

# BLOCK Q PREPROFFS 2024

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## 1. CNS MEDICINE

AMC 2024

Q1. A 20-year-old male presented emergency with tonic clonic fits. CT scan done which showed hypodense lesion in left frontal lobe with no contrast enhancement.

The most probable diagnosis is?

- a. Arteriovenous malformation
- b. Low grade glioma
- c. Meningioma
- d. Osteoma
- e. Osteosarcoma

Q2. A 30-year-old female presented in outdoor department with primary amenorrhea. MRI done which show lesion in Sellar / suprasellar area.

The most probable diagnosis is?

- a. Dermoid
- b. Epidermoid
- c. Meningioma
- d. Pituitary adenoma
- e. Schwannoma

Q3. Bilateral cortical visual dysfunction, encephalopathy and seizures are seen in?

- a. Global hypoxic -ischemic encephalopathy
- b. Herpes encephalitis
- c. Multiple sclerosis
- d. Hypertensive encephalopathy
- e. Hypoglycemia

Q4. A 56 years old woman presented with sudden onset left sided arm and leg weakness. She has a background of atrial fibrillation, for which she is anti-coagulated with warfarin and suffers from Alzheimer's dementia for which she takes donepezil. She lives on her own and reports non compliance to medication. On examination, she did not have any slurred speech but there was a right facial droop. A reduction in power was noted in her left arm and leg. Her left plantar response was up going. What is the first line investigation to further evaluate her symptoms?

- a. Non-contrast MRI Brain
- b. Diffusion weighted MRI Brain
- c. Non-contrast CT Head
- d. Contrast CT Head
- e. Echocardiography

Q5. A 29 years old male with Polycystic kidney disease present with sudden onset headache and collapse. On admission to ER BP: 190/105, Pulse: 123/min with GCS of 7/15. He is intubated and transferred for CT scan. Scan reveals subarachnoid hemorrhage. He is transferred to critical care unit for monitoring. Which medication should be prescribed to reduce the chance of any acute complication?

- a. Labetalol
- b. Mannitol
- c. Ramipril
- d. Furosemide
- e. Nimodipine

Q6. You are asked to perform a neurological exam of lower limb on patients with Multiple Sclerosis. Which one of these following findings is least typical?

- a. Brisk reflexes
- b. Weakness
- c. Up going plantars
- d. Patellar Clonus
- e. Decreased tone

**Q7. A 18 years old male gives history of early morning jerking movements of his arm. After a night of heavy drinking and sleep deprivation, he has a generalized tonic clonic seizure at 5 am. An EEG reveals generalized alike and wave discharges.**

**Which is most appropriate choice of anti- epileptic?**

- a. Phenytoin
- b. Gabapentin
- c. Sodium valproate
- d. Ethosuximide
- e. Carbamazepine

**Q8. A 62 years old man is prescribed Ropinirole for Parkinson's disease. What is the mechanism of action?**

- a. MAO-B Inhibitor
- b. Dopamine receptor agonist
- c. Dopamine receptor antagonist
- d. Antimuscarinic
- e. Decarboxylase inhibitor

**Q9. A 20 years old man presents with severe left sided headache associated with photophobia. He has similar history of episodes over last few months. Current episode has lasted for 2 hours while previous episodes has lasted for several minutes several times a day for two weeks and then subsided spontaneously. The patient is unable to stand, agitated and anxious. What is the most likely diagnosis?**

- a. Tension headache
- b. Migraine headache
- c. Migraine with aura
- d. Cluster headache
- e. Caffeine headache

**Q10. All are signs of meningeal irritation except?**

- a. Neck rigidity
- b. Brudzinski sign
- c. Kernig sign
- d. Photophobia
- e. Babinski response

GMC 2024

**1. 58 year old male has presented with rigidity slow movements tremors and has small steps and hesitant gait. What is the patient suffering from?**

- a. Multi system atrophy
- b. Progressive supra nuclear palsy
- c. Parkinsons disease
- d. Willsons disease
- e. Huntingtons diseases

**2. 40 year old patient present with spastic paraparesis and lower motor neuron signs in upper limbs. What is the most likely diagnosis?**

- a. Multiple sclerosis
- b. Amyotrophic lateral sclerosis.
- c. Poliomyelitis
- d. Substance abuse
- e. None of the above

**3. 25 year old female presented with hemiparesis she has diastolic murmur her ECH shows sever MS. What is the most likely cause of stroke?**

- a. Cardio embolic stroke due to AF
- b. Warfarin
- c. Hypertension
- d. OCP
- e. None of the above

**4. Which of the following is a characteristic feature of hereditary neuropathy?**

- a. Joint pain
- b. Skin rash.
- c. Muscle weakness
- d. Elevated blood pressure
- e. Headache

**5. Which of the following is a common presentation of hereditary neuropathy?**

- a. Sudden onset of symptoms
- b. Bilateral vision loss
- c. Unilateral hearing impairment
- d. Progressive distal symmetrical muscle weakness.
- e. Memory loss

6. Which of the following factors is suggestive of hereditary neuropathy?

- a. Late age of presentation
- b. Negative family history
- c. Central abdominal pain
- d. Loss of consciousness
- e. Positive family history.

7. What is a common physical finding associated with hereditary neuropathy?

- a. Clubfoot
- b. Clubbing of fingers
- c. Muscle atrophy
- d. Goiter
- e. Chest pain.

8. Which of the following neurological signs may be observed in hereditary neuropathy?

- a. Hypertonia
- b. Gait disturbance
- c. Migraine headache
- d. Pes cavus, hammer toe, and claw hand
- e. Visual hallucinations

9. A 59 year old man, known hypertensive came to hospital following sudden onset unilateral weakness and slurring of speech for past 03 hours examination and CT brain confirmed ischemic stroke what is the appropriate management?

- a. Aspirin
- b. Enoxaparine
- c. Alteplase
- d. Warfarine
- e. None of the above

10. you review patient 70 year old women who are admitting 4 days ago with suspected stroke. She has right sided sensory ss affecting her arms more than the legs and a right sided homonymous hemianopia. Carinal nerves are normal. What area most likely effected?

- a. Middle cerebral artery
- b. Posterior cerebral artery
- c. Anterior cerebral artery
- d. Lacunar
- e. None of the above

11. a 56 year old man is presented to the hospital after developing trouble talking after waking up this morning. He also compliant of right sided body weakness. His symptoms lasted about 90 minutes before resolve completely. Examination of NS is unremarkable. The most likely diagnosis is?

- a. Transient ischemic attack.
- b. Ischemic stroke
- c. Multiple sclerosis.
- d. Migraine
- e. None of the above

12. which of these is a symptoms of stroke?

- a. Sudden confusion
- b. Sudden weakness in an arm or leg
- c. Sudden sever headache with no cause
- d. All of the above

13. 40 year old female presented to OPD with headache which is dull, and feels pressure around head (vertex) what is the 1st likely type headache?

- a. Migraine
- b. Tension headache
- c. Temporal arteritis
- d. Subarachnoid headache
- e. Brain tumor

14. A 60 year women diabetic, hypertensive presented with hemiplegia right sided and dysphasia sudden onset. CT brain is insignificant what should be the plan of management?

- a. Admit to stroke unit.
- b. Discharge
- c. Investigate further for alternate diagnosis.
- d. Refer to neurologist
- e. Refer to psychiatrist

15. 30 year old women known multiple sclerosis was admitted with acute episode of symptoms what will be the management?

- a. Interferon beta
- b. Glatiramer
- c. High dose glucocorticoids
- d. Azathioprine
- e. Plazma pharesis

16. what is relapse risk of multiple sclerosis in pregnancy?

- a. Drops in pregnancy
- b. Worsens the pregnancy
- c. No effect on pregnancy
- d. Depends the patient comorbidity
- e. None of the above

17. What is the first line drug used in treatment of Parkinson's disease?

- a. Amantadine
- b. Anticholinergic drugs
- c. MAO inhibitors
- d. Dopamine reuptake agonist
- e. Levodopa

18. 20 year old female presented with sudden onset headache, confusion just after getting up in the morning at washroom. She was rushed to ED. What is the best initial investigation for her?

- a. CBC electrolysis
- b. RBS
- c. CT brain
- d. MRI brain
- e. Chest X-ray

19. 15 year old student has episode of seizures in which he becomes rigid and unconscious falling heavily if he is standing and gets severely bitten tongue after the attack. What is the first line drug of choice in this epilepsy?

- a. Lamotrigine
- b. Carbamazepine
- c. Sodium valproate
- d. Topiramate
- e. Clonazepam

20. 70 year old male has ischemic CVA six months ago. He presented with rigidity of limbs, now to OPD. What is the condition he is suffering from?

- a. Progressive supranuclear palsy
- b. Parkinson disease
- c. Corticobasal degeneration
- d. Posts CVA Parkinsonism
- e. Huntingtons disease

21. 25 year old female known epileptic got pregnant which is the most teratogenic drug among the anti epileptic drugs?

- a. Levetiracetam
- b. Lamotrigine
- c. Sodium valproate
- d. Clonazepam
- e. Carbamazepine

22. 25 years old patient presented with bilateral weakness of lower limbs on examination she has spastic weakness power 1/5 up going planters hyper reflexia eye examination of funduscopic optic atrophy. What is most likely diagnosis?

- a. Motoneuron disease
- b. Syringomyelia
- c. Friedreichs ataxia
- d. Subacute degeneration of spinal cord
- e. Multiple sclerosis

KMC 2024

Q1. A 4 years old child has presented with fever, fits and unconsciousness. His CSF would be suggestive of meningitis if CSF cell count is more than which of the following?

- a. 5
- b. 10
- c. 15
- d. 20
- e. 30

Q2. A 40-year-old man with Guillain-Barré syndrome is admitted with rapidly progressive weakness and ascending paralysis. Despite supportive care, his condition continues deteriorate. What is the most appropriate intervention to accelerate recovery?

- a. Gabapentin
- b. intravenous immunoglobulin (IVIG)
- c. IV 812 therapy
- d. D IV hydrocortisone
- e. Plasmapharesis

**Q3. A 15 year old boy presented to the medical outpatients with lower limb weakness for the last one year. Examination of the lower limbs revealed; Muscle atrophy of right lower limb, flaccid right lower limb, power 3/5 in right lower limb , power 5/5 in left lower limb, diminished reflexes in right lower limb and negative Babinski reflex bilaterally.**

**What is the most likely diagnosis?**

- a. Chronic Inflammatory Demyelinating Polyneuropathy
- b. Guillain Barre Syndrome
- c. Multiple Sclerosis
- d. Poliomyelitis**
- e. Stroke

**Q4. A 26 year old female presented to the medical outpatients with bilateral lower limb weakness.**

**Neurological examination of the lower limbs revealed: Increased tone, power 2/5 right lower limb, power 4/5 left lower limb, bilateral lower limb hyper-reflexia and bilaterally positive Babinski reflex. She also gave a history significant visual loss in right eye 2 years back that responded to methyl prednisolone injections. What could be the possible diagnosis in this case?**

- a. Guillain Barre Syndrome
- b. Tuberculous meningitis
- c. Multiple sclerosis**
- d. Myasthenia gravis
- e. Neuro-syphilis

**Q5. A 20-years-old lady with 32 weeks pregnancy, presented to medical OPD with headache of 4 weeks duration that is continuous and associated blurring of vision off and on. There is occasional history of nausea or vomiting. Her husband is in Dubai for job who left 2 months after marriage. BP was 130/80 and fundus examinations revealed papilledema. Her MRI revealed normal findings. What is the probable diagnosis?**

- a. Acute Pyogenic Meningitis
- b. Benign intracranial hypertension**
- c. Cluster headache
- d. Hypertensive encephalopathy
- e. Intracranial tumor

**Q6. A 23-years-old female presented to your clinic with gums hypertrophy. She was diagnosed case of epilepsy and was using anti-epileptic drugs for last 7 years. Which of the anti-epileptic drug causes gums hypertrophy?**

- a. Carbamazepine
- b. Lamotrigine
- c. Levetiracetam
- d. Phenytoin**
- e. Sodium Valproate

**Q7. A patient aged 45 years had a stroke about 5 years ago, and now presented to a physician with stiff right upper and lower limb and gate abnormality. Which of the following gate types can be seen in this patient?**

- a. Scissor gate
- b. Ataxic gate
- c. Lurching gate
- d. Spastic gate**
- e. Steppage gate

**Q8. A 20-years-old man got grand mal fit while taking bath in swimming pool. You are a health care provider. What would be your first step in his management?**

- a. Give IV diazepam
- b. Move him away from the water**
- c. Put hard object in his mouth
- d. Put him lateral position
- e. Shift him to nearby hospital

**Q9. A 70 years old patient was diagnosed as Parkinsonian by a local GP doctor and was started on haloperidol for his agitated state. After one week, his symptoms of rigidity and bradykinesia worsened. Which of the following is the most likely diagnosis in this patient?**

- a. Lewy body dementia**
- b. Multiple system atrophy
- c. Multiple sclerosis
- d. Normal pressure hydrocephalus.
- e. Progressive supranuclear palsy

**Q10.** A 25-years-old girl was brought to medical emergency room with high grade fever, severe headache and profuse vomiting. On examination, her pulse was 110/min, BP 110/70, Temp 101F with marked neck stiffness. There was no rash on body. She was taking medicine for right chronic supportive otitis media. Which organism could be the most probable cause?

- a. Listeria infection
- b. Meningococcal infection
- c. Mucormycosis
- d. Mycobacterium Tuberculosis
- e. Pneumococcal infection

**Q11.** A 55-year-old woman presents to the emergency room with sudden-onset severe headache, nausea, and vomiting for the last 8 hours. Her BP is 180/110, Temp. 98.6F, and Neurological examination reveals photophobia and neck stiffness but no lateralizing signs. What is the most likely diagnosis?

- a. Acute meningitis
- b. Cluster headache
- c. Hypertensive encephalopathy
- d. Intracerebral hemorrhage
- e. Subarachnoid hemorrhage

**Q12.** A 2 years old child has presented with Clinical and lab findings suggestive of acute septic Meningitis. The child has not received any vaccination for meningitis. What is the most likely organism among the following in this patient?

