normal ketones level
- d. RBS and FBS should be normal along with Nil for urine ketones bodies
- e. Urine for ketones bodies should be nil and serum electrolytes should be normal

Q 61. A 22 year female presented with milky discharge from breast and amenorrhoea for 9 months, she does not take any medications and has normal renal and thyroid function tests. Her serum prolactin level is 75 (increased), and a pituitary MRI reveals 4 mm mass. Her pregnancy test is negative.

Which of the following is most consistent with her clinical picture?

- a. Raised estradiol
- b. Suppressed FSH
- c. Low Free T4 and Cortisol
- d. Abnormal visual fields
- e. Raised LH

Q 62. A 46 year man presented with headache and visual field defects, and a 13-mm pituitary mass was found on her pituitary MRI, which does not impinge on the optic chiasm. His serum prolactin is 1500 (raised), Free T4 0.4 (low), serum cortisol 2 (low), and testosterone is 80 (low).

In addition to replacement of corticosteroids and thyroxine, what further will you recommend ?

- a. Trans-sphenoidal surgery b. Cabergoline c. Testosterone d. Radiation therapy e. Gamma knife surgery

Q 63. After an extremely difficult delivery of her 3rd child, a 30 year old lady presents with amenorrhea, fatigue, dry skin and abdominal pain. Her TSH is 0.3 (low) and Free T4 is 0.6 (low). In addition to starting thyroxine, what is the next most appropriate test ?

- a. Measuring ACTH b. Measure Cortisol c. Measure estradiol d. Measure prolactin e. Measure IGF-1

Q 64. A 60 year female presented with numbness and tingling in her toes and has noted numbness around her mouth when she is stressed. She had thyroid surgery 2 years back and is currently taking thyroxine and calcium supplements daily. On examination she has thyroidectomy scar, her BP is 130/80 mm of Hg. She develops cramping in her forearms when the BP cuff was inflated. Based on her history and examination which of the following laboratory reports you will expect?

- a. Low calcium, raised phosphate and raised PTH b. Low calcium, low phosphate and low PTH c. Low calcium, raised phosphate and low PTH
d. Raised calcium, raised PTH and low phosphate e. Raised alkaline phosphatase, raised PTH and low calcium

Q 65. A 70 year old presents with fatigue, anorexia and confusion. He does not have any nausea and G.I symptoms. On examination BP 160/100 mm of Hg, pulse 102 bpm and irregular, no cardiac murmurs on auscultation. His labs show HCT 39, Na 140, K 4.0, creatinine 1.1 mg/dl, serum Calcium 10.7 mg/dl. What is the most common cause of his symptoms?

- a. Adrenal insufficiency b. Hypothyroidism c. Hyperthyroidism d. Hyperparathyroidism
e. Hypoparathyroidism

Q 66. A 50 year old female presented with palpitations, tremors and heat intolerance. Her pulse rate is 120 bpm and she has smooth and tender thyroid gland with no proptosis. There is no family history of thyroid disorders. Her free T4 is 4.9 (raised) and TSH is 0.05 (low). What is the most likely diagnosis ?

- a. Toxic Thyroid adenoma b. Toxic multinodular goiter c. Subacute thyroiditis d. Grave's disease
e. Fictitious thyrotoxicosis

Q 67. An 80 year old lady presented with fatigue, palpitations and weight loss. On examination she has pulse rate of 102 bpm and BP of 150/70 mm of Hg. Her thyroid is not enlarged. Her Free T4 is normal and her TSH is 0.05 (Low). What is the next step in her work-up?

- a. Measure total T4 b. Measure Thyroglobulin levels c. Thyroid ultrasound d. Measure Free T3 levels e. Radioiodine uptake scan of the thyroid

Q 68. A 40 year old woman presents with weight gain and easy bruising. She has proximal muscle weakness, a buffalo hump and pale striae on her abdomen. Her 24-hour urinary free cortisol is 25 ug (Normal <50 ug). Which of the following is correct ?

