

BLOCK N PREPROFFS

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1. FOUNDATION MEDICINE/ DERMATOLOGY

1. PAPER KIMS 2023

1. An 82-year-old man presented to OPD for a routine check-up. He had a history of hypertension, osteoarthritis, and mild cognitive impairment. He noticed increasing fatigue and difficulty with daily activities. On examination, he walked slowly, had reduced grip strength, and exhibits mild cognitive deficits. His weight had remained stable. Evaluation of this patient's health should be done using?

- a. Clinical disability Scale
- b. Clinical Fragility Scale
- c. Clinical Frailty Scale
- d. Geriatric Depression Scale
- e. Mini-Mental State Examination

2. Which of the following type of acne is accompanied with fever, joint pain and raised ESR?

- a. Conglobate acne
- b. Acne excoriate
- c. Acne fulminant
- d. Acne keloidalis nuchae

3. Which of the following statement is correct regarding psoriasis?

- a **✗** Mainly extensor surfaces
- b **✗** Systemic steroids are contraindicated **284** | Page
- c **✗** Basal layer degeneration → lichen planus, not psoriasis

- a. Psoriasis mostly involves the flexural surfaces of the body
- b. Systemic corticosteroids are the main stay of treatment
- c. Type 1 psoriasis is associated with HLA CW6
- d. Histopathology of psoriasis shows basal layer degeneration

4. Following statements are correct regarding impetigo except

- a. In mild cases topical mupirocin or Fusidic acid is effective
- b. Can lead to glomerulonephritis if caused by nephrogenic strain of Streptococcus
- c. In bullous variety the bulla formation is due to exfoliate toxin produced by staphylococcus
- d. It is highly contagious and most common in children

All are correct

5. Which of the following statement regarding **Molluscum contagiosum** is incorrect.

- a. Classic lesion is dome shaped, skin colored, umblicated papule
- b. Mostly occur in children above one year of age
- c. Treatment can be done by gentle squeezing with forceps after bathing
- d. It is caused by human cytomegalovirus

Molluscum contagiosum - DNA pox virus

6. Koenen phenomenon is seen in?

- a. Lichen planus b. Psoriasis
- c. Human papilloma virus infection
- d. All of the above

Psoriasis → true Koenen phenomenon
 Lichen planus → true Koenen phenomenon
 HPV infection (warts) → pseudo-Koenen phenomenon

7. 25 years old female presented with pruritic, plain topped, purplish papules in flexures. Most likely diagnosis is:

- a. Psoriasis

- b. Lichen striatus
- c. Lichen nitidus
- d. Lichen planus**

8. Scabies in adults differ from that in children by?

- a. Not involving the face**
- b. Involving groin
- c. Ivermectin is not effective in adults
- d. Not involved areola

9. 45 years old male is suffering from changing physical symptoms belonging to different systems of his body. For the last two years he has been investigated by different specialists but all findings were unremarkable. His symptoms persist and he asks for newer drugs treatment. He is much worried about his problems. He uses few drugs for few days and consults another doctor. When comes to you has dozens of prescriptions. What could be the most possible diagnosis?

- a. Illness Anxiety disorder
- b. Chronic Mood Disorder
- c. Somatization Disorder**
- d. Autonomic Dysfunctional Disorder
- e. Delusional Disorder

10. A 40 year old lady was brought with history of acute blindness since 4 days who reportedly developed this problem when 4 days ago her husband remarried. Her relevant investigations and ophthalmological and neurological examinations were unremarkable. What could be the most probable diagnosis?

- a. Bilateral Ophthalmritis
- b. Occipital Lobe Infarct
- c. Hypochondriasis
- d. Conversion Disorder**
- e. Dissociative Amnesia

2. BLOCK N WMC 2024

1. Palliative care addresses the following issues of a serious patients:

- a. Emotional aspect only

- b. Emotional, physical & spiritual aspect**
- c. Physiotherapy & spiritual therapy only
- d. Physical symptoms only
- e. To counsel the patient for curative treatment

2. In palliative care, Hospice Is a program:

- a. That provides only the medical treatment to the patients
- b. That provides counselling and spiritual therapy only
- c. That has no effect on the patient management
- d. That gives care to the people who are near the end of life & have stopped treatment**
- e. That provides only the dietary support to the serious patients

3. A 45-year-old female patient with a history of chronic obstructive pulmonary disease (COPD. Is scheduled for lung resection surgery. She Is a former smoker. Which of the following preoperative assessment essential for optimizing her perioperative management

- a. Pulmonary function tests (PFTs).**
- b. Electrocardiogram (ECG).
- c. Complete blood count (CBC).
- d. Liver function tests (LFT).
- e. Renal function tests (RFTs).

4. A 25-year old female presents with painless, enlarged lymph nodes in the cervical region. Biopsy reveals Reed-Sternberg cells. Which treatment Is commonly used for Hodgkin's lymphoma

- a. Chemotherapy**
- b. Radiation therapy
- c. Immunotherapy
- d. Bone marrow transplant
- e. Surger

5. A 60-year-old male with B-cell lymphoma experiences rapid enlargement of lymph nodes, fever, and night sweats. Which treatment is commonly need for aggressive Non-Hodgkin's lymphoma

- a. Chemotherapy**
- b. Immunotherapy
- c. Stem cell transplant
- d. Radiation therapy
- e. Surgery

6. A 45-year-old male presents with painless, rubbery lymph node in the cervical region that have been progressively enlarging over the past 6 months. He also reports recent onset of night sweats and unexplained weight loss. A biopsy of the lymph node is most likely to show which of the following

- a. Reactive hyperplasia
- b. Granulomatous inflammation
- c. Metastatic carcinoma
- d. Hodgkin's lymphoma**
- e. Non-hodgkin's lymphoma

7. A patient undergoing chemotherapy for acute lymphoblastic leukemia presents with nausea, vomiting, and muscle cramps. Laboratory tests show hyperuricemia, hyperkalemia, hyperphosphatemia, and hypocalcemia. Which of the following is the most likely diagnosis

- a. Acute kidney injury unrelated to chemotherapy
- b. Electrolyte imbalance due to poor diet
- c. Tumor lysis syndrome due to chemotherapy**
- d. Metabolic acidosis from renal tubular acidosis
- e. Hypercalcemia of malignancy due to bone metastasis

8. Auer rods are found in

- a. Acute myeloid leukemia**
- b. Blast crisis of chronic myeloid leukemia
- c. Acute lymphoblastic leukemia
- d. Hodgkin's lymphoma
- e. Sideroblastic anemia

9. Reed Sternberg cells are diagnostic of

- a. Scute lymphocytic leukemia
- b. Multiple myeloma
- c. Hodgkin's lymphoma**
- d. Coeliac disease
- e. Chronic lymphocytic leukemia

10. 60 years old male presented with heaviness in the left hypochondrium. On examination he had a huge firm spleen up to the umbilicus no lymph nodes. TLC count 140,000, Net 88%, Lymphoma 15%. MP slide - negative, liver normal on USG. What is the likely diagnosis

- a. Chronic lymphocytic leukemia (CLL)
- b. Chronic myeloid leukemia**
- c. Mantle cell lymphoma

- d. Follicular lymphoma
- e. Hodgkin's lymphoma

11. A 65-year-old female presents with fatigue, weight loss, and night sweats. On examination, she has lymphadenopathy and hepatosplenomegaly. Peripheral blood smear showed lymphocytosis with smudge cells.

- a. Chronic lymphocytic leukemia (CLL)**
- b. Hairy cell leukemia
- c. Mantle cell lymphoma
- d. Follicular lymphoma
- e. E Hodgkin's lymphoma

12. A 40 years old female presented 02 month history of lethargy and dysphagia for solid food. There is no history of weight loss and indigestion. ON EXAMINATION: She has glossitis, and anemia. No other abnormality found on examination. Her Barium Swallow showed stricture in esophagus. Her peripheral blood smear showed microcytosis, anisocytosis, poikilocytosis and hypochromia

What is the most likely diagnosis

- a. Thalassemia
- b. Sideroblastic anemia
- c. Plummer-Vinson syndrome**
- d. Megaloblastic anemia
- e. Pernicious Anemia

13. A 35-year-old male presented with jaundice and anemia. On work up Hb is 4.5 g/dl with increase bilirubin, reticulocytes count of 9%. smear shows polychromail. What test should be done to confirm diagnosis

- a. Hb electrophoresis
- b. Osmotic fragility test
- c. Coomb's test**
- d. Bone marrow biopsy
- e. Abdominal Ultrasound

14. A 22 yrs old female is known case of thalassemia trait, which portion of haemoglobin will be the expected to be raised on HB electrophoresis

- a. Hb A2**
- b. HbA
- c. HbF
- d. HbS
- e. Hb Bart

15. A 75 yr old male presented with 06-month history of skin pigmentation, tingling sensations in the body and unable to maintain postural balance CEC: Hb 7.5 g/dl, WBC 3.2×10^9 , MCV 115, MCH 26, Platelets 320. Peripheral smear showed Macrocytosis and Hypersegmented neutrophils. Serum Ferritin: 200 ng (Normal >27ng).

What is the most likely diagnosis

- a. Iron deficiency Anemia
- b. Sideroblastic Anemia
- c. Megaloblastic Anemia
- d. Anemia of Chronic Disease
- e. Aplastic anemia

16. A 60-year-old female presents with a history of easy bruising, particularly on her particularly on her arms and legs. She denies history of any significant bleeding episodes. Laboratory investigations reveals normal bleeding time, decreased Platelet count and increased megakaryocytes on bone marrow biopsy.

What is most likely diagnosis

- a. Von Willebrand disease
- b. Hemophilia A
- c. Immune thrombocytopenic purpura (TP.)
- d. Thrombotic thrombocytopenic purpura (TTP.)
- e. Bernard- soulier syndrome

17. A 14-year old boy presented with complaints of swelling left knee. He had a history of post circumcision bleed in the past. His coagulation profile showed PT 12 sec, APTT 80 sec, BT 3 minutes, platelet count normal. What is the most likely diagnosis

- a. Factor XIII deficiency
- b. Glanzman thrombasthenia
- c. Hemophilia A
- d. Sickle cell disease
- e. Von willebrand disease

18. Which of the following medicines is commonly used as first-line treatment for Rheumatoid Arthritis

- a. Methotrexate
- b. Prednisone
- c. NSAIDs
- d. Sulphasalazine
- e. Infliximab

19. Which of the Following is characteristic feature of Rheumatoid Arthritis

- a. Asymmetric joint involvement
- b. Symmetric joint involvement
- c. Oligoarticular involvement
- d. Monoarticular involvement
- e. Axial skeleton involvement

20. Which of the following medicines is a biologic agent used to treat Rheumatoid Arthritis

- a. Etanercept
- b. Methotrexate
- c. Prednisone
- d. Hydroxychloroquine
- e. Azathioprine

DERMATOLOGY

1. A 41-year-old man develops itchy, polygonal, violaceous papules on the flexor aspect of his forearms. Some of these papules have coalesced to form plaques. What is the most likely diagnosis?

- a. Lichen planus
- b. Scabies
- c. Lichen sclerosus
- d. Morphca
- e. Psoriasis

2. A 67-year-old man with a history of Parkinson's disease presents due to the development of an itchy, red rash on his neck, behind his ears and around the nasolabial folds. He had a similar flare up last winter but did not seek medical attention. What is the most likely diagnosis?

- a. Levodopa associated dermatitis
- b. Seborrhoeic dermatitis
- c. Flexural psoriasis
- d. Acne rosacea
- e. Fixed drug reaction to ropinirole

3. Which condition is commonly found in atopic dermatitis?

- a. Asthma
- b. Type 2 DM
- c. Sleep apnea
- d. Acne vulgaris
- e. Lehyrosis

4. A 29-year-old man presents due to the development of 'hard skin' on his scalp. On examination he has a 9cm circular, white, hyperkeratotic lesion on the crown of his head. He has no past history of any skin or scalp disorder. Skin scrapings are reported as follows: No fungal elements seen

What is the most likely diagnosis?

- a. Psoriasis
- b. Dissecting cellulitis
- c. Erythema
- d. Systemic lupus erythematosus
- e. Seborrhoeic dermatitis

5. In lichen planus the basal nuclei which are shrunken with an eosinophilic cytoplasm and with a pyknotic and fragmented nuclei are called?

- a. Tzanck cells
- b. Civatte bodies
- c. Donovan bodies
- d. Rushton bodies.
- e. Langerhan cells

6. What is the most common causative agent of erythema multiforme (EM.)?

- a. Penicillin and sulfonamides
- b. Systemic lupus erythematosus
- c. HSV infection
- d. Malignancy
- e. Psoriasis

7. Which skin condition often mimics atopic dermatitis and must be raised of in different diagnosis

- a. Erythema annular
- b. Psoriasis
- c. Fixed drug eruptions
- d. Rosacea
- e. Pityriasis rosea

8. A 24-year-old woman presents due to a rash on her neck and forehead. She returned from a holiday Cyprus 1 week ago and had her hair dyed 2 days ago. On examination there is a weepy, vesicular rash around her hairline although the scalp itself is not badly affected. What is the most likely diagnosis?

- a. Cutaneous leishmaniasis
- b. Irritant contact dermatitis

- c. Allergic contact dermatitis
- d. Syphilis
- e. Photocontact dermatitis

9. A man presents with an area of dermatitis on his left wrist. He thinks he may be allergic to nickel. Which one of the following is best test to investigate this possibility?

- a. Skin patch test
- b. Radioallergosorbent test (RAST).
- c. Nickel IgG levels
- d. Skin prick test
- e. Nickel IgM levels

10. A 34-year-old man presents to dermatology clinic with an itchy rash on his palms. He has also noticed the rash around the site of recent scar on his forearm. Examination reveals papules with a white-lace pattern on the surface. Some isolated white streaks are also noted on the mucous membranes of the mouth. What is the diagnosis?

- a. Lichen planus
- b. Scabies
- c. Lichen sclerosus
- d. Morphea
- e. Pityriasis rosea

11. What is the infective agent implicated in acne?

- a. Staphylococcus aureus
- b. Streptococcus pyogenes
- c. Staphylococcus epidermidis
- d. Propionibacterium acnes
- e. M. Canis.

12. How does lichen planus present clinically?

- a. Salmon coloured plaques with silvery scale
- b. Pruritic, red, oozing rash with edema
- c. Golden coloured crusts
- d. Pruritic, purple, polygonal, planar papules and plaques
- e. Plaques with marginal activity and central clearing

13. Christmas tree distribution plaques occurs in which type of psoriasis

- a. Guttate
- b. Flexural
- c. Erythrodermic
- d. Postural
- e. Chronic psoriasis

14. Warts can be treated by all of the following except

- a. Laser
- b. Cryotherapy
- c. Electrocautery
- d. Intra lesional steroids**
- e. Surgery

FOUNDATION'

1. In mental state examination Mood assessment by mental health professional is called

- a. Assertive mood assessment
- b. Cognitive mood assessment
- c. Subjective mood assessment
- d. Declarative mood assessment
- e. Objective mood assessment**

2. If a patient has crystal clear understanding of his/her psychiatric illness, in mental state examination you will label his/her insight as

- a. Partial
- b. Incomplete
- c. Present**
- d. Absent
- e. Impartial

3. A 70 years old male diagnosed with chronic medical illness admitted in your ward as a caring house physician, most important point considered while breaking bad news is

- a. Involve elder members of family
- b. Inform government
- c. Inform hospital staff
- d. Inform key member of family**
- e. Publish case first

4. A 34 years old female presented with pain which is experienced on most days of month for last 3 years, pain is generalized, all tests are clear, keeping in view psychological origin, what should be provisional diagnosis?

- a. Somatization disorder
- b. Hypochondriacal disorder
- c. Somatoform autonomic dysfunction
- d. Persistent somatoform pain disorder**
- e. Undifferentiated somatoform disorder

1. Clinical governance is the system by which healthcare agencies continually monitor and improve the quality of care. The main strands are:

- a. Complaints handling and audit**
- b. Resource management
- c. Professional regulation
- d. Handling claims for clinical negligence
- e. Audit alone

2. Randomized controlled trials (RCTs)

- a. Are not required to be based on the concept of equipoise
- b. Always have a control arm that uses placebo
- c. Are the 'gold standard' for determining efficacy and safety in clinical research**
- d. Are always 'double blinded'
- e. Double blinding is not necessary

3. Which of the following statement is incorrect about appraisal?

- a. Encourages open informal dialogue
- b. Encourages discussion of personal development plan
- c. Tests that competencies have been met against a predetermined standard**
- d. Addresses concerns supportively
- e. None of the above

4. Which stage of clinical audit process follows development of criteria and standard?

- a. Search for literature
- b. Data Analysis
- c. Data collection**
- d. Implement necessary changes
- e. All of the above

5. A patient's wound is not healing and appears to be worsening with the current treatment. The nurse first considers;

- a. Notifying the physician**
- b. Calling the wound care nurse
- c. Changing the wound care treatment

- d. Consulting with another nurse
- e. None of the above

6. Which of the following is not a characteristic of geriatric care?

- a. Multidisciplinary approach
- b. Focus on cure rather than care
- c. Emphasis on functional independence
- d. Attention to comorbidities
- e. All of the above

7. Which of the following is considered a geriatric syndrome?

- a. Hypertension
- b. Frailty
- c. Appendicitis
- d. Migraine
- e. All of the above

8. Which of the following is the most common cause of falls in elderly?

- a. Visual impairment
- b. polypharmacy
- c. Neurological disorders
- d. Environmental hazards
- e. All of the above

9. During psychiatric assessment the patient told that his neighbors are persistently talking about him. They are making planes against him. They are criticizing him. The psychiatrist also noted that the patient is talking with himself when he is alone and making gestures. This phenomenon is called as:

- a. Delusion
- b. Hallucination
- c. Illusion
- d. Obsession
- e. Overvalued idea

10. During mental status examination, the patient told that some blasphemous ideas against the God and Prophet intrude into his mind. He is trying to control and prevent these ideas but all in vain. This phenomenon exacerbates further whenever he is performing his religious activities. He is very fearful

and sad. He is thinking that God will punish him for this satanic ideas. Which appropriate term is used for above mentioned phenomenon?

- a. Delusions
- b. Hallucination
- c. Illusions
- d. Obsession
- e. Compulsion

11. During psychiatric interview a physically healthy individual is totally mute and not responding to any question? Select the best option?

- a. Offer that he can be interviewed next time if not comfortable now.
- b. Offer that he can be interviewed in another place if not comfortable here
- c. Offer that he can be interviewed in written form or can communicate through gestures
- d. Offer that he can be interviewed by another doctor if not comfortable with him
- e. Offer all above options one after another

12. A young man rushes into emergency department with complaint that he has been suffering from heart attack and he is about to die. He has palpitation, shortness of breath, tremors and profuse sweating. After proper assessment doctor assured him that your heart is ok and discharged him with some anxiolytics. He has very long history of similar problems with frequent consultations with frequent investigations with negative findings. What is the most probable diagnosis?

- a. Somatization disorder
- b. Somatoform pain disorder
- c. Somatoform autonomic dysfunction
- d. Hypochondriacal disorder
- e. Fibromyalgia

13. The macrophages found in the epidermis are called?

- a. Merkel cells
- b. Keratinocytes
- c. Langerhans cells
- d. Melanocytes

e. Basal cells

14. Which one of the following layers of the skin contain blood vessels?

- a. Basal layer
- b. Dermis**
- c. Epidermis
- d. Subcutaneous tissue
- e. Stratum corneum

15. Which one of the following types of psoriasis occurs after sore throat?

- a. Plaque Psoriasis
- b. Scalp Psoriasis
- c. Nail Psoriasis
- d. Inverse Psoriasis
- e. Gut T ate Psoriasis**

16. A 40 years old female patient with palmoplantar plaque psoriasis presents in the skin OPD with a flare up of her condition. On probing her, you find out that she is under severe emotional stress. Which one of the following is correct regarding her management?

- a. Topical Steroids and emollients
- b. Topical steroids and oral antihistamine
- c. Topical steroids, oral antihistamine, emollients, anti-anxiety medication/stress management**
- d. Anti-anxiety medication/Stress management
- e. Emollients and oral antihistamine

17. Which one of the following does not exacerbate psoriasis?

- a. Climate**
- b. Stress
- c. Infections
- d. Certain medications
- e. Certain foods

18. A 30 years old male patient, come to you with the complaints of thick yellowish greasy scales involving his scalp and beard area for 1 month. On examining the patient, you also find some crusting and scaling on his anterior eyelid margin. What will be your most likely diagnosis?

- a. Seborrheic dermatitis**
- b. Atopic dermatitis
- c. Contact dermatitis
- d. Psoriasis
- e. Allergic dermatitis

19. A 9 months baby presented to dermatology clinic with a generalized dry skin since birth which was very itchy in nature. The mother stated that the itching disturbed the baby's sleep and was aggravated with bathing and woolen clothes. What will be your most likely diagnosis?

- a. Irritant dermatitis
- b. Seborrheic dermatitis
- c. Atopic dermatitis**
- d. Contact dermatitis
- e. None of the above

20. A 37 years old female patient, housewife presents to you with itchy, scaly and fissured skin of the fingers of her both hands with burning sensation and pain sensation since 2 weeks. What is your most likely diagnosis?

- a. Atopic eczema
- b. Irritant contact eczema**
- c. Allergic contact eczema
- d. Psoriasis
- e. Tinea

21. Which one of the following bacterium is predominantly involved in the pathogenesis of acne?

- a. Staphylococcus aureus**
- b. Propionibacterium acnes
- c. Streptococcus pyogenic
- d. E.coli
- e. Pseudomonas

22. A 24-year old unmarried woman has multiple nodule-cystic, pustular and comedonal lesions on face, upper back and shoulders for 2 years. The drug of choice for her treatment would be:

- a. Azithromycin
- b. Doxycycline**
- c. Erythromycin
- d. Isotretinoin**
- e. Minocycline

23. Which of the following is not a treatment option for acne?

- a. Topical retinoid
- b. Topical antibiotics
- c. Oral immunosuppressant
- d. Oral retinoid
- e. Oral antibiotics

24. Acne can present as:

- a. Open and closed comedones
- b. Papules
- c. Pustules
- d. Nodules and cysts
- e. All of the above

25. Which one of these hormones trigger acne in adolescents?

- a. Androgens
- b. Estrogen
- c. Epinephrine
- d. Nor epinephrine
- e. Growth hormone

26. A 22 years old male patient presents to you with post-acne scarring. Which one of the following is the correct/preferred treatment option for this condition?

- a. Topical retinoid
- b. Surgical correction
- c. Topical silicone gel
- d. CO₂ Laser/Micro needling
- e. Oral retinoid

KGMC BLOCK N 2023

1. A 35 years old woman admitted in your ward with a history of multiple laparotomies for penetrating abdominal trauma, has a subclavian central line placed, and subsequently develops "air hunger". What is the most likely etiology?

- a. Acute psychosis
- b. Panic disorder
- c. Hemothorax
- d. Pneumothorax
- e. Pulmonary embolism

2. A 7 years old school going boy comes to you with erythematous scaly papules and plaques all over

body for last 2 months. His skin rash started after an episode of sore throat and fever from trunk and gradually spread to whole body. His condition got deteriorated with use of NSAIDS syrup for fever but got improved with use of systemic antibiotics and topical corticosteroids. His Investigations showed increased TLC counts and raised ASO titer. What is your diagnosis?

