



Pak International Medical College
Department of Medical Education
4th Year MBBS Block-K Exam (MCQs Paper)-2023

51. Sulfasalazine used in the treatment of IBD causes:
 a. Reversible azoospermia
 b. Irreversible azoospermia
 c. Reversible ovarian failure
 d. Irreversible ovarian failure
 e. No impairment of fertility
A
52. Although rare but serious side effect of sulfasalazine is:
 a. Grey baby syndrome
 b. Zolinger Elisen syndrome
 c. Cushing syndrome
 d. Steven Johnson syndrome
 e. Cushing disease
D
53. First line treatment for dyspepsia and peptic ulcer in pregnancy is:
 a. Famotadine
 b. Omeprazole
 c. Aluminium hydroxide
 d. Misoprostol
 e. Lansoprazole
C
54. Misoprostol can cause:
 a. Diplopia
 b. Diarrhea
 c. Dysentery
 d. Dyspepsia
 e. Dysphagia
B
55. On the basis of its pharmacokinetics, omeprazole is recommended on empty stomach because:
 a. Food decreases the absorption of omeprazole
 b. With meals insoluble complexes may be formed
 c. It will cause nausea and vomiting if taken on full stomach
 d. Food already will activate proton pumps
 e. There is less chance of gastroesophageal reflux
A
56. In case of quinolone resistant typhoid fever, besides the use of other antibiotics one of the options is to use:
 a. Co-Amoxiclav 1 g BD
 b. Vancomycin 1 g Bd
 c. Clindamycin 500 mg BD
 d. Streptomycin 1 g OD
 e. Ciprofloxacin 750 mg BD
E
57. Which class of antidepressants is the first choice for pain in non-constipated patients with IBS?
 a. Tricyclic antidepressants (TCAs)
 b. Monoamine oxidase inhibitors (MAOIs)
 c. Selective serotonin reuptake inhibitors (SSRIs)
 d. Serotonin and norepinephrine reuptake inhibitors (SNRIs)
 e. SSRI and hyoscine
C
58. Which of the following antispasmodics has the best evidence of efficacy in the treatment of abdominal pain-predominant IBS?
 a. Alverine
 b. Hyoscine
 c. Mebeverine
 d. Pinaverium bromide
 e. Loperamide
B
59. The most common adverse effect of glycerin suppository is:
 a. Flatulence
 b. Iron malabsorption
 c. Bloating
 d. Rectal irritation
 e. Fecal incontinence
E
60. The most common drug used as emergency in diarrhea is:
 a. Zinc
 b. Loperamide
 c. Ciprofloxacin
 d. Bismuth compounds
 e. Hyoscine
B
61. Ribavirin decreases the effect of which of the following drugs?
 a. Acyclovir
 b. Tenofovir
 c. Zidovudine
 d. Foscarnet
 e. Penciclovir
C
62. If a person is on anti TB agents, which of the following anti-viral drug dose should be adjusted?
 a. Acyclovir
 b. Amantadine
 c. Adefovir
 d. Ribavirin
 e. Zidovudine
E
63. Which of the following anthelmintics acts by inhibiting tubulin polymerization leading to depleted energy reserves and inhibition of excretion of waste products?
 a. Benzimidazole
 b. Niclosamide
 c. Ivermectin
 d. Praziquantel
 e. Piperazine derivatives
a
64. Niclosamide is the drug of choice for which of the following helminths?
 a. Round worm
 b. Tap worm
 c. Hook worm
 d. Flukes
 e. Giardia
b
65. Which of the following drugs needs to be adjusted if a patient is on CYP450 inhibitors or inducers
 a. Sofosbuvir
 b. Velpatasvir
 c. Daclatasvir
 d. Paritaprevir
 e. Acyclovir
C