- a. The next step is to measure ACTH levels b. Cushing's has been excluded c. She likely has pituitary Cushing's
d. She likely has adrenal adenoma e. The next step is to do high dose dexamethasone suppression test

Q 69. An 18 year old developed amenorrhea 9 months ago. She has negative pregnancy test and has joined the tracking team. Her examination is normal and her BMI is 19 kg/m². Which of the following is most consistent with this clinical picture ?

- a. Decreased FSH b. Raised LH/FSH ratio c. Raised TSH d. Raised DHEA-S e. Raised ACTH

Q 70. A 20 year old female has note dark facial hair since she entered puberty. Her only medication is oral contraceptive pill. Her BMI is 25 Kg/m² and she has dark hair on her upper lip. Her pelvic examination is normal. Her serum testosterone and DHEA-S is normal.

What should be the next step in her management ?

- a. Measure 17-OH progesterone level b. Transvaginal ultrasound c. Start Metformin d. Start spironolactone
e. Start Cyproterone acetate

Q 71. Which pituitary hormone can be used intravenously to stimulate uterine contractions?

- a. Growth hormone b. Oxytocin c. Prolactin d. Prostaglandines e. Vasopressin

Q 72. Which drug is an example of an ionic inhibitor?

- a. Calcitonin b. Carbimazole c. Methimazole d. Perchlorate e. Propylthiouracil

Q 73. Which is the oldest treatment of thyroid disorders?

- a. Iodide b. Ionic inhibitors c. Thioamides d. Radioactive iodine e. Surgery

Q 74. Which is NOT involved with the anti-inflammatory effect of glucocorticoids?
a. Increased release of histamine b. Decreased production of cyclooxygenase c. Increased inhibition of white blood cell production
d. Decreased production of prostaglandins and leukotrienes e. decreased release of histamine

Q 75. Which antibiotic most significantly interacts with oral contraceptives?
a. Aminoglycosides b. Cephalosporines c. Metronidazole d. Rifampin e. Tetracycline

Q 76. Drug with which of the following MOA is used as 1st line agent in nephrogenic Diabetes insipidus?
a. Blocking Na reuptake in proximal convoluted tubule b. Blocking Na reuptake in thick ascending loop of Henle
c. Blocking K⁺ reuptake in distal convoluted tubule d. Blocking Na reuptake in Principle cells of collecting duct
e. Blocking Na reuptake in alpha intercalated cells of collecting duct

Q 77. 45 year old female diabetic patient comes to Outpatient clinic with chief complaints ↑ fatigue low mood, her BP is 140/105 mmHg, pulse is 85 BPM, her HBA1c is 9.9 % and creatinine is 1.2 , which of the following drugs will reduce the hypertension progression in glomerulus of this patient long term ?
a. Drug that causes vasoconstriction of afferent arterioles b. Drug that causes Vasodilation at afferent arterioles
c. Drug that causes Vasoconstriction at efferent arterioles d. Drug that causes Vasodilation at efferent arterioles
e. Drugs that are antagonists at spironolactone receptors

Q 78. Which of the following drugs will benefit patient with liver cirrhosis the most by reducing the portal pressure?
a. Drug blocking Beta adrenergic activity b. Aldosterone antagonist c. Aldosterone Receptor antagonist d. Furosemide
E. ACE inhibitor

Q 79. A 65-year-old diabetic patient comes to ER with Shortness of breath and fatigue that has been bothering him for long, his HBA1c is 11% and has history of IHD, and EF is 35%, his BP is 150/110 mmHg, which of following drugs are absolutely contraindicated with respect to current condition of the patient?
a. Insulin b. Empaglifozin c. Rosiglitazone d. Metformin e. GLP-1 analogues

Q 80. A 59 year old female having history of chronic kidney disease is having symptoms of headache fatigue, somnolence, tachycardia and sweating her RBS on pin prick tests are usually in the range of early 70s during these episodes, physician suspects worsening renal functions, her creatinine comes out to be 4.2 mg/dL which of the following drugs with renal mode of excretion require dose reduction to prevent episodes of hypoglycemia ?
a. Insulin b. Empaglifozin c. GLP-1 analogue d. Rosiglitazone e. PPAR-alpha stimulator