- a. Chronic plaque psoriasis
- b. Erythrokeratotic psoriasis
- c. Guttate psoriasis
- d. Pustular psoriasis
- e. Unstable psoriasis

3. A 45 years old hypertensive and obese woman comes to you with erythematous plaques studded with pustules on whole body for last 2 months. She gives history of fever and burning sensation in skin with joint pains. She constantly takes NSAIDs and is prescribed with Bisoprolol for high blood pressure. Investigations Showed raised TLC, low Calcium and deranged lipid profile. Her vitals and rest of investigations are normal. What will be the appropriate management for this patient?

- a. Topical steroids withdrawal of aggravating drugs, systemic steroids and anti histamines
- b. Topical steroids, withdrawal of aggravating drugs, Acetretin and anti histamines
- c. Topical steroids, systemic steroid
- d. Acetretin and anti histamines
- e. Topical steroids, antibiotics, Methotrexate and anti histamines
- f. Topical steroids, withdrawal of aggravating drugs, phototherapy and anti histamines

4. A 20 years old epileptic man presented with severe oral erosions, multiple targetoid lesions with bullae and erosions covering up to 10% body surface area for last 5 days. His anti epileptic treatment was recently switched to Carbamazepine 15 days back. Investigations showed raised TLC, low platelets with deranged LFTs. He had similar episode 2 years back

when received some antibiotics along with NSAIDS.

What is the diagnosis in this case?

- a. DRESS syndrome
- b. Erythema multiforme
- c. Exfoliative dermatitis
- d. Stevens Johnson syndrom**
- e. Toxic epidermal necrolysis

5. A 42 years old diabetic female comes with pruritic, purple colored polygonal papules on whole body since 2 years. She complaints of oral ulcers which on examination showed erosions with white streaks in buccal mucosa. Her dermatologist wants to start her on immunosuppressant treatment as her disease is generalized associated with severe itching. Which common Virological test is most important to be done in this patient before initiating treatment?

- a. Hepatitis A virus
- b. hepatitis C virus**
- c. Human papilloma virus
- d. Herpes Simplex virus
- e. Human immunodeficiency virus

6. A 28 years old woman presented with Fever and sore throat for one week. On examination she was having tender erythematous nodules bilaterally on lower legs. She gives history of similar lesions following intake of oral Contraceptives pills and in pregnancy. Investigations showed raised TLC and high ASO titer. She is prescribed with antibiotics, NSAIDS and short course of systemic steroids. She is very much worried about these nodules. What is prognosis of these nodules?

- a. Heal with scarring after treatment
- b. Heal with out scarring after treatment**
- c. Persistent after treatment
- d. Turn into non healing ulcers.
- e. Variable course

7. A 32 years old male comes to you with pruritic erythematous annular plaques on body and groins with well defined margins since 5 months. On

detailed examination few plaques have pustules. On inquiry he gives history of **some topical therapy** advised by his medical store friend. Investigations showed hyphae and spores on KOH mount smear from lesions. His wife has similar lesions for last 2 months. What is your diagnosis in this patient?

- a. Tinea capitis
- b. Tinea corporis
- c. Tinea incognito**
- d. Tinea cruris
- e. Tinea unguis

8. A 45-year-old man with Parkinson's disease has erythematous and scaly plaques behind the ears, on the scalp, eyebrows, glabella, nasolabial folds, and central chest. What is the man suffering from?

- a. Seborrheic Dermatitis**
- b. Psoriasisc.
- c. Pityriasis Rosea
- d. Tinea Versicolor
- e. Atopic eczema

9. Which of these may be a warning sign of melanoma?

- a. A mole that's new or growing.
- b. A mole that's itching or bleeding.
- c. Varied colors in a mole.
- d. An asymmetrical mole.
- e. All of the above**

10.. A patient presents with a non-healing, pearly and waxy nodule on their nose. The lesion has a raised, rolled border and often appears to have small blood vessels running through it. The patient reports that the lesion has been growing slowly over the past few months. Based on this presentation, what is the most likely diagnosis?

- a. Melanoma.
- b. Basal cell carcinoma**
- c. Actinic keratosis
- d. Acne conglobata
- e. Squamous cell carcinoma

11. A 50 year old patient has been prescribed oral steroids for her dermatological disease of pemphigus vulgaris for the past 4 months which she has abruptly stopped. Now the patient has presented to the emergency with hypotension, hypoglycemia, lethargy and baseline investigations show hyperkalemia and hyponatremia. You have ordered serum ACTH and Cortisol levels. Upon examining the patient what skin manifestation can guide you to the diagnosis?

- a. Oral ulcers
- b. Nail pitting
- c. Eographic tongue
- d. Generalized hair loss Hyper pigmented palmar skin creases**

12. A 75 year old man came to the skin clinic with complaints of grouped vesicles on the left side of forehead, scalp and periocular skin in a dermatomal pattern. He had chemosis of his left eye. He complained of stabbing pain and this eruption from the last 2 days. He is also a type 2 diabetic. What is your diagnosis?

- a. Herpes Simplex
- b. Bullous insect bite
- c. Varicella
- d. Herpes Zoster Ophthalmicus**
- e. Dermatitis Herpetiformis

13. A 6 year child came to you with worried parents as he has a pearly white umblicated papules on his face which are mildly pruritic. They say that he has been having them with no systemic symptoms and they are present from last 3 months. What is your diagnosis?

- a. Chicken pox
- b. Viral warts
- c. Molluscum Contagiosum**
- d. Small pox
- e. Plane warts

14. A 57 year old man with right knee joint pain for last 1 year presented with multiple skin colored asymptomatic skin colored nodules over bilateral elbows. There was no preceding history of trauma but he has been treated with Methotrexate. What is the likely diagnosis of the nodules?

- a. Erythema nodosum.*
- b. Nodular sarcoid. *
- c. Rheumatoid nodules.**
- d. Tophaceous Gout.
- e. Heberden nodes.

15. A 35-year-old woman presents with a history of multiple, unexplained physical symptoms over the past several years, including headaches, stomach pain, and fatigue. Extensive medical Evaluations have not revealed any underlying physical cause. Which of the following is the most Likely diagnosis?

- a. Generalized Anxiety Disorder
- b. Somatization Disorder**
- c. Major Depressive Disorder
- d. Panic Disorder
- e. Hypochondriasis

BLOCK N NWSM 2024

1. A 20-year-old male presented with intense itching of the skin for the last one week, especially in the inter digital areas and in the groin. His other siblings also suffer from the same problem? What can be the diagnosis?

- a. Contact dermatitis
- b. Drug rash
- c. Scabies**
- d. Psoriasis
- e. Herpes simplex

2. What is the most common cause of Steven Johnson's syndrome?

- a. Omeprazole
- b. Paracetamol
- c. Carbamazepine**
- d. Metronidazole
- e. Penicillin

- **Most common:**

- **Allopurinol**
- **Antibiotics: (Trim-sulfa, Sulfonamides)**
- **NSAIDs**
- **Anticonvulsants.**

3. A 50 year old man presents with chronic, scaly rash on his elbows and knees. What is the most likely diagnosis?

- a. Eczema
- b. Psoriasis**
- c. Contact dermatitis
- d. Seborrheic dermatitis
- e. Dermatitis herpetiformis

4. What is the most common cause of skin cancer?

- a. Melanoma
- b. Basal cell carcinoma**
- c. Squamous cell carcinoma
- d. Kaposi sarcoma
- e. Erythroderma

5. What is the primary treatment of moderate to severe psoriasis?

- a. Topical corticosteroids
- b. Topical vitamin D
- c. Methotrexate**
- d. Antibiotics
- e. Antihistamines

6. What is the most common cause of contact dermatitis?

- a. Nickel**
- b. Latex
- c. Poison Ivy
- d. Linen
- e. Fragrances

7. A butterfly facial rash is characteristic of which disease?

- a. Rosacea
- b. Systemic lupus erythematosus**
- c. Seborrheic dermatitis
- d. Contact dermatitis
- e. Scabies

8. A 20-year-old male presented with intense itching of the skin for the last one week, especially in interdigital areas and in the groin. His other siblings also suffer from the same problem? What can be the diagnosis?

- a. Contact dermatitis
- b. Drug rash**

- c. Scabies
- d. Psoriasis
- e. Herpes simplex

2. MSK MEDICINE

BLOCK N KIMS

1. A 32-year-old female presented with d early morning stiffness, fatigue with low back pain radiating to the buttock thighs. She reported that the pain worse in the second half of the night and improved with exercise. Physical examination revealed limited lumbar spine motion in all planes, and the Schobert test is positive. Which of the following is the most likely diagnosis?

- a. Enteropathy arthritis
- b. Nonradiographic axial spondyloarthritis
- c. Psoriatic arthritis
- d. Radiographic axial spondyloarthritis**
- e. Reactive arthritis

2. A 50 year's old obese, hypertensive man presented with swelling and pain in Right first metatarsophalangeal joint. He is using ARB/Hydrochlorothiazide for Hypertension. His serum uric acid is 8.2 mg/dl. CRP: 45. What is the most appropriate treatment?

- a. Allopurinol
- b. Colchicine**
- c. Feboxostat
- d. HCQ
- e. Methotrexate**

3. A 35-year-old lady presented with diffuse body pains and fatigability of 3 months duration. She has disturbed sleep. Examination revealed multiple tender points, rest of the examination is unremarkable. Serum calcium, TSH, ANA, ESR, CRP, RA factor are within normal range. What is the most appropriate treatment?

- a. Amitriptyline**
- b. Methotrexate
- c. Mycophenolate mofetil
- d. NSAIDs
- e. Steroids

4. An eighty-year-old lady presented with swelling of both knee joints. She has difficulty in walking and is unable to bend during prayers. On examination she has crepitus in knee joints. What would be possible radiological abnormality on X-ray of knee joint?

- a. Erosion of articular surfaces
- b. Fractures of articular margins
- c. Marginal sclerosis**
- d. Periosteal elevation
- e. Widening of joints

5. A 27-year-old female patient presented to the clinic with a 6-month history of symmetrical joint pain and stiffness in her hands particularly in the morning. She reported that the stiffness lasts for more than an hour each day. On examination, there was swelling and tenderness in her proximal interphalangeal and metacarpophalangeal joints. Her rheumatoid factor and anti-CCP antibodies were positive and ESR and CRP levels were elevated. She had no significant past medical history and was not currently taking any medication. Which of the following is the most appropriate initial management plan for this patient?

- a. Begin with NSAIDS and monitor the patient's response before considering disease-modifying antirheumatic drugs (DMARDs)
- b. Initiate methotrexate and folic acid supplementation and consider adding a biologic agent if there is no improvement**
- c. Prescribe rest and physical therapy only, avoiding medication due to potential side effects
- d. Start high-dose glucocorticoids and taper down as symptoms improve

6. A 45-year-old lady presented with bone pains. She finds it difficult to abduct her shoulders and get up from chair. She had 3/5 power Shoulder muscles and hip flexors. She had 5/5 power in other muscle groups. Lab investigations showed Hb :12 g/dl; WBC: 11200/cmm, Platelets: 158000; Corrected serum calcium 2.02mmol (normal 2.2 to 26 mmol); Phosphate: 0.6mmol/ (0.7-1.4 mmol/M, Alkaline

phosphatase 671 U/L, Creatinine 1.1 mg/dl. HCO₃: 19mmol/L (normal 24-30 mmol/). What is the most likely cause?

- a. Hypoparathyroidism
- b. Hypothyroidism
- c. Osteomalacia
- d. Polymyalgia rheumatica**
- e. Renal tubular acidosis type 1

7. A 30-year-old lady presented with arthralgia, bluish discolouration of fingers and constipation. She is having anti scl 70 antibodies positive. Which of the following does not contribute to pathogenesis of given disease?

- a. Hypoxia
- b. T cells
- c. Tissue fibrosis**
- d. Vascular wall remodeling
- e. Vasculitis**

BLOCK N WMC

1. The specificity of Anti CCP in Rheumatoid Arthritis is:

- a. 65%
- b. 75%
- c. 85%
- d. 95%**
- e. 100%

2. What is the typical trigger for Reactive Arthritis

- a. Genetic predisposition
- b. Environmental factors
- c. Previous infection**
- d. Joint trauma
- e. Autoimmune disorder

3. Which of the following is the eye inflammation that can occur in Reactive Arthritis

- a. Episcleritis
- b. Uveitis**
- c. Keratitis
- d. Iritis
- e. Scleritis**

4. Which of the following is a common finding on physical examination of Reactive Arthritis patients.

- a. Joint deformity
- b. Muscle weakness
- c. Skin rashes
- d. Enthesitis**
- e. Lymphadenopathy

5. Which of the following is a characteristic feature of Ankylosing Spondylitis

- a. Symmetric joint involvement
- b. Asymmetric joint involvement
- c. Oligoarticular involvement
- d. Monoarticular involvement
- e. Axial skeleton involvement**

6. Which of the following genetic marker is associated with Ankylosing Spondylitis

- a. HLA-A
- b. HLA-B
- c. HLA-DR
- d. HLA-DQ
- e. HLA-B27

7. Which of the following medicines is most commonly used to treat Ankylosing Spondylitis

- a. NSAIDs
- b. Corticosteroids
- c. DMARDs
- d. Biologic agents
- e. JAK Inhibitors

8. What is the primary cause of Osteoporosis

- a. Hormonal imbalance
- b. Vitamin D deficiency
- c. Calcium deficiency
- d. Ageing and bone loss
- e. Genetic predisposition

9. What is the name of street used to measure the bone mineral density

- a. MRI (Magnetic Resonance Imaging)
- b. CT (Computed Tomography)
- c. DXA (Dual-Energy X ray Absorptiometry)
- d. X-ray
- e. Bone scan

10. Which of the following medicines is commonly used to treat Osteoporosis

- a. Calcium supplements
- b. Vitamin D supplements
- c. Hormone replacement therapy
- d. Bisphosphonates
- e. Cox-2 Inhibitors

11. What is the name of the crystal deposits that form in joints and cause Gout

- a. Calcium pyrophosphate
- b. Hydroxyapatite
- c. Monosodium urate
- d. Positively birefringent crystals
- e. Cholesterol

12. What is the most common type of arthritis

- a. Psoriatic Arthritis
- b. Rheumatoid Arthritis
- c. Gout
- d. Fibromyalgia
- e. Osteoarthritis

13. Which of the following is a characteristic of Osteoarthritis

- a. Inflammation
- b. Autoimmune disorder
- c. Degenerative joint disease
- d. Infectious disease
- e. Congenital disorder

14. Which of the following medical treatment can be done in osteoarthritis

- a. Hydroxychloroquine
- b. Biologic agent
- c. Sulphasalazine
- d. Chondroitin sulphate & glucosamine
- e. Tumour necrosis factor

15. A 39-year-old woman with a diagnosis of SLE impresents with of fatigue, fever and a new onset rash. Her laboratory tests show anemia, leukopenia and thrombocytopenia. Which of the following is most likely explanation for these findings?

- a. Acute SLE flare
- b. Chronic SLE with stable disease
- c. Infection secondary to immunosuppression
- d. Drug-induced lupus
- e. Hematological malignancy

16. 25-year-old male patient with SLE is being evaluated for renal involvement. He has hypertension and his urine analysis shows proteinuria and hematuria. Which of the following, tests are most important for assessing his disease activity?

- a. Serum creatinine
- b. Anti-double stranded DNA antibody titers
- c. Complement levels (C3, C4)
- d. Anti-Smith antibody
- e. Urine protein creatinine ratio

17. A 55-year-old women is present with progressive weakness in upper and lower limb. On examination she has difficulty rising from a chair and climbing stairs. Her muscle strength is reduced especially in the proximal muscle groups. Which of the following conditions is most likely responsible for her symptoms?

- a. Polymyositis

- b. Dermatomyositis
- c. Inclusion body myositis
- d. Myasthenia gravis
- e. Muscular dystrophy

18. A 48-year-old man presents with 6 months history of progressive weakness in his proximal muscles. He reports difficulty climbing stairs and getting up from seated position. His family history is significant for similar symptoms. On physical examination, there is notable muscle atrophy in the proximal muscle groups. Which of the following is the most appropriate initial diagnostic test?

- a. Serum muscle enzyme levels (e.g, Creatine Kinase).
- b. Electromyography (EMG).
- c. Magnetic Resonance Imaging (MRI. of the affected muscles
- d. Muscle biopsy
- e. Genetic testing

BLOCK N RMC

1. What is the first line treatment for mild SLE with joint and skin involvement?

- a. Hydroxychloroquine
- b. Methotrexate
- c. Prednisolone
- d. NSAIDS
- e. Azathioprine

2. A 45 year old female patient presents with proximal muscle weakness, heliotrope rash and elevated CPK levels. She also develops shortness of breath. Which complication should be suspected?

- a. Pulmonary embolism
- b. Interstitial lung disease
- c. Pleural effusion
- d. Cardiac tamponade
- e. ARDS

3. Which malignancy is most commonly associated with dermatomyositis?

- a. Colorectal Ca
- b. Ovarian Ca
- c. Lung Ca
- d. Breast Ca
- e. Thyroid Ca

4. A 16 years old patient, a known case of SLE presented with a history of right lower limb swelling, the limb is painful, erythematous and swollen compared to the left leg. Doppler U/S of the affected limb shows DVT. Her APLA workup was done which turned out to be positive. What should be the appropriate management of SLE with thrombosis?

- a. Aspirin
- b. LMWII followed by warfarin
- c. Steroids
- d. Methotrexate
- e. Hydroxychloroquine

5. A 32 year old female with SLE presents with confusion, seizures, and elevated anti ds DNA levels. What is the next best step in her management?

- a. Low dose aspirin
- b. Methotrexate
- c. High dose steroids
- d. Hydroxychloroquine
- e. Azathioprine

6. Which of the following is the most common histological class of lupus nephritis?

- a. Minimal mesangial lupus nephritis
- b. Mesangial proliferative lupus nephritis
- c. Diffuse proliferative lupus nephritis
- d. Advanced sclerotic lupus nephritis
- e. Rapidly progressive lupus nephritis

7. A 25 years old female with 2 months history of progressive muscle weakness. She is unable to climb the stairs or comb her hair. She also has mild fatigue but denies any joint pain or skin rashes or weight loss. What is the appropriate next investigation that will support the diagnosis?

- a. CPK
- b. ESR
- c. CBC
- d. Nerve conduction Studies
- e. ALT

8. A 45 year old female patient presents with proximal muscle weakness, heliotrope rash and elevated CPK levels. What is the most appropriate next diagnostic step?

- a. Antibody panel (Anti Mi-2 and Anti Jo-1)

- b. Skin biopsy
- c. MRI of the muscle
- d. Repeat CPK
- e. Liver function tests

9. A 45-year-old male presented with complaints of neck pain associated with stiffness for 5 years. The pain is progressively worsening in intensity and duration and for the last 6 months he is unable to move his neck freely. An x-ray of cervical spine showed complete fusion of the anterior and posterior elements and bilateral upper zone haziness in the apices of lungs. What is the most probable diagnosis?

- a. Rheumatoid arthritis SLE
- b. SLE
- c. Ankylosing spondylitis
- d. Spinal TB
- e. Cervical spondylosis

10. A patient with history of uric acid stones has serum uric acid of 9.5mg/dl. He is started on allopurinol 100mg once daily. What should be the minimum target of uric acid in this patient?

- a. <4mg/dl
- b. <5mg/dl
- c. <6mg/dl
- d. <7mg/dl
- e. <3mg/dl

11. A 36-year-old female diagnosed case of RA on methotrexate and HCQ with folic acid presented with painful mouth ulcers. Labs were done which are normal. What should be done?

- a. Stop methotrexate and start folic acid
- b. Give IV steroids
- c. Stop hydroxychloroquine
- d. Stop methotrexate
- e. Increase the dose of folic acid

12. A 30-year-old female presented with a six months history of pain and swelling in her hands. Blood test were done which showed high positive RA factor and anti CCP with high titer ANA level. Which drug regime should be started initially?

- a. Methotrexate+ prednisolone
- b. Methotrexate
- c. Prednisolone

- d. Methotrexate plus sulphasalazine
- e. Sulphasalazine plus steroids

13. Which of the following is the most common site involved in osteoarthritis?

- a. Hip
- b. Knee
- c. Hand
- d. Cervical spine
- e. Ankle

14. A 32-year-old male presented with complaints of pain in the right knee and left ankle joint for 3 days. Pain is worsened with active and passive movements. Patient is also taking eye drops for painful red eyes and is on ciprofloxacin for a suspected UTI. Examination showed plaques like lesions on both soles. What is the most likely the diagnosis?

- a. Reiter's syndrome
- b. Gonococcal arthritis
- c. Stills disease
- d. Psoriatic arthritis
- e. Rheumatoid arthritis

15. A 35-year-old male presented with pain and swelling in the joints of right hands. Examination showed tenderness in MCP, PIP and DIP joints. There is also dystrophic hyperkeratosis of the finger nails. Which is the most likely diagnosis?

- a. Rheumatoid arthritis
- b. Psoriatic arthritis
- c. Hemochromatosis
- d. Sarcoidosis
- e. Palindromic rheumatism

16. Which of the following is the most common extra articular manifestation of rheumatoid arthritis?

- a. Sicca syndrome
- b. Pleurisy
- c. Pericarditis
- d. Scleritis
- e. Neuropathy

17. A 40 year old male represented with complaints of sudden onset of excruciating pain in left 1st tarsometatarsal joint after a lavish dinner. Joint fluid showed negatively birefringent crystals. What is the best initial treatment for him?

- a. Colchicine
- b. Naproxen
- c. Prednisone
- d. Febuxostat
- e. Allopurinol

18. Which of the following is the most common cause of death in long standing rheumatoid arthritis?

- a. Sepsis
- b. Interstitial lung disease
- c. **Cardiovascular disease**
- d. Renal failure
- e. Lymphoma

19. A 39-year-old male presented with pain and swelling of small joints of hands is diagnosed as a case of rheumatoid arthritis. Which of the following is the initial long-term drug of choice for him:

- a. **Methotrexate**
- b. NSAIDS
- c. Aspirin
- d. Celecoxib
- e. Naproxen

20. A 20 years old patient has high grade fever with chills with painful swelling in right knee joint. Right knee is hot on palpation. TLC and neutrophil count is raised and ESR of 60. What is your diagnosis?

- a. Rheumatoid Arthritis
- b. Osteoarthritis
- c. Gouty Arthritis
- d. **Septic Arthritis**
- e. None of the above

BLOCK N KGM

1. A 87 year old man presented with irrelevant talks for the last 3 weeks. He has similar episodes in the previous year as well. He is bed ridden because of the osteoarthritis of both knee joints. On further inquiry from the daughter, he has not passed stool for the last days. He is running fever of about 99 F along with productive cough. What is the most likely cause of irrelevant talks?

- a. **Analgesic toxicity**
- b. Senile dementia
- c. Malnutrition

- d. Frail elderly
- e. Depression

BLOCK N NWSM

1. A 45-year-old woman comes to the office with several months of progressively worsening muscle weakness. She delayed coming to see you because she just thought it was fatigue and tiredness from working a lot. Over the past week, the weakness worsened to the point where she needs to use her arms to get up out of a chair. The muscles are not painful. Joint pain is present. A photosensitive pink rash of the neck and trunk is noted along raised violaceous, slightly scaly plaques, on bony prominences of the hands and elbows. Which is the most accurate test of dermatomycosis?