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66. Liver function tests are primarily used for
a. To diagnose lung diseases
b. To evaluate kidney function
c. To assess the health and function of the liver
d. To measure bone density
e. To diagnose cardiac issues
67. Enzyme commonly measured in liver function tests, that can indicate liver damage
a. Creatinine kinase
b. Amylase
c. Aspartate transaminase (AST)
d. Hemoglobin
e. CPK
68. INR (International Normalized Ratio) in liver functions measure
a. Blood sugar levels
b. Blood clotting ability
c. Iron levels in the blood
d. Kidney function
e. Renal function
69. High bilirubin level in liver function tests indicate
a. Liver damage or disease
b. Healthy liver function
c. Low risk of jaundice
d. Normal blood clotting
e. Immune diseases of heart
70. Grade of hemorrhoids at which it prolapses and reduce spontaneously
a. Grade I
b. Grade II
c. Grade III
d. Grade IV
e. Grade 0
71. Common symptom of hemorrhoids is
a. Chest pain
b. Shortness of breath
c. Rectal bleeding and itching
d. Visual disturbances
e. Auricular problems
72. Type of hemorrhoids that are located inside the rectum and are typically painless
a. External hemorrhoids
b. Internal hemorrhoids
c. Thrombosed hemorrhoids
d. Anal fissures
e. Anal polyps
73. Common complication of untreated hemorrhoids is
a. Hair loss
b. Vision problems
c. Anemia due to chronic bleeding
d. Joint pain
e. Infection of the colon
74. Type of gastric polyp that is most closely linked to an increased risk of stomach cancer
a. Inflammatory polyps
b. Hyperplastic polyps
c. Fundic gland polyps
d. Adenomatous polyps
e. Rectal polyps
75. What is the primary function of the liver during the process of liver repair?
a. Proliferation of new liver cells (hepatocytes)
b. Removal of damaged liver tissue
c. Activation of the immune response
d. Production of insulin
e. Production of glucagon
76. Which imaging modality is often used to diagnose intestinal obstruction?
a. Electrocardiogram (ECG)
b. Chest X-ray
c. Abdominal ultrasound
d. Abdominal CT scan
e. MRI
77. Common symptom of intestinal obstruction
a. Hematemesis (vomiting blood)
b. Diarrhea
c. Abdominal distension and pain
d. Urinary incontinence
e. Vomiting
78. Ischemic bowel disease is often caused by a lack of blood flow to the intestine due to:
a. Excessive blood clotting
b. Increased blood pressure
c. Atherosclerosis or embolism
d. High cholesterol levels
e. Low cholesterol levels
79. Potential complication of untreated ischemic bowel disease is
a. Constipation
b. Perforation of the intestine
c. Gastric ulcers
d. Respiratory infections
e. Gall bladder stones
80. Primary function of the liver in the body is
a. Blood filtration
b. Digestion of carbohydrates
c. Detoxification and metabolism
d. Production of insulin
e. Digestion of cellulose
81. Often given to patients with liver cirrhosis to manage their condition?
a. High-sodium diet
b. Low-protein diet
c. Low-sugar diet
d. High-fiber diet
e. Low fiber diet
82. Term used for the formation of abnormal blood vessels in the esophagus, often seen in advanced liver cirrhosis?
a. Varices
b. Polyps
c. Hematomas
d. Ulcerations
e. Adenomas
83. Liver disease that is characterized by the deposition of excess of fat in liver cells and is often associated with obesity and metabolic syndrome?
a. Alcoholic liver disease
b. Autoimmune hepatitis