Q 81. A 46 year old female developed a DVT after starting a medication for her ER + breast cancer. Which medication most likely contributed to her DVT?
a. Raloxifene b. Estropipate c. Anastrozole d. Tamoxifen e. Ketokonazole

Q 82. Which medication can both INCREASE and DECREASE gonadal steroid production in males and females?
a. Leuprolide b. Finasteride c. Mifepristone d. Spironolactone e. Ketoconazole

Q 83. Which medication can be used in the neonate to maintain the patency of the ductus arteriosus and in the mother to ripen the cervix?
a. Betamethasone b. Indomethacin c. Magnesium sulfate d. Mifepristone e. Misoprostol

Q 84. Which drug would be expected to INCREASE prolactin levels and increase milk production?
a. Tetracycline b. Haloperidol c. Dopamine d. Bupropion e. SSRIs

Q 85. A 53 year old woman has severe vasomotor symptoms (hot flushes) associated with menopause. She has no pertinent past medical or surgical history. Which of the following would be most appropriate for her symptoms.
a. Conjugated estrogen vaginal cream b. Estradiol transdermal patch c. Oral Estradiol and medroxyprogesterone acetate
d. Injectable medroxyprogesterone acetate e. All of the above

Q 86. Which of the following is most appropriate initial oral agent for management of 2 diabetes in patients with no other comorbid conditions.
a. Glipizide b. Insulin c. Metformin d. pioglitazone e. Both A & C

Q 87. Which of the following diabetes medications is most appropriately paired with an adverse effect associated with its use?
a. Canagliflozin lactic acidosis b. Metformin – Urinary tract infection c. Netaglinide- Heart failure

- d. Liraglutide- pancreatitis e. Metformin genital mycotic infections

Q 88. Which of the following corticosteroids is most appropriate to administer to a woman in preterm labor to accelerate fetal lung maturation?

- a. Betamethasone b. Fludrocortisone c. Hydrocortisone d. Prednisone e. Both A & C

Q 89. Which of the following best describes the mechanism of action of alprostadil.

- a. Alprostadil blocks cGMP b. Alprostadil blocks nitric oxide c. Alprostadil increases PDE₅ d. Alprostadil increases cAMP e. Alprostadil increases nitric oxide

Q 90. A 70 years old women is being treated with raloxifene for osteoporosis. Which of the following is most concern with this therapy?

- a. Breast Cancer b. Endometrial cancer c. Venous Thrombosis d. Hypercholesterolemia e. Hepatocellular Carcinoma

Q 91. A young patient presented in the opd with right sided gross hydronephrosis on ultrasound. Cause of obstruction was not determined. His creatinine level is 2.5mg/dl and urea level was 105mg/dl. What will be the most suitable next radiological investigation.

- a. IVU b. CT IVU c. Plain CT KUB d. X Ray KUB

92. Regarding carcinoma of the prostate it mainly arises from

- a. Central zone b. Transitional zone c. Peripheral zone d. Median lobe

93. Regarding bladder outflow obstruction in Benign prostatic hyperplasia the lobe mostly responsible for the symptoms is

- a. Right lateral lobe b. Left lateral lobe c. Median lobe d. Bladder neck

94. 90 % of the Testosterone in the body is produced by

- a. Prostate b. Lydig cells of the testes c. Sertoli cells of the testes d. Body adepose tissue

95. The most important investigation in benign prostatic hyperplasia, which can give you most of the information required is

- a. CT Pelvis b. MRI pelvis c. Urodynamic studies d. Ultrasound

96. Regarding lower urinary tract symptoms (LUTS) in a BPH patient all of the following are VOIDING/OBSTRUCTIVE symptoms except

- a. Poor stream b. Power emptying of bladder c. Urgency d. Intermittent stream

97. The investigation of choice for follow up of a prostate cancer patient is

- a. Ultrasound pelvis b. MRI Pelvis c. Prostate specific agent d. CT pelvis

98. Recommended age for orchidopexy in a patient with cryptorchidism is

- a. 6 months to 1 year b. 2 years c. 3 years d. 4 years

99. The life-time risk of malignancy in a person who had cryptorchidism in childhood is

- a. 5 to 10 times b. 10 to 15 times c. 15 to 20 times d. 20 to 30 times

100. Secondary hydrocele is caused by

- a. Excessive production of fluid with in the sac b. Patent processus vaginalis
c. Defective absorption of fluid d. Undescended testes