- a. CPK level
- b. Aldolase levels
- c. **Muscle biopsy**
- d. MRI of muscles
- e. Anti Jo1 antibody

2. A 32 year old female, epileptic on long standing Valporic acid comes to clinic for routine examination. She has been seizure free for last 2 years and compliant with her medications. She is a house wife and avoid going outdoor because of fear of getting a seizure. She is concerned about bone fracture 2ndry to osteoporosis as her mother was recently admitted secondary to a bone fracture. Her DEXA scan done to relieve her concern showed a T score of -2.1 at hip joint and -1.8 at spine. She has mild aches and pain at back. Laboratory workup showed normal Calcium, and alkaline phosphatase levels. What is the next best action?

- a. **Start on calcium vitamin D**
- b. Reassurance
- c. Start on Bisphosphonates
- d. Do Bone biopsy
- e. Start Estrogen therapy

3. A 50-year-old man presents 4 months after an acute gout flare to his primary care physician. Since then, he has had 2 more episodes of minor flares that resolved on its own. He reports wanting better control of this disease. His physician describes

several options for chronic gout. Which one of the following is used in chronic gout?

- a. Steroids
- b. Allopurinol
- c. Colchicine
- d. NSAIDS
- e. Diet only

4. An 8 year old boy c/o sever pain in B/L wrist and ankle joint. H/o fever, diarrhea and abdominal pain for 5 days. A week later he developed arthralgia of the bilateral sacroiliac, wrist, and ankle joints. O/E swelling and tenderness on motion and pain over the bilateral wrist and left sacroiliac joints. Labs shows hb12.8 g/dl, WBC 21, 86/mm3, ESR 74mm/hr, HLA B27positive and stool culture was positive for salmonella.

- a. Osteomyelitis
- b. Septic arthritis
- c. Reactive arthritis
- d. Post infective arthritis
- e. Growing pains

5. A 21-year-old man presents to his physician's clinic with lower back pain. He reports the pain is accompanied by stiffness, is worse in the morning, and improves with exercise. He denies any radiation of pain or bowel and bladder incontinence. On physical exam, there is decreased anterior flexion of the lumbar spine. Laboratory testing is positive for HLA-B27. A plain radiograph of the spine is reported normal. Keeping in view the history which disease signs is he at risk of?

- a. Scaly rash on extensor surface
- b. Abdominal pain with Diarrhea and constipation
- c. Joint pains sparing DIP joints
- d. Difficulty combing hair
- e. Unilateral limb swelling

6. Female patient 46 years of age with 10 year history of inflammatory myositis came with itching, amenorrhea and pelvic pain associated with nausea and vomiting for the last 2-3 weeks. On examination weak emaciated lady with tender, distended abdomen, BP is 135/82 and RR is 16/min. She has a positive shawl sign and periorbital puffiness with

heliotrope rash. She has lost to follow up and was using Hakimi medications for the last 5 years. Which complication should be suspected in this patient?

- a. Liver cirrhosis
- b. Intestinal obstruction
- c. Renal failure
- d. Breast fibro adenoma
- e. Adnexal neoplasia

7. A 45 year old women presents to the rheumatology clinic with a history of persistent dry cough, fatigue, shortness of breath and eye discomfort over the past several months. She complains of mild eye redness with slight eye pain and photo-phobia. Her CXR shows bilateral symmetric hilar lymphadenopathy and diffuse reticulonodular infiltrates. Pulmonary function test shows restrictive defect. What is the most likely dermatological condition she is suffering from?

- a. Eczema
- b. Psoriasis
- c. Vitiligo
- d. Erythema nudism
- e. Xerostomia

8. A 38-year-old male comes to the office with several months of progressively worsening muscle weakness. A photosensitive pink rash of the neck and trunk is notes along raised violaceous, slightly scaly plaques, on bony prominences of the hands and elbows with purple/lilac or red rash around eyes and on eyelids. Over the past week, the weakness worsened to the point where he needs to use his arms to get up out of a chair. His labs are shown below: Inc. creatinine phosphokinase (CPK or CK), increase creatine kinase-MB (CK-MB), increase aldolase, increase lactate dehydrogenase (LDH). He is started on steroids and azathioprine but few weeks later he didn't tolerated it well and patient got worsened. What will you add to treatment if there is worsening on steroids and azathioprine?

- a. 6-Marcapturine
- b. Androgen
- c. Rituximab
- d. Methotrexate
- e. Increase steroids dose

9. A 5 year old child complains of difficulty and pain in walking. He had upper respiratory infection 2 weeks ago. O/e hips and knee joints are normal with no signs of inflammation. Labs show CBC ESR and CRP to be normal. What is the most likely diagnosis?

- a. Septic arthritis
- b. Osteomyelitis
- c. Transient synovitis
- d. Growing pains
- e. JIA

10. A patient came with diagnosed dermatomyositis's from last 2 years with severe muscle weakness and multiple episodes of disease flare up affecting multiple muscles. He is currently on hydroxychloroquine with remissions. Currently he is maintained on methotrexate. Which of the following complication he would develop most commonly in long term?

- a. Lung fibrosis
- b. Dilated cardiomyopathy
- c. Skin cancer
- d. Pancreatic insufficiency
- e. Diabetes mellitus

11. A 54-year-old obese man comes to the physician for a follow-up examination because of progressive rheumatoid arthritis unresponsive to high dose nonsteroidal anti-inflammatory drugs (NSAIDs). Treatment with prednisone and hydroxychloroquine was started six weeks earlier. The patient is concerned about steroid-induced osteoporosis, because his father, a type 2 diabetic, recently fell and broke his hip. Laboratory studies and a dual energy x-ray absorptiometry (DEXA) test of the spine and hip are ordered to address the patient's concerns. Which of the following additional tests would be recommended for this patient?

- a. Vitamin D levels
- b. Diabetes screening
- c. PTH level
- d. Chest x-ray for lung fibrosis
- e. Bone biopsy

12. A 72-year-old man presents with an acutely painful right knee. On examination, he had a

temperature of 37C with a hot, swollen right knee. Of relevance amongst his investigations, was his white cell count which was $12.6 \times 10^9 / l$ and a knee X-ray revealed reduced joint space and calcification of the articular cartilage. Culture of aspirated fluid revealed no growth. What is the most likely diagnosis?

- a. Gout
- b. Pseudo gout
- c. Psoriatic monoarthropathy
- d. Rheumatoid arthritis
- e. Septic arthritis

13. A 7-year-old girl is brought to the emergency department after experiencing a wrist fracture after a fall to the ground. The patient's parents reports their child states she has pain in bones and at times feels weak. On physical exam, there is tenderness to palpation of the wrist with a waddling gait.

Laboratory testing is notable for a decreased serum calcium and phosphate level, and increased alkaline phosphatase and parathyroid hormone. Which one of the most likely diagnosis?

- a. Hyperparathyroidism
- b. Osteoporosis
- c. Osteomalacia
- d. Multiple myeloma
- e. Rickets

14. A 4 year old child presented with bone pains for the past 1 month. His dietary intake consists of potatoes, rice and biscuits. On examination frontal bossing, wide wrists, rachitic rosary, Harrison sulcus and dental caries are present. What is the most likely diagnosis?

- a. Osteopetrosis
- b. Osteoporosis
- c. Rickets
- d. Scurvy
- e. Beriberi

15. A 48-year-old woman with epilepsy since young, has been seizure free for past five years while on sodium valproate. She had gone for a heel ultrasound test during a calcium supplement roadshow in the mall that suggested that she has osteoporosis. She is 1.50m and 48 kg, and has some aches over her shoulders but otherwise fairly unremarkable clinical exam. You send her for formal bone mineral density testing (DXA) and it is T-score -

2.2 over the lumbar spine and T-score-1.8 over the Total Hip. What would be the next best course of action?

- a. Reassurance
- b. Calcium vitamin D supplements**
- c. Bisphosphonates
- d. Hormone replacement therapy
- e. Tamoxifen

16. A 48-year-old woman with epilepsy since young, has been seizure free for past five years while on sodium valproate. She had gone for a heel ultrasound test during a calcium supplement roadshow in the mall that suggested that she has osteoporosis. She is 1.50m and 48 kg, and has some aches over her shoulders but otherwise fairly unremarkable clinical exam. You send her for formal bone mineral density testing (DXA) and it is T-score - 2.2 over the lumbar spine and T-score -1.8 over the Total Hip. What would be the next best course of action?

- a. Reassurance
- b. Calcium vitamin D supplements**
- c. Bisphosphonates
- d. Hormone replacement therapy
- e. Tamoxifen

17. A 7-year-old boy presents to the pediatric orthopedic clinic with frequent fractures after minor trauma. His parents report that he has a history of fractures since infancy, and they are concerned about his bone health. Physical examination reveals blue sclera, triangular faces, and multiple deformities of long bones. Which of the following is the most likely diagnosis for this patient?

- a. Osteopetrosis
- b. Osteomalacia
- c. Osteogenic imperfect
- d. Rickets
- e. Osteosarcoma**

18. A 44 female patient was admitted for abdominal pain, bloody diarrhea of 6-8 weeks duration. She was admitted and workup revealed as having Ulcerative colitis. She was started on sulfasalazine

and discharged home. 2 months later she reported again now with joint pain, swelling and morning stiffness. She has past history of hypertension and chronic gout for which she is using CCB and Colchicine plus febuxostat. She also using omeprazole for chronic dyspepsia. Her record revealed Rosuvastatin (Statins) prescribed for her dyslipidemia. Her joints pains was investigated and found to be anti-histone positive. Which medication is responsible for her symptoms?

- a. Sulfasalazine**
- b. Calcium channel blocker
- c. Febuxostat
- d. Omeprazole
- e. Rosuvastatin

19. A 45-year-old female complaints of increasing widespread joint pains which are worse in the evening after a stressful day at work. She describes puffy hands and feet and a painful neck. Her concentration is very poor and she has recently suffered from marital problems. Rheumatoid factor is mildly positive. Examination reveals an increased body mass index and global restriction of movement due to pain, but no synovitis. Which of the following investigations would be useful in this case?

- a. Anti-cyclic citrullinated peptide antibody
- b. Ultrasound scan hands and feet
- c. Anti-JO-I antibody
- d. Erythrocyte sedimentation rate and C reactive protein**
- e. Anti-mitochondrial antibody

20. 45-year-old male presents to the emergency department with a 3-day history of severe pain in his right hip. The pain is constant, worsens with movement, and is accompanied by fever and chills. He reports no recent trauma or injury. On examination, the patient is unable to bear weight on his right leg, and there is marked tenderness over the right hip with limited range of motion. Laboratory tests reveal an elevated white blood cell count, elevated C-reactive protein (CRP), and an

erythrocyte sedimentation rate (ESR) of 75 mm/hr. An ultrasound of the hip shows a joint effusion. Blood cultures are pending. What is most important management for this patient?

- a. Give oral antibiotics and follow one week later in OPD
- b. Do hip arthrotome for joint collection analysis and C/s**
- c. Do MRI of the hip
- d. Give steroids to reduce inflammation
- e. Give non-steroidal anti-inflammatory analgesics

21. A 45-year-old female complaints of increasing widespread joint pains which are worse in the evening after a stressful day at work. She describes puffy hands and feet and a painful neck. Her concentration is very poor and she has recently suffered from marital problems. Rheumatoid factor is mildly positive. Examination reveals an increased body mass index and global restriction of movement due to pain, but no synovitis. Which of the following investigations would be useful in this case?

- a. Anti-cyclic citrullinated peptide antibody
- b. Ultrasound scan hands and feet
- c. Anti-JO-I antibody
- d. Erythrocyte sedimentation rate and C reactive protein**
- e. Anti-mitochondrial antibody

22. A 31-year-old woman presents to her primary care physician's office with general malaise, myalgia, and low-grade fever. She notices that during the winter months the tips of her fingers turn blue and then returns to her baseline color when in a warm environment. She also complains of joint pain swelling involving small joints of hands. On physical exam, there is a malar rash, sclerodactyly, and joint tenderness. Which antibodies are found in it?

- a. DsDNA
- b. Anti CCCP
- c. Anti Ro/ LA
- d. Anti Scl 70
- e. Anti RNP antibody**

23. A 4 Years old child present with bruises, nose bleeds and generalized petechial rash. There is past history of respiratory infection about 20 days ago. On examination child is afebrile having no hepatosplenomegaly and lymphadenopathy. Labs show Hb 13 g/dL, normal TLC and DLC. PT and APTT are within normal range and platelet count is 12000/mm3. What is the most likely diagnosis?

- a. Hemophilia
- b. Von willebrand disease
- c. ITP**
- d. Henoch schonlein purpura
- e. DIC

24. A 31-year-old woman presents to her primary care physician's office with general malaise, myalgia, and low-grade fever. She notices that during the winter months the tips of her fingers turn blue and then returns to her baseline color when in a warm environment. She also complains of joint pain swelling involving small joints of hands. On physical exam, there is a malar rash, sclerodactyly, and joint tenderness. Which antibodies are found in it?

- a. DsDNA
- b. Anti CCCP
- c. Anti Ro/ LA
- d. Anti Scl 70
- e. Anti RNP antibody**

25. A 2 year old child developmentally delayed, mother complaints that he is still not walking or crawling, can only sit with support. Mother complains that he had previous episodes of carp-pedal spasm and seizures. O/E the child has all the signs of rickets and generalized alopecia. Labs shows ionized ca 2.5 vit D level 120. What is your probable diagnosis?

- a. Nutritional rickets
- b. Hypophosphatemia rickets
- c. Vit d dependent rickets type 2**
- d. Vit d dependent rickets type 1
- e. Chronic renal failure

26. A 53-year-old woman with a past medical history of thyroid disease presents to her physician's office for weakness. She reports that she has been

feeling weak, has difficulty climbing the stairs, and combing her hair every morning. Today, she also has difficulty arising out of her chair. Physical exam reveals decreased strength, especially in the shoulders. She also has an impressive lilac periorbital rash and a sunburn on her cheeks. She is sent for further laboratory workup and counseled on the likely initiation of high-dose steroids. What is the most likely diagnosis?

- a. Gout
- b. Polymyositis
- c. Dermatomyositis
- d. SLE
- e. Psoriatic arthritis

27. A patient with RA from last 12 years reported of having difficulty moving limbs and feeling weakness in limbs with tingling sensation. He complains stiffness in his joints. Which of the following complication is most likely to occur in the long term with RA in this patient?

- a. Peritoneal inflammation
- b. Serosa fibrosis
- c. SI joint fibrosis
- d. Carpel tunnel syndrome
- e. Pericarditis

3. BLOOD MEDICINE

BLOCK N KIMS

1. A 60-year-old male with a history of progressive fatigue and splenomegaly presents for evaluation. His complete blood count shows anemia, leukopenia, and thrombocytopenia. A peripheral blood smear reveals teardrop-shaped red cells, nucleated red cells, and the presence of myelocytes and metamyelocytes. Which of the following is the most likely diagnosis?

- a. Acute myeloid leukemia (AML)
- b. Chronic lymphocytic leukemia (CLL)
- c. Chronic myeloid leukemia (CML)
- d. Myelofibrosis
- e. Sickle cell anemia

2. A 45-year-old male patient who smokes 1 pack of cigarette per day presented to OPD nausea, vomiting, dull ach pain in right hypochondrium with dark color urine. You made a provisional diagnosis of

acute hepatitis. The laboratory reports revealed Hb 18.5 g/dL, RBC 4.5 Million/uL, HCT 42%, TLC 16000/uL. Which of the following is the most likely explanation for this laboratory finding?

- a. Jaundice, or a very high white cell count is present
- b. The patient has a history of smoking leading to increased hemoglobin
- c. The patient is dehydrated, causing hemoconcentration
- d. There was improper sample mixing during blood collection

3. 30-year-old male patients presented to the OPD with a one-month history of increasing fatigue, shortness of breath on exertion, and frequent episodes of nosebleeds. He also reported a recent onset of fever and a sore throat. Physical examination revealed pallor, purpura on his arms and legs. His complete blood count shows severe pancytopenia with hemoglobin of 7 g/dL, a platelet counts of $15 \times 10^9/L$, and an absolute neutrophil count of $0.5 \times 10^9/L$ with reticulocyte count 0.2 %. A bone marrow biopsy is performed, which shows a markedly hypo cellular marrow without excess blasts or dysplasia. You want to admit this case in medical ICU. Based on lab findings which is the severity level of aplastic anemia?

- a. Mild aplastic
- b. Moderate aplastic
- c. Non- severe aplastic
- d. Severe aplastic
- e. Very severe aplastic

4. A 70-year-old female with a history of persistent back pain presented to the medical OPD. She reported a recent onset of fatigue and frequent nocturnal urination. Laboratory tests revealed hypercalcemia and anemia. Serum protein electrophoresis showed a monoclonal protein spike, and urine electrophoresis indicated Bence Jones proteinuria. Skeletal X-rays demonstrate multiple lytic lesions throughout the axial skeleton. Which of the following additional laboratory findings would be considered as bad prognostic factor in this case of multiple myeloma?

- a. Decreased serum levels of albumin and elevated beta-2 macroglobulin
- b. Elevated erythrocyte sedimentation rate (ESR) and C reactive protein (CRP)
- c. Elevated serum levels of IgG and presence of kappa light chains
- d. Impaired renal function and increased IgG
- e. Presence of oligo clonal bands in cerebrospinal fluid

5. A 55-year-old female with a history of feeling tired and a moderate splenomegaly on physical examination was referred to hematologist. Her blood tests revealed a white blood cell count of 230,000/uL, with 10% basophils and an increased number of eosinophils. Her platelet count is elevated at 600,000/uL. Cytogenetic analysis shows the presence of the Philadelphia chromosome. She started treatment with Tyrosine kinase inhibitor. Considering the response of treatment which of the following would be the expectation on follow up?

- a. Most patients achieve complete cytogenetic response within a month of TKI initiation.
- b. The Ph chromosome disappears in approximately 90% of patients within a month of therapy.
- c. Blood counts normalize within ERT n 3-6 months in all patients treated with TKIs.
- d. Most patients achieve complete cytogenetic response in 3-6 months of TKI initiation.

6. A 55-year-old woman presented to the emergency department with petechial, ecchymosis, and gums bleeding. She denied any recent infections or trauma. On physical examination, there is no hepatosplenomegaly. The laboratory reports revealed Hb 11.5 g/dL. RBC 4.5 million/uL, HCT 42%, TLC 10000/uL, platelet counts $17 \times 10^9/\text{L}$. Which of the following is the most likely diagnosis?

- a. Disseminated intravascular coagulation (DIC)
- b. Hemolytic uremic syndrome (HUS)
- c. Immune thrombocytopenia (TP)
- d. Thrombotic thrombocytopenic purpura (TTP)

7. A 50-year-old male presented with a 2-week history of fatigue, fever, and night sweats. He also reported shortness of breath on exertion. On physical examination, he has pale conjunctiva and mild splenomegaly. His complete blood count showed Hb 8.5 g/dL, RBC 3.5 million/uL. HCT 39%, TLC 40000/uL, platelet counts $20 \times 10^9/\text{L}$. with 40% blasts. Which of the following additional tests is most crucial for confirming the diagnosis of acute myeloid leukemia (AML) in this patient?

- a. Flow cytometry for the presence of myeloid blast markers
- b. Immune phenotyping to determine the cell surface markers on blasts
- c. Cytogenetic analysis to detect chromosomal abnormalities
- d. Molecular testing for gene mutations associated with AML
- e. Bone marrow examination for morphological examination of blasts

8. A 72-year-old patient with advanced cancer is admitted to the medical unit. The trainee medical officer wants to prevent delirium during the patient's hospital stay. Which of the following components should be included in a multicomponent non-chemotherapeutic intervention to prevent delirium for this patient?

- a. Administering sedative medications to promote sleep
- b. Encouraging family members to visit frequently
- c. Providing cognitive stimulation through puzzles and games
- d. Ensuring optimal hydration and promoting foods

9. A 55-year-old lady who is diagnosed with a case of Sjogren syndrome comes to the clinic. She is anxious and worried as she has studied on the internet that the Sjogren syndrome patient can develop lymphoma. Which of the following features is not

considered an adverse predictor for lymphoma development in Sjogren syndrome?

- a. Presence of CD4 lymphopenia
- b. Presence of persistent parotid gland enlargement
- c. Presence of purpura
- d. Presence of splenomegaly
- e. Salivary flow rate less than 1 mL/15 minutes

BLOCK N RMC

1. The single best test to confirm iron deficiency is?

- a. Serum iron
- b. Serum ferritin
- c. Transferrin saturation
- d. Hematocrit levels
- e. Iron binding capacity

2. A patient has history of gut surgery which included partial gastrectomy 3 months back now presented with fatigue and shortness of breath on exertion. CBC done which showed hemoglobin of 10. What is the most probable cause of anemia in this patient?

- a. Iron deficiency anemia
- b. Folate deficiency anemia
- c. Vitamin b12 deficiency anemia
- d. Anemia of chronic disorder
- e. Pernicious anemia

3. A 23-year-old male presented with feeling low energy in body with tiredness all the times. CBC done which shows HB of 9.1 with MCV of 65. WBCs are slightly increased with high eosinophil count. Blood film showed microcytic hypochromic picture. What is the probable cause of anemia in this patient?

- a. Hookworm infestation
- b. Blood loss
- c. Celiac disease
- d. Vitamin b12
- e. Thalassemia

4. Blood film of the patient shows macrocytosis with poikilocytosis and neutrophils with 6 lobes. What is the probable diagnosis?

- a. Alcoholism
- b. Hypothyroidism

- c. Folate deficiency
- d. Liver disease
- e. Iron deficiency

5. Which of the following parameters starts getting better earliest after starting iron supplements for iron deficiency anemia?

- a. Increase in HB
- b. Increase in reticulocyte count
- c. Normalization of cell size
- d. Feeling of well being
- e. Increase in ferritin

6. A 27-year-old female is presented with intermittent dysphagia. Examination showed marked pallor, angular cheilitis with glossitis. What initial treatment should be given to her?

- a. Vitamin supplements
- b. Iron supplements
- c. Esophageal dilation
- d. Esomeprazole
- e. Folic acid supplements

7. A 51-year-old male is investigated for exertional dyspnea diagnosed as having iron deficiency anemia. What should be the next best management step for him?

- a. Upper GI endoscopy
- b. Fecal occult blood test
- c. Colonoscopy
- d. CT abdomen
- e. Urine routine exam

8. Which one of the following is the earliest neurological manifestations of cobalamin deficiency?

- a. Motor weakness
- b. Ataxia
- c. Paresthesia in lower limbs
- d. Dementia
- e. Psychosis

9. A 23 year old male has malaria which was treated with primaquine 4 days back. Now patient

presented with jaundice and fatigue. Labs showed Hb of 8.1 with normochromic normocytic picture, bilirubin 4.1, ALT 24 and alkaline phosphatase 1.2. G6PD levels are normal. Peripheral film also showed bite cells. What is the probable diagnosis?

- a. Plasmodium falciparum
- b. Mycoplasma
- c. G6PD deficiency anemia
- d. Hereditary spherocytosis
- e. Dubbin Johnsons syndrome

10. A 25-year-old female presented with weakness with anorexia and sore tongue for 3 months.

Examination showed marked pallor with yellow sclera and smooth shine tongue with multiple white color patches on skin. Which test will confirm your suspected diagnosis?

- a. Peripheral blood smear
- b. Serum bilirubin
- c. Intrinsic factor antibodies
- d. Anti-parietal cell antibodies
- e. Serum folate levels

11. A patient with history of anemia and jaundice is investigated with a peripheral film which showed 3% fragmented RBC (schistocytes). Which of the following is not a cause of this abnormality?