- a. H. influenzae type b
- b. Moraxella catarrhalis
- c. Salmonella
- d. Staphylococcus aureus
- e. Streptococcus pyogenes

**Q13.** A 30 years old woman was brought by brother to medical emergency with hemiparesis, aphasia and fits. She had fever, headache nausea/vomiting, diarrhea, rash and myalgia for last 7 days. On examination, she had a fever of 103F, pulse

110/min, and BP 110/70. Clinical examination shows no neck stiffness with normal lower limb reflexes. CSF examination showed cell count of 200 cells/ul with lymphocytic predominance, protein 100mg/dl and glucose 60mg/dl. MRI brain shows lesion in temporo-parietal area. What is the diagnosis?

- a. Cryptococcal meningitis
- b. Brain abscess
- c. Intracranial tumor
- d. Tuberculous meningitis
- e. Viral encephalitis

**Q14.** A 45-year-old man with a history of smoking and hypertension develops sudden-onset left-sided weakness and numbness. CT Imaging reveals a small hypodensity in the right basal ganglia. What is the most likely abnormality?

- a. Venous sinus thrombosis
- b. Arachnoid cyst in lateral ventricle
- c. Lacunar infarct in basal ganglia
- d. Small bleed in the basal ganglia
- e. Tumor basal ganglia

**Q15.** A 20 year old male patient presented to the emergency department with a 2 days history of slowly progressing limb weakness initially starting in the distal lower limbs. On examination he had the following features: Flaccid lower limb weakness bilaterally, power 3/5 in both lower limbs, areflexia in bilateral lower limbs - not elicitable on reinforcement and negative Babinski reflex bilaterally. What is the most likely diagnosis?

- a. B12 deficiency associated peripheral neuropathy
- b. Guillain Barre Syndrome
- c. Multiple sclerosis
- d. Spinal cord compression
- e. Transverse myelitis

**Q16.** A 45-year-old woman with myasthenia gravis experiences a myasthenic crisis, characterized by severe weakness and respiratory failure. Despite receiving acetylcholinesterase inhibitors, her

**symptoms persist. What is the most appropriate intervention in this acute situation?**

- a. Administer high-dose corticosteroids
- b. Discontinue all medications and artificial ventilation
- c. Increase the dose of acetylcholinesterase inhibitors
- d. Initiate plasmapheresis**
- e. Perform Thymectomy

**Q17. A 25-years-old girl presents to medical OPD with severe hemicranial headache associated with nausea and Vomiting. She experiences these attacks 3 times per week for last 2 years which hampers her routine work. What is the diagnosis?**

- a. Acute supportive otitis media
- b. Cluster headache
- c. Migraine**
- d. Subarachnoid hemorrhage
- e. Tension Headache

**Q18. A 30 years old women presented to your clinic with loss of vision in left eye for last 2 days. She had same attacks 1 year back. She also gave history of recurrent falls and unsteady gait. She had a past history of a stroke causing a right-sided hemiparesis, which resolved spontaneously after few days. The patient underwent extensive investigations including Carotid Doppler, echocardiography and CT Brain, all were normal. The MRI showed white matter plaques. On examination, she had broad based gait. There was evidence of dysdiadochokinesia in both upper limbs and abnormal heel-shin testing. The lower limb reflexes were brisk and planter response was extensor. Which is the drug of choice for acute attack of this disease?**

- a. Dexamethasone
- b. I/V immunoglobulin
- c. Methylprednisolone**
- d. Ocrelizumab
- e. Plasmapheresis

**Q19. While examining a patient with ataxia, the physician observes a sign which hints towards a lesion in the dorsal column. Which of the following sign is exclusively seen in this condition?**

- a. Dysmetria
- b. Nystagmus
- c. Scanning speech
- d. Slapping gate**
- e. Tremors

**Q20. A 60-years-old man was brought to medical emergency by his sons at 3 pm in drowsy state. He suffered fit before becoming drowsy and confused. His sons claimed that he had progressively increasing headache for last 4 months ending in fits for last 1 week. He was hypertensive and with good compliance. On examination, he was drowsy and confused. He was afebrile with BP of 150/90. His lumber puncture was normal. Fundoscopy showed disc haziness. What is the most probable diagnosis?**

- a. Intra cerebral bleed
- b. Intracranial tumor**
- c. Migraine
- d. Subarachnoid hemorrhage
- e. Tuberculous Meningitis

**KGMC 2024**

**1. A 58-year-old male presents with resting tremors, bradykinesia, and muscle rigidity. He also has a shuffling gait. What is the most likely diagnosis?**

- a. Huntington's disease
- b. Amyotrophic lateral sclerosis
- c. Parkinson's disease**
- d. Multiple sclerosis
- e. Alzheimer's disease

**2. A 34-year-old female presents with double vision, difficulty swallowing, and fatigue that worsens at the end of the day. Which test is most likely to confirm the diagnosis?**

- a. Brain MRI
- b. Serum acetylcholine receptor antibody test**
- c. Lumbar puncture
- d. EEG
- e. Muscle biopsy

3. A 45-year-old woman presents with unilateral facial weakness, drooping of the mouth, and inability to close her eye. She has no other neurological deficits. What is the most likely diagnosis?

- a. Stroke
- b. Myasthenia gravis
- c. Bell's palsy
- d. Guillain-Barré syndrome
- e. Multiple sclerosis

4. A 27-year-old woman presents with episodes of vision loss, fatigue, and numbness in her legs. MRI shows multiple hyperintense lesions in the brain and spinal cord. What is the most likely diagnosis?

- a. Multiple sclerosis
- b. Stroke
- c. Migraine with aura
- d. Epilepsy
- e. Amyotrophic lateral sclerosis

5. A 72-year-old man with hypertension presents with a sudden onset of right-sided weakness and difficulty speaking. CT scan shows an ischemic stroke in the left middle cerebral artery territory. What is the most appropriate next step in management?

- a. Aspirin
- b. Thrombolysis with alteplase
- c. Heparin
- d. Clopidogrel
- e. Beta-blockers

6. A 40-year-old man experiences brief episodes of excruciating, sharp facial pain that last for seconds and are triggered by talking or chewing. What is the most likely diagnosis?

- a. Migraine
- b. Temporal arteritis
- c. Trigeminal neuralgia
- d. Cluster headache
- e. Tension headache

7. A 25-year-old woman presents with headache, papilledema. Vomiting, and MRI shows no abnormalities, and lumbar puncture reveals increased opening pressure but normal CSF composition. What is the most likely diagnosis?

- a. Subarachnoid hemorrhage
- b. Intracranial tumor
- c. Idiopathic intracranial hypertension
- d. Meningitis
- e. Hydrocephalus

8. A 68-year-old man with a history of hypertension and diabetes presents with sudden loss of vision in one eye. Fundoscopy reveals a pale retina and a "cherry-red" spot at the macula. What is the most likely diagnosis?

- a. Retinal detachment
- b. Acute angle-closure glaucoma
- c. Central retinal artery occlusion
- d. Optic neuritis
- e. Temporal arteritis

9. A 30-year-old woman has recurrent, throbbing headaches associated with nausea, photophobia, and sensitivity to sound. The headaches last several hours and occur about once a month. What is the most likely diagnosis?

- a. Tension headache
- b. Cluster headache
- c. Migraine
- d. Temporal arteritis
- e. Sinus headache

10. A 60-year-old man is brought to the emergency department after having a sudden, severe headache described as "the worst headache of his life." CT scan shows blood in the subarachnoid space. What is the most likely cause?

- a. Migraine
- b. Intracerebral hemorrhage
- c. Subarachnoid hemorrhage
- d. Epidural hematoma
- e. Meningitis

11. A 55-year-old woman with a history of breast cancer presents with back pain, weakness in her legs, and urinary incontinence. MRI reveals spinal cord compression. What is the next step in management?

- a. NSAIDs
- b. Radiation therapy
- c. Oral steroids
- d. Surgical decompressors
- e. Chemotherapy

12. A 65-year-old woman presents with progressive memory loss, disorientation, and difficulty with activities of daily living. Her MRI shows diffuse cortical atrophy, particularly in the hippocampus.

What is the most likely diagnosis?

- a. Parkinson's disease
- b. Lewy body dementia
- c. Alzheimer's disease
- d. Vascular dementia
- e. Frontotemporal dementia

13. A 25-year-old man develops ascending weakness and areflexia after a recent respiratory infection.

What is the most likely diagnosis?

- a. Multiple sclerosis
- b. Myasthenia gravis
- c. Guillain-Barré syndrome
- d. Spinal cord injury
- e. Amyotrophic lateral sclerosis

14. A 38-year-old woman presents with episodes of vertigo, tinnitus, and hearing loss in her left ear.

These symptoms come and go over several months.

What is the most likely diagnosis?

- a. Vestibular neuritis
- b. Benign paroxysmal positional vertigo (BPPV)
- c. Méniere's disease
- d. Acoustic neuroma
- e. Labyrinthitis

15. A 32-year-old man presents with rapidly progressing weakness, dysarthria, and difficulty swallowing. His neurologic exam reveals hyperreflexia and muscle atrophy. What is the most likely diagnosis?

- a. Multiple sclerosis
- b. Myasthenia gravis
- c. Guillain-Barré syndrome
- d. Amyotrophic lateral sclerosis
- e. Lambert-Eaton syndrome

16. A 20-year-old college student presents with fever, stiff neck, and photophobia. Lumbar puncture

reveals elevated white blood cells, low glucose, and high protein in the cerebrospinal fluid. What is the most likely diagnosis?

- a. Viral meningitis
- b. Bacterial meningitis
- c. Fungal meningitis
- d. Subarachnoid hemorrhage
- e. Multiple sclerosis

17. A 50-year-old man presents with a resting tremor in his left hand, bradykinesia, and a mask-like facial expression. He denies any cognitive deficits. What is the best initial treatment?

- a. Acetylcholinesterase inhibitors
- b. Levodopa
- c. Beta-blockers
- d. Corticosteroids
- e. Anticholinergics

18. A 24-year-old woman experiences a sudden, severe headache followed by nausea and vomiting. She had a brief loss of consciousness and now reports neck pain. CT scan shows no abnormalities.

What is the next best step?

- a. MRI of the brain
- b. Lumbar puncture
- c. EEG
- d. Antiemetics
- e. Observation

19. A 65-year-old man presents with sudden onset of dizziness, nausea, and inability to walk due to imbalance. There is no hearing loss. What is the most likely diagnosis?

- a. Méniere's disease
- b. Benign paroxysmal positional vertigo (BPPV)
- c. Vestibular neuritis
- d. Stroke
- e. Acoustic neurom

20. A 40-year-old woman experiences sharp, unilateral, stabbing pain in the back of her throat

triggered by swallowing. What is the most likely diagnosis?

- a. Trigeminal neuralgia
- b. Glossopharyngeal neuralgia
- c. Cluster headache
- d. Migraine
- e. Temporomandibular joint disorder

21. A 45-year-old woman presents with progressive sensory loss, dysesthesias, and muscle weakness in her legs. Her MRI shows a longitudinally extensive lesion of the cervical and thoracic spinal cord. Serum testing reveals antibodies against aquaporin-4. What is the most likely diagnosis?

- a. Multiple sclerosis
- b. Guillain-Barré syndrome
- c. Neuromyelitis optica
- d. Transverse myelitis
- e. Spinal cord infarction

22. A 60 years old male presents with progressive cognitive decline, myoclonus, and ataxia over the course of a few months. MRI shows hyperintensities in the caudate and putamen on diffusion-weighted imaging. CSF analysis reveals 14-3-3 protein. What is the most likely diagnosis?

- a. Alzheimer's disease
- b. Creutzfeldt-Jakob disease
- c. Progressive supranuclear palsy
- d. Huntington's disease
- e. Lewy body dementia

23. A 50-year-old woman presents with painless, progressive bilateral vision loss. Examination shows sluggish pupillary light reactions and optic disc pallor. MRI shows a periventricular white matter lesion. Which of the following is the most likely underlying diagnosis?

- a. Optic neuritis
- b. Multiple sclerosis
- c. Leber hereditary optic neuropathy
- d. Sarcoidosis
- e. B12 deficiency

24. A 32-year-old male presents with progressive gait disturbance, slurred speech, and uncoordinated movements. His father had similar symptoms and died in his 50s. On examination, there is ataxia, dysarthria, and reduced vibratory sensation. What is the most likely diagnosis?

- a. Amyotrophic lateral sclerosis
- b. Huntington's disease
- c. Friedrich's ataxia
- d. Spinocerebellar ataxia
- e. Wilson's disease

25. A 5-year-old male child comes to the OPD due to progressively worsening muscle weakness for the last several months. The patient has difficulty with activities such as climbing stairs, getting up from chairs. Physical examination shows weakness of the shoulder and hip girdle muscles. His maternal uncle also had similar problems. What is the pattern of inheritance in this child's disease?

- a. Autosomal dominant
- b. Autosomal recessive
- c. Mitochondrial pattern
- d. X-linked Dominant
- e. X-linked Recessive

26. A 8 Years old boy presented with history of fever and headache for the last 15 days. Pus discharge form the left ear since 3 months, on examination 6<sup>th</sup> nerve palsy in right eye. Fundoscopy reveals bilateral papilloedema. Treatment for this condition is:

- a. Ceftriaxone, Vancomycin
- b. Ceftriaxone, Vancomycin and Flagyl
- c. Ceftriaxone, Dexamethasone Vancomycin and
- d. Inj. Artisunate
- e. Dexamethasone, Ethambutal, Isoniazid, Pyrazinamide and Rifampicin

27. A 12 yrs old presents to the emergency department with fever 122.2 F (39 C) and intense headache. A lumbar puncture (LP) is performed, and your suspicion of septic meningitis is confirmed.

Which of the following CSF findings is most likely 48 hours into the course of meningitis?

- a. 50 WBC, 70% monocytes
- b. 50 WBC, 8000 red blood cells
- c. 100 WBC, 90% eosinophils
- d. 150 WBC, 80% lymphocytes
- e. 5,000 WBC, 90% polymorphonuclear leukocytes

28. A 1 year old infant has excessive crying and high grade fever with fits. On examination he has bulging fontanel and brisk reflexes. Which investigation would you like to perform to confirm diagnosis?

- a. Cerebrospinal Fluid Routine
- b. Coagulation Screening
- c. CT Brain
- d. Fundoscopy
- e. MRI Brain

29. 6 months old floppy infant is brought by the mother with the history of recurrent chest infection. On examination his OFC is 44cm, reflexes are absent rest of the examination is unremarkable. What is the most appropriate diagnostic test.