Q 101. For transplantation cornea can be removed from dead upto

- a. 6 hrs b. 12 hrs c. 18 hrs d. 24 hrs

Q 102. Commonest cause of impotence in male is

- a. Adrenal dysfunction b. Testicular failure c. Mal developed penis d. Psychogenic

Q 103. A woman who by contract agrees to bear a child for someone else called _____ mother

- a. Surrogate b. Borate c. Connate d. Castrate

Q 104. Impotence in male is termed as _____ Dysfunction

- a. Dialectal b. Erectile c. Sectile d. Plectile

- Q 105. Inability to beget or conceive children (in the male and female respectively) called
- a. Infertility b. Incapability c. inviability d. Sterility
- Q 106. Impotence quoad hoc is an example of _____ cause of impotence in the male
- a. Generalized b. Comprised c. Situational d. Medicolegal
- Q 107. vasectomy in the males and tubal ligation in the females are examples of
- a. Ablation b. Cunctation c. Sterilization d. Libation
- Q 108. Incest is an example of
- a. Unnatural sexual offences b. Natural sexual offences c. Sexual perversions d. None of above
- Q 109. Hegar's sign in pregnancy is _____ of pregnancy in the living
- a. Presumptive sign b. Probable signs c. Positive sign d. None of above
- Q 110. Softening in the midline of the uterus anteriorly at the junction of the uterus and cervix called
- a. Piskaçek's sign b. Palmer's sign c. Osiander's sign d. Ladin's sign
- Q 111. A 35 year old, G3P2, 24 weeks pregnant, came to opd for antenatal checkup and complaint of pain in flanks and lower abdomen associated with fever, chills and rigors. Her urine RE report shows 8-10 pus cells and no bacteria. What is the most likely diagnosis?
- a. Asymptomatic bacteria b. Cystitis c. Pyelonephritis d. Renal colics e. Hydronephrosis
- Q 112. A 48 year old school teacher, P4, came to gynae with complaint of secondary amenorrhea for one year associated with hot flushes, irritability, night sweats. What is the most appropriate treatment?
- a. HRT b. Exercise, HRT, calcium supplements c. HRT is contraindicated d. Tibolones e. Antidepressants
- Q 113. A 28 year old lawyer, Primigravida, came to OPD with amenorrhea for 2 months followed by pv bleeding for 2 days. On PV os is closed, brownish discharge is seen. Ultrasound report shows single intrauterine gestational sac of 9weeks with no fetal pole. What is the most likely diagnosis?
- a. Missed Miscarriage b. Threatened Miscarriage c. Biochemical Pregnancy d. Inevitable Miscarriage e. Oblighted Ovum
- Q 114. A 33 years old lady presented to you having 5 years H/O sub fertility. Couple is living together since the said duration. After thorough History and examination of female partner, you advised her some investigation for confirmation of ovulation and tubal fertility. Among the options given below which test is best confirmatory test for tubal patency?
- a. Hysterosalpingography b. Laproscopy and dye test c. Saline Infusion sonography
d. Spontaneous normal conception e. Ultrasonography
- Q 115. What is the primary screening procedure for tubal patency in infertile low risk couples?
- a. Hysterosalpingo contrast sonography b. Doppler flow studies c. Hysterosalpingography
d. Laproscopy and dye test e. Trans vaginal ultrasound
- Q 116. As a family physician, you will refer a stage 2 CKD patient to renal physician if;
- a. Significant proteinuria (TPCR>100mg/mmol or ACR>70mg/mmol) b. Sudden decrease in eGFR (>15%) and UTI is excluded
c. Persistent microscopic hematuria and age of patient is less than 50 years d. Functional consequences of CKD i.e., anemia (<11g/dl), bone disease or refractory hypertension (>140/90 on 4 pharmacologic agents) e. All of the above situations
- Q 117. When will you refer a patient of Acute Kidney Injury?
- a. Acute increase in serum urea/creatinine b. Decrease in eGFR to <60ml/min/1.73m², if normal in last 3 months
c. Decrease of >15% in eGFR over 5 days d. Sudden inability to pass urine e. All of the above situations
- Q 118. A couple who are struggling to conceive present to surgery for review. The results of a semen sample are discussed. Which one of the following values, if any, is abnormal?
- a. Sperm concentration 30 million / ml b. Morphology 39% normal forms c. 59% progressive motility d. Volume 3 ml
e. None of the above