- a. Hemolytic uremic syndrome
- b. Thrombotic thrombocytopenic purpura
- c. Mechanical heart valves
- d. G6PD deficiency
- e. DIC

12. A 49 year old female is presented with burning sensation in both feet associated with ataxia for 2 weeks. Examination showed a pale looking female with smooth tongue with loss of vibration sense. Labs showed macrocytosis and hyper segmented neutrophils. What should be the treatment duration of this patient?

- a. 3 months
- b. 6 months
- c. 9 months
- d. 12 months
- e. Life long

13. A 25 year old male presented with weakness and epistaxis. CBC showed Hb 7.1, WBC count of 1200 and platelets 30000. Reticulocyte are 1%. Peripheral film is normocytic normochromic. There is no hepatosplenomegaly or Lymphadenopathy. What is your diagnosis?

- a. Aplastic anemia
- b. Acute leukemia
- c. Myelofibrosis
- d. Hemolytic anemia
- e. Megaloblastic anemia

14. What is the most common cause of death in aplastic anemia?

- a. Sepsis
- b. Bleeding
- c. Heart failure due to anemia
- d. Kidney failure
- e. Iron overload

15. A 43-year-old man presents to the emergency with a 4 week history of worsening abdominal discomfort and weight gain. On physical examination, a plethoric complexion is noted. Abdomen is tense with fluid thrill. Lab findings are Hb 18.9, WBC 9000, platelets 450000, ALT of 84, AST of 107, and bilirubin 2.1. Doppler shows hepatic vein thrombosis.

- a. JAK 2 mutation
- b. CI abdomen
- c. Flow cytometry for CD55 and CD59
- d. Lupus anticoagulant
- e. Erythropoietin levels

16. A patient with RA presented with feeling more fatigued over the last 2 months. She is taking methotrexate and sulfasalazine for her rheumatoid arthritis. Examination showed splenomegaly and rheumatoid nodules. Labs were done which showed Hb 7.5, WBC 2000 and platelets 75000. What is the most probable diagnosis?

- a. Fealty's syndrome
- b. Aplastic anemia
- c. Iron deficiency anemia
- d. Methotrexate induced pancytopenia
- e. Sulphasalazine induced pancytopenia

17. Platelets in the wound form a hemostatic clot and release clotting factors to produce:

- a. Fibrin
- b. Fibrinogen
- c. Fibroblast
- d. Thrombin**
- e. Thromboplastin

18. A patient suffers a deep, 6cm wide thigh abrasion, which becomes infected. When he comes to hospital, the surgeon dresses the wound, planning to allow for healing by secondary intention.

The resultant scar is likely to be:

- a. Thin and easily broken
- b. Thick and vascular
- c. Thick, avascular and resistant to trauma**
- d. Of nominal thickness, but without sensation
- e. All of the above

BLOCK N KGMC

1. 64 year old backache and sob on exertion. Last year fracture of femur he was taking painkillers on and off. On examination he was anemic temp of 101 signs of consolidation on chest anteriorly. What is the correct option?

- a. Serum protein electrophoresis 2.cd 55/59 flow cytometre**
- b. Cd 55/59 Flow Cytometry
- c. Osmotic fragility test
- d. Coombs
- e. Fish for ph chromosomes

2. A 50 year old policeman with neck swelling from 2 months, fever, sweating, body aches, and weight loss. He is anemic, has petechiae, 103 degree temp, enlarged cervical lymphadenopathy. Further diagnostic workup will be?

- a. Blood culture
- b. Smear
- c. FDP and dimers
- d. MRI brain
- e. Ultrasound abdomen**

3. A 52 years old presented with abdominal discomfort. Ultrasound shows splenomegaly and

Para aortic lymph nodes enlargement. Most likely diagnosis?

- a. Lymphoma**
- b. Cml Malaria

4. A 49 years old lady presented with bleeding from nose, petechiae and dark colored urine since last few days. She has on off symptoms since last few months. Recently she has been counselled to have splenectomy. She has shortness of breath too. What is correct regarding her diagnosis?

- a. Hereditary Spherocytosis
- b. ITP**
- c. TTP
- d. PNH**
- e. Aplastic Anemia

5. A 22year old student has swelling in knee and right thigh. He has some hematological problem since birth on brief history. Which among the following is the right diagnosis?

- a. Sickle cell disease
- b. Von Willebrand Disease
- c. Congenital aplastic anemia
- d. Hemophilia**
- e. DIC

6. A 70 year old gentleman easy fatigability from few months is pale with mild splenomegaly, he is asymptomatic and no positive sign hb=8gm, Tic-30000, 58% lymphocytes platelets normal. What is the diagnosis?

- a. All
- b. Cml**
- c. Hodgkin's Lymphoma
- d. Non Hodgkin's Lymphoma
- e. Multiple Myeloma

7. A 35 years old post natal woman presents with dark color urine on and off from past 2 months she is anemic on GPE what is diagnosis?

- a. HIS
- b. ITP**
- c. TTP
- d. PNH**
- e. Aplastic anemia

8. A 45 years old female having dark patches over shin on and off since years o/E no positive findings apart from brownish macules CBC, bT ,CT ,PT ,APPT are normal what is your diagnosis?

- a. Hereditary Telangiectasia
- b. Easy Bruising Syndrome**
- c. Scurvy
- d. Factitious purpura

9. A 20 year old student presented with palor on CBC hn is 9g/dl, MCV 60 fl and RBC count 5 Million/ml .Most likely diagnosis?

- a. Iron deficiency anemia
- b. Thalassemia
- c. Myelodysplasia
- d. Myelofibrosis
- e. Vit B12 deficiency

10. A 27 years old school teacher presented in medical opd, with prescription slip of a periphery doctor mentioning bilateral cervical lymphadenopathy, what is the most appropriate next step?

- a. Lymph node biopsy
- b. Detailed history and examination
- c. Ultrasound neck
- d. FNAC
- e. refer to ENT

11. A 32 year old housewife has resolving hematomas on shins on and off. She doesn't have any other complaint. The lab reports are normal. The most likely diagnosis is?

- a. Idiopathic Thrombocytopenic Purpura
- b. Hemophilia A
- c. Henoch Schonlein Purpura
- d. Scurvy
- e. Easy Bruising Syndrome

12. A 40 yrs old clerk non hypertensive, non diabetic and non smoker has presented with acute MI and pancytopenia. What is the most likely diagnosis?

- a. Aplastic anaemia
- b. Myeloproliferative disorder
- c. Lymphoproliferative disorder
- d. PNH
- e. G6PD deficiency

BLOCK N NWSM 2024

1. SM 60 presented with weakness, shortness of breath for the last few months. He has dragging sensation in left hypochondria. He has low Hb and a leucoerythroblastic picture on Peripheral smear. What clinical sign will be most suggestive of the diagnosis?

- a. Generalized Lymphadenopathy
- b. Hepatomegaly
- c. Jaundice
- d. Massive splenomegaly
- e. Severe Anemia

2. Mrs. GB 40 years presented with shortness of breath, palpitation and weakness. Examination revealed a pale lady with koilonychias. Rest of examination was unremarkable. Her peripheral smear revealed microcytic. What type of anemia is this lady suffering from?

- a. Anemia of chronic disorder
- b. Autoimmune hemolytic anemia
- c. Hemolytic anemia
- d. Iron deficiency anemia
- e. Megaloblastic anemia

3. A 6-year-old girl with known sickle cell anemia presents with pallor, severe pain in her limbs, and a fever. Laboratory tests show low hemoglobin and reticulocytosis. What is the most appropriate immediate management?

- a. Intravenous fluids and pain management
- b. Blood transfusion
- c. Antibiotics
- d. None of these

4. A 7 year old girl presented with 3 days history of epistaxis. The child also has a history of spontaneous bruising in the past. The child's mother has history of menorrhagia. Investigations show Hb 12g/dl, WBC 7000, Platelets 180000, bleeding time prolonged, APTT 60 seconds (deranged), PT normal. What is the most likely diagnosis?

- a. Hemophilia
- b. Idiopathic thrombocytopenia
- c. Von-willebrand disease
- d. Leukemia
- e. Lymphoma

5. A 45-year-old male presents with a 2-month history of fatigue, weight loss, and swelling in the neck. On examination reveals bilateral cervical lymphadenopathy and Splenomegaly. His labs shows WBC 15,000/ μ L, Hb 10 g/dL, platelets 150,000/ μ L, LDH: 500 U/L. Biopsy of cervical lymph node shows Diffuse large B-cell lymphoma (DLBCL) What is the most appropriate initial treatment approach?

- a. R-CHOP therapy

- b. ABVD chemotherapy
- c. Radiation to the cervical and mediastinal lymph nodes
- d. Targeted therapy with ibrutinib
- e. Lymph Node surgery

6. Mr. KJ 24 presented with shortness of breath, palpitations and weakness of long duration. He is also stating to have episodes of generalized pains, sometimes very severe bone pain and fever which required admission to hospital. Examination revealed a young man, thin lean, with moderate anemia and jaundice. Rest of the examination is unremarkable. His HB is 7.5g/dl, indirect hyperbilirubinemia, and reticulocyte count 5%. What is the diagnosis?

- a. Alpha thalassemia
- b. Hereditary spherocytosis
- c. Sickle cell anemia
- d. Thalassemia
- e. Thalassemia trait

7. The Roentgen (R) exposure is measured in:

- a. Tissue
- b. Water
- c. A lab
- d. Air
- e. None

8. A 43 years old patient presents with petechial, easy bruising, and epistaxis. His labs shows HB 11g/dl and platelets 23000/ul. His mother has the same symptoms but not diagnosed. What is the most likely diagnosis?

- a. Immune thrombocytopenic Purpura
- b. Thrombotic thrombocytopenic purpura
- c. Hemophilia A
- d. Von Willebrand disease
- e. Hemophilia B

9. SB 8 years of age presented with fever, bone pain, epistaxis. Has got lymphadenopathy and hepatosplenomegaly. Her peripheral smear shows blast cells that cannot be differentiated even on bone marrow examination. Cytochemical stain is done on bone marrow. Which stain will be positive in acute lymphoblastic leukemia?

- a. Acid phosphatase
- b. Nonspecific esterase
- c. Periodic acid shift
- d. Peroxidase
- e. Sudan black **PAS stain**

10. A 5 years old child presents with recurrent episodes of bleeding from various sites. Now he is having a swollen knee joint. There is no history of trauma to the knee joint. There is a past history of prolonged bleeding after circumcision and profuse bleeding from lip wounds and minor cuts. Lab shows bleeding time is normal. PT is normal and APTT prolonged. Platelet count and platelet function studies are normal. What is the most likely diagnosis?

- a. Hemophilia
- b. Von Willebrand disease
- c. ITP
- d. Henoch schonlein purpura
- e. DIC

11. A 6-year-old boy presents with recurrent joint bleeds and easy bruising. His family history reveals a maternal uncle with similar symptoms. Which of the following laboratory tests is most indicative of **Hemophilia A?**

- a. Prolonged prothrombin time (PT)
- b. Prolonged activated partial thromboplastin time (APTT)
- c. Normal PT and APTT
- d. Thrombocytopenia
- e. None of these

12. A young boy comes with a month history of fever, with weight loss. On examination he has hepatosplenomegaly with lymphadenopathy and is markedly pale. You advice a peripheral smear. Preliminary report shows Hb of 8 with Tic of 56000 and platelet count of 74000 along with presence of blast cells. A provisional diagnosis is made. how would u proceed with the management:

- a. Start chemotherapy urgently
- b. Do a bone marrow examination and refer the child to an oncologist
- c. Start radiotherapy and counsel the parents about prognosis
- d. Do flow cytometry
- e. Refer the child to an oncologist

13. A 25 years old man has presented with fever, night sweats and painless swellings in the cervical region. On examination a young man looking pale, having bilateral cervical lymphadenopathy, and an enlarged spleen measuring 3cm below the costal margin. His Hb is normal, ESR 70mm/1sthr, TLC 13000/cumm, DLC shows increased Eosinophils, Peripheral smear shows Leucoerythroblastic picture. Chest X-Ray shows widened mediastinum. What is the diagnosis?

- a. Acute myeloid Leukemia
- b. Chronic lymphocytic Leukemia
- c. Hodgkin's disease
- d. Multiple myeloma
- e. Polycythemia Rubra Vera

14. A 10-year-old child who presents to you with symptoms such as fatigue, weakness, dizziness, and frequent infections since last 8 months. On examination the child is lethargic, pale and having petechial all over the body. There is no evidence of hepatosplenomegaly or lymphadenopathy. What investigation will you do to reach the diagnosis?

- a. Bone marrow aspiration and biopsy
- b. Complete blood count
- c. Peripheral smear
- d. Ferritin level
- e. Hb electrophoresis

15. MR SK 50 presented with history of lethargy, weakness and heaviness in left hypochondria. Examination showed a middle aged man with massive splenomegaly. His HB is 12g/dl, TLC 120000/cumm, with increased neutrophils, metamyelocytes, and myelocytes. What is the best treatment option for this patient?

- a. Bone marrow transplant
- b. Hydroxyurea
- c. Hydroxyurea
- d. Myeleran
- e. Radiotherapy

16. A woman gravid 6 para 5 present to antenatal clinic with the complaint of dizziness, easy fatigability and inability to carry household work. She is wed to her cousin and husband is jobless. Her labs performed last week shows all red indices to be

below normal. Serum ferritin done today shows a value of 5 nanogram per deciliter. She is most probably suffering from:

- a. Iron deficiency anemia
- b. Megaloblastic anemia
- c. Pernicious anemia
- d. Thalassemia trait
- e. Sickle cell anemia

17. Patient presented statured, pale and icteric. He has moderately enlarged spleen. What investigation you would do to confirm diagnosis?

- a. Bone marrow examination
- b. Hemoglobin electrophoresis
- c. Peripheral smear
- d. RBC fragility test
- e. Reticulocyte count

18. 40 years old male, IV drug abuser presented with fever for the past 1 month, the fever is intermittent in character slightly improved with taking paracetamol he now complains of mild shortness of breath for the past 1 week. O/E BP 110/70 mm of Hg, Pulse: 105 bpm, Temp 100 F (hands show reddish-brown dots under the nails), Chest: Bilaterally clear to auscultation. CVS normal first and second heart sound with systolic murmur. What investigation will you do first for diagnosis?

- a. Urine R/E
- b. Chest X-ray lateral view
- c. Coronary angiography
- d. Echocardiography
- e. Nuclear perfusion scan

19. A 40 year old man presented with history of fever and sudden loss of vision in right eye. Examination shows a young pale gentleman febrile and having a big bruise at venipuncture site. Apart from retinal hemorrhage in right eye rest of the examination was unremarkable. His TLC is 35000/cml, Neutrophils 30%, Lymphocytes 10% Platelets scanty 60% blasts. What test will confirm the diagnosis?

- a. Bone marrow aspiration
- b. Bone marrow trephine biopsy
- c. Peripheral smear
- d. Platelet count
- e. Prothrombin time

20. A woman gravid 6 para 5 present to antenatal clinic with the complaint of dizziness, easy fatigability and inability to carry household work. She is wed to her cousin and husband is jobless. Her labs performed last week shows all red indices to be below normal. Serum ferritin done today shows a value of 5 nanogram per deciliter. She is most probably suffering from:

- a. Iron deficiency anemia
- b. Megaloblastic anemia
- c. Pernicious anemia
- d. Thalassemia trait
- e. Sickle cell anemia

21. A 40 year old man presented with history of fever and sudden loss of vision in right eye. Examination shows a young pale gentleman febrile and having a big bruise at venipuncture site. Apart from retinal hemorrhage in right eye rest of the examination was unremarkable. His TLC is 35000/cml, Neutrophils 30%, Lymphocytes 10% Platelets scanty 60% blasts. What test will confirm the diagnosis?

- a. Bone marrow aspiration
- b. Bone marrow trephine biopsy
- c. Peripheral smear
- d. Platelet count
- e. Prothrombin time

22. An 8 year old child from Afghanistan presented with 1 month history of fever and bone pains. On examination: Pallor, cervical lymphadenopathy, bone tenderness, hepatosplenomegaly, bruises, chest clear, CVS S1, S2, O. Smear shows 80% blasts. What is most likely diagnosis?

- a. Leukemia
- b. Idiopathic thrombocytopenic purpura
- c. Hemophilia
- d. Juvenile idiopathic arthritis
- e. Rickets

23. A 44 female patient was admitted for abdominal pain, bloody diarrhea of 6-8 weeks duration. She was admitted and workup revealed as having Ulcerative colitis. She was started on sulfasalazine and discharged home. 2 months later she reported again now with joint pain, swelling and morning

stiffness. She has past history of hypertension and chronic gout for which she is using CCB and Colchicine plus febuxostat. She also using omeprazole for chronic dyspepsia. Her record revealed Rosuvastatin (Statins) prescribed for her dyslipidemia. Her joints pains was investigated and found to be anti-histone positive. Which medication is responsible for her symptoms?

- a. Sulfasalazine
- b. Calcium channel blocker
- c. Febuxostat
- d. Omeprazole
- e. Rosuvastatin

24. MR. JK 55 presented for a medical checkup with nonspecific symptoms. His attending physician advised a blood film that showed a platelet count of 1000000/cumm. What investigation will you do to confirm the diagnosis?

- a. Peripheral smear
- b. Bone marrow examination
- c. JAK 2 mutation
- d. Cytogenetic studies
- e. Philadelphia chromosome

25. A 25 year old with acute lymphoblastic leukemia (ALL) in undergoing induction chemotherapy. He developed high grade fever 103F, Neutrophil count is 0.5 and chest x-ray shows bilateral infiltrates. What is the most likely complication?

- a. Tumor Lysis Syndrome
- b. Neutropenic sepsis
- c. Pulmonary embolism
- d. Hemorrhagic cystitis
- e. Septic shock

26. Mrs. SA 50 presented with history of fever off and on for the past three months, weight loss cough, dyspnea and swellings in the neck that are progressively increasing in size. Clinical examination revealed bilateral cervical lymphadenopathy, and signs of superior vena cava obstruction and wide mediastinum. What investigation will confirm the diagnosis?

- a. Bone marrow examination
- b. Bone marrow trephine
- c. Cytogenetic studies
- d. Lymph node biopsy
- e. Peripheral smear

27. Mr. FK 65 presented with fever off and on, polyuria, generalized body aches anorexia and increases fatigability. On examination the patient is anemic and febrile. Rest of the examination is unremarkable. Investigations showed Hb 8.0g/dl, TLC normal, Platelets 70000/cumm. Urea 120mg/dl Creatinine 2mg/dl. His skull x-ray showed extensive lytic lesions. His serum calcium is 12mg/dl and his serum protein electrophoresis shows myeloma band. A diagnosis is of multiple myeloma was made.

What is the stage of the disease?

- a. Plasmacytoma
- b. Stage 0
- c. Stage I
- d. Stage III**
- e. Stage II

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What is the most likely complication?

- a. Tumor Lysis Syndrome
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- a. Bone marrow examination
- b. Bone marrow trephine
- c. Cytogenetic studies
- d. Lymph node biopsy**
- e. Peripheral smear

30. Mr. RK 50 year presented with history of heaviness and swelling in R hypochondria and

weakness. Examination revealed well looking man with a moderately enlarged spleen and moderately enlarged liver. His TLC is 35000/cumm, uric acid is raised to 9mg/dl. What test will you do to confirm the diagnosis?

- a. Bone marrow examination
- b. Chromosomal analysis**
- c. LDH Level
- d. Peripheral smear
- e. RNA analysis

31. A 3-year-old boy is brought to the clinic with a history of easy bruising, prolonged bleeding after dental work, and a family history of similar symptoms. His laboratory tests show normal PT but prolonged APTT and decreased factor IX activity.

What is the likely diagnosis?

- a. Hemophilia A**
- b. Hemophilia B**
- c. Von Willebrand disease
- d. Liver disease
- e. None of these

32. A woman in her eighth pregnancy presents to the hospital in 37 weeks of pregnancy. She is complaining of extreme fatigue and fainting episode early morning today. She has positive pallor in conductive, skin creases, oral cavity. You ordered her blood test which shows HB of 6.7 g/dl. Red cell indices are all well below the normal level. Serum ferritin is 3 pg/dl. You counsel her husband that best treatment option is:

- a. Blood transfusion**
- b. Oral iron supplements
- c. Parenteral iron preparation
- d. Intramuscular injection of iron
- e. Injection hydroxyurea

33. An 8 month old child with Down syndrome presents with 2 weeks history of fever. On examination there is pallor, hepatosplenomegaly, generalized petechial and generalized

lymphadenopathy. Special smear shows a hemoglobin of 7g/dl, WBC 75,000, 20% blast cells, platelets 20,000, bone marrow examination shows 30% blast cells. You are suspecting a diagnosis of acute myeloid leukemia. Myeloblasts stain positive for which of the following stains?

- a. Myeloperoxidase
- b. Leukocyte alkaline phosphatase
- c. Myeloperoxidase
- d. Tartrate-resistant acid phosphatase
- e. Gram stain

34. Mrs. R 46 presented with painless swellings in the neck which are progressively increasing in size and recently she has noticed another swelling on left side of neck. She has low grade fever and night sweats. She has lost 10 kg weight in the past six months. Examination revealed mild anemia, two R cervical lymph nodes 4x5 cm and another lymph node on left side of neck 3x2 cm rubbery in character. She has mild splenomegaly. What investigation will confirm the diagnosis?

- a. Bone marrow aspiration
- b. Bone marrow trephine biopsy
- c. CT scan abdomen
- d. Lymph node biopsy
- e. Lymph node biopsy

4. MSK PEADS

BLOCK N KIMS

1. A five years old child gives a history of pain in both knee joints for the past eight weeks. She was prescribed NSAIDS which reduced pain. Now for the past one week she also has developed pain in left elbow joint. Joint is tender, swollen and shows limited range of movements. Two days back she was referred to Rheumatologist who diagnosed her as a case of Juvenile idiopathic Arthritis (Pauci articular disease). Which of the following specific investigation(s) should be carried out in this?

- a. ESR (Erythrocyte sedimentation rate)
- b. Ultrasound abdomen and pelvis
- c. Joint fluid aspirate for cytology

- d. ANA (anti neutrophilic antibody) followed by slit lamp examination
- e. Lupus anticoagulant antibodies

2. A ten years old child presents with severe pain in right knee joint for five days. It is accompanied by fever which is high grade but responds to ibuprofen whereas joint pain responds partially to it. Joint is tender, swollen and can't be flexed due to pain. Pain has not shifted to other joints. There was also a rash on the body for 3 days which has by now faded away. His throat and chest examination is clear. What is the most likely diagnosis?

- a. Acute Rheumatic fever
- b. Reactive arthritis
- c. Septic arthritis
- d. Juvenile idiopathic arthritis
- e. Hemophilia A

3. A 6-year male child presents with progressive difficulty in standing up from sitting position and walking. Child had previously acquired mile stones at appropriate age. Clinically child has normal vital signs and normal joints examination. Deep tendon reflexes are intact whereas Trendelenburg test is positive. What is the diagnostic test in this case?