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97. Virulence factor that is not associated with H pylori
a. ~~Flagella~~
b. Type 4 secretion system
c. Urease production
d. Cytotoxic extracellular toxins
e. Secretory enzymes
A
98. A 16-year-old girl presents with a history of intermittent jaundice, abdominal pain, and muscle stiffness. She has been experiencing personality changes and has difficulty with fine motor tasks. Laboratory tests show elevated liver enzymes, low ceruloplasmin levels, and a Kayser-Fleischer ring on slit-lamp examination. What is the most likely diagnosis for this patient based on the presented symptoms and findings?
a. Hemochromatosis
b. Alcoholic liver disease
c. Wilson's disease
d. Gilbert syndrome
e. Alpha 1 anti-trypsin deficiency
C
99. A 45-year-old woman presents with epigastric pain and bloating. Imaging studies reveal a large mass in her stomach. Biopsy results indicate a well-differentiated adenocarcinoma with glandular structures. What is the term for well-differentiated gastric adenocarcinoma with glandular structures that resemble normal gastric glands?
a. Diffuse type
b. Intestinal type
c. Signet ring cell type
d. Mucinous type
e. Invasive type
B
100. A 45-year-old man, presents with bloody diarrhea, urgency, and tenesmus. His symptoms have progressively worsened over the past week. On sigmoidoscopy, the inflammation is limited to the rectum and extends proximally in a continuous pattern. What is the most likely diagnosis?
a. Crohn's disease
b. Ulcerative colitis
c. Gastroenteritis
d. Celiac disease
e. Colorectal carcinoma
B
101. A 50-year-old man, has been diagnosed with autoimmune hepatitis. He is concerned about the long-term consequences of the disease. Which of the following complications is commonly associated with untreated or inadequately treated autoimmune hepatitis?
a. Hypertension
b. Osteoporosis
c. Type 2 diabetes
d. Asthma
e. Peripheral edema
B
102. A 25-year-old woman, presents with acute diarrhea, abdominal cramps, and a low-grade fever. She recently attended a picnic and consumed potato salad that was left out in the sun for several hours. Which bacterial pathogen is most likely responsible for her symptoms?
a. Salmonella
b. Escherichia coli (E. coli)
c. Clostridium difficile (C. difficile)
d. Norovirus
e. Giardiasis
A
103. Which inflammatory bowel disease (IBD) can involve any part of the gastrointestinal tract, from mouth to the anus, with "skip lesions" being a common feature?
a. Crohn's disease
b. Ulcerative colitis
c. Celiac disease
d. Diverticulitis
e. Appendicitis
A
104. What is the term for the formation of small, dilated blood vessels in the mucosa of the lower esophagus, often associated with chronic liver disease?
a. Hemorrhoids
b. Polyps
c. Telangiectasis
d. Varices
e. Strictures
D
105. In which region of the stomach is diffuse-type gastric adenocarcinoma often located?
a. Cardia
b. Fundus
c. Body
d. Antrum
e. Pylorus
C
106. Which viral hepatitis is associated with a high risk of chronic infection, especially in individuals with preexisting liver disease?
a. Hepatitis A
b. Hepatitis B
c. Hepatitis C
d. Hepatitis E
e. Hepatitis D
C
107. A middle aged lady presented to you with burning pain in mouth. During oral examination you note Aphthous ulcers at lateral borders of tongue. Rest of the examination was unremarkable. What is the next step of management?
a. Avoid Cold water
b. Opinion from Dentist
c. Reassurance and advice topical steroids application
d. Anti fungal medication
e. Antiviral Medication
C
108. 20yr old man presented to you with history of dysphagia which was initially for solids and now progressed to liquids. He doesn't have any family history of malignancy or any weight loss. Barium Swallow revealed Bird's Beak appearance in Lower Esophagus. Your suspicion is Achalasia. What is the next investigation of choice?
a. CT SCAN Abdomen
b. PET Scan
c. 24hr Esophageal pH monitoring
d. Echocardiography
e. Esophageal Motility testing/High Resolution Manometry
E
109. Young man with suspicion of achalasia, workup revealed Achalasia cardia, seeks advice regarding management. Patient Refused Surgical treatment option.
D