Q 119. The Faculty of Sexual and Reproductive Health advise in their document UK Medical Eligibility Criteria for Contraceptive Use (UKMEC) about the safety of different contraceptive methods in the presence of various risk factors and co-morbidities. Which of the following, if present, is the strongest contraindication to the use of combined oral contraceptive pill in a 33-year-old lady requesting her family physician for its prescription?

- a. Body mass index >35
- b. Hypertension (controlled)
- c. Long-term wheelchair user
- d. Previous deep vein thrombosis
- e. Smoking >15 cigarettes a day

Q 120. A 22-year-old female in the second trimester of pregnancy presents with an offensive vaginal discharge. History and examination findings are consistent with a diagnosis of bacterial vaginosis. What is the most appropriate management?

- a. Advise risks of treatments outweigh benefits in pregnancy
- b. Topical clindamycin
- c. Oral metronidazole
- d. Clotrimazole pessary
- e. Advice regarding hygiene and cotton underwear

Block M

1. The treatment of choice for the other eye in angle closure glaucoma is:

- a. Surgical peripheral iridectomy
- b. Yag laser iridotomy
- c. Trabeculotomy
- d. Trabeculectomy

2. Topical atropine is contraindicated in:

- a. Retinoscopy in children
- b. Iridocyclitis
- c. Corneal ulcer
- d. Primary angle closure glaucoma

3. Neovascular glaucoma follows:

- a. Thrombosis of central retinal vein
- b. Acute congestive glaucoma
- c. Staphylococcal infection
- d. Hypertension

4. A one-month old baby is brought with complaints of photophobia and watering. Clinical examination shows normal tear passages and clear but large cornea. The most likely diagnosis is:

- a. Congenital dacryocystitis
- b. Interstitial keratitis
- c. Keratoconus
- d. Buphthalmos

5. You have been referred a case of open angle glaucoma. Which of the following would be an important point in diagnosing the case?

- a. Shallow anterior chamber
- b. Optic disc cupping
- c. Narrow angle
- d. visual acuity and refractive error

6. Number of layers in neurosensory retina is:

- a. 9
- b. 10
- c. 11
- d. 12

7. In retinal detachment, fluid accumulates between:

- a. Outer plexiform layer and inner nuclear layer
- b. Neurosensory retina and layer of retinal pigment epithelium
- c. Nerve fiber layer and rest of retina
- d. Retinal pigment epithelium and Bruch's membrane.

8. A young patient with sudden painless loss of vision, with systolic murmur and ocular examination reveal a cherry red spot with clear AC, the likely diagnosis is:

- a. Central Retinal Artery Occlusion
- b. Central Retinal Vein Occlusion
- c. Diabetes Mellitus
- d. Branch Retinal Vein Occlusion

9. Amaurotic cat's eye reflex is seen in:

- a. Papilloedema
- b. Retinoblastoma
- c. Papillitis
- d. Retinitis

10. Commonest lesion which hinders vision in diabetic retinopathy is:

- a. Macular oedema
- b. Microaneurysm
- c. Retinal hemorrhage
- d. Retinal detachment