- a. Creatinine Kinase
- b. LDH/Aldolase
- c. PCR (Polymerase chain reaction)
- d. NCS (Nerve conduction studies)
- e. EMG (Electromyography)

4. An 11 months old infant gives a history of recurrent chest infections and slightly delayed gross motor skills. He was born full term and breastfed since birth with weaning started at six months. He looks chubby as mother seems to take good care of him and he is being kept indoor mostly. Clinically he has normal vitals and doesn't look pale. Chest examination reveals scattered rhonchi. He has widened wrists and also anterior fontanelle is wide and open. What is the most likely diagnosis?

- a. Ig A deficiency
- b. Rickets
- c. Scurvy
- d. Severe Malnutrition
- e. Cerebral Palsy

BLOCK N WMC

1. SLE has following features.

- a. Photosensitivity
- b. Oral/ nasal ulcers
- c. Malar rash
- d. All of above
- e. None of the above

2. Duration of immunity for measles vaccines

- a. 1 year
- b. Lifelong
- c. 5 years
- d. 10 years
- e. Not known

3. H influenzae type B vaccine protects against

- a. Croup
- b. Bronchiolitis
- c. Acute epiglottitis
- d. UTI
- e. All of above

4. Weaning should be started at

- a. 3 months
- b. 6 months
- c. 9 months
- d. 1 year
- e. At any age

5. Rickets can present with

- a. Squint
- b. Diarrhea
- c. Frequent UTI's
- d. Delayed closure of fontanels
- e. All of above

6. Which medication can cause rickets

- a. Cephalosporins
- b. NSAID
- c. Anticonvulsants
- d. Antihistamine
- e. All of above

7. Septic arthritis can be caused by

- a. S. Aureus
- b. S. Pneumonia

- c. N. gonorrhoeae
- d. H. Influenza
- e. All of above

8. Which one is not a feature of systemic onset arthritis

- a. Age later than 10 years
- b. Hepatomegaly
- c. Splenomegaly
- d. Generalized lymphadenopathy
- e. None of above

9. Gower's sign is pathognomonic

- a. Myotonic dystrophy
- b. Down's syndrome
- c. Duchenne muscular dystrophy
- d. Motor neuron disease
- e. All of above

10. Frequent falls can be due to

- a. Arthritis
- b. Rickets
- c. Perthes disease
- d. Muscular dystrophy
- e. All of above

11. Which muscular dystrophy is inherited in both autosomal dominant. and recessive manners

- a. Becker's muscular dystrophy
- b. Duchenne muscular dystrophy
- c. Fascicle limb girdle muscular dystrophy
- d. Emery dreifuss muscular dystrophy
- e. None of above

BLOCK N RMC

1. All of the following are characteristics of Duchene muscular dystrophy except;

- a. Both sexes are affected
- b. Pseudo hypertrophy
- c. Death in 2nd decade
- d. Hereditary
- e. Gower sign

2. The most common cause of scoliosis in children is:

- a. Hemi vertebrae
- b. Marfan syndrome
- c. Post poliomyelitis
- d. Unequal limb length
- e. None of the above

3. A 20 year old male patient presents with right lumbar pain for the last one year. The pain increases in severity with water intake and reduces on urination. Ultrasound abdomen shows right renal hydronephrosis with marginally dilated renal pelvis. What is the likely diagnosis?

- a. Renal mass
- b. Renal Calculus
- c. Renal PUJ Obstruction
- d. Fungal Infection
- e. Diabetes Insipidus

KGMC BLOCK N 2024

1. 10year old boy presented with the history of palpable mass on lower extremities, abdominal Pain and arthritis on urine.....he had hematuria and proteinuria. Which is true regarding Henochscoleonpurpura....above scenario?

- a. HSP is iga related vasculitis involving larger vessels
- b. Corticosteroid is the mainstay of the treatment
- c. Kidney in movement is identified by by hematuria and proteinuria.
- d. HSP resolves in 3-6 months but may cause neurological damage

2. A 10 years old child with joint pain, fever and swelling was presented. On joint aspiration, which Of the following statements best describes the septic arthritis?

- a.WBC count 2000
- b. Clear synovial fluid
- c. High lactate and WBC count >50,000
- d. High glucose plus WBC 5000
- e. ESR increase

3. A 13 year old girl presented with pain and stiffness in phalangeal and MCP joints and a rash that crossed nasal bridge and cheeks. She is also giving history of mouth ulcers. Investigation of Choice?

- a. Anticardiolipin antibody
- b. ANA
- c. RA
- d. Anti double stranded dna.
- e. Increased ESR

4. A 70 year old female with recurrent episodes of parotid swelling. She complaints of difficulty speaking and gritty eyes on waking up. What is the most appropriate diagnosis?

Ans. Sjogren syndrome

5. A 48- years-old patient presented to her family physician complaining or pain all over her body for the past 4 month. She is also complaining of sleep disturbance and lethargy. On examination, the doctor finds multiple tender points that patient has including areas on her neck, elbow regions and which Diagnosis in this patient?

- a. Polymyalgia rheumatica
- b. Fibromyalgia Polymyositis Ankylosing spondylitis Rheumatoid arthritis

6. A 79-year-old man present with a history of lower pain and right hip pain. Blood test reveal Following Normal calcium, Phosphate Normal. What is the most likely diagnosis?

- a. Primary hyperparathyroidism Chronic kidney disease
- b. Osteomalacia
- c. Osteoporosis Paget's disease

7. A 23 year old female present with back pain and early morning stiffness, also complaining of eye problem and her sister has similar condition. What is the single most probable diagnosis?

- a. Paget disease
- b. Pelvis Inflammatory disorder
- c. Mvofacial pain
- d. Ankylosing spondylitis
- e. Spondylosis

8. A 45-year-old woman with a history of primary siogren's syndrome is reviewed in clinic. Her main problem is a dry mouth. Which unfortunately has not responded to artificial saliva Which one the following Medications is most likely to be beneficial?

- a. Rivastigmine
- b. Neostigmine
- c. Clonidine
- d. Atropine
- e. Pilocarpine

9. Which of the following complication is most likely to occur in ankylosing spondylitis?

- a. Heart block
- b. Achalasia
- c. Diabetes
- d. Bronchiectasis

10. A 28-year-old man is investigated for recurrent lower back pain. Diagnosis of ankylosing spondylitis is suspected, which one of following investigations is useful?

- a. ESR
- b. X-ray of the sacro-iliac joints.
- c. HLA-B27 testing
- d. X-ray of the thoracic spine
- e. CT of the lumbar spine

11. A 57-year-old man who has late ankylosing spondylitis. What pulmonary feature might you see on his chest radiograph?

- a. Apical fibrosis
- b. Bilateral hilar lymphadenopathy
- c. Peripheral granulomas
- d. Basal fibrosis
- e. Increased pulmonary vascularity

12. A 44-year-old woman is seen in the Clinic. She has been Rheumatology Referred with Raynaud's phenomenon. During the review of system she Mentions that her GP is organizing an endoscopy to investigate dyspepsia. On examination she is Noted to have tight, shiny skin over her fingers. Which one of the following complications is she most likely to develop? **Achalasia**

13. A 4 years old girl presented to OPD with persistent cough and tachypnea. Her mother she is having episodes of cough and whistling sounds from chest since 6 months of age... examination flaring of nostrils and chest examination shows wheezing with increased respiratory Rote 2 more siblings also have history of recurrent respiratory Infection Chest x-ray shows hyperinflation, flattening of diaphragm, narrow and elongated heart. CBC shows

eosinophilia. Diagnosis will be:

- a. TB
- b. Asthma
- c. Bronchiolitis
- d. Pneumonia
- e. Pleural effusion

14. A 35 year old has tiredness joint pain undergoing to treatment on exam erythematous macule papule seen on face upper chest arm in photo distribution single most positive antibody?

- a. Anti ds DNA
- b. ANTI Histone.
- c. Anti smith
- d. Anti jo
- e. Anti La

15. Which of the following is the classic symptom of R.A?

- a. Photosensitivity
- b. Morning stiffness lasting more than an hour
- c. Sharp chest pain
- d. Persistence dry cough

16. Ankylosing spondylitis primarily affects which part of the body?

- a. Hands and fingers
- b. Knees
- c. Spine and sacroiliac joints
- d. Hips
- e. Elbows

17. Which one is the primary pathological lesion of SLE?

- a. Synovial inflammation
- b. Immune complex deposition
- c. Articular cartilage erosion

18. Which laboratory test is commonly used to diagnose R.A?

- a. Serum creatinine
- b. ESR
- c. Blood glucose level
- d. Serum potassium

19. In the treatment of acute gout the 1st management is :

- a. Nonsteroidal anti-inflammatory drugs.
- b. Calcium channel blockers

- c. Beta blockers
- d. Diuretics.
- e. Entidepressants

20. A 45-year-old woman presents with a 6-month history of joint pain and morning stiffness. She complains of stiffness lasting 2 hours every morning, which improves with activity. She has history of auto immune disease also....What is the most likely diagnosis?

- a. Osteoarthritis
- b. Rheumatoid Arthritis**
- c. Psoriatic Arthritis
- d. Gout

BLOCK NWSM 2024 PEADS COMBINE

1. A 2 years old male child is brought by his mother to you in OPD. The child looks lean and pale. The mother complaints that he has low appetite and is cranky all the time. You order CBC which shows Hb 8 g/dl, MCV 854, MCH 16, and MCHC 20. You suspect iron deficiency anemia and prescribe iron supplement. What is the most sensitive test to diagnose iron deficiency anemia.

- a. CBC
- b. Bone marrow
- c. Serum ferritin**
- d. Meintzer index
- e. History based diagnosis

2. An 8-year-old child is brought to the outpatient clinic by his parents with complaints of persistent fever, malaise and reluctance to bear weight on his right distal femur for the past week after an unwitnessed fall. There is no history of trauma. On examination, there is localized deep tenderness over the distal femur and the child is running fever. Laboratory investigations reveal white blood cell count of 15000 and elevated ESR of 45. What is the most likely diagnosis for this child?

- a. Distal femur fracture
- b. Juvenile idiopathic arthritis of the knee
- c. Osteomyelitis of femur**
- d. Septic arthritis of the knee
- e. Osteoarthritis of the knee

3. A 1 Year old child presents to OPD with chief complaints of pallor and lethargy from last few weeks. On taking history mother tells you that he has been exclusively breastfed for 8 months and after that weaning was started. On further inquiry proper weaning diets have not been started. She is only giving cereals and sometimes tea. On examination the child is weighing 8 kg. Systemic examination revealed no further abnormality. What is the most probable diagnosis?

- a. Iron deficiency anemia**
- b. Sickle cell anemia
- c. Beta thalassemia
- d. Hereditary spherocytosis
- e. Megaloblastic anemia

4. A five year old boy from Afghanistan presents with 3 weeks history of high grade fever, progressive pallor and abdominal distention. Examination shows pallor, generalized lymphadenopathy, hepatosplenomegaly and generalized bruises. Investigations show Hemoglobin 7g/dl, WBC 20,000, 30% Blast cells. What is the most likely diagnosis?

- a. Acute Leukemia**
- b. Hereditary spherocytosis
- c. Thalassemia Major
- d. Chronic liver disease
- e. Diamond Black fan Anemia

5. A 12 year old girl presents to you with the history of swollen, painful bilateral wrist joints, bilateral interphalangeal joints and bilateral knee joints for the past 6 months associated with morning stiffness. The pain is non migratory and there is no history of any rash. Investigations are significant for a positive Rheumatoid Factor and raised ESR. What is the most likely diagnosis?

- a. Juvenile idiopathic arthritis**
- b. Reactive Arthritis
- c. Toxic synovitis
- d. Rheumatic Fever
- e. Septic Arthritis

6. A 10-year-old boy presents with recurrent nosebleeds and easy bruising. His family history is notable for maternal relatives with similar symptoms. Laboratory tests reveal APTT of 45 seconds (normal: 30 seconds) and normal PT. What is the most likely diagnosis?

- a. Hemophilia A
- b. Von Willebrand disease**
- c. Thrombocytopenic purpura
- d. Vitamin K deficiency
- e. None of these

7. A 3 years old child comes to your clinic with history of fever, cough and vomiting for last 2 days. O/E the child is tachypneic with R/R 70 and has subcostal, intercostal retractions and B/L coarse crepitation with temp of 102f. Mother tells you the child is refusing everything and has not taken any feed since last night. What will you do?

- a. Refer urgently to hospital
- b. Give oral antibiotics and send home
- c. Refer urgently to hospital after giving 1st dose of antibiotics and IV provers**
- d. Admit in clinic for IV antibiotics
- e. Discharge home with no medications.

8. A 3 year old boy presented in neuro OPD with complaints of speech delay. His birth history is unremarkable. Development is normal, apart from that he started walking at age of 2 years. His mother describes him as being clumsy. He can say one to two words speech. He is the 3rd child of healthy unrelated parents. On exam, his height and weight on the 50th centile. He has a waddling gait and a mild lordosis. Systemic examination is normal. Which investigation is most likely to reveal the diagnosis:

- a. Thyroid function test
- b. Hearing test
- c. DNA for CGG repeat sequence
- d. Creatinine kinase**
- e. Ct scan brain

9. A 6-year-old child presents to the orthopedic clinic with sudden onset of fever, headache, vomiting, and neck stiffness. Over the next few days, the child develops muscle weakness, particularly in the legs. The parents mention that the child was not fully vaccinated according to the recommended immunization schedule. Based on the scenario, which of the following is the most likely diagnosis?

- a. Meningitis
- b. Muscular dystrophy
- c. Gullian Barre syndrome
- d. Poliomyelitis**
- e. Cerebral Palsy

10. A 4 year old boy comes to your OPD with history of being pale and failure to thrive. You Order a peripheral smear for the patient which shows Hb 8.9 with spherocytosis and retic of 21%. Parents tell u his grandfather had cholecystectomy done for gall stones and the boy also had a prolonged neonatal jaundice. What test would u do to confirm diagnosis?

- a. Hb electrophoresis
- b. Osmotic fragility**
- c. Genetic testing
- d. Flow cytometry CD 55 AND CD
- e. Bone marrow examination

11. A 6 year old child presented to you with history of progressive pallor for the past 1 year. The child is a picky eater he only eats French fries and bananas. He doesn't eat any meat at all. On examination the child is quite pale, no jaundice, no visceromegaly, CVS S1, S2, 0, Chest clear, no bruises or lymphadenopathy. Which of the following investigation will best lead you to the diagnosis?

- a. Serum Vitamin B12 levels
- b. Serum Ferritin**
- c. Serum Calcium
- d. Serum Folic Acid
- e. Serum Vitamin E

12. A 4 year old boy comes to your OPD with history of being pale and failure to thrive. You Order a peripheral smear for the patient which shows Hb 8.9 with spherocytosis and retic of 21%. Parents tell u his grandfather had cholysextomy done for gall stones and the boy also had a prolonged neonatal jaundice. What test would u do to confirm diagnosis?

- a. Hb electrophoresis
- b. Osmotic fragility**
- c. Genetic testing
- d. Flow cytometry CD 55 AND CD
- e. Bone marrow examination

13. The child presented with 2 days history of a generalized rash. The child had an upper respiratory tract infection 1 week back. On examination well looking child, generalized petechial rash, no bone tenderness, no visceromegaly, chest clear, CVS S1, S2.

- a. Idiopathic thrombocytopenic purpura**
- b. Henoch schonlein purpura
- c. Meningococcemia
- d. Leukemia
- e. Anemia

14. During their clinical rotation in orthopedic, final year medical students. They encounter a 2-year-old patient named Maryam, who has been brought in by her parents due to concerns about her growth and development. Maryam exhibits some distinct physical characteristics that prompt the medical team to suspect achondroplasia. Which of the following clinical features is most commonly observed in individuals with achondroplasia?

- a. Excessive Height for Age
- b. Long and slender limbs
- c. Prominent forehead and face hypoplasia**
- d. Narrow chest wall and cavity
- e. Proportional body

15. A 7 year old child presents to you with left knee joint swelling for the past 7 days. He has past history of spontaneous bruising and bleeding from circumcision site. The mother gives history that one of his uncles has a similar illness and he uses some expensive injections regularly. On examination he has a few bruises on his back and legs, left knee joint is swollen and tender, rest of the examination is normal. On initial investigations his APTT is grossly deranged. What is the most likely diagnosis?

- a. Von willebrand disease
- b. Idiopathic thrombocytopenic purpura
- c. Hemophilia**
- d. Leukemia
- e. Juvenile idiopathic arthritis

16. A 7 year old child presents to you with left knee joint swelling for the past 7 days. He has past history of spontaneous bruising and bleeding from circumcision site. The mother gives history that one of his uncles has a similar illness and he uses some expensive injections regularly. On examination he has a few bruises on his back and legs, left knee joint is swollen and tender, rest of the examination is normal. On initial investigations his APTT is grossly deranged. What is the most likely diagnosis?

- a. Von willebrand disease
- b. Idiopathic thrombocytopenic purpura
- c. Hemophilia**
- d. Leukemia
- e. Juvenile idiopathic arthritis

17. A 2year old child with fever and refusal to walk for two days. C/o pain and points to his right lower extremity. There is a recent history of an URTI about two weeks ago, but no recent trauma. The pain is not known to migrate. Labs show WBC 20,000. ESR 45, CRP 12. Hip radiographs shows widening of the acetabular space on the right what is your probable diagnosis?

- a. Osteomyelitis
- b. Septic arthritis**
- c. Reactive arthritis
- d. Post infectious arthritis
- e. Growing pains

18. A 6-year-old boy, has been experiencing frequent falls recently, difficulty running, and trouble climbing stairs. His parents noticed that he uses his hands to push off his thighs when getting up from the floor, his previous sibling is also suffering from such condition. After a visit to a pediatric neurologist and subsequent genetic testing was done, reports awaiting base on this what is your diagnosis?

- a. CP (cerebral palsy) child
- b. Duchene muscular Dystrophy**
- c. Development dysplasia of the hip
- d. AMC (Arthrogryposis Multiplex Congenital) child
- e. Rickets

5. BLOOD PEADS

BLOCK N KIMS 2024

1. Which of the following statement is true regarding inherited bleeding disorder?

- a. Hemophilia is autosomal recessive disorder
- b. Hemophilia becomes more severe in pregnancy because of decrease factor 8 levels
- c. All women with VWD disease will respond to DDAVP during labor
- d. Type 1 VWD has 50 % chance of being affected baby
- e. Chorionic villous sampling is contraindicated in hemophilia due to bleeding tendency**

2. A three-day neonate born SVD, preterm (36 weeks gestation) with immediate cry is brought to OPD for a first time examination. He is on breast milk.

Clinically there is minimal jaundice, normal tone and reflexes. Blood tests done reveals: CBC: 16000/mm³, Hb: 15g/dl Platelets: 250000/mm³, MCV: 110 fl, Serum bilirubin: 9, of which 7 is indirect and 2 is direct. What should be the next step?

- a. Advice folic acid and vitamin b12 drops
- b. Advice Iron and multivitamin drops
- c. Exposure to sunlight & Reassurance**
- d. Further investigate
- e. Admit and start IV antibiotics

3. A 14 months presents to OPD with excessive irritability and decreased appetite for 3 months. There is no history of fever, loose stools, cough or vomiting. History reveals he was born full term SVD, and on breast feeding for 3 months after which cow's milk was substituted. Weaning was started at 7 months and included rice, yoghurt, fruit juices. Mother complains that child cries most of the time despite feeding him 7 times in a day. What is the most likely cause of her symptoms?

- a. Iron deficiency**
- b. Megaloblastic anemia
- c. Tuberculosis
- d. Metabolic disorder
- e. Delayed weaning

4. A young lady 30 years of age with difficulty in climbing stairs and getting out of bed in morning for last one month. She has rash over the V of the neck and around the eyelids. What is the confirmatory investigation?

- a. ANA
- b. CPK**
- c. EMG
- d. Muscle Biopsy**
- e. RA Factor ESR

5. An 18 months' toddler has recently recovered from mild upper respiratory tract infection. He is brought to a pediatrician clinic by mother due to not gaining weight. Mother states that she gives him breast feeding since birth and weaned him at 6 months of age with rice, dalia, kheer and fruits. Toddler hasn't erupted teeth yet and mother hasn't given him meat which she herself is not tone and avoids completely. Clinically he is pale, afebrile but mildly jaundiced & irritable. Liver/spleen are not enlarged. Most likely diagnosis?

- e. Acute viral hepatitis
- a. Hemolytic anemia
- b. Iron deficiency**
- d. vitamin B 12 deficiency**
- c. Aplastic anemia

6. A six days female neonate presents with jaundice. She was born full term. SVD with immediate cry. She developed jaundice on 3 day of life and since then it has increased considerably. Clinically she is jaundiced, pale and minimally tachypnea. Her abdomen is soft and spleen is palpable 3 cm below left costal margin, investigations carried out show following results: WBC: 16000 serum bilirubin 25 mg/dl of which direct is 5 and indirect is 20, reticulocyte count is 6%, what is the most likely diagnosis?

- a. ABO incompatibility
- b. Physiological jaundice
- c. Hereditary spherocytosis
- d. G-6-PD deficiency
- e. Autoimmune hemolytic anemia

7. A 4 years old female child brought to an OPD with bruises and petechial scattered over her body. There is no history of trauma. Child also had two episodes of epistaxis in the last 2 days. O/E she is alert, afebrile; there are scattered bruises and petechial. On palpating abdomen, there is no visceromegaly and lymph nodes are also not palpable on general physical examination. Diagnosis?

- a. Aplastic anemia
- b. ITP(immune thrombocytopenic purpura)
- c. NAI (non- accidental injury)
- d. Acute leukemia
- e. Autoimmune hemolytic anemia

8. A previously well 4 years old child has been brought to the hospital with the complaints of yellow discoloration of eyes for 4 days. General physical examination reveals a pale looking child who is afebrile. There is no lymphadenopathy, hepatomegaly or ascites. Pitting edema is also negative, but patient do have an enlarged spleen. Past history reveals of a febrile episode few days back, which involved no cough, dysuria, vomiting or headache and for which he was given some antimalarial by a GP. Most likely diagnosis?

a. G-6-PD deficiency

- b. Autoimmune hemolytic anemia
- c. Thalassemia
- d. Hereditary spherocytosis
- e. Pyruvate kinase deficiency

9. A five years old child presents with swelling of right knee joint for five days. There is a history of fall on ground while playing football 6 days ago. There is no history of fever. Child is otherwise thriving well and is an issue of consanguineous marriage. He is an avid player of sports and previously had injured his left ankle joint but that seemed to have resolve quickly perhaps due to minor injury, His elder sister has a history of prolonged albeit minor bleeding history after trauma. What is the most likely diagnosis?