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- Non-alcoholic fatty liver disease (NAFLD)
- d. Wilson's disease
e. Haemochromatosis
84. Is strongyloides stercoralis infection contagious?
a. Yes it is contagious **A**
b. Only through sexual contact
c. No it is not contagious
d. Only through blood transfusion
e. Only through eye contact
85. Löffler syndrome is
a. A skin rash caused by strongyloides stercoralis infection **A**
b. A type of arthritis caused by strongyloides stercoralis infection **D**
c. A type of carditis caused by strongyloides stercoralis infection
d. A type of pneumonia caused by strongyloides stercoralis infection
e. An allergic reaction caused by strongyloides stercoralis infection
86. Complication of Ancylostoma duodenale infection is
a. Deafness
b. Anemia **B**
c. Blindness
d. Paralysis
e. Kyphosis
87. Common symptom of Schistosoma haematobium infection is
a. Rash and itching
b. Diarrhea
c. Abdominal pain **D**
d. Blood in urine
e. Fever and chills
88. Most common symptom of schistosoma mansoni and schistosoma japonicum infection is
a. Fever
b. Diarrhea and abdominal pain **B**
c. Blood in urine
d. Rash
e. Itching
89. Which of the following parasite is a blood fluke?
a. Worms of the genus Taenia
b. Worms of the genus heterophyes **D**
c. Worms of the genus fasciolopsis
d. Worms of the genus schistosoma
e. Worms of the genus clonorchis
90. A 68-year-old man presents with history of fatigue, weakness and change in bowel habit. On lab examination, there is iron deficiency anemia and occult blood in stool. On colonoscopy there is a large irregular annular mass in distal colon with heaped up and beaded margins. What is the most likely diagnosis?
a. Tubular adenoma **C**
b. Hyperplastic polyp
c. Colorectal carcinoma
d. Villous adenoma
e. Pseudomembranous colitis
91. A 45-year-old man presents with malaise, anorexia and vomiting to emergency room. The physician notices slight jaundice. Blood examination shows marked elevation of ALT and AST with AST/ALT ratio being 2.5, Alkaline phosphatase is near normal. Serum Copper and Iron are normal. Histopathological reports show Mallory bodies in hepatocytes. Liver damage from which of the following diseases most likely accounts for these findings?
a. Biliary cirrhosis
b. Viral hepatitis **C**
c. Alcoholic hepatitis
d. Hemochromatosis
e. Wilson's disease
92. A 40-year-old man with a history of intravenous drug use and multiple sexual partners presents to the clinic. He reports feeling fatigued and having intermittent abdominal pain. Laboratory tests reveal elevated liver enzymes (ALT and AST) and positive hepatitis core antibody (anti-HBc) IgM. What does this indicate?
a. Acute hepatitis B infection **D**
b. Chronic hepatitis B infection
c. Resolved hepatitis B infection
d. Immune response to hepatitis B vaccination
e. Highly infective state of Hepatitis B Infection
93. A 15-year-old boy with complaints of loss of appetite, vomiting and dark color urine. On examination, yellow discoloration of sclera, investigation of choice is
a. Alkaline phosphatase estimation
b. Bilirubin and ALT estimation **B**
c. Liver biopsy
d. Serum and urinary bilirubin
e. GGT
94. A patient presented with pain in right hypochondrium, nausea and jaundice, pain is going to shoulder region and upper back, which condition is associated?
a. Appendicitis **D**
b. Hepatitis
c. UTI
d. Cholecystitis
e. Urethritis
95. Patient present with history of fever and jaundice, type of gall stones most probably present are,
a. Crystalline
b. Cholesterol **B**
c. Pigmented
d. None
e. All
96. A patient presents with long term history of GERD are at increase risk of developing
a. Adenocarcinoma esophagus
b. Squamous cell carcinoma esophagus **A**
c. Oropharyngeal carcinoma
d. Aphthous ulcers
e. Nasopharyngeal carcinoma