11. Phlycten is due to:
 a. Endogenous allergy b. Exogenous allergy c. Degeneration d. None of the above
12. Papilloedema has all the following characteristics except:
 a. Marked loss of vision b. Blurring of disc margins c. Hyperemia of disc d. Field defect
13. Homonymous hemianopia is the result of a lesion in:
 a. Optic chiasma b. Retina c. optic tract d. Optic nerve
14. The incision size in phacoemulsification is:
 a. 1 mm b. 3 mm c. 5 mm d. 7 mm
15. Evisceration is:
 a. Excision of the entire eyeball b. Excision of all the inner contents of the eyeball including the uveal tissue
 c. Photocoagulation of the retina d. Removal of orbit contents
16. Lagophthalmos can occur in all of the following except:
 a. 7th cranial nerve paralysis b. 5th cranial nerve paralysis c. Thyrotoxic exophthalmos d. Symblepharon
17. All the following are extraocular muscle of eye except:
 a. Superior rectus b. Ciliary muscle c. Inferior oblique d. Superior oblique
18. A young child suffering from fever and sore throat began to complain of lacrimation. On examination, follicles were found in the lower palpebral conjunctiva with tender preauricular lymph nodes. The most probable diagnosis is:
 a. Trachoma b. Staphylococcal conjunctivitis c. Adenoviral conjunctivitis d. Phlyctenular conjunctivitis
19. The action of inferior oblique is:
 a. Depression, extorsion, abduction b. Depression, extorsion, adduction
 c. Elevation, extorsion, adduction d. Elevation, extorsion, abduction
20. In myopia
 a. Length of eye-ball is short b. Corneal radius of curvature is less
 c. Lens is less spherical d. Image forms in front of the retina when the patient accommodates
21. The most common cause of reduced vision in the world is
 a. trachoma b. diabetic retinopathy c. refractive errors d. glaucoma
22. A four year old boy is seen in the Emergency Department with an 8mm laceration of the upper lid not involving the lid margin. He says that he injured his eye on the corner of the table. He has mild ptosis on the left side and there is herniation of orbital fat through the laceration. The eye examination is normal. Which of the following is the next MOST appropriate step?
 a. CT of the orbit b. Glue the laceration c. MRI of the orbit d. Ultrasound the orbit
23. A patient on slit lamp examination shows hypopyeon in anterior chamber after trauma, which is
 a. Pus in anterior chamber b. Cells in anterior chamber c. Protein in anterior chamber
 d. Blood in anterior chamber e. Foreign body in anterior chamber

24. A patient have blunt trauma with tennis ball and having hyphema, which is
 a. Pus in anterior chamber b. Foreign body in anterior chamber c. Uveal tissue
 d. Blood in anterior chamber
25. A young boy presented in emergency with watering and photophobia in right eye. Which test is appropriate?
 a. Schirmer test b. Tear breakup time c. Rose Bengal staining d. Fluorescein staining
26. In blow out fracture the commonest bone to fracture is
 a. maxillary (floor) b. zygomatic (lateral wall) c. lachrymal (medial wall) d. frontal (roof)
27. The average antero-posterior axial length of an adult eye ball is
 a. 20mm b. 24mm c. 19mm d. none of the above
28. A 12 years old boy receiving long term treatment for spring catarrh, developed defective vision in both eyes. The likely cause is:
 a. Posterior subcapsular cataract b. Retinopathy of prematurity c. Optic neuritis d. Vitreous hemorrhage
29. Most common cause of adult unilateral proptosis
 a. Thyroid orbitopathy b. Metastasis c. Lymphoma d. Meningioma
30. When the ciliary muscles contracts, it results into
 a. increases tension on zonular fibers b. decreases tension on zonular fibers
 c. decreases tension on the lens d. both b and c
31. Ptosis and mydriasis are seen in:
 a. Facial palsy b. Peripheral neuritis c. Oculomotor palsy d. Sympathetic palsy
32. Normal intra ocular pressure in human eye is
 a. 10 – 21 mmhg b. 16 – 25 mmhg c. 13 – 22 mmhg d. 9 – 19mmhg
33. ciliary body helps in
 a. maintaining structure of eye b. focusing ability of eye c. crystalline lens accommodation
 d. all of the above
34. Important function of iris is to
 a. divide the eye into anterior and posterior segments b. helps in crystalline lens accommodation
 c. divide the eye into anterior and posterior chambers d. both b and c
35. A patient is presented with a dendritic corneal ulcer and severe pain and having a history of contact lens wear, which organism is most likely responsible for the condition
 a. herpes simplex b. acanthamoeba c. candida d. both a and b
36. In retinitis pigmentosa, the pigmentation in the retina starts at:
 a. Posterior pole b. Anterior to equator c. Equator d. At the disc
37. All of the following are true about chalazion except
 a. not painful b. present on the lid margin c. acute inflammation d. both b and c