- a. Fanconi's Anemia
- b. ITP (immune thrombocytopenic purpura)
- c. Factor V laden deficiency
- d. Hemophilia A (skewed ionization)
- e. Factor X deficiency

1. A 14-year-old boy presents with recurrent episodes of joint swelling and pain, particularly in his knees and ankles, after minor injuries or physical activity. He also reports easy bruising and prolonged bleeding after dental extractions On examination, there is tenderness and swelling in multiple joints. What is the most likely diagnosis

- a. Hemophilia A
- b. Von Willebrand Disease
- c. Disseminated Intravascular Coagulation (DIC)
- d. Factor XI deficiency
- e. Platelet function disorder

2. 14-year-old girl presented with complaints of excessive bruising since childhood and menorrhagia since menarche. She has a family history of excessive bleed in her maternal aunt. Her coagulation profile showed BT >15 min, PT 14sec, APTT 77 sec. The most Likely diagnosis is

- a. Hemophilia A

- b. Hemophilia B
- c. Von willebrand disease
- d. Factor VII deficiency
- e. Protein C deficiency

3. Which one is not a risk factor for G6PD deficiency

- a. Quinine
- b. Primaquine
- c. Sulfamethoxazole
- d. Aspirin
- e. None of the above

4. Heiuz bodies are pathognomonic of

- a. Thalassemia
- b. Sickle cell anemia
- c. Spherocytosis
- d. G6PD deficiency
- e. All of the above

5. Which one is not a feature of intravascular hemolysis

- a. Anemia
- b. Hemoglobinuria
- c. Hemosiderinuria
- d. Methemoglobinemia
- e. All of above

6. Which one is not a clinical feature of thalassemia

- a. Frontal bossing
- b. Rash
- c. Protruding teeth
- d. Frequent fractures
- e. Protuberant abdomen

7. Hair on end appearance is pathognomonic of

- a. Sickle cell disease
- b. Hemophilia
- c. ITP
- d. Thalassemia
- e. Spherocytosis

8. Which one is pathognomonic of thalassemia on blood smear

- a. Oval RBC
- b. Heinz, boding
- c. Target cells
- d. Sickle cells
- e. All of above

9. Pigmented gallstones are pathognomonic of

- a. Thalassemia
- b. Spherocytosis
- c. G6PD Deficiency
- d. Sickle cell disease
- e. All of above

10. Which one is diagnostic test of thalassemia

- a. Electrophoresis
- b. Bone marrow biopsy
- c. Gene defect on DNA analysis
- d. Blood smear
- e. All of above

11. Which one is not used in treatment of thalassemia

- a. Splenectomy
- b. Desferrioxamine
- c. Deferiprone
- d. Repeated blood transfusion
- e. None of above

12. Which drug can increase Hb F levels

- a. Desferrioxamine
- b. Hydroxyurea
- c. Folic acid
- d. Vit C
- e. None of above

13. RBC life span in sickle cell disease

- a. 100 days
- b. 70-80 days
- c. 30-40 days
- d. 10-20 days
- e. None of above

14. RBC life Span in Spherocytosis

- a. 80-100 days
- b. 40-50 days
- c. 60-70 days
- d. 10-20 days
- e. None of above

15. Which one is inherited in X linked recessive manner

- a. G6PD deficiency
- b. Spherocytosis
- c. Sickle cell disease
- d. Thalassemia
- e. All of above

16. Which one is diagnostic of spherocytosis

- a. Electrophoresis
- b. Blood smear
- c. Osmotic fragility test
- d. Enzymatic assay
- e. All of above

17. Which one is not clinical feature of acute lymphoblastic leukemia?

- a. Lymphadenopathy
- b. Purpuric and petechial skin lesion
- c. Weight gain
- d. Hepatosplenomegaly
- e. Pallor

BLOCK N RMC 2024

1. A patients suffering from vitamin k deficiency.

Which of the coagulation factor will not be affected?

- a. Factor II
- b. Factor VII
- c. Factor VIII
- d. Factor XI
- e. Factor IX

2. In allergic reactions _____ is increased.

- a. Neutrophils
- b. Lymphocytes
- c. Eosinophils
- d. Basophils
- e. All of the above

3. _____ Test is used to interpret hemolytic anemia.

- a. Schilling test
- b. Coombs test
- c. Genetic test
- d. None of the above
- e. All of the above

4. Half-life of RBCs are:

- a. 90 days
- b. 120 days
- c. 60 days
- d. 150 days
- e. 100 days

5. HB-electrophoresis should be done?

- a. At birth
- b. 4 months
- c. 12 months
- d. 6 months
- e. 2 months

6. A 2-year-old infant is noted to have mild cyanosis who assumes a squatting position during long walking. He is noted to have increasing fussiness followed by increasing cyanosis, limpness, and unresponsiveness. The most likely underlying lesion is:

- a. Hypo plastic left heart
- b. Transposition of the Great Vessels
- c. Anomalous Pulmonary Venous Return
- d. Tetralogy of Fallot
- e. Aspiration with obstruction to air passages

KGMC BLOCK N 2024

1. A 28 week preterm neonate weight of 1 kg presented to ER in NICU with respiratory distress. His respiratory rate is 70/min and he has nasal flaring and intercostal retraction. Which of the following is the most likely cause of respiratory distress?

- a. Congenital pneumonia
- b. Congenital diaphragmatic hernia
- c. Mconium aspiration syndrome
- d. Respiratory distress syndrome
- e. Transient tachypnea of newborn

2. An 8 months old female child presented with three months history of progressive pallor. On examination patient is afebrile, pale, total liver span of 6 cm and spleen palpable 4 cm below the left costal margin. The patient is having no petechiae and bruises over body and with no visceromegaly. Investigations show Hb: 6.8 gm/dl, TLC:21000 and platelet count: 246000. What is the most appropriate diagnosis to confirm diagnosis?

- a. Haemolytic anemia slide for thick and thin smears
- b. Trehine biopsy haemoglobin and electrophoresis
- c. Trehine biopsy
- d. Splenic biopsy

3. An 8 years old child comes to Emergency deptt with right knee swelling and pain with no lymphadenopathy and visceromegaly. What investigations are required?

- a. Platelet count
- b. PT
- c. Factor 8 Assay
- d. Trehine biopsy
- e. Splenic biopsy.

4. A nine years old female child has presented to accident and emergency department with history of progressive pallor and high grade fever for last four weeks. The patient is unconscious with Glasgow coma scale of 8/15.on examination she is physically normal girl with no lymphadenopathy and visceromegaly.she is having few petechiae on lower

limbs. her Tic is 3200 with 12% polys and 88% lymphocytes and platelet count of 7000. what is the most likely diagnosis?

- a. Acquired aplastic anemia with intracranial bleeding
- b. Idiopathic thrombocytopenia with intracranial bleeding
- c. Fanconi anemia with intracranial bleeding
- d. Factor 9 deficiency with intracranial bleeding
- e. Classic hemophilia with intracranial bleeding

5. A 11 years old boy presents with weight loss, high grade fever, pallor and drenching sweats at night. His CBS shows Hb 10gperdl, WBCs 5000, platelets 200000. which one of following is most appropriate investigation for diagnosis?

- a. Bone marrow aspiration
- b. Chest X-ray
- c. Ultrasound abdomen
- d. Lymph node biopsy
- e. Trehpene biopsy

6. A twelve month old male child presents with progressive pallor, his two elder sisters of age 4 and 7 have also mild pallor with no other symptoms. His hb is 6.5 g/dl, TLC =15400, platelets=210000, spleen = 2cm, and liver span of 6 cm. Which investigation will guide to diagnosis?

- a. Bone marrow biopsy
- b. Splenic aspirate
- c. Splenic biopsy
- d. Hb electrophoresis
- e. Trehpene biopsy

7. A 6 years old child was brought from chitral with a history of fever from 40 days. He has been given antibiotics and antimalarial but no improvement occurs. Temperature 102.5". He is pale having marked splenomegaly. Skin is pale with dark pigmentation. A special smear showed pancytopenia, Hb 6.4, Tic 3000/dl, platelets 64000. Bone marrow examination and splenic aspirant is

advised. What is most likely diagnosis?

- a. Enteric Fever
- b. Malaria
- c. Visceral leishmaniasis
- d. All
- e. Thalassemia major

8. A six year old male child brought to ER department with a history of bleeding from his tongue after an accidental bite while taking lunch. The bleeding is not stopping with local measures. He is having right knee joint swelling for the last 1 year but is no tender. His three sisters are alright but only maternal Uncle has bleeding problem. What is the most appropriate screening test to reach the diagnosis?

- a. Bleeding time
- b. APTT
- c. Platelets function test
- d. Platelets count
- e. PT

9. A 2 year old child present with pallor and painful swelling of hands and feet. There is family history of pallor and headaches in his elder treatment and is on continuous medications since his earlier life. Laboratory evaluation reveals hb of 9g/dl with WBCs count of 11,500 and platelet count of 250,000.

- a. Bone marrow examination
- b. Blood culture
- c. Pt/Appt
- d. Special smear
- e. Hb electrophorisis

10. 4 year girl with 3 week history of fever and Palor fever, Splenomagly, heptomagly, lymphadenopathy. What is the appropriate test to diagnose her?

- a. Blood culture
- b. Thick and thin Smear
- c. Special Smear
- d. Splenic aspirate

11. 11 year old child having weight loss 1 month ago and respiratory difficulty about one week.... He has generalized lymphadenopathy on CBC his hb 9. Tic is 12700 platelets is 156000 and Alt is 4 times

normal... What is your diagnosis?

- a. All
- b. Myeloma
- c. Lymphoma
- d. CML

12. A 10 years old child present with progressive history of fever, pallor, bodyaches, On examination patient is pale, having few scattered petechiae, no lymphadenopathy, visceromegaly.he has been hospitalized in last month and transfused with red cell and platelets. concentrate.her CBC shows hb = 4 gm/dl TLC 2500 ploys 12% lymphocytes 88% platelets 22000.what is appropriate treatment?

- a. Cyclosporine
- b. Methylprednisolone with cyclosporine
- c. Azathioprine
- d. Immunoglobulins with cyclosporin
- e. Bone marrow transplantation

13. A 6 years opd child presented to accident and emergency department with sudden pallor. The child was running with high grade fever and loose stool for which treated with ciprofloxacin and paracetamol. The child has three more similar episodes sudden pallor and history of severe neonatal jaundice for which he remained admitted in nursery unit for 6 days and received phototherapy. Clinical examination shows signs of pallor and milder icterus otherwise normal.

- a. G6PD deficiency
- b. Hereditary spherocytosis
- c. Sickle cell anemia
- d. Fanconi anemia
- e. Aleukemic leukaemia

14. A 14 years old presented with history of excessive bleeding in 1st menstrual cycle. Few scattered petechiae, afebrile, no lymphadenopathy and visceromegaly. Hb :8.8 gm/dl, TLC: 12700, platelet count: 155000, bleeding time and APTT prolonged, Normal prothrombin time.What is the

diagnosis?

- a. Haemophilia B
- b. Autoimmune Haemophilia
- c. Gazman Thrombosthenia
- d. Von willbrand Disease
- e. Factor VIII deficiency

15. A 4 yrs old female presented with history of fever and pallor. Patient is dark skinned with multiple café au lait spots on his trunk. He is short statured, having polydactyly. Hb is 7gm/dl, TLC: 3800, platelets: 70,000, RT count 0.5, hbf by acid elution method is 8%. What is the diagnosis?

- a. Malaria
- b. Diamond blackfan syndrome
- c. Fanconi syndrome
- d. Acquired aplastic anemia
- e. Bernard soulier syndrome

16. A nine years old female child has presented to accident and emergency department with hx of progressive pallor and high grade fever for last four weeks. The patient is unconscious with glasgow coma scale of 8/15.on examination she is physically normal girl with no lymphadenopathy and visceromegaly.she is having few petechiae on lower limbs. Her Tic is 3200 with 12% polys and 88% lymphocytes and platelet count of 7000.what is the most likely diagnosis?

- a. Acquired aplastic anemia with intracranial bleeding.
- b. Idiopathic thrombocytopenia with intracranial bleeding.
- c. Fanconi anemia with intracranial bleeding.
- d. Factor 9 deficiency with intracranial bleeding
- e. Classic hemophilia with intracranial bleeding

17. A 8 year old child having morning stiffness and pain in the small joints with :

- a. Hepatosplenomegaly
- b. Rheumatoid arthritis
- c. Septic arthritis
- d. Osteoporosis
- e. Osteoarthritis

FOUNDATION PEADS

BLOCK N RMC 2024

1. At which age will the child develop pincer grasp?

- a. 6 months
- b. 9 months**
- c. 12 months
- d. 15 months
- e. Both a and b

2. Measles vaccination done at which age?

- a. 12 and 18 months
- b. 18 and 20 months
- c. 9 and 15 months**
- d. 6 and 12 months
- e. 18 months

3. At what age weaning should be start?

- a. 6 months
- b. 7 months**
- c. 4 months
- d. 9 months
- e. 10 months

4. Which of the following muscles are stance phase muscles?

- a. Hamstring
- b. Quadriceps**
- c. Anterior tibial
- d. Peroneus longus
- e. None of the above

5. Waddling gait is due to:

- a. Gluteal muscle weakness**
- b. Paravertebral muscle weakness
- c. Obturator nerve palsy
- d. Adductor muscle weakness
- e. Both a and c

6. The most common cause of monoarthritis in children.

- a. Tuberculosis arthritis
- b. Septic arthritis**
- c. Osteoarthritis
- d. Rheumatoid arthritis
- e. Both a and c

7. Sub periosteal erosions of middle phalanges at the radial aspect is the characteristic of:

- a. Gluteal muscle weakness
- b. Paravertebral muscle weakness
- c. Obturator nerve palsy**
- d. Adductor muscle weakness
- e. Both a and c

8. Congenital hip dislocation is usually due to:

- a. Short femur head
- b. Small femur neck
- c. Displacement of capital epiphysis
- d. Large acetabulum
- e. Small acetabulum**

KGMC BLOCK N 2024

1. A 2 year old child presented to OPD with fever.

For the past 6 days, a fever of 39 to 40 F. Yesterday his mother noticed a rash in his diaper area. On examination, the boy is irritable. Hands and feet are erythematous and oedematous with a peeling rash in the perianal area. Eye examination revealed non purulent conjunctivitis and lips were dry and cracked. All other examinations were unremarkable.

What is the likely diagnosis?

- a. Adenovirus
- b. Hand Foot mouth disease**
- c. Kawasaki disease
- d. Measles
- e. Scarlet fever.

2. a mother brought her 3month old baby with complaints of capillary hemangioma of lower Eyelid. What is the treatment?

- a. Intralesional avastin injection
- b. Intralesional steroid injection
- c. Laser**
- d. Ocular propanalol....
- e. Surgery

3. A 6 months old infant presented to emergency department with generalized erythema and skin tenderness for last 5 days. Child is very irritable, reluctant to feed and cries on handling. Mother gives history of sore throat preceding these symptoms one week back. His skin redness and sheeting started from flexural areas. Investigations showed raised TLC count with neutrophilia and high ASO titer. What investigation will you advice to correctly diagnose this patient?

- a. Blood culture
- b. Stool culture
- c. Swab for culture from throat.
- d. Swab for culture from skin**
- e. Urine culture

4. A 45 years old female complain of pain in her hands precipitated by exposure to the cold weather. She has breathlessness walking, when she is eating she can feel food suddenly sticking to The gullet. It Seems to be in the middle or esophagus but She can't localize exactly where it sticks. It IS usually relieved with a drink of water. Choose the single most likely dysphagia from the option?

- a. Esophageal carcinomid Systemic Sclerosis SIE
- b. Pharyngeal Carcinoma
- c. Globus hystericus

6. GENERAL SURGERY

BLOCK N KIMS

1. Which of the following is a recommendation endorsed by the Centers for Disease Control and Prevention to reduce the risk of surgical site infection?

- a. Hair removal from surgical site by skin Clippers just after prophylactic dose of antibiotics
- b. Tight glucose control perioperative with goal of <180 mg/dL
- c. Core body temperature maintained above 35.5°C
- d. Use of decreased FiO₂, during & immediately postoperatively in patients who had general anesthesia with endotracheal intubation
- e. Induction of Spinal anesthesia instead of General anesthesia to the patient

2. A 53-year-old male undergoes emergent exploratory laparotomy for perforated sigmoid diverticulitis. He is not septic and makes urine throughout the case, but the procedure lasts for 5 hours and the patient receives over 4 L of intravenous crystalloid. When should this patient's Foley catheter be removed following surgery?

- a. Immediately following the procedure
- b. On postoperative day 1 or as soon as it has served its purpose
- c. On postoperative day 3 if no hematuria and ureteral injury ruled out
- d. When patient is ambulatory
- e. On postoperative day 5

3. A 35-year old female underwent Laparoscopic Cholecystectomy for gallstones. Who bears final responsibility for assessing a patient's risk of complications?

- a. Surgeon
- b. Anesthesiologist
- c. Primary care physician
- d. Close Family Members
- e. Anesthesia Technician

4. A 42-year-old patient presents with second-degree burns to the anterior surface of both legs and anterior torso. What is his total percentage body surface area burn?

- a. 18%
- b. 36%
- c. 45%
- d. 54%
- e. 63%

5. A 65-year-old man sustains a 50% TBSA burn while burning trash in the backyard. The patient is resuscitated with lactated Ringer (LR) solution using the Parkland formula and a weight of 70kg. What is the rate of LR given in the first 8 hours?

- a. 100mL/h
- b. 550 mL/h
- c. 875 mL/h
- d. 1000 m/h
- e. 1500 MI/h

Total comes 1400. Half is given in first 8 hours

6. A 56-year-old male is burned while sleeping in his home. His right upper and lower extremity and the anterior aspect of chest have extensive third-degree burns. A Third-degree burn is characterized by which of the following?

- a. Fixed capillary staining
- b. Pearly white appearance
- c. Completely Anesthetic & lesion extending to subcutaneous
- d. Erythema and bullae formation
- e. Requires immediate skin grafting

7. A 42-year-old man city worker presents after sustaining an electrical burn. He has contact burns on his hands and feet. His ECG shows normal sinus rhythm. What is this patient at risk for?

- a. Respiratory distress
- b. Renal failure
- c. Hyperthermia
- d. Hypothermia
- e. Infection

8. Following initial resuscitation, based upon the Parkland formula, the patient was resuscitated with Ringer's lactate solution at 1000 m/h. Further assessment after 7 hours reveals oliguria. What should the next step in management be?

- a. Give Plasma
- b. Continue Resuscitation with ringer lactate to achieve urine output to 1ml/kg/hr.**
- c. Give Diuretics to improve urine flow
- d. Colloid solution
- e. Continue initial resuscitation with normal saline

9. A 42- Year old female underwent total Thyroidectomy for large thyroid goiter. Which of the following has been shown to reduce operative mortality by over 40%?

- a. Using bites smaller than 1 cm to close fascia after a laparotomy
- b. Proper following of WHO safety checklist**
- c. Reviewing the patient's imaging prior to an operation
- d. Routine placement of surgical drains
- e. Give proper dosage of Antibiotics

10. A 40- year old male patient presented with acute abdomen and ultimately planned for Exploratory Laparotomy. Which abdominal incision is no longer commonly used?

- a. Midline
- b. Para median**
- c. Subcostal
- d. Pfannenstiel
- e. Transverse abdominal

BLOCK N WMC

1. The photosensitive material used in xray films consists of

- a. Cellulose
- b. Silver bromide**
- c. Zns
- d. Calcium tungstate
- e. None

2. How much small intestine can be safely rejected or bypass without deleterious effects

- a. 25%
- b. 50%**
- c. 65%
- d. 75%
- e. 85%

3. Which of the following fluid contains potassium

- a. Normal saline

b. Ringer lactate

- c. Dextrose saline
- d. Dextrose water
- e. None

Lactated Ringer's solution (LR)

- Na^+ : 130 mEq/L
- Cl^- : 109 mEq/L
- K^+ : 4 mEq/L
- Ca^{2+} : 2.7 mEq/L (1.35 mmol/L)
- Lactate (HCO_3^-): 28 mEq/L
- Osmolarity: 273 mOsm/L

4. A 30-year-old female had 15 % burn involving both thighs. Examination reveals deep partial thickness burn. How this wound will heal of no intervention is done

- a. Normal healing
- b. No scarring
- c. Hypertrophic scarring**
- d. Keloid formation
- e. Atrophic scar

5. A 30- year -old female had 15 % burn involving both thighs. Examination reveals deep partial thickness burn. In how much time this wound will heal spontaneously

- a. 1-2 WEEK
- c. 3-4 WEEKS**
- e. >8 WEEKS
- b. 2 WEEKS
- d. 6 -8WEEKS

6. A 35 years old male was operated for incision biopsy of right axillary lymph node. The procedure was uneventful, after 19 hours of procedure he developed bleeding from incision site. What is likely cause of this complication

- a. 1^o hemorrhage
- b. 2^o hemorrhage**
- c. Reactionary hemorrhage
- d. Non-surgical hemorrhage
- e. Tertiary hemorrhage

7. A patient of 30 years female was operated for lap Cholecystectomy in morning, elective list. After 6 hours of surgery patient deteriorated vitally with pallor, pulse 130/min weak, BP- 80 systolic. What is the next step of management

- a. Reassurance of patient
- b. FAST Scan**
- c. MRI
- d. ERCP
- e. Blood CBC

8. Informed consent must always be taken by;

- a. Staff Nurse
- b. House Officer
- c. Surgeon Operating on Patient**
- d. Medical Officer
- e. Anesthetist

9. The maximum pressure for pneumoperitoneum during laparoscopic Cholecytectomy is

- a. 10 mmHg
- b. 15 mmHg**
- c. 20 mmHg
- d. 25 mmHg
- e. 30 mmHg

10. During laparoscopy which of the following gas is used to create pneumoperitoneum

- a. Air
- b. CO₂**
- c. Oxygen
- d. Nitrous oxide
- e. Halothane

11. Treatment of no pneumonia cough and cold is?

- a. Sus amoxiclav
- b. Safe home remedy**
- c. Intramuscular antibiotics
- d. Antihistamine
- e. Bronchodilators

12. The presence of tension pneumothorax

- a. Is a type of hemorrhage shock
- b. Will always be associated with tracheal deviation
- c. Is treated definitely with needle decompression
- d. Is treated definitely with chest drain**
- e. Shows tachycardia **Initial - needle Decompression**
Definite - chest tube insertion

13. A patient had a chest drain inserted. What of the following should the emergency department not do

- a. Monitor breathing and ventilation
- b. Clamp the chest drain**
- c. Observe the chest drain for bubbling & swinging
- d. Monitor the chest drain site
- e. None of above

14. A 17years old male patient presented with history of gunshot injury in the accident and trauma department to the right side of anterior chest wall just above the nipple. Patient is restless, breathless and pulse rate is 120/min. Respiratory rate 40/min and blood pressure of 80/40 mm Hg. On percussion of chest wall dull note, absent breath sound on auscultation on right side of the chest. Name the likely diagnosis;

- a. Haemothorax**
- b. Pneumothorax

- c. Tension pneumothorax
- d. Chylothorax
- e. Cardiac tamponade

15. A 71- year- old male is seen in the emergency room after a motor vehicle accident with severe, sharp chest pain radiating to his back. His blood pressure is 190/100 mmHg and his pulse is 100 beats per minute. Chest x-ray reveals a widened mediastinum. Before more can be done, the patient dies. At autopsy, he has a massive amount of blood in the pericardial sac. What is the most likely diagnosis?

- a. Pneumothorax
- b. Rupture of myocardial wall
- c. Haemothorax
- d. Uremic pericarditis
- e. Ascending aortic dissection**

16. A patient is profoundly dyspneic, tachycardic, and hypotensive after sustaining a stab wound to the left chest. Physical examination reveals decreased breath sounds on the side of the wound, but the cardiac examination is normal. Examination reveals crepitus and soft tissue swelling on the anterior chest wall and neck. He is awake and complains of pain at the wound site. After the patency of the airways is assured, what is next step in this patient's management?