- a. EMG
- b. NCS
- c. MRI brain
- d. CSF R/E
- e. CPK

30. A 3 years old boy is brought to emergency department with the history of generalized tonic clonic fits lasting for 10 minutes with 2 times since morning. On examination his Anterior Fontanel is normal. Kerning and Brudzinski signs are negative, lumber puncture shows 3 cells, sugar 80mg/dl, Protein 20 mg/dl. RBS 100mg/dl. What is the most likely diagnosis?

- a. Simple febrile fits
- b. Complex febrile fits
- c. Septic meningitis
- d. Septic meningitis
- e. Tuberculous meningitis

31. A 2 years old child brought to emergency department with the history of unconsciousness since morning. On examination she is febrile having

a temperature of 104 F, she is pale and few petechiae on the body, spleen tip is palpable. Her GCS is 10/15, kerning and Brudzinski signs are absent, CSF cell count is 5, Protein 40mg/dl and Sugar 70mg/dl. RBS 80 mg/dl. What is most likely diagnosis?

- a. Septic meningitis
- b. septic meningitis
- c. Tuberculous meningitis
- d. Brain abscess
- e. Cerebral malaria

32. 7 years old child presented with history of fever for the last 7 days and generalized tonic clonic fits for one day. On examination GCS is 10/15. Signs of meningeal irritation are present, fundoscopy showed papilledema, CT brain with contrast shows hydrocephalus and basilar meningeal enhancement. What is your most likely diagnosis?

- a. Septic meningitis
- b. Aseptic meningitis
- c. Cerebral malaria
- d. Tuberculous meningitis
- e. Brain abscess

33. A 42-Year-old man known to have hypertension, present Emergency Department with sudden onset of severe occipital headache and vomiting for the last two hours. He describes it, the worst headache of his life. After two hours he became unconscious and on examination his GCS 11/15, afebrile, pulse 90/minute and Blood pressure 170/110 mmHg. What is the Most probable Diagnosis?

- a. Subarachnoid Hemorrhage
- b. Ischemic stroke
- c. Transient ischemic attack (TIA)
- d. Aseptic Meningitis
- e. Idiopathic Intracranial Hypertension (IIH)

34. A 7 year old girl is brought with complains of frequent falls. On examination she is hypotonic, power 1, with absent reflexes. Her CSF examination:

Colorless, glucose 60mg/dl, Proteins 150 mg/dl, WBC

10 The girl is most likely suffering from

- a. GBS
- b. Polio
- c. Transverse myelitis
- d. Injection neuritis
- e. Post diphtheria neuropathy

**35. Seizures of Benign Rolandic Epilepsy usually disappears:**

- a. Before 5 years of age
- b. Before 8 years of age
- c. Before 3 years of age
- d. Before 10-14 years of age**
- e. Never disappears and continue till age 25 years

NWSM 2024

1. A 50 year old man presented with episodes of altered behavior. During these episodes, which occurred when he was sleeping, the patient developed a "blank look" and violently kicked his legs like he was "riding a bicycle." Each episode lasted about 30 seconds and he was confused afterward with no memory of the event. Imaging is most likely to reveal an abnormality in what area of the brain?

- a. Thalamus
- b. Frontal lobe
- c. Lateral temporal lobe**
- d. Parietal lobe
- e. Occipital lobe

2. A 46-year-old woman with multiple sclerosis for 30 years complained of overwhelming fatigue. She said that despite sleeping well she needed to nap daily and had trouble focusing on books and TV programs. Which of the following medications might help this patient?

- a. Carbamazepine
- b. Dalfampridine
- c. Venlafaxine
- d. Modafinil**
- e. Dextromethorphan hydro bromide and quinidine sulfate

3. A 25-year-old female presented to the OPD with quadriplegia. Weakness started in the lower limb progressing to the upper limb within a week. It was preceded by food poisoning. On examination there is hypotonic with decreased power in all the limbs and lost reflexes. Labs are normal. What can be the probable diagnosis?

- a. Multiple sclerosis
- b. Transverse myelitis
- c. Gillian barre syndrome**
- d. Conversion disorder
- e. Hypokalemic periodic paralysis

4. An 18-year-old man presented with severe headache, nuchal rigidity, and a fever. The patient was lethargic on examination with papilledema. He was started on broad spectrum antibiotics. Which of the following is the most appropriate step in his management?

- a. Lumbar puncture
- b. Brain MRI**
- c. Intravenous steroids
- d. Hyperventilation and mannitol
- e. Blood culture & sensitivity

5. A 75 year old male presents with an acute ischemic stroke. On examination he has mild right arm and face weakness. He has spontaneous speech with occasional Para phasic errors. He can understand and follow commands. Repetition is severely impaired. Which of the following best explains his speech pattern?

- a. Broca's aphasia
- b. Transcortical aphasia
- c. Anomic aphasia
- d. Conductive aphasia**
- e. Wernicke's aphasia

6. A 50-year-old woman with diabetes awakens with right body weakness. Examination indicates relatively symmetrical upper motor neuron pattern of weakness involving the face, arm, and leg. There are no sensory abnormalities. Language is

preserved. A stroke associated with this presentation is most likely with damage to which of the following?

- a. Internal capsule
- b. Cerebellum
- c. Putamen
- d. Caudate
- e. Amygdala

7. A young 30-year-old male with history of polycystic kidney disease presented with altered sensorium and severe headache for the last one day. On examination his blood pressure was 170/100mmHg with a GCS of 14/15. There was no focal weakness associated. Rest of the lab investigation were reported to be normal. What can be the first line (most appropriate) investigation?

- a. MRI Brain
- b. Cerebral angiography
- c. CSF R/E
- d. CT Venogram
- e. CT Brain plain

8. A PG patient came to antenatal OPD with 15 weeks gestation, patient is confused, semi drowsy condition, not oriented to time and place. According to her husband she was having severe vomiting and diarrhea 2 days back. On investigations HB is 10gm/dl, tIC 10,000. On urine R/E pus cells 2-4 sugar nil, ketones ++. On examination B/P 100/65mmHg, pulse 110/min, patient is pale and dehydrated. What is the diagnosis of this patient?

- a. Wernicke's encephalopathy
- b. Eclampsia
- c. Gastroenteritis
- d. Food poisoning
- e. Anxiety

9. A 76 year old man with hypertension and diabetes complained of a severe headache. On arrival to the emergency department, he was stuporous, weak on the right side, and aphasic. Which of the following is the most appropriate step in the evaluation of this patient?

- a. CT brain
- b. MRI brain
- c. Magnetic resonance angiography
- d. Digital subtraction angiogram
- e. Spinal tap and blood cultures

10. A 25 year old female presents with episodes of confusion. These episodes start with a rising feeling in her abdomen followed by anxiety and diaphoresis. Her family states she will mumble and hold her left arm stiff while her right arm picks at her shirt. These episodes will last for 45 seconds before resolving. She is tired and confused after these episodes have occurred. Which of the following is the most likely localization for her symptoms?

- a. Left orbitofrontal lobe
- b. Left lateral temporal lobe
- c. Right occipital lobe
- d. Right mesial temporal lobe
- e. Right dorsolateral frontal lobe

11. A 5 years old boy presented with history of high grade fever, headache and vomiting from last 2 days. The mother also reports an episode of fits at home. On examination there is neck stiffness and positive Kerning's and Brzezinski's sign. What is the most probable diagnosis:

- a. Brain tumor
- b. Meningitis
- c. Migraine
- d. Cyclic vomiting syndrome
- e. Tension headache

12. A 70-year-old male known hypertensive and having heart failure was standing in a long queue on a hot summer day when he collapsed and was taken to ER. In ER his pulse is 140/m, Blood pressure is 100/70 mmHg, Temperature 104°F and Respiratory rate 28/m. He is confused and has ataxia. His ECG and Echo have no new changes. His investigations show rhabdomyolysis and renal failure. Which of the following is an early sign of heat stroke?

- a. Seizures
- b. Ataxia
- c. Lower limb weakness
- d. Aphasia
- e. Anergia

13. What will be the initial Drug combination for empirical treatment for bacterial meningitis?

- a. Vancomycin and Ceftriaxone
- b. Ceftriaxone and meropenem
- c. Vancomycin plus Ceftriaxone
- d. Meropenem and penicillin
- e. Penicillin and Ceftriaxone

14. A 60-year-old man diabetic and hypertensive presented to the ER with sudden onset left sided weakness and aphasia for the last 6 hours. On examination he has a blood pressure of 200/120mmHg, pulse was 60. Power on the left side in the upper and lower limbs was 2/5 and planter on the left side was up-going. What can be the most appropriate management step?

- a. Aspirin therapy
- b. MRI Brain
- c. CT-Brain
- d. Alteplase
- e. Thrombectomy

15. A 60-year-old man presents with recent onset of right facial weakness. He cannot lift his right eyebrow or close his right eye. He has a depressed right nasolabial fold. He also reports decreased taste sensation. What is the best treatment?

- a. Aspirin
- b. Heparin
- c. Prednisone
- d. Intravenous recombinant tissue plasminogen activator (rtPA) if he presents within 4.5 hours of symptom onset
- e. Clopidogrel

16. A 42-year-old man presents with ptosis on the left eyelid, numbness of his left face, right arm and leg. Associated h/o vomiting, vertigo, diplopia, and speech disturbance, swallowing difficulty and falling to the left side. Occlusion of which artery is most likely responsible?

- a. Vertebral artery
- b. Anterior inferior cerebellar artery
- c. Superior cerebellar artery
- d. Posterior cerebral artery
- e. Anterior Cerebral artery

17. Which is the single most likely drug to be associated with medication-overuse headache (MOH)? Select ONE option only.

- a. Ibuprofen
- b. Sodium valproate
- c. Amoxicillin
- d. Duloxetine
- e. Pregabalin

18. An 18-year-old man presented with severe headache, nuchal rigidity, and a fever. The patient was lethargic on examination with papilledema. He was started on broad spectrum antibiotics. Which of the following is the most appropriate step in his management?

- a. Lumbar puncture
- b. Brain MRI
- c. Intravenous steroids
- d. Hyperventilation and mannitol
- e. Blood culture & sensitivity

19. A 30-year-old man presents to the emergency department after a motorbike accident. He complains of severe back pain and inability to move his legs. On examination, he has loss of sensation below the umbilicus (T10 level) and absent motor function in both lower limbs. Reflexes are absent in the lower limbs, and rectal tone is diminished. MRI reveals a fracture at T12 with spinal cord compression. Which of the following is the next best step in management?

- a. Administer high-dose corticosteroids
- b. Immediate surgical decompression and stabilization
- c. Initiate physiotherapy and rehabilitation
- d. Observe and repeat imaging in 48 hours
- e. Start anticoagulation to prevent deep vein thrombosis

20. A 30-year-old woman presented with bilateral asynchronous, violent ballistic movements of her arms and legs. The patient was conscious during these events but cannot communicate with surroundings. Each episode lasted between 60 and 180 seconds, which of the following tests is most likely to reveal the diagnosis?

- a. Routine EEG
- b. Video monitoring EEG
- c. MRI of the brain
- d. MR Spectroscopy brain
- e. Serum Prolactin level

21. A 22-year-old male is brought to the emergency department after being struck on the head during a fight. He was initially alert but became drowsy over the next hour. Examination reveals anisocoric (right pupil dilated), a GCS score of 10, and left-sided weakness. A CT scan shows a biconvex hyper dense lesion in the right temporal region. What is the most likely diagnosis?

- a. Acute subdural hematoma
- b. Brain contusion
- c. Epidural hematoma
- d. Intracerebral hemorrhage
- e. Subarachnoid hemorrhage

22. A 30 year old woman presented with bilateral, asynchronous ballistic movements of her arms and legs. The patient was conscious during these events, often saying that she felt like she was being attacked. Each episode lasted between 30 and 120 seconds. Which of the following tests is most likely to reveal the diagnosis?

- a. Routine EEG
- b. Video EEG
- c. MRI of the brain
- d. MR Spectroscopy
- e. Prolactin level

23. According to current guidance, which is the **SINGLE MOST** appropriate first-line treatment for the prophylaxis of migraine? Select **ONE** option only.

- a. Sodium valproate
- b. Lisinopril
- c. Sumatriptan
- d. Propranolol
- e. Pizotifen

24. A 26 year old man presented with convulsive movements that continued for 10 minutes despite treatment with a total of 10 mg of lorazepam. Which of the following medications is indicated at this time?

- a. O Propanol
- b. Fosphenytoin
- c. Diazepam
- d. Phenobarbital
- e. Clordiazepoxide

25. You diagnose a 32 year old female with Dystonia. She has been complaining of spasms in her neck and upper torso, which at times are quite painful. She has to rely on regular pain relief and muscle relaxants to help her function on a daily basis. All her baseline investigations are normal. As you are aware, Dystonia is a condition that can affect one part of the body (focal dystonia), two or more adjacent parts (segmental dystonia), or all parts of the body (general dystonia). How would you best manage this patient?

- a. Current guidelines recommend treatment with medications alone
- b. Current guidelines recommend treatment with psychotherapy alone
- c. Current guidelines recommend treatment with surgery alone
- d. Current guidelines recommend treatment with medications and psychotherapy combination
- e. Current guidelines recommend treatment with medications, psychotherapy and/or surgery

26. An 84 year old man presented with walking difficulty. Over the past few months he had a hard time in initiating his gait and it took him much longer to get up from a chair. On examination he took small, shuffling steps and had little arm swing. He had a resting tremor of his right arm for last 01 year. Which of the following is the most likely diagnosis?

- a. Essential tremor
- b. Normal pressure hydrocephalus
- c. Parkinson plus syndrome
- d. Idiopathic Parkinson's disease
- e. Secondary Parkinsonism

27. You see a 55 year old female, with an established diagnosis of Paranoid Schizophrenia. She has been on anti-psychotic medications since the last 30 years and has been functioning well when compliant with medications. She is a principal at the local school and enjoys her job. Since the last few months, she has been noticing involuntary and unusual

movement in her orofacial region. These are described by the family as if she is smacking her lips following eating something bitter. You observe her to be constantly chewing also, despite having nothing in her mouth. What would be your most likely diagnosis?

- a. Acute Dystonia
- b. Akathisia
- c. Parkinsonism
- d. Torticollis
- e. Tardive dyskinesia

28. A 60-year-old Male was brought to the ER who is a known case of Diabetes and hypertension, with sudden onset of left sided weakness and aphasic for the last 03 hours. Examination showed hypertonia, decreased power and up going planters on left sided. CT brain showed right middle cerebral artery infarct. What should be the most appropriate management step?