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- What other treatment option is most helpful in this patient?
- PPI
 - Gaviscon
 - Antiemetics
 - Endoscopic Pneumatic/Balloon Dilatation of LES
 - Do nothing
110. A middle aged lady presented to you with burning sensation behind the sternum, it is aggravated with spicy and oily foods and is associated with sour water coming into the mouth. O/E she is obese and rest of the examination is unremarkable. What is the most likely diagnosis?
- Achalasia
 - GERD / (Reflux Esophagitis)
 - Peptic Ulcer Disease
 - Ischemic Heart disease
 - Pneumonia
111. A 65 year old man presented with dysphagia for solids for the last 2 months. He explains that he feels food bolus getting stuck after swallowing and is associated with chest discomfort. He has significant weight loss and is very malnourished, O/E bilateral enlarged cervical lymph nodes. You worry it could be Esophageal Malignancy. Which is the best next step to reach the diagnosis?
- Xray Chest
 - Barium Swallow
 - Upper GI Endoscopy and Biopsy
 - CT Scan Pelvis
 - Esophageal pH monitoring
112. A 60 yr old man with Coronary Artery Disease and on dual antiplatelets therapy, complains of Severe epigastric pain with history of peptic ulcer. O/E He is very tender in Epigastric Region. You suspect peptic ulcer disease. What is the most common cause of his condition?
- H. pylori infection
 - Stress
 - Zollinger Ellison Syndrome
 - Neuroendocrine tumours
 - Esophageal Cancer
113. A 50yr old man presented with vomiting containing blood (hematemesis) and dark tarry stools (malena) multiple episodes. O/E He was tender in epigastric region and vitally Unstable (Low BP and tachycardia) He was Resuscitated with IV fluids, PPI and antiemetics. Now he is vitally stable and you plan to perform Endoscopy. What is the most common cause of Upper GI Bleed on Endoscopy?
- Bleeding Esophageal Varices
 - Mallory Weis Tear
 - Peptic Ulcer Bleed
 - Esophageal Web
 - Esophageal Cancer
114. A 60 yr old man with chronic hepatitis B and liver cirrhosis presented to you with Upper GI Bleed. You suspect Esophageal varices and plan for Endoscopic Intervention. Which medication will be helpful in decreasing the portal Hypertension?
- IV PPI
 - IV Metoclopramide
 - IV Octreotide/Terlipressin
 - IV Saline
 - IV steroids
115. A 30yr old man is seeking employment, He brings his lab reports HBsAg (negative) Anti HBs Antibodies (Reactive) and Anti HBc Antibodies (both IgG and IgM Negative). How will you interpret the above reports?
- Acute Hepatitis B infection
- Chronic Hepatitis B infection
 - Carrier state
 - Immunized/Vaccinated against Hepatitis B
 - Recovered from Past infection
116. A 40year old man presents to you with new onset diabetes, joint pains, diffuse pigmentation of skin. He has positive family history for iron metabolism. His labs revealed Deranged Liver function tests. You suspect Hemochromatosis, How will you investigate this patient?
- CT Scan Abdomen
 - Iron studies (Elevated Ferritin and ferritin saturation & low TIBC)
 - Ultrasound Abdomen
 - Order Alpha Fetoproteins
 - Iron Studies (low ferritin, low transferrin and High TIBC)
117. A 50year old patient with chronic Hepatitis B and cirrhosis, presented with increased jaundice, ascites and weight loss. O/E Hepatomegaly with irregular borders and nodular surface. US abdomen shows 2cm hypoechoic lesion in Right Lobe of liver and raised Alpha Feto Proteins. You suspect Hepatocellular Carcinoma. How will you investigate this patient to confirm your diagnosis?
- Repeat Ultrasound Abdomen
 - Order Chest Xray
 - Ascitic Fluid R/E
 - Hepatitis B profile
 - CT SCAN ABDOMEN (TRIPHASIC)
118. A 30 year old pregnant lady presented with low grade fever, jaundice, nausea and vomiting. Labs show Anti HEV IgM Reactive. You suspect Acute Hepatitis E infection. What is the most likely route of transmission?
- Blood borne
 - Parenteral Route
 - Oro fecal route
 - Respiratory droplets
 - Skin contact
119. A 40 year old male patient with Anti Hepatitis C antibodies (Reactive) wants to know if he can donate blood to other needy patients. What will you advise?
- He can safely donate 2 pints of blood
 - He cannot donate more than 1 pint of blood at a time
 - He cannot donate blood products to anybody as he is having hepatitis C infection
 - He should undergo screening for hepatitis C infection
 - Seek permission from family before donating blood
120. In a Professional Doctor Patient relationship, the key component of best practice is
- Doctor focuses on disease only
 - Doctors ignores the professional boundaries
 - Empathetic attitude of Doctor
 - Patients ignoring the Ethical boundaries
 - Sympathetic attitude of Doctor



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Start Time: 9:00-11:00

Time Allowed: 2 Hours

Date: 21/09/2023

Instructions:

- All Question carry equal marks.
- Write down your roll-number & name in the relevant spaces & box.
- Also fill the relevant bubbles for roll-number correctly in OMR Sheet.
- Candidates are allowed to use Blue/Black ball points only, use of lead Pencil is strictly prohibited.
- Ensure that selected bubble is completely filled in OMR Sheet. Do not mark any area outside the bubble.
- Do not Bend, fold or Staple the OMR Sheet.
- Cell phones and others electronic devices are strictly prohibited in the examination cell.
 Note: In case of filling of more than bubbles or cutting on bubbles, the relevant answer will be treated incorrect and the candidates will be fully responsible.

Name: _____

Roll No: _____

1. The strategies aim to address the unique health needs and priorities of a specific region or community, taking into account factors like demographics, disease prevalence, and healthcare infrastructure. The government agency responsible for Development and implementation of health sector strategies at local level is

- a. Occupational Safety and Health Administration (OSHA)
- b. Health Departments
- c. World Health Organization (WHO)
- d. Agency for Health Care Policy and Research (AHCPR)

B

2. In the healthcare, understanding the fundamental components is crucial. All organizations, institutions and resources that are devoted to produce health actions are collectively known as:

- a. Health Policy
- b. Health Management
- c. Health system
- d. Health surveillance
- e. Health administration

C

3. You have been asked to deliver a lecture on the key functions of any health system. As a standard, you know that the WHO (2000) identified 4 key functions of the Health system as follows EXCEPT:

- a. Stewardship
- b. Organization and management of service delivery
- c. Free services
- d. Resources provision
- e. Financing

C

4. During the outbreak of dengue fever in Pakistan. A group of individuals arranged seminars and symposiums to educate the people on the adverse effects and early management of the disease along with it's prevention. What is this approach called to communicate with the people?