38. An elderly patient is presented with a mass on the upper lateral eyelid margin, the mass has central ulceration and raised edges, the most likely diagnosis could be
 a. chalazion b. styne c. lacrimal gland inflammation d. BCC
39. In band keratopathy which corneal layer is involved
 a. bowmen's layer b. epithelium layer c. endothelium layer d. none of the above
40. In keratoconus the cornea becomes
 a. cone shaped b. spherical shape c. thin at the center d. both a and c
41. A patient is presented with upper eye drooping after the cataract surgery, the most likely type of ptosis is
 a. aponeurotic b. myogenic c. mechanical d. neurogenic
42. A mother noticed a mucopurulent discharge from the puncta of her 3 months old son. There is a history of watering from his eye. Which of the following is an appropriate treatment
 a. Syringing b. Probing with syringing c. Sac massage with local antibiotics d. DCR surgery
43. Nasolacrimal ducts opens into the
 a. Inferior meatus b. Superior meatus c. Lacrimal duct d. Conjunctival sac
44. A one-month old baby is brought with complaints of photophobia and watering. Clinical examination shows normal tear passages and clear but large cornea. The most likely diagnosis is:
 a. Congenital dacryocystitis b. Interstitial keratitis c. Keratoconus d. Buphthalmos
45. The color of fluorescein staining in corneal ulcer is:
 a. Yellow b. Blue c. Green d. Red
46. The first line of treatment in acid burns of the eye is
 a. Patching the eye b. Instilling a drop of oil in the eye
 c. Immediate wash with plain water d. Instilling a drop of surface anesthetic into the eye
47. Aqueous humour formation is the function of
 a. cillinary muscle b. ciliary process c. pigmented epithelium d. both b and c
48. anteriolaterally there is a slight depression in the orbit called
 a. lacrimal gland b. check ligaments c. lacrimal fossa d. lacrimal groove
49. All cranial nerves passes through the superior orbital fissure except
 a. 8th b. 4th c. 3rd d. 5th
50. Lacrimal puncta is present on the
 a. medial side b. lateral side c. superior fornix d. inferior fornix
51. Bandage of the eyes is contraindicated in:
 a. Corneal abrasion b. Bacterial corneal ulcer c. Mucopurulent conjunctivitis d. after glaucoma surgery
52. Normal radius of curvature of posterior corneal surface is
 a. 7.8mm b. 6.8mm c. 7.9mm d. 6.0mm
53. Herbert's pits are seen in:
 a. Trachoma b. Herpetic conjunctivitis c. Ophthalmia neonatorum d. Spring catarrh

54. In paralytic squint, the difference between primary and secondary deviation in the gaze of direction of the paralytic muscle:

- a. Increases b. Decreases c. Remains the same d. none

55. Pseudophakia is the loss of:

- a. Accommodation b. Conversion c. Saccadic eye movements d. Contrast sensitivity

56. Paralytic ectropion occurs in:

- a. Third nerve paralysis b. Trigeminal nerve paralysis c. Facial nerve paralysis d. Trochlear nerve paralysis

57. Chalazion is:

- a. Acute suppurative inflammation of Meibomian glands b. Chronic granulomatous inflammation of Meibomian glands c. Retention cyst of the Meibomian glands d. Neoplasm of the Meibomian glands

58. A patient has an upper lid trichiasis with history of chronic eye irritation. The most common causes are:

- a. Stye b. Trachoma c. Infected chalazion d. Spring catarrh

59. The most common primary intraocular malignancy in adults is:

- a. Retinoblastoma b. Choroidal melanoma c. Squamous cell carcinoma of conjunctiva d. Iris naevus

60. In CRAO, a cherry red spot is due to:

- a. Haemorrhage at macula b. Increased choroidal perfusion
c. Increased in retinal perfusion at macula d. The contrast between pale retina and reddish intact choriocapillaris
-