- a. Anticoagulation
- b. Thrombolytic therapy (Alteplase)
- c. Thrombectomy
- d. Anti-platelets therapy
- e. None of the above

29. A 26 year old man presented with convulsive movements that continued for 10 minutes despite treatment with a total of 10 mg of lorazepam. Which of the following medications is indicated at this time?

- a. Propanol
- b. Fosphenytoin
- c. Diazepam
- d. Phenobarbital
- e. Chlordiazepoxide

30. A 15 years old female presents to OPD with complaint of recurrent headache for last 4 months. She is also complaining of diplopia and pulsatile tinnitus. There is no history of vomiting or fever. On examination of fundi there is bilateral papilledema. Rest of neurological examination doesn't reveal any significant finding. Her weight is 90 kg and BP is 130/90 mmHg. What is the most probable diagnosis?

- a. Meningitis
- b. Migraine
- c. Pseudo tumor cerebri
- d. Brain Tumor
- e. Tension headache

RMC 2024

1. Which of the following cerebrospinal fluid (CSF) findings is most suggestive of bacterial meningitis?

- a. Elevated protein, low glucose, and neutrophilic pleocytosis
- b. Elevated protein, normal glucose, and lymphocytic pleocytosis
- c. Normal protein, normal glucose, and mononuclear cells
- d. Low protein, high glucose, and eosinophilic pleocytosis
- e. Elevated protein and lymphocytic pleocytosis

2. What is the most common pathogen causing bacterial meningitis in adults?

- a. Hemophilic influenza type B
- b. Streptococcus pneumoniae
- c. Neisseria meningitidis
- d. Listeria monocytogenes
- e. Pneumoniae

3. Which of the following vaccines is routinely used to prevent meningococcal meningitis?

- a. Pneumococcal conjugate vaccine (PCV13)
- b. Hemophilic influenza type B (Hib) vaccine
- c. Meningococcal conjugate vaccine (MCV4)
- d. Bacilli Calmette-Guérin (BCG) vaccine
- e. Hemophilic influenza type C (Hib) vaccine

4. What is the most common complication of bacterial meningitis in survivors?

- a. Cerebral infarction
- b. Sensorineural hearing loss
- c. Hydrocephalus
- d. Chronic headache
- e. Migraine

5. Which of the following statements regarding tuberculous meningitis (TBM) is correct?

- a. CSF glucose is usually elevated in TBM
- b. TBM is characterized by a rapid onset and progression of symptoms
- c. Cranial nerve palsies are a common clinical finding in TBM

- d. TBM does not require corticosteroids as part of treatment
- e. TBM does require corticosteroids as part of treatment

**5. Which of the following statements regarding tuberculous meningitis (TBM) is correct?**

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- c. Cranial nerve palsies are a common clinical finding in TBM
- d. TBM does not require corticosteroids as part of treatment
- e. TBM does require corticosteroids as part of treatment

**6. Which of the following tests is most sensitive for diagnosing viral meningitis?**

- a. Gram stain of CSF
- b. CSF polymerase chain reaction (PCR) for viral pathogens
- c. CSF glucose concentration
- d. India ink preparation
- e. Glucose concentration

**7. Which of the following is a hallmark feature of meningitis caused by *Cryptococcus neoformans*?**

- a. Purpuric skin rash
- b. Positive India ink stain in CSF
- c. Rapid response to penicillin therapy
- d. Lymphocytosis with low CSF opening pressure
- e. All of the above

**8. Which of the following signs is most specific for meningitis?**

- a. Photophobia
- b. Kernig's sign
- c. Fever with headache
- d. Vomiting
- e. Loss of motion

**9. Which of the following is the most common type of migraine?**

- a. Migraine with aura

- b. Migraine without aura
- c. Chronic migraine
- d. Basilar-type migraine
- e. None of the above

**10. Which neurotransmitter plays a critical role in the pathophysiology of migraines?**

- a. Dopamine
- b. Serotonin
- c. Acetylcholine
- d. GABA
- e. All of the above

**11. A 30-year-old woman reports episodic, throbbing headaches lasting 4-72 hours associated with nausea and photophobia. Which of the following diagnostic criteria confirms migraine without aura?**

- a. Unilateral pain, nausea, and dizziness
- b. Headache lasting less than 4 hours with nausea
- c. Headache lasting 4 to 72 hours with two of the following: unilateral pain, pulsating quality, or aggravation by activity
- d. Bilateral tension-like headache lasting for more than 7 days
- e. Headache lasting less than 12 hours with nausea

**12. Which of the following is the first-line treatment for acute migraine attacks?**

- a. NSAIDs
- b. Beta blockers
- c. Antidepressants
- d. Antiepileptic
- e. None of the above

**13. A 45-year-old man experiences a severe headache accompanied by visual disturbances. He sees shimmering zig-zag lines (scintillating scotoma) that resolve before the headache signs begin. What type of migraine is this?**

- a. Migraine with aura
- b. Migraine without aura
- c. Hemiplegic migraine
- d. Ophthalmologic migraine
- e. Hemiplegic without migraine

**14. Which medication is considered most effective for preventing frequent migraines?**

- a. Propranolol
- b. Ibuprofen
- c. Sumatriptane
- d. Topiramate
- e. All of them off

15. Which of the following is not the common trigger for migraines?

- a. Stress
- b. Skipped meals
- c. Anti-hypertensive medications
- d. Hormonal fluctuations
- e. Hypertension

16. A 35-year-old woman reports daily use of over-the-counter pain medications for her migraines, leading to increased headache frequency. What is the likely diagnosis?

- a. Chronic migraine
- b. Medication overuse headache
- c. Hemiplegic migraine
- d. Tension type headache
- e. Body pain

17. Which of the following is a contraindication for using triptans in acute migraine management?

- a. Hypertension
- b. Ischemic heart disease
- c. Migraine with aura
- d. Migraine without aura
- e. Chronic migraine

18. Which monoclonal antibody targets the calcitonin gene-related peptide (CGRP) pathway in migraine prevention?

- a. Erenumab
- b. Etanercept
- c. Rituximab
- d. Trastuzumab
- e. None of the above

19. A 28-year-old woman presents with recurrent, severe, unilateral headaches lasting 24 hours. She describes the pain as throbbing and reports associated nausea and photophobia, she mentions that the headaches worsen with physical activity. Examination and Imaging are normal. Question: Based on the diagnostic criteria, what is the most likely diagnosis?

- a. Cluster headache
- b. Migraine without aura
- c. Tension-type headache
- d. Subarachnoid hemorrhage
- e. All of the above

20. A 32-year-old woman experiences recurrent headaches preceded by visual disturbances, including flashing lights and zigzag patterns. The headaches are unilateral, throbbing, and associated with vomiting. She reports a family history of similar symptoms. Question: What is the most appropriate treatment for her headaches?

- a. Paracetamol
- b. Sumatriptane
- c. Propranolol
- d. Topiramate
- e. Disprin

21. A 40-year-old man reports a history of migraines. He experiences headaches twice a week despite regular use of NSAIDS and triptans. He also takes medications daily to prevent attacks but has still frequent headaches. Question: What is the next best step in managing this patient?

- a. Increase triptan dosage
- b. Switch to Erenumab
- c. Assess for medication overuse headache
- d. Add gabapentin
- e. All of the above

22. A 50-year-old man with a history of hypertension and migraines presents with severe unilateral headache and vision loss in one eye. He denies any aura or other neurological symptoms. His blood pressure is 180/110 mmHg. Question: What is the most appropriate action?

- a. Start triptan therapy
- b. Evaluate for hypertensive emergency and secondary cause of headache
- c. Prescribe NSAIDS and follow up in 2 weeks
- d. Diagnosed as migraine and start CGRP antagonistic therapy
- e. Prescribe NSAIDS and follow up in 7 weeks

23. Which of the following is the most common type of dementia in the elderly?

- a. Frontotemporal dementia
- b. Vascular dementia
- c. Alzheimer's disease
- d. Lewy body dementia
- e. None of these

**24. Which neurotransmitter is most significantly affected in Alzheimer disease?**

- a. Dopamine
- b. Serotonin
- c. Acetylcholine
- d. Glutamate
- e. None of these

**25. Which of the following genetic mutations is most strongly associated with early onset familial Alzheimer disease?**

- a. APOE e4 allele
- b. Presenilin-1(PSEN1)
- c. Microtubule associated protein tau (MAPT)
- d. TDP-43
- e. Presenilin-3(PSEN3)

**26. Which of the following is a key feature that differentiate dementia with Lewy bodies (DLB) from Alzheimer disease?**

- a. Memory impairment as an early symptom
- b. Rapidly progressive motor decline
- c. Visual hallucinations and fluctuating cognition
- d. Severe aphasia
- e. Rapidly progressive motor increase

**27. Which diagnostic test is considered essential for ruling out reversible causes of dementia?**

- a. Brain MRI
- b. Serum vitamin B12 and folate levels
- c. Electroencephalogram (EEG)
- d. CSF tau protein levels
- e. None of the above

**28. Which of the following best describes the pathological hallmark of Alzheimer's disease?**

- a. Alpha-synuclein aggregates in the substantia nigra
- b. Beta-amyloid plaques and neurofibrillary tangles
- c. Tauopathy confined to the frontal lobes
- d. Vascular infarcts in cortical and subcortical regions
- e. Beta-amyloid plaques

**29. Which class of medications is most commonly used for the symptomatic management of Alzheimer's disease?**

- a. NMDA receptor antagonists
- b. Dopamine agonists

c. Acetylcholinesterase inhibitors

- d. Monoamine oxidase inhibitors
- e. All of the above

**30. Which of the following clinical features is most consistent with frontotemporal dementia (FTD)?**

- a. Early onset of memory loss
- b. Prominent language disturbances or behavioral changes
- c. Visual hallucinations
- d. Gait disturbance and falls
- e. Early memory loss

**31. Which of the following is the most significant risk factor for developing dementia?**

- a. Age
- b. Hypertension
- c. APOE e2 allele
- d. Gender
- e. All of the above

**32. Which of the following cognitive tools is commonly used to assess for dementia?**

- a. Glasgow Coma Scale (GCS)
- b. Mini Mental State Examination (MMSE)
- c. Montreal imaging Protocol
- d. Confusion Assessment Method (CAM)
- e. Non-Montreal training Protocol

**33. Which of the following is the cause of primary headache?**

- a. Infection
- b. Intracranial hemorrhage
- c. Co poisoning
- d. Tension
- e. Tumour

**34. A 90-year-old with low grade fever and GTC fits. She also had history of fits 4 months back, BCR, electrolytes, CSF analysis all are normal. Now the child is afebrile and well. Diagnosis is:**

- a. Epilepsy
- b. Encephalitis
- c. Meningitis
- d. Febrile convulsion
- e. None of these

35. A 33-year-old man is hit by a car. He loses consciousness but is found to be fine by the paramedics. When awaiting doctor reviews in the casualty. He suddenly becomes comatose. What is the most likely diagnosis?

- a. Subarachnoid hemorrhage
- b. Subdural hemorrhage
- c. Intracerebral hemorrhage
- d. Extradural hemorrhage
- e. Primary hemorrhage

## 2. RENAL MEDICINE

AMC 2024

Q1. A 50-year-old gentleman with long standing history of joint pain and deformities now presented with complaints of general body swelling.

Investigation showed Urine Pro: 4+, Rbc: Nil, Creatinine :5.7mg/dL, Ultrasound

kidneys: Right 13.5 cm, Left: 13.8 cm with increased echogenicity.

What is the definitive, potentially curative treatment at this stage?

- a. Immunosuppression
- b. Hemodialysis
- c. Kidney transplant
- d. Treat the cause
- e. Nephrectomy

KGMC 2024

Q1. A 47 Year Old male admitted for workup of mediastinal mass, developed rash, Decreasing Urinary Output with raising Urea and Creatinine few days after CT Scan Thorax. What is the most likely cause of his recent problem?

- a. Radiations
- b. Radio Nephritis Contrast Associated
- c. Membranous Nephropathy
- d. Polycystic Kidney Disease
- e. Metastasis to the Kidney

2. A 43 year old diabetic lady presented with a B.P of 145/90 mmHg. Which of the following Anti-Hypertensive is reno protective:

- a. Calcium Channel blockers
- b. ACEI/ARB
- c. Beta Blockers
- d. Alpha blockers
- e. Diuretics

3. A 25-year-old woman presents with lower abdominal pain, dysuria, and urgency. Urinalysis reveals pyuria, bacteriuria, and hematuria. She denies any recent sexual activity. What is the most likely causative organism for this urinary tract infection?

- a. Escherichia coli
- b. Staphylococcus saprophyticus
- c. Klebsiella pneumoniae
- d. Enterococcus faecalis
- e. Proteus mirabilis

4. Which of the following Anti Hypertensive drugs have got tendency to cause Retro Peritoneal Fibrosis?

- a. Ramipril
- b. Methyldopa
- c. Nifedipine
- d. Hydrochlorothiazide
- e. Phenoxybenzamine

5. A 28-year-old female presents with joint pain, morning stiffness, and swelling in multiple joints. She reports feeling fatigued and has noticed small, painless nodules under her skin. Laboratory tests reveal elevated rheumatoid factor and anti-cyclic citrullinated peptide (anti-CCP) antibodies. What is the most likely diagnosis?

- a. Systemic lupus erythematosus (SLE)
- b. Rheumatoid arthritis (RA)
- c. Osteoarthritis
- d. Sjögren's syndrome
- e. Ankylosing spondylitis

6. The following is a Contra Indication for ACE Inhibitors.

- a. Asthma
- b. Renal Failure
- c. Bilateral Renal Artery Stenosis
- d. Co-Arctation of Aorta
- e. Stroke (CVA)

7. A 35-year-old male with a history of systemic lupus erythematosus (SLE) presents with facial swelling, hematuria, and proteinuria. Laboratory. Investigations reveal elevated anti-double-stranded DNA antibodies and low complement levels. What is the most likely diagnosis?

- a. Lupus nephritis
- b. IgA nephropathy
- c. Alport syndrome
- d. Goodpasture syndrome
- e. Membranous nephropathy

8. A 9 year old boy was bought to the renal clinic with Fatigue, Failure to thrive and recurrent Nephrolithiasis. Investigation shows Hypokalemia and Alkaline Urine. What is the most likely diagnosis?

- a. Medullary Sponge kidney
- b. Distal Renal Tubular Acidosis
- c. Renal Glycosuria
- d. Vit-D Deficiency
- e. Protein Syndrome Energy Malnutrition

9. A 37 year old Man Was admitted for the workup of Anasarca and gross Proteinuria. On 5<sup>th</sup> day of his admission he developed severe dull ache in right Flank. On Examination he has grade 3 tenderness in the abdomen specially Right Hypochondrium. What is the most likely cause presentation?