- a. Group approach

A

- b. Individual approach
- c. Interpersonal approach
- d. Mass approach
- e. Regulatory approach

5. A number of methods are used for Health education in a community. Which of the following methods has NO or least active participation of the learners?

- a. Group discussions
- b. Lectures
- c. Panel discussions
- d. Role plays
- e. Symposiums

D

6. Health education is a planned attempt to change what people think, feel and do; to promote higher level of health. Which of the following is not a principle of health education?

- a. Credibility
- b. Known to unknown
- c. Punishment
- d. Participation
- e. Reinforcement

E

7. A boy presented to the emergency with fever and abdominal pain after eating from a local food stall. The doctor on duty noticed the child was jaundiced thus suspected viral hepatitis. Which of the following viruses are transmitted through oro-fecal route?

- a. Hep A + Hep D
- b. Hep A + Hep E
- c. Hep B + Hep C
- d. Hep B + Hep D
- e. Hep C + Hep D

B

8. A 15 year old young boy develops severe pain in right iliac fossa. On ultrasound examination mesenteric adenitis is concluded. However, the surgeon performs appendectomy. The eosinophil count is raised and the specimen after appendectomy is sent for biopsy which shows inflamed appendix due to present of following worm?

- a. Ankylostoma duodenale
- b. Enterobius vermicularis
- c. Trichuris trichura
- d. Schistosoma hematobium
- e. Ascaris lumbricoides

E

9. A 55 years old male is known case of CA bladder. The patient eosinophil count is markedly raised, which of the following worm causes CA bladder?

- a. Ankylostoma duodenale
- b. Enterobius vermicularis
- c. Trichuris trichura
- d. Schistosoma hematobium
- e. Ascaris lumbricoides

D

10. Healthcare is a fundamental aspect of our lives to address medical needs, preventing illnesses, and improving overall quality of life. Comprehensive health care to a community means provision of:

- a. Emergency services

C



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- b. Medical services
- c. Personal & impersonal health services
- d. Preventive services
- e. Quality of life services

11. Consuming infected or contaminated food can indeed lead to various health problems, as it exposes the body to harmful microorganisms and their toxins. Cysticercosis is caused by the ingestion of?

- a. Beef
- b. Meat
- c. Pork
- d. Chicken
- e. Fish

E

12. Pakistan's health care delivery system is based on public private partnership. The services provided at Rural health care units (RHC) comes under which level of service provision:

- a. Outreach level
- b. primary level
- c. secondary level
- d. tertiary level
- e. district level

B

13. Health care systems are mainly of four types: Beveridge, Bismarck, national health insurance, and out of the pocket. Pakistan's health system is a combination of all 4. Which of the following health system model is more commonly used in Pakistan

- a. Beveridge
- b. Bismarck
- c. National health insurance model
- d. Out of pocket model
- e. social health insurance model

B

14. WHO analytical framework consists of 6 core building blocks. The policy analysis, development, planning and leadership comes under which of these building blocks:

- a. Financing
- b. Health workforce
- c. Health information
- d. Stewardship
- e. Service delivery

D

15. Health care delivery system consists of various levels. The tehsil headquarter (THQ) hospital provides health services at secondary level and consists of 40-60 beds, what is the catchment area of THQ:

- a. 5000-25000
- b. 0.5-1.0 million
- c. 1.0-2.0 million
- d. 10000-50000
- e. 2.0-2.5 million

B

16. Health for all (HFA) by year 2000 had a motto of attaining a level of health that will enable every individual to live a healthy and productive life. HFA was presented in universal health conference at Alma Ata which was held on:

- a. 1978
- b. 1958
- c. 1988
- d. 1975
- e. 1960

A

17. Primary health care is the provision of essential health care, universally accessible to people by means acceptable to them through their full participation at an affordable cost. Which of the following is NOT a principal of Primary health care PHC:

- a. Affordability
- b. Acceptability
- c. Community participation
- d. Equality
- e. Equity

D

18. The Universal conference of world health assembly at Alma Ata, attended by 134 countries, concluded on primary health care as the key the Health for All. What was the minimum recommended GNP to be spent on health?

- a. 3%
- b. 5%
- c. 10%
- d. 2-4%
- e. 15%

B

19. Choose the best option for the treatment of carcinoma oesophagus ?

- a. Whipple Operation
- b. Anderson - Hynes Operation.
- c. Heller's Operation.
- d. Ivor - Lewis Operation.