- a. Immediate intravenous access
- b. Ootracheal intubation
- c. Left needle thoracostomy**
- d. Chest X-ray
- e. Crystallloid infusion

1. Neurogenic shock is characterized by the presence of:

- a. Cool moist skin
- b. Increased cardiac output
- c. Decreased peripheral vascular resistance**
- d. Decreased blood volume
- e. Increased pulse rate

2. Correct statement about volume resuscitation in hemorrhagic shock include:

- a. Administration of large volumes of lactated Ringer's solution is complicated by increasing, lactic acidosis
- b. Use of whole blood alone corrects hypovolemia more effectively than whole blood plus lactated Ringer's solution
- c. Lactate ions are readily excreted by the normal kidney
- d. Lactated Ringer's solution intravenously restores the extracellular fluid deficit-produced blood loss**
- e. When lactated Ringer's solution is used to correct hypovolemia, decreased intravascular oncotic pressure results

3. In the presence of acute blood loss, adequate preload to the heart is maintained initially by the:

- a. Development of tachycardia
- b. Hormonal effects of angiotensin
- c. Hormonal effects of antidiuretic hormone
- d. Hormonal effects of renin
- e. Increase in systemic vascular resistance**

4. A patient has sustained trauma, and requires immediate surgery. The situation is dire. If the patient's stomach is full from a recent meal, the technique that will best protect the lungs against aspiration pneumonia is:

- a. Rapid sequence induction**
- b. Nasogastric aspiration
- c. Preoperative ranitidine therapy
- d. Elevation of the head end
- e. None of above

5. Safe dosage limits for local anesthetic are:

- a. Lignocaine: 40 ml of 2%
- b. Bupivacaine: 40 ml of 1%
- c. Ropivacaine: 40 ml of 1%
- d. Procaine: 40 ml of 1%
- e. None of above**

6. The surgeon should be particularly concerned about which coagulation function in patient receiving and inflammatory or analgesic medication?

- a. APTT
- b. PT
- c. Reptilase time
- d. Bleeding time**
- e. Thrombin time

7. Five days after an uneventful cholecystectomy, an asymptomatic middle aged woman is found to have serum sodium level of 120 MEQ/L, proper management would be:

- a. Administration of hypertonic saline solution
- b. Restriction of free water** **This is most consistent with dilutional hyponatremia due to SIADH or excess free-water administration post-operatively**
- c. Plasma ultrafiltration
- d. Hemodialysis
- e. Aggressive diuresis with furosemide

8. Which of the following medications administered for hyperkalemia counteracts the myocardial effects of potassium without reducing the serum potassium level?

- a. Sodium polystyrene sulfonate (Kayexalate)
- b. Sodium bicarbonate
- c. 50% dextrose
- d. Calcium gluconate**
- e. Insulin

9. According to the recommendation of the American college of surgeons committee of trauma, which of the following patients should be transported to a trauma center?

- a. 50 years old female who fell 8 feet from a step ladder, with isolated hip fracture and normal vital signs
- b. 15 years old bicyclist with closed head injury and Glasgow coma scale score of 12
- c. 23 years old male assault victim with stab wound to the back, normal vital signs, and respiratory distress
- d. 3 years old infant passenger (restrained) in motor vehicle accident with normal vital signs and no apparent injuries except abdominal wall contusion.

- A. a,b,c**
- B. a,c,d**

- C. b,c,d
- D. a,b,d
- E. a,c,d

KGMC BLOCK N 2024

1. Mr Dawood developed post op infection due to contaminated instruments, which patient safety measure is most critical in preventing such error

- a. Timely administer antibiotics
- b. Proper surgical site marking
- c. Adherence to sterilization protocol
- d. Accurate patient identification
- e. Comprehensive discharge planning recent tests indicate

2. The correct sequence of events while doing primary survey in trauma patient is:

- a. Airway, breathing, circulation, disability, exposure
- b. Intubation, blood pressure, chest compressions, disability, environment
- c. Oxygen, breathing, circulations, distress,

3. Commonest cause of rejection of blood transfusions:

- a. Clerical error
- b. Fast and rapid transfusion of cold blood
- c. White blood cells
- d. Pre-existing infection in patient
- e. Packed cell

4. A patient who has resection of terminal ileum will result in?

- a. Amino acid malabsorption
- b. Increase water contenting stool
- c. Increase enterohepatic circulation
- d. Calcium malabsorption.
- e. Fat malabsorption

5. Best parameter for septic shock assessment?

- a. Cvp
- b. Urinary output
- c. Serum lactate
- d. Vasopresser assessment

6. Standard constituents of tpn solution contains the following in correct percentage:

- a. 60% carbohydrate dextrose
- b. Proteins as amino acids 10%
- c. Fats as soya bean oil 20%
- d. Carbohydrates 70%,proteins as amino acids 10%,fats as soya beans oil 20%
- e. Dextrose 50% with potassium chloride

7. Which of the following is not a component of enhanced recovery after surgery (ERAS) ?

- a. Preoperative carbohydrate
- b. Laparoscopy
- c. Normothermia
- d. Chemotherapy
- e. Radiotherapy

8. Which of the following is included in pre operative measurements for enhance recovery after surgery?

- a. Patient should be NBM from midnight to prevent aspiration
- b. V 1L normal saline replace the deficiency of fluids from overnight thirst.
- c. Carbohydrate drink can reduce thirst and post operative insulin resistance
- d. High protein diet 2 hours before surgery
- e. Mechanical bowel preparation decrease fecal load and thereby risk of infection

9. In GCS scoring no motor response to painful stimulus is scored as:

- a. 4
- b. 3
- c. 2
- d. 1
- e. 0

10. Important factor in wound healing:

- a. Size of wound
- b. Depth of wound
- c. Blood supply
- d. Foreign body
- e. Nutritional status.

1. Eye Opening (E)

| Score | Response | |
|-------|--|--------------------------|
| 4 | Eyes open spontaneously | <input type="checkbox"/> |
| 3 | Eyes open to speech (on command or when spoken to) | <input type="checkbox"/> |
| 2 | Eyes open to pain (e.g., sternal rub) | <input type="checkbox"/> |
| 1 | No eye opening | <input type="checkbox"/> |

2. Verbal Response (V)

| Score | Response | |
|-------|--|--------------------------|
| 5 | Oriented – can answer questions appropriately | <input type="checkbox"/> |
| 4 | Confused – responds but disoriented or confused | <input type="checkbox"/> |
| 3 | Inappropriate words – random or exclamatory speech | <input type="checkbox"/> |
| 2 | Incomprehensible sounds – moaning or groaning | <input type="checkbox"/> |
| 1 | No verbal response | <input type="checkbox"/> |

3. Motor Response (M)

| Score | Response | |
|-------|---|--------------------------|
| 6 | Obeys commands | <input type="checkbox"/> |
| 5 | Localizes pain – moves hand toward painful stimulus | <input type="checkbox"/> |
| 4 | Withdraws from pain – pulls limb away from stimulus | <input type="checkbox"/> |
| 3 | Abnormal flexion (decorticate posturing) | <input type="checkbox"/> |
| 2 | Abnormal extension (decerebrate posturing) | <input type="checkbox"/> |
| 1 | No motor response | <input type="checkbox"/> |

GCS Total Score

$$GCS = E + V + M$$

- Mild brain injury: 13–15
- Moderate brain injury: 9–12
- Severe brain injury: 3–8

11. What is missing in Parkland formula for fluid replacement in pt with burns?

- a. Total body weight,
- b. Total skin and burnt
- c. Time-since burn Pt age,
- d. Burn location

12. What is correct procedure in early management Of burn pt with inhalation injury

- a. Fluid resuscitation
- b. Pain management, Airway manage wound care, Oxygen therapy

13. Which burn depth is linked with blister, redness and severe pain

- a. Superficial 1st degree,
- b. Superficial Partial thickness burn In 2nd degree deep
- c. Partial thickness burn In 2nd degree,
- d. Full thickness 3rd degree.
- e. Subdermal burns

14. All cases listed below which one most likely cause of burn in adult?

- a. Electrical,
- b. Thermal,
- c. Chemo
- d. Radiation,
- e. Friction burn

15. Rule of nine, what in burn pt is measured in %. ;

- a. Depth,
- b. Total surface area,
- c. Time
- d. Degree of pain

BLOCK N NWSM

1. A 47-year-old alcoholic male presents with a 3-day history of hematemesis. He undergoes an EGD and is found to have several varices with stigmata of recent bleeding, although no active bleeding is

found. He is in the intensive care unit with an NGT in place, is not receiving vasoactive medications, and is on 4-L oxygen via nasal cannula. Which of the following is a contraindication to starting enteral feeds on this patient?

- a. Being in the intensive care unit
- b. Alcohol withdrawal
- c. Recent EGD plan
- d. UGI bleeding kept nbm
- e. Lack of enteral access

2. A 40-year-old patient presents with pain, swelling, and inability to bear weight on the right leg after a sports injury. The X-ray confirms a midshaft tibia fracture. What is the most reliable clinical sign to suspect compartment syndrome in this patient?

- a. Diminished pulses
- b. Severe pain on passive stretching of the toes
- c. Cooling of the skin
- d. Numbness over the dorsum of the foot
- e. Visible bruising over the tibia

3. During pre-op evaluation of a 33 year old male with ESRD form polycystic kidney disease, his identical twin brother comes forward and wishes to donate one of his kidney to his brother. What type of graft is this:

- a. Allograft
- b. Iso-graft
- c. Auto graft
- d. Xenograft
- e. Stereograph

4. A 28-year-old female is admitted to the burn unit after a house fire, with burns covering 40% of her total body surface area (TBSA). Using the Parkland formula, calculate the total volume of fluid she should receive in the first 24 hours post-burn. If she weighs 70 kg, how much fluid should be administered in the first 8 hours?

- a. 4,800 mL in the first 8 hours
- b. 1,680 mL in the first 8 hours

- c. 2,400 mL in the first 8 hours
- d. 3,360 mL in the first 8 hours
- e. 5,600 mL in the first 8 hours**

5. A 14 year old boy who was trapped in burning house for half an hour was retrieved with difficulty and is found to have face and neck burns. With some burns on rest of body making a total of 35% burns.

What is the most important safety precaution?

- a. Preventing hyperthermia
- b. Fluid replacement
- c. Antibiotic cover
- d. Airway maintenance**
- e. Ice blanket cover

6. A 70 year old male having multiple co-morbid, presented to opd in state of severe nutritional impairment. He is unable to chew and swallow and is not tolerating NG tube. What would be the most appropriate way of nutritional rehabilitation?

- a. Nasogastric feeding
- b. Peg tube
- c. Total parenteral nutrition**
- d. Augment oral feeding
- e. Feeding jejunostomy

7. A 60 year old male having undergone esophageal surgery and feeding jejunostomy in place is being considered for nutritional rehabilitation. What is the preferred way of rehabilitation for this patient enteral feeding through jejunostomy?

- a. Oral protein rich food
- b. Total parenteral nutrition
- c. Through naso-jejunal tube
- d. Through PEG tube**

8. A 35-year-old woman presents to the emergency department after sustaining a 25% total body surface area (TBSA) burn from a kitchen fire. She exhibits signs of inhalation injury, including facial burns and singed nasal hairs. Initial management includes fluid resuscitation using the Parkland

formula. What is the most appropriate fluid to administer during the first 24 hours?

- a. Dextrose 5% Water
- b. Normal saline
- c. Lactated Ringer's solution**
- d. Colloids
- e. Blood

9. A patient with severe malnutrition is being assessed for severity of the problem and the required type of dietary therapy. The universal scoring system used for assessing the severity of disease is:

- a. The APACHE score
- b. The Van Nhys Index
- c. The MUST tool**
- d. The Parkland formula
- e. The Harris Benedict formula

10. A 30-year-old male presents to the emergency department after a kitchen accident involving boiling water. On examination, the affected area on his forearm is bright red, swollen, and has intact blisters. He reports significant pain upon palpation. Based on this presentation, what is the most likely classification of his burn?

- a. Superficial (first-degree) burn
- b. Superficial partial-thickness (second-degree) burn**
- c. Deep partial-thickness (second-degree) burn
- d. Full-thickness (third-degree) burn
- e. Fourth-degree burn

11. A sixty years old patient who had undergone extensive gut resection for bowel ischemia. His nutritional rehabilitation is planned. What is the preferred method for this patient nutritional support?

- a. Enteral with nasogastric tube
- b. Enteral with feeding jejunostomy
- c. Parenteral nutrition
- d. Oral augmented nutrition**
- e. Enteral with naso-jejunal tube

12. A firefighter sustains burns on his arms and legs totaling approximately 30% TBSA after rescuing individuals from a burning building. Which of the following statements regarding fluid resuscitation for this patient is accurate?

- a. Crystalloids are preferred over colloids due to their lower cost and ease of administration
- b. The Parkland formula should only be used if the patient is in shock upon arrival
- c. Fluid resuscitation can be initiated with oral fluids if the TBSA is less than 30%
- d. Urine output is not a reliable indicator of adequate resuscitation in burn patients
- e. Normal saline is preferred over lactated Ringer's solution to avoid hypochloremic acidosis

13. A 10 months old child presents to you with the history of loose motions and vomiting for the past 3 days. The child is lethargic since this morning and is unable to take feed. On examination depressed anterior fontanelle, dry mucous membranes, skin pinch goes back very slowly. What is the fluid deficit of this child and over how much time should it be corrected?

- a. 300ml IV over 30 minutes then 700ml over 2.5 hours
- b. 300ml IV over 20 minutes then 700ml over 2.5 hours
- c. 300ml IV over 60 minutes then 700ml over 2.5 hours
- d. 300ml IV over 25 minutes then 700ml over 2.5 hours
- e. 300ml IV over 1 hour then 700ml over 5 hours

7. ORTHOPEDICS

BLOCK N KIMS 2024

1. In poliomyelitis, paralysis of tibialis anterior and tibialis posterior muscles with unopposed action of peroneal and triceps surae muscles will cause which foot deformity?

- a. Cavovarus

- b. Calcaneovalgus
- c. Equinovalgus
- d. Equinovarus
- e. Flail foot

2. The most common type of scoliosis is?

- a. Adolescent idiopathic scoliosis
- b. Congenital scoliosis
- c. Infantile scoliosis
- d. Neuromuscular scoliosis
- e. Degenerative scoliosis

3. The most type of curve in adolescent idiopathic scoliosis is?

- a. Left thoracic
- b. Right thoracic
- c. Left thoracolumbar
- d. Right thoracolumbar
- e. Right cervicothoracic

BLOCK N WMC 2024

1. A 5-year-old child presented to orthopaedic O.P.D with deformed left leg.

His Mother gave History of Flaccid paralysis with high grade fever 1 year back. What is probable diagnosis?

- a. Congenital talipes equinovarus
- b. Congenital Talipes Valgus
- c. Septic arthritis of the leg.
- d. Post polio paralysis of leg.
- e. Congenital dislocation of fort

2. Two weeks old male child present to ortho OPD with deformity of feet. Both feet were inverted and planti flexed. Most probably diagnosis

- a. Congenital tellepes calcaneo valgus
- b. Congenital tellepes equino varus
- c. Pes planus
- d. Post polio paralysis of feet
- e. Neurofibromatos

Equinus - Foot is fixed in plantarflexion
Varus: Distal part deviates towards the midline.

3. A 1-year old female child was brought to orthopedic OPD. Parents' complaining of limping gait O/E right leg is shorter then left leg. Right hip abduction is limited. Most probably diagnosis

- a. Congenital dislocation of hip
- b. Septic arthritis of hip
- c. Fracture neck femur

d. Post polio paralysis of right leg
e. Tuberculosis of hip

4. A one-day old female child was sent to ortho ward from labor room for orthopedic assessment of limbs. On examination Barlow's test is positive in both legs. What is the most probable diagnosis

a. Fracture neck of femur
b. D.D.H Developmental dysplasia of hip

c. CTEV
d. Proximal femoral focal defect
e. Septic arthritis of hip

5. A one day old female child was sent to ortho ward from labor room for orthopedic assessment of limbs. On examination Barlow's test is positive in both legs. What treatment is the best

a. Surgery
b. Puvlick Harness
c. Hip Spica
d. Traction
e. Brace

6. A two-day old male child present in ortho OPD. On examination his both feet are deformed and everted with planter flexed. What will be the best treatment in this case

a. Surgical correction of deformity
b. Serial casting of feet Ponseti method: Gold standard
c. Treatment should wait till child is 1 year
d. Braces
e. Hip spica

7. A 13 years old girl presented with deformity of spine. On examination thoracic Spine are curved latterly. X-rays show scoliosis. On measurement the curve is 50. What should be the treatment

a. Observation
b. Surgical stabilization
c. Braces
d. None of above e. Physiotherapy

8. A 70 years old male presented to orthopedic OPD with severe knee joint pain. On examination, it was revealed that he has Genue Varum; knees are swollen but skin colour is normal and movements are painful, X-rays shows marked reduction of joint space and osteophytes formation. What will be diagnosis;

a. Rheumatoid arthritis

b. Ankylosing spondylitis
c. Osteoarthritis
d. Fracture distal femur
e. ACL injury

9. A 40-year-old lady presented with boutonniere (Buttonhole deformity of index finger and swan neck deformity of other fingers. Most probable diagnosis

a. Osteoarthritis
b. Rheumatoid arthritis
c. SLE
d. Osteoporosis
e. Gout

10. A 40-year-old lady presented with severe back pain for the last 3 months. Pain worsens at night and not relieved with rest. On examination there is marked tenderness in lower thoracic spine weakness of both limbs. X-ray shows loss of disc space between T10 & T11. Most probable diagnosis

a. Disc Herniation
b. Tuberculosis of thoracic spine
c. Fracture of thoracic vertebrae
d. Kyphosis
e. Acute phylogenetic infection

11. A 40-year-old lady presented with severe back pain for the last 3 months. Pain worsens at night and not relieved with rest. On examination there is marked tenderness in lower thoracic spine, slight weakness of both limbs. X-ray shows loss of disc space between T10 & T11. Most probable treatment in this case

a. Spinal brace
b. Debridement
c. ATT with debridement
d. Surgical stabilization e. Analgesics and rest

BLOCK N RMC 2024

1. A 55 years old male had road traffic accident and sustained trauma to right hip. X-ray shows right neck of femur fracture. There are no comorbid. What is the treatment of choice for this patient?

a. Hemiarthroplasty
b. Fixation of fracture
c. Total hip arthroplasty
d. Skeletal traction e. Non operative

2. A 22 years old male is hospitalized with complex fracture of the femur. What is the initial emergency treatment?

- a. Debridement
- b. Intramedullary nail
- c. Plates and screws
- d. Wash and antibiotics
- e. External fixation
 - A. a,b,d
 - B. a,c,d
 - C. c,d,e
 - D. b,d,e
 - E. a,d,e

3. A 33 years old male involved in a street fight presents with bruises and deformity in the upper part of his leg. X-ray shows fracture of the neck of fibula. What is the single most associated nerve injury?

- a. Sciatic nerve
- b. Sural nerve
- c. Musculocutaneous nerve
- d. Lateral peroneal nerve
- e. Tibial nerve

4. A 31 years old man underwent an operation where his hand was hanging outside the table. After the operation he had wrist drop and sensory loss over the dorsum of his hand. Which nerve was injured?

- a. Radial
- b. Ulnar
- c. Median
- d. Axillary
- e. Brachial

5. Regarding bone densitometry, a T-score of -3.5 is defined as which of the following?

- a. Normal Bone
- b. Osteopenia
- c. Osteoporosis
- d. None of the above
- e. All of the above

6. A 60 years old female presented to ER complaining of severe pain in her Right Hip, unable to move and bear weight on it. Patient has history of

fall on plain ground on her right side while walking. On examination her right lower limb is externally rotated and shortened. What is your provisional diagnosis?

- a. Head of femur fracture
- b. Inter trochanteric fracture of femur
- c. Neck of femur fracture
- d. Dislocation of hip joint
- e. None of above

7. A 25 years old driver presented to ER with history of road traffic accident after a head on collision. GCS score is 13/15. Patient is complaining of severe pain in right hip. On examination right lower limb is shortened, adducted, flexed and internally rotated. What is your provisional diagnosis?

- a. Shaft of femur fracture
- b. Inter trochanteric fracture of femur
- c. Posterior dislocation of hip joint
- d. Anterior dislocation of hip joint
- e. None of the above

Anterior dislocation → limb is abducted & externally rotated
Posterior dislocation → limb is adducted & internally rotated

8. A 20 years old has history of comminuted fracture around the neck of fibula after road traffic accident. Thereafter patient has foot drop and decrease sensation in first web space dorsally. What is your diagnosis?

- a. Sciatic nerve injury
- b. Femoral nerve injury
- c. Common Peroneal nerve injury
- d. Superficial Peroneal nerve injury
- e. All of the above

9. What is the dominant blood supply to head of femur?

- a. Superficial femoral artery
- b. Obturator artery
- c. Medial femoral circumflex artery
- d. Lateral femoral circumflex artery
- e. All of the above

10. A 65 years old patient presented with pain in both knees more on right side for last 8 years. Pain worsens on activity and relieves with rest. No history of fever. Movement on knees is limited due to pain. Activities of daily living are affected. On examination, there is joint line tenderness and both knees have Varus deformity. Laboratory reports are unremarkable. What is your diagnosis?

- a. Gouty Arthritis
- b. Septic Arthritis
- c. Rheumatoid Arthritis
- d. Osteoarthritis**
- e. None of the above

11. A 30 years old hypothyroid female patient presents with pain, numbness and paresthesia in first 3 digits of both hands for last 06 months. Pain and paresthesia increases at night and awakens the patient from sleep. On examination there is atrophy of thenar eminence and weak grip of both hands.

What is nerve entrapment and diagnosis?

- a. Cubital tunnel syndrome with ulnar nerve entrapment
- b. Carpel tunnel syndrome with median nerve entrapment**
- c. Guyon canal syndrome with ulnar nerve entrapment
- d. Thoracic outlet syndrome
- e. All of the Above

12. A 67 years old female patient presented to emergency room with history of fall on outstretched hand, complaining of painful **dinner fork deformity** of right wrist. X ray wrist shows distal radius fracture with dorsal comminution, dorsal angulation, dorsal displacement, radial shortening, and an associated ulnar styloid fracture. What is your diagnosis?

- a. Smith Fracture.
- b. Galeazzi Fracture
- c. Colles Fracture**
- d. Shaft of femur fracture
- e. All of the above

13. An 18 years old presented to emergency room with history of basketball injury to 3rd finger. On examination patient has painful swelling at distal interphalangeal joint (DIP) and lacks active DIP extension. What is the most likely injury?

- a. Mallet finger**
- b. Fracture distal phalanx
- c. Fracture middle phalanx
- d. Dislocation of Hip joint
- e. None of the above

14. An 8 years old child presented with supra condylar humerus fracture to right arm. What is the most common nerve injury?

- a. Ulnar Nerve
- b. Anterior interosseous branch of Median Nerve**
- c. Posterior interosseous branch of Radial Nerve
- d. Axillary Nerve
- e. None of the above

KGMC BLOCK N 2024

1. A 30 years male had a motorcycle accident came to emergency had an x ray no pelvic bone fracture Fast scan shows no organ damage Urethral injury was suspended after seeing blo + furthur investigation will u do to confirm the urethral injury?

- a. Ct intravenous urothraphy
- b. MRI
- c. CT abdomen pelvis
- d. Retrograde urethrography**

2. 45 year old man present with history of road traffic accident suffered trauma to left leg 3 hours ago, there is tense swelling nd pain of leg not responding to IV analgesics. He also experience pain .On passive movement of toe. Distal pulses normal. On x ray. fracture of mid tibial shaft. There is 1*1cn wound on fracture site with no oozing. What is management?