- a. Acute Hepatitis
- b. Acute Cholecystitis
- c. Peritonitis
- d. Hepatic Vein Thrombosis
- e. Peptic Ulcer Disease

10. A 60 year old male presented with Haemoptysis and Hematuria for One Week He had been generally unwell for the last one and half month. Examination shows Nasal Crusting as well which specific serological test would you advice?

- a. P-ANCA
- b. ANA
- c. Anti GBM antibody
- d. Anti ds-DNA
- e. C-ANCA

11. A 29-year-old woman comes to your clinic for review. She has a history of SLE and stopped her medication prior to getting pregnant. She is now approaching 17 weeks gestation. Unfortunately her joint pains have returned, creatinine has risen from 95 µmol/l to 150 µmol/l, with blood and proteinuria, despite high dose prednisolone. Which of the following is the most appropriate next step?

- a. Azathioprine
- b. Ciclosporin
- c. Cyclophosphamide
- d. Methotrexate
- e. Mycophenolate

12. A 10-day-old newborn presents with jaundice, vomiting, poor feeding, and hepatomegaly. The infant's urine is positive for reducing substances. What is the most likely enzyme deficiency in this patient?

- a. Galactose-1-phosphate uridyltransferase (GALT)
- b. Glucose-6-phosphatase
- c. Galactokinase
- d. Aldolase B
- e. Fructokinase

### 3. GI MEDICINE

Q1. A 25 years old male patient present to you with the history of intermittent central abdominal pain. Investigation revealed microcytic anemia. Family history is positive for juvenile polyposis syndrome. What is the most appropriate next step

- a. Genetic testing and colonoscopy
- b. EGD
- c. Colonoscopy and surveillance
- d. Barium follow through
- e. Capsule endoscopy

Q2. A 25 years old- female patient was admitted with acute severe ulcerative. She became tachycardia and complained of abdominal pain. Investigation revealed Hb 10 g/dL, CRP 60 mg/ L. What is the most appropriate investigation.

- a. CT- Abdomen
- b. Fecal Calprotectin
- c. Difficile toxin
- d. Sigmoidoscopy with Biopsy
- e. CMV PCR

**Q3.** A 45 Years old lady was admitted with the history of uncontrolled diarrhea. She gives history of laparoscopic cholecystectomy for symptomatic gallstones. Stool anion gap turned out to be < 50 mosm/ Kg. In the view of history, what treatment is she likely to need.

- a. Metronidazole
- b. Pancreatic enzymes
- c. Ciprofloxacin
- d. Mesalamine
- e. Cholestyramine

**Q4.** A 65-year-old man presented to emergency department with the history of severe abdominal pain and P/R bleed. He was hemodynamically stable investigation revealed Hb 10g/dL, TLC 19000, CRP 156 g/dL. ECG show fast atrial fibrillation. Sigmoidoscopy showed severe colonic inflammation of the sigmoid colon. What is most likely the diagnosis?

- a. Ischemic colitis
- b. Ulcerative colitis
- c. Infectious colitis
- d. C Diff colitis
- e. CMV colitis

GMC 2024

**1.** A 45-year-old man comes to your office for a follow up visit. One year ago, he was diagnosed with hereditary hemochromatosis after routine blood work found elevated ferritin and genetic testing revealed he had a C282Y/H63C genotype. He has been treated by phlebotomy with one unit of blood removed every week for the past year. His most recent laboratory results include the following: Hemoglobin 12.0 g/dL, Hematocrit 36%, Serum ferritin 50 ng/mL, Serum iron 100 ug/dL, Serum total IBC 260 mg/dL. What is the most appropriate next step in his therapy?

- a. Phlebotomy 1 unit every 3 months
- b. A low iron diet
- c. Phlebotomy 1 unit every 2 weeks until the Hemoglobin concentration is less than 10.0 g/dL
- d. Liver biopsy to assess hepatic iron overload
- e. Phlebotomy 1 unit every 2 weeks until the serum iron level is less than 20 ug/dL

**2.** 9-month infant presented with loose motion since 2 weeks. There is failure to gain weight and swelling of both feet. Hairs are coarse and infant is lethargic, on examination heart is normal on auscultation and liver is normal on palpation. RFTS are normal. What is most likely diagnosis.

- a. Acute Kidney failure.
- b. Acute Liver failure.
- c. CCF
- d. Protein Calorie Malnutrition.
- e. Chronic Diarrhea.

**3. Investigation of choice in diagnosis of Pyloric stenosis is?**

- a. Serum Electrolyte.
- b. Ultrasound Abdomine.
- c. X-Ray Abdomine.
- d. CT Abdomine.
- e. barium Study

**4. What is the primary pathology in Hirschsprung disease?**

- a. Intestinal obstruction
- b. Inflammation of the colon
- c. Absence of ganglion cells in the distal colon
- d. Excessive ganglion cell proliferation
- e. Enlargement of the ileum

**5. Which part of the gastrointestinal tract is most commonly affected by Hirschsprung disease?**

- a. Stomach
- b. Duodenum
- c. Jejunum
- d. Ileum
- e. Rectum

KMC 2024

**Q1. A 44 year old alcoholic presents with painless jaundice. He has lost 9 kg in the last 4 months. His stools are pale and he has dark urine.**

**What is the most likely diagnosis?**

- a. Biliary colic
- b. Cancer in the tail of pancreas
- c. Cancer of the head of pancreas
- d. Chronic pancreatitis
- e. Common bile duct stone

**Q2.** A 40 years shopkeeper was brought to A&E department with history of frank blood per oral about an hour before. There was no history of any respiratory illness or symptoms. On Examination, he was pale looking, his Temperature was 98.4F, Pulse was 120/minutes, BP was 90/40mmHg. After initial resuscitation with IV fluid, and proton pump inhibitor, an upper GI endoscopy was planned. What is the most appropriate time for this procedure?

- a. 2-24 hours
- b. 24-48 hours
- c. 48-72 hours
- d. After 72 hours
- e. After 1 week

**Q3.** A five years old boy was brought to you with complaints of fever, pain abdomen and vomiting for last 4 days. On examination the patient was having jaundice and liver was palpable 5cm below right costal margin. Two weeks back his elder brother also suffered similar illness. Investigations showed normal CBC, and Electrolytes. ALT was 1500 (Normal <45) ALP was 300 (Normal: <250), Serum Bilirubin was 5. HBS Ag was Negative. What is the investigation of choice to confirm the diagnosis?

- a. HBS Ag
- b. Anti HCV Antibodies
- c. Anti-Hepatitis A Virus IgG
- d. Anti-Hepatitis A Virus IgM
- e. U/S abdomen

**Q4.** A 40 year old male complains of postprandial bloating and early satiety. Upper GI endoscopy reveals a gasric ulcer along the lesser curvature. Biopsy shows no evidence of H. pylori. What is the most appropriate management?

- a. Antacid therapy
- b. H2 Receptor antagonist therapy
- c. Proton Pump Inhibitor therapy
- d. Surgical intervention
- e. H. pylori eradication therapy

**Q5.** A 39 year old man has a painful palpable mass for past 6 weeks near his anus. On examination, the lump is warm, erythematous, and tender. He has a history of diabetes. What is the SINGLE most likely diagnosis?

- a. Anal fissure
- b. Perianal abscess
- c. Perianal haematoma
- d. Anogenital warts
- e. External haemorrhoids

**Q6.** A 45-year-old male presents with recurrent vomiting of 2 months duration, and an epigastric mass on physical examination. Upper GI endoscopy reveals a large submucosal tumor in the gastric fundus. What is the most likely diagnosis?

- a. Esophageal carcinoma
- b. Gastric adenocarcinoma
- c. Gastric lymphoma
- d. Gastrointestinal stromal tumor (GIST)
- e. Psudopancreatic cyst

**Q7.** A 23-years-old girl presented to medical OPD with her father with chronic diarrhea, weight loss and easy fatigability. According to her father, all these symptoms started at age of 2 years. On clinical examination she was pale and anemic with brittle sparse hair. She was afebrile with pulse 90/min and BP 100/70. She had a rash on the buttocks. She had history of depression and fits for which she was treated but never investigated. Her grandmother was treated for abdominal tuberculosis 1 year back. What is the most probable diagnosis?

- a. Abdominal Tuberculosis
- b. Celiac Disease
- c. Giardiasis
- d. Tropical sprue
- e. Whipple disease

**Q8.** A young female patient of 35 years presented to her physician for the investigation of persistent jaundice and pruritis for the last 1 year. The investigations showed that her Bilirubin was 4

mg/dl, ALT of 45 iu/L, Serum Alkaline Phosphatase 967 (3 times above normal), and S. Albumin was 2.9 g/dl. Her Hepatitis B and C virus serologies were negative. Her Ultrasound revealed a single gall stone, with mildly coarse and fatty liver, and mild splenomegaly. What is the most likely diagnosis?

- a. Hemochromatosis
- b. Autoimmune Chronic Liver disease
- c. Gall stones leading to obstructive jaundice
- d. Primary Biliary Cirrhosis**
- e. Primary Sclerosing Cholangitis

**Q9.** A 66-year-old male, a known smoker with controlled diabetes mellitus on insulin and hypertension, presenter with painless jaundice (total bilirubin 14) with controlled 06 months. CT scan showed a mass in the head of the Pancreas involving the portal vein from the a and Intrahepatic biliary ducts. His CA 19-9 level is mildly elevated. What is the most appropriate next step?

- a. Endoscopic Ultrasound-guided biopsy and chemotherapy**
- b. Conservative medical treatment
- c. ERCP and stenting
- d. Triple bypass
- e. Whipple's procedure

**Q10.** A patient with severe liver dysfunction and parenteral nutrition requirements is at risk of developing hepatic encephalopathy. Which action can help reduce the risk of hepatic encephalopathy in this patient?

- a. Administer branched-chain amino acids (BCAAs) in parenteral nutrition**
- b. Discontinue parenteral nutrition
- c. Increase the protein content in parenteral nutrition
- d. Increase total calorie intake
- e. Reduce carbohydrate content in parenteral nutrition

**Q11.** A 23 year old female underwent a difficult cholecystectomy 05 days ago. Now presented with yellowish discoloration of eyes and fever for the last 2

days. Ultrasound showing 100ml of fluid collection in gallbladder fossa. Her WBCs are 21000 and total bilirubin 5, direct bilirubin 3.0. what is the most appropriate next step?

- a. CT Scan
- b. ERCP**
- c. IV fluids and antibiotics
- d. MRCP
- e. Ultrasound-guided aspiration of fluid

**Q12.** While doing routine investigations prior to employment in Saudi Arabia, a young male patient was found that his serum ALT was persistently raised from two to three times the upper limit of normal. On further work up he revealed that he had gastric acidity for which he takes medicines on and off. His BMI was 30. ECG, Chest X-rays were normal. He had forgotten to bring his ultrasound which was done a week ago, but he did not know any details of the ultrasound. What do you think is the commonest cause of raised Serum ALT?

- a. H2 receptor antagonists
- b. Metabolic liver disease
- c. Nonalcoholic fatty liver disease**
- d. Proton pump inhibitors
- e. Viral Hepatitis

**KGMC 2024**

**1.** A 36-year-old patient with cirrhosis liver presents with upper abdominal pain and black stool for the last 5 days. What is the most likely diagnosis?

- a. Upper gastrointestinal bleeding**
- b. Acute pancreatitis
- c. Infectious gastroenteritis
- d. Hemorrhoids
- e. Colorectal cancer

**2.** A 56-year-old hypertensive and diabetic patient with chronic backache has been using analgesics for a long time and presents with pallor. His hemoglobin is 7.8gm%. What is the most likely cause of his pallor?

- a. Iron-deficiency anemia
- b. Chronic kidney disease**
- c. NSAIDs upper GI bleeding
- d. Multiple myeloma
- e. Acute leukemia

3. A 17-year-old boy presents with loose motions for the last 6 years. He has a wasted appearance and delayed puberty but normal appetite. What is the most likely diagnosis?

- a. Celiac disease
- b. Crohn's disease
- c. Irritable bowel syndrome (IBS)
- d. Lactose intolerance
- e. Tuberculosis (TB) of the intestine

4. A 25-year-old patient presents with abdominal pain, weight loss, fever, and night sweats. On examination, the patient has tenderness in the right lower quadrant and a palpable mass. What is the most likely diagnosis?

- a. Abdominal tuberculosis
- b. Crohn's disease
- c. Acute appendicitis
- d. Ovarian cyst
- e. Acute gastroenteritis

5. A 40-year-old male presents with 5 days history of sudden-onset severe epigastric pain radiating to the back, nausea, and vomiting. He has a history of gallstone. On examination, he is tachycardic, hypotensive, and has tenderness in the upper abdomen. Laboratory results show elevated serum lipase and bilirubin. What is the most likely diagnosis?

- a. Acute pancreatitis
- b. Peptic ulcer disease
- c. Acute cholecystitis
- d. Myocardial infarction
- e. Acute gastroenteritis

6. A 30-year-old patient presents with jaundice, fatigue, nausea & vomiting, dark urine, and upper right quadrant pain for the last 2 week. Laboratory results show elevated serum alanine aminotransferase (ALT), aspartate aminotransferase (AST), and bilirubin levels. What is the most likely diagnosis?

- a. Acute viral hepatitis
- b. Acute alcoholic hepatitis
- c. Acute cholecystitis
- d. Hepatic abscess
- e. Drug-induced liver injury

7. A 60-year-old male presents with a 3-month history of abdominal pain, weight loss, altered bowel habits, and blood in the stool. On examination, he is pale, and laboratory investigations reveal microcytic anemia. What is the most likely diagnosis?

- Colon carcinoma
- b. Ulcerative colitis
- c. Diverticulitis
- d. Hemorrhoids
- e. Irritable bowel syndrome (IBS)

8. A 45-year-old female presents with a 6-month history of heartburn, regurgitation, and a sour taste in her mouth, especially after meals and when lying down. She also experiences occasional chest pain. She denies any history of dysphagia or weight loss. What is the most likely diagnosis?

- a. Gastroesophageal reflux disease (GERD)
- b. Peptic ulcer disease
- c. Myocardial infarction
- d. Esophageal cancer
- e. Functional dyspepsia

9. A 28-year-old male presents with a 3-month history of bloody diarrhea, abdominal cramps, and urgency. He has also experienced weight loss and fatigue. On examination, he is mildly febrile and has tenderness in the lower abdomen. Colonoscopy reveals continuous inflammation of the mucosa in the rectum extending proximally. What is the most likely diagnosis?