D

20. A patient presented with Dysphagia. Which one of the following investigations is most informative?

- a. Barium Meal and follow through.
- b. Barium Enema.
- c. Barium Swallow.
- d. Ascending urethrogram.

C

21. A 50 year old male farmer who has cattles and dog in his home; developed a painful mass in the right upper quadrant. Pain is dull and continuous. CT scan shows smooth space occupying lesion with multiple septations in it. The most likely diagnosis is:

- a. Hepatoma liver.
- b. Pyogenic liver abscess.
- c. Amoebic liver abscess.
- d. Hydatid liver disease.

D

22. A female patient had ERCP two days ago for CBD Stone. She developed severe upper abdominal pain with raised serum amylase and lipase. The most likely diagnosis is:

- a. Gastritis.
- b. Acute cholecystitis.
- c. Acute pancreatitis.
- d. Acute appendicitis.

C

23. The most common cause of dynamic intestinal obstruction is

- a. Carcinoma
- b. Obstructed hernia
- c. Adhesions
- d. Inflammatory

C

24. Hydatid liver disease is caused by which of the following parasite?

- a. Entamoeba histolytica
- b. Echinococcus granulosus

B



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37. All of the following are treatment options for toxic alcohol poisoning, EXCEPT...?

- a. Fomepizole
- b. Hydroxocobalamin
- c. Thiamine
- d. Folic Acid
- e. Pyridoxin

E

38. Which acid doesn't cause coagulative necrosis?

- a. HF
- b. HCl
- c. HNO₃
- d. H₂SO₄
- e. H₃PO₄

A

39. Fatal dose of arsenic?

- a. 20-30 mg
- b. 50-60 mg
- c. 60-80 mg
- d. 120-200 mg
- e. 100-220mg

D

40. Mercury will affect which part of the renal tubule

- a. PCT
- b. DCT
- c. CT
- d. Loop of Henle
- e. Collecting duct

A

41. Which of the heavy metal poisoning may cause colitis that resembles diphtheritic colitis?

- a. Lead
- b. Arsenic
- c. Mercury
- d. Copper
- e. Phosphorus

C

42. Yellow fatty liver is characteristic of poisoning with?

- a. Arsenic
- b. Mercury
- c. Phosphorus
- d. Oxalic acid
- e. Copper

C

43. Burtonian line is seen with poisoning of?

- a. Mercury
- b. Lead
- c. Arsenic
- d. Zinc
- e. Iron

B

44. Smoky Stool is seen in which poisoning?

- a. Mercury
- b. Phosphorus
- c. Iodine
- d. Lead
- e. Iron

B

45. EDTA used in which metal poisoning?

- a. Lead
- b. Arsenic
- c. Iron
- d. Phosphorus
- e. Copper

A

46. Antidote for magnesium sulfate toxicity is?

- a. Calcium gluconate
- b. Penicillamine
- c. Hydrated ferric oxide
- d. Exchange resins
- e. Calcium chloride

A

47. A middle aged man comes to OPD with paresthesia of hands and feet, hyperkeratosis of palms, rain drop pigmentation and transverse lines on nails. Most likely the person is having?

- a. Arsenic poisoning
- b. Lead poisoning
- c. Mercury poisoning
- d. Cadmium poisoning
- e. None

A

48. Satanism a feature of?

- a. Mercury poisoning
- b. Lead poisoning
- c. Arsenic poisoning
- d. Thallium poisoning
- e. copper

B

49. Boiled lobster syndrome is seen in poisoning of?

- a. Hydrochloric acid
- b. Chromic acid
- c. Nitric acid
- d. Boric acid
- e. Hyalavrenic acid

D

50. The first 5-ASA (aminosalicylic acid) agent used in the treatment of ulcerative colitis is sulfasalazine. It is broken by the colonic bacteria to produce:

- a. Oslazine
- b. Mesalamine
- c. Balsalazide
- d. Sulfadiazine
- e. Sulfamethoxazole

B



Pak International Medical College
 Department of Medical Education
 4th Year MBBS Block-K Exam (MCQs Paper)-2023

Roll Number
 101901

PAK INTERNATIONAL MEDICAL COLLEGE
 HAYATABAD PESHAWAR
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INSTRUCTIONS
 Blue or Black ball pen.
 MCQ response sheet
 color to mark circle.
 sic devices are not