- a. Interlocking nail
- b. External fixator
- c. Fasciotomy with external fixator**
- d. ORIF with plating
- e. Splinting

3. A 3 months old left side DDH.. management.

- a. Hip spica
- b. Open reduction and capsulorraphy.
- c. Pavlik harness.
- d. Open red and k wire.
- e. Dennis brown shoes

4. Radius fracture with distal radio-ulnar deviation:

- a. Coles
- b. Smith
- c. Montagia
- d. Gazalle

5. fracture of radius with distal radio ulnar joint displacement is:

- a. Montegia
- b. Galeazzi
- c. Smiths
- d. Colles fracture
- e. Holstein lewis fracture

6. Onion peel like appearance on radiograph is the characteristics of:

- a. Osteosarcoma
- b. GCT
- c. Chondroblastoma
- d. Ewing sarcoma
- e. Multiple myeloma

7. A 24 years old male patient is presented with the history of RTA while driving his car. He has severe pain in left hip, left lower extremity is shortened, internally rotated and slightly flexed. What is the most probable diagnosis:

- a. Post hip dislocation
- b. Ant hip dislocation
- c. Intertrochanteric fracture
- d. Neck of femur fracture
- e. Pelvic fracture

8. Nerve injury most commonly associated with humerus midshaft fracture is;

- a. Ulnar
- b. Median.
- c. Radial
- d. Ant Interosseous
- e. Post Interosseous

9. What is the treatment of Anterior cruciate ligament tear in 30 year old athlete?

- a. Anterior cruciate ligament repair
- b. Anterior cruciate ligament reconstruction
- c. Anterior cruciate ligament excision
- d. Intraarticular steroid injection
- e. Conservation

10. Gunstock deformity of elbow is a common feature of;

- a. Medial epicondyle fracture.
- b. Supracondylar fracture
- c. Proximal radius fracture

BLOCK N NWSM 2024

1. A 2-month-old male infant is brought to the pediatric physician clinic by his parents, who are concerned about the shape of his feet. On examination, both feet are turned inward, and there is noticeable rigidity in their positioning. The infant has no other congenital abnormalities and has been meeting developmental milestones otherwise. The parents inquire about the condition and its management. What is the most appropriate next step in the management of this infant's condition?

- a. Immediately surgical correction
- b. Refer to orthopedic specialist clinic
- c. Start physiotherapy and exercise
- d. Do casting and Bracing
- e. Provide orthosis (AFO)

2. A 55-year-old male is brought to the emergency department after being involved in a high-speed motor vehicle collision. He complains of severe pelvic and lower abdominal pain. On examination, the patient is pale, diaphoretic, and tachycardia with a heart rate of 120 beats per minute and a blood pressure of 90/60 mmHg. There is tenderness over the pelvis, and pelvic compression elicits severe pain. An X-ray confirms a complex pelvic fracture. What is the most appropriate initial management step for this patient?

- a. Immediate pelvic fixation surgery
- b. Fluid resuscitation and pelvic binder application
- c. Immediately start physical therapy and early mobilization
- d. Oral analgesics only and follow up in OPD
- e. Immobilization with pelvic cast and delayed surgery

3. A 38-year-old woman with pain in her hands for the past year visits you at your office. She takes acetaminophen and over-the-counter nonsteroidal anti-inflammatory drugs (NSAIDs) with some relief. The pain began in several metacarpophalangeal (MCP) joints of the hands with the thumb especially affected. Pain has started in the feet as well, affecting the metatarsophalangeal (MTP) joints. She has difficulty moving the joints when getting out of bed or after staying in one position too long. The pain is worse in the morning, but improves as she starts to move around over the course of the day over the next 1 to 2 hours. Which of the following tests should be done in order to confirm the diagnosis of Rheumatoid arthritis?

- a. ESR
- b. RA factor
- c. Anti CCP
- d. CRP
- e. X-ray of hands

4. A 14-year-old girl comes to the clinic with her mother. The mother is concerned because she has noticed that her daughter's shoulders appear uneven and that she seems to be leaning slightly to one side. On physical examination, the physician observes an asymmetry in the shoulder height and a noticeable curve in the spine when the girl bends forward. The physician orders an X-ray to confirm the diagnosis. What is the most likely diagnosis given the patient's presentation?

- a. Kyphosis
- b. Spondylolisthesis
- c. Scoliosis
- d. Spinal canal stenosis
- e. Tb Spine

5. A 30-year-old male is brought to the emergency department after a motorcycle accident. He has a visibly deformed and bleeding lower leg with exposed bone. The patient complains of severe pain, and the wound is contaminated with dirt and debris. His vital signs show a heart rate of 110 beats per minute, blood pressure of 130/85 mmHg, and respiratory rate of 22 breaths per minute. X-ray

confirms a comminuted, open tibia fracture. What is the most appropriate initial management step for this patient?

- a. Immediate definitive surgical fixation
- b. Application of cast and outpatient follow-up
- c. IV antibiotics tetanus prophylaxis wound irrigation and external fixation
- d. Delay wound cleaning and stabilization until the patient is stable
- e. Simple wound dressing and immobilization with a splint

6. A 45-year-old male patient presents with chronic back pain, weight loss, and low-grade fever. Upon physical examination, tenderness is noted over the thoracic vertebrae. MRI of the spine reveals destruction of the vertebral bodies and intervertebral disc space at T8-T9, with a paravertebral abscess. Laboratory tests show an elevated erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP) levels. Based on the scenario above, what is the most likely diagnosis?

- a. Osteoarthritis of the spine
- b. Pyogenic spondylitis
- c. TB spine
- d. Metastatic bone disease of the spine
- e. Spondylolisthesis

8. MIX

BLOCK N KIMS 2024

1. Immunological testing of anti-cyclic citrullinated peptide antibodies (Anti-CCP antibodies) is most commonly used in the diagnosis and prognosis of which immunological condition?

- a. Ankylosing Spondylitis
- b. Psoriasis Arthritis
- c. Rheumatoid Arthritis
- d. Reiter's Syndrome
- e. Systemic Lupus Erythematosus

2. Which immunoglobulin subtype does the rheumatoid factor target?

- a. IgA
- b. IgE
- c. IgM

- d. IgG
- e. Rheumatoid factor does not target an immunoglobulin

3. A 12 months old infant has pallor. He was born full term and was formula fed initially but then substituted with goat's milk from 2nd month onwards. There is no history of loose stools, vomiting, and cough. He started sitting at 7 months and crawled at 11 months. Clinically he is pale and irritable, not jaundiced. Edema is negative. Abdomen is soft and only tip of spleen is palpable but that could be normal considering his age. What is the most likely diagnosis?

- a. Iron deficiency anemia
- b. Hemolytic anemia
- c. Vitamin B12 deficiency
- d. Folic acid deficiency**
- e. Malabsorption syndrome

BLOCK N NWSM 2024

1. A 29-year-old woman comes to the office with several months of progressively worsening muscle weakness. She delayed coming to see you because she just thought it was fatigue and tiredness from working a lot. Over the past week, the weakness worsened to the point where she needs to use her arms to get up out of a chair. The muscles are not painful. Joint pain is present. Which of the following is the most initial investigation for this patient?

- a. EMG
- b. CPK levels**
- c. NCS
- d. ESR
- e. Alkaline phosphatase levels

2. Mr. NJ 54 presented with nonspecific symptoms of weakness lethargy, night sweats and raised uric acid. He had an enlarged spleen and high TLC. A diagnosis of CML was made and he was put on treatment. What will be the most sensitive test to follow response to treatment?

- a. Bone marrow aspiration
- b. Bone marrow trephine biopsy
- c. Cytogenetic studies

- d. PCR for BCR-ABL gene**

- e. Peripheral smear

3. A 56-year-old woman presents to her primary care physician with pain in her hands. The pain began approximately 1 year prior to presentation and has progressively worsened. She describes the pain being worse in the evening and improves in the morning. She has also noticed swelling in her knuckles. On physical exam, there is bone deformity noted on the distal and proximal interphalangeal joints, as well as tenderness upon palpation of the affected joints. She also has subcutaneous nodule on bony prominences. Which one of the following is most likely diagnosis?

- a. Rheumatoid Arthritis
- b. Osteoarthritis**
- c. SLE
- d. Mix Connective tissue disease
- e. Gout

4. Patients are admitted to the hospital. You are on duty in the ward. For a specific patient a senior resident has prescribed a higher dosage of a drug than is advised. You have a responsibility to protect the patient, even when you are not sure if this is an error or a component of the therapy plan. In this case, how would you respond most professionally?

- a. Say nothing, as the senior resident is more experienced and must be right.

- b. Report the senior resident to your supervisor without addressing the issue directly with them

- c. Discuss your concern with the colleagues rather than senior

- d. Discuss your concern openly in front of the entire team to ensure everyone is aware of the mistake

- e. Privately ask the senior resident about the medication dosage and express your concern politely**

5. A 20-year-old boy was brought by his parents to your OPD for the assessment of weight loss diarrhea. The boy on examination has a rash on the extensor surfaces of the elbows. What is the rash called?

BLOCK N PREPROFFS 2024

- a. Herpes simplex
- b. Psoriasis
- c. Contact dermatitis
- d. Dermatitis herpetiformis
- e. Scabies

6. 60 years old male with T2DM (uncontrolled) presented with Shortness of breath on mild exertion for the past 6 months. He also complained of 2 episodes of temporary loss of consciousness of few seconds duration in the past 1 week with spontaneous recovery O/E pulse: 80bpm (weak), Blood pressure: 130/110 mm of Hg, SpO2: 98%, Temp: 98 F, there is an ejection systolic murmur present at right upper sternal border, which radiates to the carotids. What is your diagnosis?

- a. Mitral stenosis
- b. Infective endocarditis
- c. Aortic stenosis
- d. Aortic regurgitation
- e. Acute coronary syndrome

7. A 20-year-old woman presented with history of menorrhagia, epistaxis and easy bruising. Her labs shows Prothrombin time: 12 seconds, APTT 38.8 seconds, Platelet count: 288,000/ μ L. She was diagnosed with Von Willebrand disease. What is the primary treatment option?

- a. Desmopressin
- b. Factor VIII
- c. Fresh Frozen Plasma
- d. Oral Contraceptives
- e. Folic Acid

9. MINORS

BLOCK N KIMS 2024

1. As a doctor you are breaking a bad news of biopsy report of showing malignancy to a patient. You asked the patient to ask questions so that he may know in detail about his condition. Which step you are at of spike model?

- a. Knowledge
- b. Invitation
- c. Perception
- d. Empathy
- e. Setting

BLOCK N WMC 2024

1. Which of the following statements best describes Evidence-Based Medicine (EBM. and its related concepts?

- a. Evidence- Based Medicine (EBM. is the use of clinical expertise to determine the treatment of patients without considering research evidence.
- b. The steps of Evidence-Based Medicine include formulating a clinical question, searching for the best evidence, critically, appraising the evidence, applying the evidence in practice, and evaluating the outcomes. (correct answer)
- c. Levels of evidence in EBM are not hierarchical and all types of evidence are considered equally reliable regardless of study design.
- d. EBM exclusively relies on randomized controlled trials (RCTs. and ignores other forms of evidence such as cohort studies, case- control studies, and expert opinion.
- e. EBM discourages the use of Patient preferences and values in clinical decision -making.

2. Which of the following statements best describes the components of clinical governance and the steps of a clinical audit?

- a. Clinical governance involves monitoring clinical performance, and clinical audit steps include setting standards and publishing results.
- b. Clinical governance focuses on financial management, and clinical audit steps are designing a study and publishing findings.
- c. Clinical governance includes risk management, clinical effectiveness, patient involvement, staff management and information use; clinical audit steps are identifying a problem, setting criteria, collecting and analyzing data, implementing change and reauditing.
- d. Clinical governance is about regulatory compliance, and clinical audit steps are formulating a hypothesis and conducting experiments.
- e. Clinical governance enhances healthcare reputation through marketing, and clinical audit steps involve conducting surveys and evaluating patient satisfaction.

3. Which of the following statements accurately describes the concepts of patient safety and the types, etiology and prevention of medical errors?

- a. Patient safety focuses solely on preventing medical errors by individual healthcare providers without considering systemic factors.

- b. Types of medical errors include diagnostic errors, treatment errors, preventive errors, and other errors related to communication or system failures.
- c. The etiology of medical errors is limited to human errors such as lack of knowledge or skills, and does not involve system-related issues.
- d. Prevention of medical errors involves only the implementation of electronic health records (EHRs) to ensure accurate patient information.
- e. Patient safety concepts prioritize cost reduction over the quality and safety of patient care.

4. What are the steps of the SPIKES model used for breaking bad news and counseling?

- a. Set the stage, Predict the patient's perception, Invite the patient's invitation, Know the patient knowledge, Emphasize, support, Summarize the information.
- b. Set the setting, Predict the patient's reaction, Involve the patient, Know the patient's perspective, explore emotions, Summarize and strategize.
- c. Set the scene, Predict the patient's emotional response, Involve the patient, Know the patient's understanding, explore emotions, Share a plan.
- d. Set the scenario, Predict the patient's expectations, Invite the patient's response, Know the patient's feelings, explore emotions, Summarize the discussion.**
- e. Stage the environment, Predict the patient's emotions, Initiate discussion, Know the patient's thoughts, Examine emotions, Summarize the plan.

5.What is the primary focus of Evidence-Based Medicine (EBM.)?

- a. Relying solely on clinical experience and intuition in medical decision-making.
- b. Incorporating patient preferences and values without considering research evidence.
- c. Integrating the best available research evidence with clinical expertise and patient values to make informed health decisions.**
- d. Following treatment guidelines based on expert opinions regardless of research evidence.
- e. Ignoring patient values and relying exclusively on statistical data in clinical practice.

1. Dr. Ahmed needs to inform Mr. Wali, a 55- year-old patient, that his advanced lung cancer has worsened. What is the best initial approach to setting up this conversation according to the SPIKES model?

- a. "M Wali, you have advanced lung cancer."
- b. "Let's discuss your test results in the waiting room
- c. "I have results to share would you like a family member to join**
- d. "Your condition is serious we need to talk"
- e. Please take a seat. What do you think the test result might show?"

2. Dr. Khan is about to discuss a poor prognosis with Ms. Reham, who has been hospitalized for severe heart failure. How should Dr. Khan assess Ms. Reham's perception of her condition?

- a. "Do you realize how serious your heart condition is?"
- b. "What have you been told about your heart condition so far?"**
- c. "Your condition significantly has worsened"
- d. "Do you know what heart failure means"
- e. "How do you feel about your recent health issues?"

3. A 25 years old man was incidentally found to have hepatitis C positive in a medical checkup with you .While disclosing the bad news to him, which of the following is the correct approach?

- a. Patient should be with a relative
- b. The Patient should be informed alone**
- c. Patient needs to be admitted
- d. Only a relative is informed

4. A 50 years old lady presented to OPD with complaint of epiphoria from last 6 months. On examination regurgitation test was positive there was obstruction in naso lacrimal duct or sac. Doctor performed DCR on her. The opening was max at the level of?

- a. Superior turbinate
- b. Middle turbinate**

BLOCK N PREPROFFS 2024

- c. Inferior turbinate
- d. Anterior lacrimal crest
- e. Posterior lacrimal crest

5. Which of the following strategies is mainly effective in reducing the stigma associated with mental illness within families?

a. V5 Providing factual information about mental health

- b. Isolating the patient from the family
- c. Ignoring the mental illness
- d. Encouraging secrecy about the illness
- e. Avoiding discussions about mental health

6. Which of the following strategies most effective in reducing the stigma associated with mental illness within families?

a. Providing factual information about mental health condition

- b. Isolating patient from the family.
- c. Ignoring the mental illness
- d. Encouraging secrecy about the illness
- e. Avoiding discussion about mental health.

7. What role does family education play in the prevention of psychiatric relapse?

8) a. It has no significant impact on relapse prevention:

Correct: help the families recognize early signs of relapse

9. You are asked to search and appraise evidence for the effect of adding steroids to the usual treatment on the prognosis of patients with coVID-19. Which type of research articles on the topic will you place the highest in the hierarchy of evidence?

- a. Case control studies
- b. Case series
- c. Cohort studies
- d. Random controlled trials

BLOCK N NWSM 2024

1. Confidentiality in healthcare refers to:

- a. Sharing patient's information with his friends

- b. Sharing patient information freely with other healthcare providers

c. Protecting patient information unless consent is given to share it

- d. Discussing patient cases in public forums with name for educational purposes

- e. Withholding all information from family members even when the patient is incapacitated

2. A doctor has been informed that a patient is refusing a life-saving treatment. Which approach is the most professional?

- a. Inform the patient's family about the decision
- b. Pressurize the patient into receiving the treatment
- c. Ignore the patient's wishes and proceed with treatment
- d. Respect the patient's autonomy after providing clear information and discussing the risks

- e. None of these

10. OBS

BLOCK N KIMS 2024

1. A 22 years old PG is booking for antenatal care at 10 weeks of pregnancy. She is otherwise healthy and has no past medical and surgical history of relevance. What are the current NICE recommendations for screening of anemia in pregnancy?

- a. At booking
- b. AT booking and at 28 weeks
- c. At booking, 28 and 36 weeks
- d. At booking and then 4 weekly till 36 weeks
- e. At booking then at every antenatal visit till 36 weeks

BLOCK N WMC 2024

1. A Multigravida with amenorrhea 9 months presented with anemia. What are the complications to be expected in labour?

- a. APH
- b. Shoulder dystocia
- c. Leaking membrane
- d. Stuck head
- e. Intra partum death

2. A 30-year old patient presented in OPD with anemia. Her Hb is 8g/dl, her serum ferritin is 5. her POG is 34 weeks?

What is most likely diagnosis?

- a. Iron deficiency anemia
- b. Megaloblastic
- c. Aplastic anemia
- d. Thalassemia
- e. Pancytopenia

BLOCK N RMC 2024

1. A pregnant female has work up for low hemoglobin. Labs showed Hb 10.2, MCV of 61 with normal platelets and RDW value. Total RBC count is also high. Patient is otherwise asymptomatic. What is the most probable cause of anemia?

- a. Iron deficiency anemia
- b. Beta thalassemia trait
- c. Beta thalassemia major
- d. Sideroblastic anemia
- e. Folate deficiency anemia

2. A G5 P4 with 36 weeks gestation comes with history of breathlessness and easy fatigability. On examination she looks pale and her Hb is 7 gm%.

What is the most suitable way of correcting anemia?

- a. Parental Iron
- b. Oral Iron
- c. Blood transfusion
- d. Vitamin B12 Injections
- e. All of the above

3. Anemia in pregnancy is defined as:

- a. Hb of <10.5 g/dl in 1st trimester
- b. Hb of <10 g/dl in 2nd and 3rd trimester
- c. Hb of <11 g/dl in 2nd and 3rd trimester
- d. Hb of <10.5 g/dl in 2nd and 3rd trimester
- e. None of the Above

BLOCK N NWSM 2024 COMBINE

1. PSYCHIATRY

1. You are called to review a 70 years male admitted on surgical ward. He was admitted with a broken hip and has gone under a Hip Replacement surgery 5 days ago. He is described as very disturbed; struggling to lay in bed, talking to unseen stimuli and changeable mood. He has also been hitting the

fellow patients on the ward. The doctors report him to have been stable in his mod prior to 5 days and that this has been a sudden deterioration in his mental health. What treatment strategy would you suggest?

- a. Move to a side room with dim lights
- b. Keep consistency with the staff looking after him
- c. Work up any underlying cause
- d. Avoid tranquilizers unless necessary
- e. All of the above

2. A 16 year old girl attends your clinics. She is accompanied by her mother and her older sister. She appears nervous, restless and frightened. This is her first time coming to see a psychiatrist or anyone from the mental health service. Family reports that she has been isolating herself and does not engage in any activities. Her sleep, appetite and energy levels have all been low recently. How would you proceed with the assessment?

- a. Apply a baseline anxiety scale to measure her anxiety in the very beginning
- b. Introduce yourself, and attempt to establish a rapport with the patient first
- c. Prescribe medication/s and arrange a follow up appointment for 2 months
- d. Start asking closed questions to gather as much information as possible
- e. Tell the family to first get some baseline bloods, ECG, and Urine R/E done

3. You see a 54 year old female in the medical ward. She is accompanied by her husband and oldest daughter. She has a long standing history of psychiatric illness but has not brought any previous notes with her. This is the first time you are seeing her and you want to assess her mood. What kind of question/s would you normally use for this purpose?

- a. Finding out if she has any paranoid/ persecutory delusions regarding others

- b. Finding out if she has been interacting well with others and is socializing
- c. Finding out if she has been employed in the past and is financially stable
- d. Finding out if she has been experiencing any perceptual abnormalities
- e. Finding out if she has insight and capacity to make reasonable decisions

4. You are a surgical rotation final-year MBBS student. A senior consultant has just told a patient who was newly diagnosed with advanced cancer how serious their condition is. The patient asks you, "Is there any hope for me?" Although you are in the room, you are not the one who made the diagnosis.

- a. I think you should discuss your prognosis with the doctor directly, as they have the full details
- b. I'm not sure about the specifics, but I suggest we remain positive and wait for further treatment results
- c. You should try not to worry too much, cancer treatment has advanced, and there's always hope
- d. You just ignored the patient and walked away from the room
- e. I understand this is a difficult time. Let me arrange a time for you to speak with the doctor who has more information on your treatment plan

5. A 35-year-old man came to your OPD but upon entering the clinic, he has no recollection of how he got there in the first place. Contact with family reveals he's from Peshawar and went out to get some groceries. What do you think might be going on with this person:

- a. Schizophrenia
- b. Delusional disorder
- c. Amnesia
- d. Dementia
- e. Dissociative Identity disorder

6. A 35-year-old man came to your OPD but upon entering the clinic, he has no recollection of how he got there in the first place. Contact with family reveals he's from Peshawar and went out to get

some groceries. What do you think might be going on with this person:

- a. Schizophrenia
- b. Delusional disorder
- c. Amnesia
- d. Dementia
- e. Dissociative Identity disorder

2. GIT SURGERY

1. A 45 year old farmer developed swelling in right upper quadrant, which iOS associated with dull ache on/off. On examination there is moderate hepatomegaly, mild tenderness, however no rigidity or guarding. USG shows a cystic swelling in right lobe of liver and cart-wheel appearance. The most probable diagnosis is:

- a. Amoebic liver abscess
- b. Hydatid liver cyst
- c. Adenoma of liver
- d. Hematoma of liver
- e. Mucocoele of gallbladder

3. ENDOCRINE MEDICINE

1. A 60 year old female presents with central obesity, thin extremities, and purple stain on her abdomen and easy bruising. Her blood pressure is also raised. Her labs show a low potassium levels.

What can be the underlying diagnosis?

- a. Cushing disease
- b. Addison's disease
- c. Acromegaly
- d. Hypothyroidism
- e. Hyperaldosteronism

4. CVS MEDICINE

1. During their clinical rotation in orthopedic, final year medical students. They encounter a 2-year-old patient named Maryam, who has been brought in by her parents due to concerns about her growth and development. Maryam exhibits some distinct physical characteristics that prompt the medical team to suspect achondroplasia. Which of the following clinical features is most commonly observed in individuals with achondroplasia?

- a. Excessive Height for Age

- b. Long and slender limbs
- c. Prominent forehead and face hypoplasia
- d. Narrow chest wall and cavity
- e. Proportional body

THE MEDICOMENTOR