- a. Ulcerative colitis
- b. Crohn's disease
- c. Infectious gastroenteritis
- d. Irritable bowel syndrome (IBS)
- e. Diverticulosis

NWSM 2024

1. A 38-year-old woman comes to the clinic for regular checkup. She complains of lethargy and feels feverish for the last one month. She is originally from Afghanistan and married for the past 12 years.

She has no significant past medical history except a blood transfusion for her C-Section two years ago. Physical examination is unremarkable. Her investigations showed raised ALT and AST. Further workup showed: Hepatitis A IgG positive Hepatitis B surface antigen positive Hepatitis B e antigen positive Anti-hepatitis B virus core IgG positive Hepatitis C IgG negative HBV DNA level is  $48 \times 10^6$  IU/ml. Which of the following medications is indicated for this patient?

- a. Acyclovir
- b. Entecavir
- c. No treatment is necessary
- d. Ritonavir
- e. Simeprevir

2. A 30 years old man presents with acute, profuse, watery diarrhea with some blood after returning from a holiday in Tanzania. He had been taking oral rehydration salts. Which one of the following is the most appropriate treatment?

- a. Ciprofloxacin
- b. Lipoamide
- c. Metronidazole
- d. Prednisolone
- e. Vancomycin

3. A 48 year old man presents with hematemesis and melena. He admits to high alcohol intake. On examination he is shocked, his heart rate is 110 beats per minute and blood pressure is 92/74 mm-Hg. There is evidence of leukonychia and abdominal examination reveals tenderness in the epigastrium. What is the most likely underlying cause of the gastrointestinal hemorrhage?

- a. Gastroesophageal varices
- b. Mallory Weiss tear Peptic ulceration
- c. Portal hypertensive gastropathy
- d. Gastric vascular ectasia
- e. Peptic ulceration

4. A 56-year-old lady gets admitted with abdominal pain and vomiting. The patient is a known case of Hepatitis C and her liver disease has progressed, and she has developed liver cirrhosis on ultrasound abdomen. Physical examination had pale cachectic lady with blood pressure of 100/60 mm Hg, heart

rate 96/min and afebrile. Which of the following will be the most likely cause of death in this patient?

- a. Bleeding varices
- b. Coagulopathy
- c. Encephalopathy
- d. Hepatocellular carcinoma
- e. Renal failure

5. A 10 years old girl presented with distended abdomen, and jaundice for the last 1 month. She was operated for perforated gut at the age of 3 years at some local hospital and where during the procedure she was transfused blood as well. On examination, she is icteric, clubbed, shifting dullness +ve and splenomegaly. Which of the following agents cannot be the cause this condition?

- a. Hepatitis B Virus
- b. Hepatitis D Virus
- c. Hepatitis C Virus
- d. Hepatitis E Virus
- e. Hepatitis A Virus

6. A 58 years old presents to your clinic with dysphagia for solids for the past three months. He also complains of weight loss and loss of appetite. There is no other past medical history, apart from symptoms of indigestion and heart burn from the past 5 years. He regularly takes gaviscon. He is a heavy smoker. He undergo endoscopy which reveals a small tumor at the lower end of esophagus. What is the most likely cause for the tumor?

- a. Smoking
- b. Barrett's esophagus
- c. H.pylori
- d. Esophageal candidiasis
- e. Esophageal pouch

7. A 9 years old male presented with 2 days history of fever and abdominal pain. He belongs from the flood affected area. Past history is not significant. On Examination, he is febrile of 1010 F, has icteric sclera and there is soft hepatomegaly. What test would most likely confirm his diagnosis?

- a. Hepatitis A Serology (HAV IgM)
- b. Hepatitis B serology (HbcAg)
- c. 24 hour copper excretion
- d. Ultrasound Abdomen
- e. Paracetamol levels in blood

8. A 32-year-old lady comes to the ER with fever, abdominal pain and vomiting. On examination, she had mild jaundice and tender right upper quadrant. The patient says her son had been infected with hepatitis A virus a week ago. What is the appropriate test to diagnose her current status?

- a. ALT
- b. Anti HAV IgG
- c. Anti HAV IgM
- d. PT/INR
- e. Ultrasound abdomen

9. A 13-year-old boy gets admitted with jaundice for the last one month and fits for the last three days. On physical examination, he has a blood pressure 110/60 mm Hg, heart rate 86 per min, afebrile, scleral icterus present and abdomen is firm. Labs reveal raised total bilirubin, ALT and deranged INR. The mother also gives the history of two elder siblings who died due to the same condition. What will be the most appropriate step in the management of this patient?

- a. Interferon
- b. Penicillamine
- c. Ribavirin
- d. Venesection
- e. Zinc supplementation

RMC 2024

1. Which of the following test is used for prognosis in both acute and chronic liver disease?

- a. Prothrombin time
- b. Albumin
- c. AST levels
- d. APTT
- e. Bilirubin

2. Which of the following test is used to differentiate between acute and chronic liver disease?

- a. PT
- b. Albumin levels
- c. AST levels
- d. APTT
- e. Bilirubin levels

3. Which of the following is most reliable sign of presence of ascites?

- a. Fluid thrill
- b. Shifting dullness
- c. Splenomegaly
- d. Auscultation
- e. Percussion

4. A patient with acute liver failure has encephalopathy which is monitored by ICP monitor. It shows high intracranial pressure. What is the first line treatment to reduce ICP liver failure?

- a. Hyperventilation
- b. Mannitol
- c. Hypothermia
- d. Hypertonic saline
- e. Propofol

5. A 26 year old female with acute liver failure due to paracetamol poisoning has progressed to grade 4 encephalopathy. She was intubated and neurologists wants an invasive ICP monitoring. Her labs showed patients of 30,000 INR 3.15 fibrinogen

45. Which of the following blood products should be given before pacing an ICP monitor?

- a. Cryoprecipitate
- b. Platelets
- c. FFP5
- d. Factor VIIa
- e. All of the above

6. A 53 year old male With HCV related cirrhosis undergoes screening endoscopy and noted to have large esophageal varices with no signs of recent bleeding. What should be the most appropriate next step?

- a. Repeat endoscopy 6 months
- b. Propranolol
- c. Repeat endoscopy one year
- d. Band ligation
- e. None

7. Which of the following is initial treatment for bleeding esophageal varices?

- a. Sclerotherapy
- b. Band ligation
- c. TIPS
- d. Surgical shunting
- e. Embolization

8. A 43 year old man with decompensated liver cirrhosis presented with massive hematemesis and melena. You have resuscitated the patient and give him telipressin with other supportive treatment. Patient continues to have new episodes of bleeding. Endoscopy is not available at the time. What should be your next management step?

- a. Call to surgery for shunting
- b. Balloon tamponade
- c. Continue the same treatment
- d. Vitamin K inj
- e. IV tranexamic acid

9. In a patient with gastroesophageal reflux disease (GERD), which of the following patient is LEAST likely to require 24 hour pH monitoring?

- a. The patient who presents with heartburn
- b. The patient with severe symptoms not responding adequately to drugs
- c. The patient is whom surgery is planned for GEERD
- d. The patient who is on research trial evaluating the results of ant reflux surgery
- e. The patient with Achalasia

10. Which of the following least predisposes to the development of esophageal carcinoma?

- a. Smoking
- b. Alcohol
- c. Deficiency of vitamin B6
- d. Intestinal metaplasia in the lower part of esophagus
- e. Barrett's esophagus

11. A 42 years old woman is admitted to the emergency department with severe colicky pain, vomiting and abdominal distension. She has not passed stools or flatters for 48 hours. X-rays of the abdomen confirm the presence of small bowel obstruction. What is the most likely cause of small bowel obstruction in this patient?

- a. Adenocarcinoma
- b. Adhesions
- c. Crohn's disease
- d. Ulcerative colitis
- e. Gallstone ileus

#### 4. MSK MEDICINE

AMC 2024

Q1. A football player while playing game in hot weather complains of sudden severe left thigh pain. On examination he is sweaty, dehydrated and with normal BP and temperature. Which of the Following remedy will be helpful to overcome the symptoms?

- a. Analgesic and physiotherapy
- b. Ice water immersion.
- c. Ice packs behind the neck, groins and axilla.
- d. I.V fluids, muscle massage.
- e. Rest, fluids to replace electrolytes

Q2. A 25 years old man presented to emergency at 6 am in December with history of headache, nausea and vomiting. He was alright before sleeping. His wife and 2 years old child have same symptoms. What is the Most likely diagnosis?

- a. Acute gastroenteritis
- b. Meningitis
- c. Acute migraine
- d. Carbon monoxide poisoning
- e. Viral infection

Q3. Antibiotics most specific for SLE are?

- a. Anti histone
- b. Anti phospholipid
- c. Anti Sm
- d. Anti RNP
- e. Anti Jo 1

Q4. Henoch -schonlein purpura is characterized by all except

- a. Purpura
- b. Arthritis
- c. Abdominal pain
- d. Pyelonephritis
- e. IgA deposition on biopsy

Q5. A patient reacts to supraorbital pressure by moving their hand up to his face. How would you record this response?

- a. Normal flexion
- b. Extension
- c. Localizes
- d. Abnormal flexion
- e. None of the above

Q6. A 73 years old patient with a previous history of smoking (40 years), hypertension (6 years), TIA (2 years back) was reported to the outpatient department. His chief complaints include forgetfulness and urinary incontinence. MRI Brain indicates multiple lacunar Infarcts. What is the most likely diagnosis?

- a. Huntington's disease
- b. Frontotemporal dementia
- c. Lewy body dementia
- d. Vascular dementia
- e. Normal pressure hydrocephalus

**Q1. A 20-year-old woman presents to the clinic with fatigue, joint pain, and a butterfly- shaped rash on her face. She has a history of Raynaud's phenomenon and oral ulcers. She had no other medical problems or family history of autoimmune diseases. What is the most likely diagnosis for her condition?**

- a. Dermatomyositis
- b. Rheumatoid arthritis
- c. Sarcoidosis
- d. Systemic lupus erythematosus**
- e. Systemic sclerosis

**Q2. A 7 year old child is on medication for primary generalized tonic-clonic epilepsy. His seizures are well controlled. Parents ask about discontinuation of anti-epileptic drug. Discontinuation of antiepileptic drugs (AEDs) is usually indicated when child is free of seizures for at least**

- a. 1 Year
- b. 1.5 Year
- c. 2 Year**
- d. 2.5 Years
- e. 3 Year

**Q3. A 45-year-old man with a history of polymyositis is treated with prednisone and methotrexate. He had a good response to the treatment and his symptoms improved. His serum CK level normalized and his muscle strength increased. What is the most appropriate investigation to monitor his disease activity and treatment response?**

- a. Anti-Jo-1 antibody
- b. Anti-nuclear antibody
- c. Creatinine Kinase**
- d. Electromyography
- e. Muscle biopsy

**Q4. A 32 year old woman undergoes a laparoscopic cholecystectomy under general anesthesia. During the procedure, she develops a rapid rise in body temperature, muscle rigidity and metabolic acidosis. The anesthesiologist suspects malignant hyperthermia and administers dantrolene. What is the mechanism of action of dantrolene?**

- a. Reduces the production of heat by the mitochondria

b. Blocks calcium release from the sarcoplasmic

reticulum

- c. Inhibits acetylcholinesterase at the neuromuscular junction
- d. Prevents the binding of acetylcholine to the nicotinic receptors
- e. Stimulates the hypothalamic thermoregulatory center

**Q5. A 45 years aged male patient presents with pain, numbness, and tingling in the right leg due to compression of the spinal nerve roots. What condition is most likely causing these symptoms?**

- a. Ankylosing spondylitis
- b. Degenerative spine disease
- c. Herniated disc**
- d. Lordosis
- e. Osteoporosis

**Q6. A 25 year old student while on a trip to Balakot in the northern belt, passed a disturbed and sleepless first night. Next day he developed dizziness, headache, nausea and vomiting. He has positive family history of Migraine. What is the most likely diagnosis?**

- a. Acute mountain sickness**
- b. Cluster headache
- c. Food poisoning
- d. High altitude cerebral edema
- e. Migraine headache

**Q7. A 30-year-old woman was found unconscious in her apartment with a syringe and a bag of white powder next to her. She was unresponsive to verbal and painful stimuli, had pinpoint pupils, and had shallow and slow breathing. She was given naloxone intravenously and regained consciousness. A urine drug screen is positive for cocaine and opioids. What is the most appropriate initial investigation to assess the extent of her cocaine toxicity?**

- a. Arterial blood gas
- b. Chest x-ray
- c. ECG**
- d. Serum creatinine
- e. Serum troponin

**Q8. A 55-year-old man with Granulomatosis with polyangiitis developed severe cyclophosphamide-related side effects during induction therapy. What alternative therapy is the most suitable for continued remission maintenance?**

- a. Azathioprine
- b. Belimumab
- c. Methotrexate
- d. Mycophenolate mofetil
- e. Rituximab

**Q9. A 45-year-old man presents to the emergency department with altered mental status, tachycardia, tachypnea, and a core body temperature of 41°C and features of Parkinsonism. He had a history of schizophrenia and has been taking clozapine for the past year. Her Full blood count, Urine R/E, Chest X-Ray, blood cultures, Urine Cultures, Ultrasound abdomen are all normal. Her TSH and Creatine Phosphokinase (CPK) are normal. Apparently, the cause of fever could not be identified after exhaustive investigations. What is the most likely diagnosis?**

- a. Heat stroke
- b. Malignant hyperthermia
- c. Neuroleptic malignant syndrome
- d. Serotonin syndrome
- e. Thyroid storm

**Q10. A 43-year-old woman presented with a three-week history of intermittent headache, nausea and fatigue. Her husband and children also had similar symptoms. They were all diagnosed with a viral syndrome by a private doctor. The symptoms began when it started to get cold. The symptoms are worsening in the morning and improve while she was at work. Her vitals show BP 123/74 mmHg, pulse 83/minute, and Respiratory rate was 32 while O2 sats 98%. What investigation would you advise to this patient?**

- a. CSF analysis to exclude viral meningitis
- b. Carboxyhemoglobin (COHb) level
- c. Lead level
- d. Mono spot test
- e. Nasal pharyngeal swab for influenza/COVID test