- c. Escherichia coli
- d. Streptococcus

25. The classical triad of retrosternal burning pain (heartburn, epigastric pain) (Sometime radiating to the back) and regurgitation is seen in which of the following

- a. Carcinoma of stomach
- b. Gastric esophageal reflux disease
- c. Hiatus hernia
- d. Carcinoma of esophagus

B

26. The biochemical derangement in unrelied gastric outlet obstruction is:

- a. Hyperkalemic, Hyponatremic, Hyperchloremic, metabolic acidosis.
- b. Hypokalemic, Hyponatremic, Hypochloremic, metabolic alkalosis.
- c. Hyperkalemic, Hyponatremic, Hyperchloremic, Respiratory alkalosis.
- d. Hypokalemic, Hyponatremic, Hypochloremic, Respiratory alkalosis.

B

27. First test in suspected gall bladder disease.

- a. Plain abdominal films.
- b. USG abdomen.
- c. ERCP.
- d. CT scan abdomen.
- e. MRI

B

28. A 10 years old school boy presents with attacks of central abdominal pain radiated to right iliac fossa with vomiting. On examination his temperature is 38C & right iliac fossa is tender. The diagnosis is:

- a. Acute cholecystitis.
- b. Acute Pancreatitis.
- c. Acute Gastroenteritis.
- d. Acute Appendicitis.
- e. Acute Mesenteric lymphadenitis.

D

29. The most common site of liver abscess is:

- a. Right lobe liver.
- b. Left Lobe of liver.
- c. Caudate lobe.
- d. None of these.

A

30. A 26 years old patient presents with prolonged constipation, blood on side of stool and very painful defecation. PR examination is very painful. What is the single most likely diagnosis.

- a. Carcinoma colon.
- b. Ulcerative colitis.
- c. Crohn's disease.
- d. Anal Fissure.
- e. Constipation.

D

31. A 2 years old girl presented with loose motions and vomiting for the last 3 days. On examination, patient is afebrile, HR: 140/ min, has cold peripheries, sunken eyes and the skin pinch goes back very slowly. According to the IMCI protocol how will you manage/rehydrate this patient?

- a. 20 ml/kg in 1 hour
- b. 75 ml/kg in 4 hours
- c. 30 ml/kg in 1 hour & 70 ml/kg in 5 hours
- d. 30 ml/kg in 30 mins & 70 ml/kg in 2.5 hours

B

32. 100 ml/kg rapidly in 2 hours

31. A 14 months old boy presented with loose stools for the last 3 days. The child had 5 episodes of watery stool which is yellowish in color. There is history of low grade fever. He is taking feed and tolerating it. On examination, patient is having Temp : 100°F, showing signs of some dehydration and rest of systemic examination is unremarkable. What is the MOST common aetiological cause for diarrhea in children?

- a. Bacterial
- b. Viral
- c. Fungal
- d. Protozoa
- e. Immunological

B

33. A 7 years old boy presented with fever and yellowish discoloration of sclera for the last 5 days, and vomiting for the last 2 days. On examination, patient is febrile, icteric and has soft hepatomegaly. The past history and family history is unremarkable. You make a provisional diagnosis of Acute Hepatitis. Which of the following investigation will help you in CONFIRMING the diagnosis?

- a. ALT
- b. Bilirubin
- c. CBC
- d. HAV IgM
- e. HAV IgG

D

34. Which of the following chelating agents is recommended for acute Lead poisoning with signs of encephalopathy?

- a. Succimer
- b. Penicillamine
- c. Dimercaprol
- d. Calcium EDTA
- e. Dimercaprol + Calcium EDTA

D

35. Which of the following dermatologic findings and potential causes is INCORRECT?

- a. Cyanosis – Methemoglobinemia
- b. Erythroderma – Boric Acid
- c. Pallor – Carbon Monoxide
- d. Jaundice – Hypercarotenemia (excess carotenes)
- e. Brightly flushed skin – Niacin

C

36. Which of the following is true with regard to Acetaminophen toxicity?

- a. The Rumack-Matthew Normogram may be used for both acute and chronic ingestions.
- b. The APAP level should ideally be checked within 1-4 hours of ingestion.
- c. The Rumack-Matthew Normogram applies for ingestions up to 48 hours post-ingestion.
- d. N-Acetylcysteine (NAC) should be started within 8 hours of ingestion if an APAP level cannot be obtained.
- e. Activated Charcoal should be used for a sustained-release ingestions.

D