**Q11. A 23-year-old woman was admitted to the intensive care unit with severe amphetamine overdose. She took an unknown amount of ecstasy and methamphetamine at a rave party. She had a core body temperature of 42°C, rhabdomyolysis, acute kidney injury, and disseminated intravascular coagulation. She was given intravenous fluids, cooling measures, and activated charcoal. What is the most appropriate pharmacological treatment for her condition?**

- a. Benzodiazepines
- b. Beta-blockers
- c. Naloxone
- d. Norepinephrine
- e. Sodium bicarbonate

**Q12. A 45-year-old woman presented with recurrent sinusitis, nose bleeds, and joint pains. She also complained of fatigue and unintentional weight loss over the past few months. Physical examination revealed nasal crusting and tenderness over the sinuses. Her lab results showed creatinine Of 2.2mg/dl, ESR Of 110mm/hr. and CRP of 223 (normal value: <5). What is the most likely diagnosis?**

- a. Granulomatosis with polyangiitis (GPA)
- b. Polymyalgia rheumatic
- c. Rheumatoid arthritis
- d. Sjögren's syndrome
- e. Systemic lupus erythematosus (SLE)

**Q13. A 6 years old male child presented with pain and swelling in lower limb joints for last 2 months. On examination he is active alert with limping gait. His both knee and ankle joints were swollen, hot and tender to touch. His ESR is 100mm/1t Hour. Rest of systemic examination was normal. What would be the first line of treatment?**

- a. Antibiotics
- b. DMARDs
- c. Intra Articular Steroids
- d. NSAIDS
- e. Oral Steroids

**Q14. A 28-year-old woman with a history of SLE develops a flare during her second trimester of pregnancy. She had arthritis, rash, and proteinuria. Her blood pressure was normal and her serum creatinine was stable. She was taking hydroxychloroquine and prednisone. What is the most appropriate investigation to monitor her disease activity and fetal well-being?**

- a. Anti-dsDNA antibodies and fetal heart rate
- b. C3 and C4 levels and umbilical artery Doppler
- c. ESR and CRP levels and biophysical profile
- d. Lupus anticoagulant and uterine artery Doppler
- e. Urine protein-to-creatinine ratio and fetal growth scan

**Q15. A young boy presents to you in your OPD with history of motor bike accident. He is having decreased c level. He can localize pain only with no eye response and verbal response. What is the GCS of the patient?**

- a. 7
- b. 8
- c. 9
- d. 10
- e. 12

**Q16. A patient receiving parenteral nutrition experiences sudden dyspnea, hypoxia, and pleuritic chest pain. What is the most likely complication, and what should be evaluated immediately?**

- a. A Central venous catheter related bloodstream
- b. Hyperglycemia; blood glucose levels
- c. Parenteral nutrition-associated liver disease; liver function
- d. pulmonary embolism; CT pulmonary angiography
- e. Refeeding syndrome; electrolyte imbalances

**Q17. A 30 years old lady came to the Casualty department with the complaint of wheat pill poisoning. She was A drowsy and her vitals were unstable. What will be your most appropriate step in managing this patient?**

- a. Do ECG and baselines

- b. Gastric lavage with coconut oil
- c. Give antidote against wheat pill
- d. Give oxygen via face mask.

- e. Secure airway, breathing, circulation

**Q18. A 40 years old type 1 diabetic women presented with five days history of recurrent falls and unsteady gait. She had a past history of a stroke causing a right-sided hemiparesis, which resolved spontaneously after few days. Carotid and CT Brain, all were normal. She also had transient loss of vision in left eye 5 months back. The patient underwent extensive investigations including Doppler, echocardiography On examination, she had broad based gait. There was evidence of dysdiadochokinesia in both upper limbs and abnormal heel-shin testing. The lower limb reflexes were brisk and planter response was extensor. The heart rate was 80 beats/min and regular. The blood pressure was 130/80. She had a history of infectious mononucleosis in past. What is the diagnosis?**

- a. Charcot-Marie-Tooth Disease
- b. Friedreich Ataxia
- c. Hereditary Spastic Paraparesis
- d. Multiple sclerosis
- e. Vitamin B12 deficiency

**Q19. A 16-year-old girl is admitted to the intensive care unit with severe liver failure due to paracetamol overdose. She took 40 tablets of paracetamol (500 mg each) 36 hours ago as a suicide attempt. She was initially treated with activated charcoal and intravenous N-acetylcysteine, but her liver function tests and prothrombin time have worsened despite the treatment. She has developed hepatic encephalopathy, coagulopathy, and renal failure. What is the most appropriate definitive treatment for her condition?**

- a. Continuous renal replacement therapy
- b. Fresh frozen plasma transfusion
- c. Hemodialysis
- d. Liver transplantation
- e. N-acetylcysteine

**Q20.** A 23-years-old young man presented to medical OPD in the month of May with 12 days history of high grade fever, headache, malaise, sore throat, abdominal pain and diarrhea. On examination, a toxic young man with coated tongue having fever of 103OF, pulse 62/min and BP 110/60. Abdominal examination shows marked tenderness with distension and mild splenomegaly, although the patient is passing stool. No rash on the body can be appreciated. His investigations revealed mild Leukopenia, and Chest X-Ray was normal. What is the most likely diagnosis?

- a. Abdominal Tuberculosis
- b. Brucellosis
- c. Dengue fever
- d. Enteric Fever**
- e. Malaria

**Q21.** A 50-year-old woman presents with recurrent sinus infections, weight loss, and joint pain. Physical examination revealed necrotic lesions on her nasal septum. Lab results showed elevated eosinophils and positive anti- myeloperoxidase (MPO) antibodies. What is the most likely diagnosis?

- a. Eosinophilic granulomatosis with polyangiitis (EGPA)**
- b. Churg-Strauss syndrome
- c. Goodpasture's syndrome
- d. Polymyositis
- e. Wegener's granulomatosis

**Q22.** A patient with severe malabsorption is prescribed enteral nutrition. Which type of enteral formula is most suitable to provide easily absorbable nutrients and improve nutritional status?

- a. Blenderized whole food formula
- b. Disease-specific formula
- c. Elemental formula**
- d. Immunonutrition formula
- e. Standard polymeric formula

**Q23.** A 22-year-old woman presents to the emergency department with nausea, vomiting, and abdominal pain. She admits to taking 20 tablets of paracetamol (500 mg each) about 10 hours ago after a quarrel with her husband. She has no significant past medical history and does not drink alcohol. What is the most appropriate initial investigation to determine the need for treatment?

- a. Abdominal ultrasound
- b. Liver function tests
- c. Paracetamol level at 4 hours post ingestion**
- d. Prothrombin time
- e. Serum electrolytes

**Q24.** A 40-year-old woman presents to the clinic with dry eyes, dry mouth, and joint pains. She has a history of hypothyroidism and Raynaud's phenomenon. She has no other symptoms or signs of systemic involvement. What is the most appropriate initial diagnostic test to confirm the diagnosis of Sjogren's syndrome?

- a. Anti-nuclear antibody and rheumatoid factor
- b. Anti-Ro/SSA and anti-La/SSB C antibodies**
- c. Schirmer's test and salivary gland biopsy
- d. Serum immunoglobulins and complement levels
- e. Sjogren's syndrome A and B antigens

**Q25.** A 25 year old man is brought to the emergency department by his friends after snorting cocaine at a party. He was agitated, sweated and has a heart rate of 180 beats per minute and a blood pressure of 200/120mmHg. He complains of chest pain and shortness of breath. What is the most likely diagnosis?

- a. Acute coronary syndrome**
- b. Anxiety disorder
- c. Asthma exacerbation
- d. Pulmonary embolism
- e. Thyrotoxicosis

**Q26.** A 26-year-old man was found in his apartment with a seizure. He had a history of bipolar disorder and has been taking lithium for the past year. He also had a history of amphetamine abuse and has been using methamphetamine for the past week. He

had fever, muscle rigidity, and diaphoresis. His serum lithium level was 1.2 mEq/L (normal range 0.6-1.2 mEq/L). What is the most likely diagnosis?

- a. Amphetamine-induced seizure
- b. Lithium toxicity
- c. Neuroleptic malignant syndrome
- d. Serotonin syndrome**
- e. Status epilepticus

**Q27.** A 21 year old woman brought to the emergency department by the police after being arrested by for erratic driving. She was restless, paranoid and had a heart rate of 160 beats per minute and a blood pressure of 210/130mmHg. She had multiple skin lesions on her face and arms. She admits to use a methamphetamine for the past three days. What is the most likely cause of her skin lesions?

- a. Allergic reaction
- b. Bacterial infection
- c. Chemical burn
- d. Formication**
- e. Frostbite

**Q28.** A 50-year-old woman presented to the clinic with progressive weakness and pain in her proximal muscles for the past six months. She also had dysphagia, dyspnea, and a low-grade fever. She had no history of skin rash or joint involvement. Her physical examination reveals muscle tenderness and decreased strength in her shoulders and hips. Her serum creatine kinase (CK) level was elevated. What is the most appropriate diagnostic test to confirm the diagnosis of inflammatory myopathy?

- a. Anti-Jo-1 antibody
- b. Anti-nuclear antibody
- c. Electromyography
- d. Muscle biopsy**
- e. MRI of the muscles

**Q29.** A 25-years old man presented to medical OPD with severe headache, perspiration, weakness, nausea, vomiting, tremors, chest pain and

abdominal pain for last 2 hours. He developed all these symptoms after taking coffee in a restaurant. On examination, thin lean anxious looking man was having mottling cyanosis and facial flushing. His pulse was 120/min/regular and BP 190/120. Rest of the clinical examination is insignificant. In the past, he used to suffer these attacks during preps for examination but was treated as acute anxiety attack. What is the probable diagnosis?

- a. Acute intermittent porphyria
- b. Labile essential hypertension
- c. Pheochromocytoma**
- d. Renal artery stenosis
- e. Thyrotoxicosis

**Q30.** A 70-year-old woman presented with new-onset severe headache, tenderness over the temporal artery, and visual disturbances, including transient episodes of vision loss. What is the most urgent next step in the management of this patient?

- a. Initiate corticosteroid therapy**
- b. Order a temporal artery
- c. Perform magnetic resonance imaging (MRI) of the head
- d. Prescribe nonsteroidal anti-inflammatory drugs (NSAIDS)
- e. Refer to an ophthalmologist

**Q31.** A 45-years-old woman presented to medical OPD with complaints of flushing and diarrhea for last 6 months. This flushing appears on face and upper body and is red or violaceous erythema with associated pruritus and lacrimation. This flushing comes in episodes and lasts for 2-5 minute and is usually precipitated by stress or eating cheese. The diarrhea is usually watery and sometime associated with abdominal pain. Systemic clinical examination shows hepatomegaly. An Echo revealed tricuspid regurgitation and pulmonary stenosis. What is the most likely diagnosis?

- a. Carcinoid syndrome**
- b. SLE
- c. Subacute bacterial endocarditis
- d. Tropical Sprue
- e. Whipple disease

**Q32.** A 72-year-old woman with GCA on long term corticosteroid therapy developed new-onset diabetes mellitus and hypertension. What is the most appropriate approach to manage these comorbidities?

- a. Disease-modifying antirheumatic drug (DMARD)
- b. Continue the current corticosteroid dose
- c. Discontinue all medications
- d. Gradually taper the corticosteroid dose**
- e. Switch to nonsteroidal anti-inflammatory drugs (NSAIDs)

**Q33.** A 25-year-old woman with a history of systemic lupus erythematosus (SLE) presents to the clinic for preconception counseling. She has been in remission for the past six months and is taking hydroxychloroquine and low-dose prednisone. She has no history of renal involvement or antiphospholipid syndrome. What is the most appropriate advice for her regarding her medication use during pregnancy?

- a. Continue hydroxychloroquine and prednisone throughout pregnancy**
- b. Discontinue hydroxychloroquine and prednisone before conception
- c. Discontinue hydroxychloroquine and taper prednisone before conception
- d. Switch hydroxychloroquine to methotrexate and continue prednisone
- e. Switch prednisone to cyclophosphamide and continue Hydroxychloroquine

**Q34.** A 50-year-old female presents with severe intervertebral disc height and osteophyte neck pain and tingling in the upper limbs. X-ray shows a loss of formation. What is the most likely diagnosis?

- a. Cervical disc herniation
- b. Cervical myelopathy
- c. Cervical spondylosis**
- d. Osteoporotic vertebral fracture
- e. Rheumatoid arthritis

## 5. PSCYCHIATRY

AMC 2024

**Q1.** After the death of her husband in a car crash 2 years ago, A 33 years old woman lost interest in life, would sleep less than usual and eat a lot. She sometimes hears her husband's voice and feels guilty for her death.

**What is the most likely diagnosis?**

- a. Recurrent Panic Attacks
- b. Post Trauma Blues
- c. Post Traumatic Stress Disorder
- d. Psychotic Depression**
- e. Generalized Anxiety Disorder

**Q2.** Anorexia Nervosa affects which demographic group most commonly

- a. Middle Aged Women
- b. Elderly Women
- c. Adolescents and Young women**
- d. Children under the age of 5 years
- e. Elderly Men

**Q3.** Which of the following is an example of developmental disorder?

- a. ADHD
- b. Autistic Spectrum Disorder**
- c. Dyslexia
- d. Mental Retardation
- e. None of these

GMC 2024

1. ....is a complex and serious psychological disorder categorized under the umbrella of eating disorders. It is most common in young females having exceptionally low body weight, patients are having Restrictive eating type, Intense fear of weight gaining, Distorted Body Image, Preoccupation with food and Calories.

, Avoidance of social situations involving food And Excessive Exercise.

- a. Bulimia Nervosa.
- b. Anorexia Nervosa**
- c. Major Depression.
- d. Social Anxiety Disorder.
- e. Obsessive Compulsive Disorder

2. A 20 years old young female student presented in the OPD with Excessive cleaning and hands washing rewashing, spending at least 3 hours a day in washrooms. Repeatedly checking on things, such as repeatedly checking to see if the door is locked. According to the patient she has this problem for the last 02 years. What is the most likely diagnosis?

a. Major Depression.      b. Schizophrenia  
c. Bipolar Affective disorder      d. Panic attacks  
e. Obsessive Compulsive Disorder.

3. A young 32 year old male Taxi driver presents to you In OPD has a history of a dangerous car accident 03 months back Now for the last 03 months he is avoid driving or riding in a car. He is having Flashbacks, remembering the trauma over and over, with palpitations, Bad dreams and difficulty in sleeping Frightening thoughts, Being easily startled Feeling tense Having angry outbursts Staying away from that place of accident. He is also Avoiding thoughts or feelings related to that Car accident.

What is the most likely diagnosis?

a. Personality Disorder      b. Bipolar Affective Disorder  
c. Post-Traumatic Stress disorder      d. Depression  
e. Manic Episode

4. ....is a mental health condition in which a person feels significantly distressed about physical symptoms and has abnormal thoughts, feelings and behaviors in response to them. The disorder disrupts their daily functioning and quality of life. Patients with this psychiatric disorder are often unaware of their underlying mental health condition and believe that they have serious physical ailments. Patients suffering from this disorder often visit multiple healthcare providers with many medical tests and unnecessary procedures.

a. Phobia.  
b. Anorexia Nervosa  
c. Somatic symptom disorder.  
d. Obsessive Compulsive Disorder.  
e. Bulimia Nervosa

5. ....is a long-term neurological disease that causes repeated seizures due to abnormal electrical activity produced by damaged brain cells. This surge of excessive electrical activity may cause involuntary Body movements, sensations, emotions, and/or behaviors.

a. Depression.      b. Anorexia Nervosa  
c. Anxiety Disorder      d. Epilepsy  
e. Anemia

6. .... Is a developmental disorder. It often appears in the first 3 years of life. It affects the brain's ability to develop normal social and communication skills. Children with this disorder often have problems with Social interactions like they. Doesn't make friends Verbal and nonverbal communication like Can't start or maintain a conversation.

a. Depression      b. Obsessive Compulsive Disorder  
c. Posttraumatic Stress disorder      d. Epilepsy  
e. Autism spectrum disorder

#### KMC 2024

Q1. A 20-year-old gentleman presented to casualty department with shortness of breath, palpitation, tremors and sweating for the last 3 months. His pulse was 110/min. and BP was 120/80. His respiratory and cardiac examination were unremarkable. ECG, CHEST X-Ray were also within normal range. What will be your next step of management?

a. Cognitive behaviour therapy  
b. Metanephrine levels  
c. Progressive muscle relaxation exercises  
d. Repeat ECG  
e. Thyroid function tests

Q2. Electro-Convulsive Which of the following therapy is the first line treatment?

a. Bipolar disorder  
b. Post-traumatic stress disorder  
c. Schizophrenia  
d. Generalised anxiety disorder  
e. Severe depression with refusal to drink and eat

**Q3.** A 28-year-old gentleman presented to a psychiatrist with a 10 months history of fatigue after minor physical activity which doesn't resolve with sleep and rest. He has also associated symptoms of headache for which all relevant physical examination and investigations ESR, ASO titre, CBC and head CT are within normal range. What is the likely diagnosis?

- a. Chronic fatigue syndrome
- b. Depression
- c. Fibromyalgia
- d. Hypothyroidism
- e. Somatoform pain disorder

**Q4.** A 26-year-old gentleman presented to a Psychiatry OPD with complaints of excessive worries about his job, health and family, future. Upon further exploration, he was found depressed as a result of his worries, poor concentration, irritability and difficulty falling asleep for the last one month (01) after loss in his business. Because of all this, his functioning has been badly affected. What is the most likely diagnosis?

- a. Depression
- b. Generalised anxiety disorder
- c. Obsessive compulsive disorder
- d. Panic disorder
- e. Bipolar disorder

**Q5.** A 45 years old lady presented to a physician with the complaints of long-standing myalgias and arthralgias for 15 years, for which she has consulted many physicians and psychiatrists. During this time. All her relevant investigations are normal. The physician diagnosed her as a case of pain somatization disorder and referred her to a psychiatrist. Which of the following will be the best treatment option amongst the following for which she has been referred?

- a. Antipsychotics
- b. Cognitive behavior therapy (CBT)
- c. Monoamine oxidase inhibitors (MAOIs)
- d. Selective serotonin reuptake inhibitors (SSRIs)
- e. Tricyclic Antidepressants (TCAs)

**Q6.** Mrs. ABC who is a 28-year-old married woman presented with complaints of nightmares, hypervigilance and avoiding talking about the death of her husband in a car accident four months ago. Her symptoms started twenty days back when she was driving her car. What is your likely diagnosis?

- a. Acute stress disorder
- b. Anxiety disorder
- c. Depression
- d. Panic disorder
- e. Post-traumatic stress disorder

KGMC 2024

1. Which of the following drug for obsessive compulsive disorder has maximum anticholinergic effect?
  - a. Fluvoxamine
  - b. Sertraline
  - c. Fluoxetine
  - d. Clomipramine
  - e. Buspirone
2. A 28-year-old combat veteran reports experiencing frequent nightmares, flashbacks, and a heightened startle response six months after returning from deployment. He avoids situations that remind him of his time in the military and feels detached from his family. What is the most likely diagnosis?
  - a. Generalized Anxiety Disorder
  - b. Panic Disorder
  - c. Post-Traumatic Stress Disorder (PTSD)
  - d. Major Depressive Disorder
  - e. Acute Stress Disorder
3. A 5-year-old child is brought to the clinic by their parents. The parents are concerned because the child does not make eye contact, rarely speaks, and prefers to play alone. During the assessment, the child repeatedly lines up toys in a specific order and becomes very upset when the order is changed.

Based on this scenario, what is the most likely diagnosis?

- a. Attention Deficit Hyperactivity Disorder (ADHD)
- b. Oppositional Defiant Disorder (ODD)
- c. Autism Spectrum Disorder (ASD)**
- d. Social Anxiety Disorder
- e. Obsessive-Compulsive Disorder (OCD)

**4. A 25-year-old man reports spending several hours each day checking and rechecking whether he has locked his doors and turned off the stove. Despite knowing that these behaviors are irrational, he feels compelled to perform them repeatedly to reduce his anxiety. What is the most likely diagnosis?**

- a. Generalized Anxiety Disorder
- b. Obsessive-Compulsive Disorder (OCD)**
- c. Panic Disorder
- d. Post-Traumatic Stress Disorder (PTSD)
- e. Social Anxiety Disorder

**5. John, a 28-year-old male, has been brought to the emergency department by his family after they noticed erratic behavior and physical symptoms such as dilated pupils, rapid heartbeat, and excessive sweating. John admits to using a new “energy-boosting” supplement he purchased online. He reports feeling extremely anxious and paranoid since taking the supplement. Which of the following substances is most likely responsible for John’s symptoms?**

- a. Alcohol
- b. Opioids
- c. Stimulants (e.g., amphetamines or cocaine)**
- d. Benzodiazepines
- e. Cannabis

**6. A young lady presented with history of repeated episodes of binge-eating, followed by purging using laxatives, she is likely suffering from which of the following disorder?**

- a. Anorexia Nervosa
- b. Binge eating disorder
- c. Avoidant Restrictive food intake disorder**

d. Bulimia Nervosa

e. Eating disorder, unspecified

NWSM 2024

**1. What is the MINIMUM recommended duration of treatment for patients with a generalized anxiety disorder (GAD) where drug therapy has been found to be effective? Select ONE option only. Select one:**

- a. 6 months
- b. 3 months
- c. 28 months
- d. 12 months**
- e. 24 months

RMC 2024

**1. Different psychological responses to stress include?**

- a. Anxiety
- b. Anger and aggression
- c. Empathy
- d. Apathy and depression
- e. Cognitive impairment**

**2. Which of the following substance has more tendencies to cause dependence syndrome?**

- a. Tobacco**
- b. Cannabis
- c. Ecstasy (MDMA)
- d. Alcohol
- e. Benzodiazepine

**3. Which of the following substances has more tendencies to cause social harm?**

- a. Alcohol**
- b. Cannabis
- c. Ice (Methamphetamine)
- d. Cocaine
- e. Heroin

**4. Regarding the prevalence of OCD, what is the male to female ratio?**

- a. 1:2
- b. 1:1**
- c. 2:1
- d. 3:1
- e. 1:3

**5. A patient presented in psychiatry OPD with complaints of intrusive thoughts persistently regarding the existing of the God. Whenever he is praying in mosque then obscene thoughts intrudes into his mind which is usually sexually oriented about the people standing in the front row. He tries to avoid and resists such thoughts but such efforts are ineffective. He is very fearful that he will lose his faith. This phenomenon is called as:**

- a. Obsessional ruminations**
- b. Obsessional doubts
- c. Obsessional impulses
- d. Obsessional thoughts
- e. Obsessional rituals

6. Which one of the following is the drug of choice for the treatment of the OCD?

- a. Imipramine
- b. Clomipramine**
- c. Amitriptyline
- d. Nortriptyline
- e. Dothiepin

7. Which one of the following behavioral therapy can be used for the treatment of the OCD?

- a. Systemic desensitization
- b. Cognitive exposure therapy
- c. Exposure and response prevention**
- d. Biofeedback
- e. Contingency management

8. A teacher is very angry after an argument on a minor issue with his wife. He rushes out from home and closes the door with loud noise. After reaching his class he is very irritable and punishes students severely on minor issues. Which defense mechanism has been used in this scenario?

- a. Denial
- b. Displacement**
- c. Projection
- d. Regression
- e. Reaction formation

9. Which of the following is not a predisposing factor for the post-traumatic stress disorder?

- a. Female gender
- b. Previous history of trauma
- c. Low I.Q**
- d. Old age
- e. Lack of social support

## 6. MULTISYSTEM

AMC 2024

Q1. A patient presented in OPD with complaints of irritability and anorexia. He said that his wound healing is very poor and has gingival swelling, mucocutaneous petechiae, ecchymosis and hyperkeratosis. Upon further questioning he said that he has low intake of fruits and vegetables in his diet. Deficiency of which vitamin cause these symptoms?

- a. Vitamin B2
- b. Vitamin C**
- c. Niacin
- d. Riboflavin
- e. B12

GMC 2024

1. Which of the following is considered to be the foundation of diagnosis of a genetic disorder?

- a. Family History**
- b. Genetic Counselling
- c. pre-natal screening
- d. Pre-symptomatic screening
- e. Family screening

2. Anti-Ds DNA is Specific in diagnosis of

- a. JIA
- b. SLE**
- c. Dermatomyositis.
- d. Rheumatic fever.
- e. Malignancy.

3. Anti-Ds DNA is Specific in diagnosis of

- a. JIA
- b. SLE**
- c. Dermatomyositis.
- d. Rheumatic fever.
- e. Malignancy.

4. A 40-year-old woman complains of 7 weeks of pain and swelling in both wrists and knees. She has several months of fatigue. After a period of rest, resistance to movement is more striking. On examination, the meta-carpophalangeal joints and wrists are warm and tender. There are no other joint abnormalities. There is no alopecia, photosensitivity, kidney disease, or rash. Which of the following is correct?

- a. The clinical picture suggests early rheumatoid arthritis, a rheumatoid factor and anti-CCP anti-cyclic citrullinated peptide (anti-CCP) should be obtained**
- b. The prodrome of lethargy suggests chronic fatigue syndrome
- c. Lack of systemic symptoms suggests osteoarthritis
- d. X-rays of the hand are likely to show joint space narrowing and erosion
- e. An aggressive search for occult malignancy is indicated

5. A 70-year-old man complains of fever and pain in his left knee. Several days previously, he suffered an abrasion of his knee while working in his garage. The knee is red, warm, and swollen. An arthrocentesis is performed, which shows 200,000 leukocytes/ $\mu$ L and a glucose of 20 mg/dL. No crystals are noted. Which of the following is the most important next step?

- a. Gram stain and culture of joint fluid
- b. Urethral culture
- c. Uric acid level
- d. Antinuclear antibody
- e. Antineutrophil cytoplasmic antibody

6. A 60-year-old woman complains of dry mouth and a gritty sensation in her eyes. She states it is sometimes difficult to speak for more than a few minutes. There is no history of diabetes mellitus or neurologic disease. The patient is on no medications. On examination, the buccal mucosa appears dry and the salivary glands are enlarged bilaterally. Which of the following is the best next step in evaluation?

- a. Lip biopsy
- b. Schirmer test & measurement of autoantibodies
- c. IgG antibody to mumps virus
- d. A therapeutic trial of prednisone for 1 month
- e. Administration of a benzodiazepine

7. A 40-year-old man complains of acute onset of exquisite pain and tenderness in the left ankle. There is no history of trauma. The patient is taking hydrochlorothiazide for hypertension. On examination, the ankle is very swollen and tender. There are no other physical examination abnormalities. Which of the following is the best next step in management?

- a. Begin colchicine and broad-spectrum antibiotics
- b. Perform arthrocentesis
- c. Begin allopurinol if uric acid level is elevated
- d. Obtain ankle x-ray to rule out fracture
- e. Apply a splint or removable cast

8. A 48-year-old woman complains of joint pain and morning stiffness for 4 months. Examination reveals swelling of the wrists and MCPs as well as tenderness and joint effusion in both knees. The rheumatoid factor is positive, antibodies to cyclic citrullinated protein are present, and subcutaneous nodules are noted on the extensor surfaces of the forearm. Which of the following statements is correct?

- a. Prednisone 60 mg per day should be started
- b. The patient should be evaluated for disease-modifying anti-rheumatic therapy
- c. A nonsteroidal anti-inflammatory drug should be added to aspirin
- d. The patient's prognosis is highly favorable
- e. The patient should receive a 3-month trial of full-dose nonsteroidal anti-inflammatory agent before determining whether and/or what additional therapy is indicated

9. A 45-year-old woman with long-standing, well-controlled rheumatoid arthritis develops severe pain and swelling in the left elbow over 2 days. She is not sexually active. Arthrocentesis reveals cloudy fluid. Synovial fluid analysis reveals greater than 100,000 cells/ml; 98% of these are PMNs. What is the most likely organism to cause this scenario?

- a. Streptococcus pneumoniae
- b. Neisseria gonorrhoeae
- c. Escherichia coli
- d. Staphylococcus aureus
- e. Pseudomonas aeruginosa

10. A 66-year-old man complains of a 1-year history of low back and buttock pain that worsens with walking and is relieved by sitting or bending forward. He has hypertension and takes hydrochlorothiazide but has otherwise been healthy. There is no history of back trauma, fever, or weight loss. On examination, the patient has a slightly stooped posture, pain on lumbar extension, and has a slightly wide based gait. Pedal pulses are normal and there are no femoral bruits. Examination

of peripheral joints and skin is normal. What is the most likely cause for this patient's back and buttock pain?

- a. Lumbar spinal stenosis
- b. Herniated nucleus pulposus
- c. Atherosclerotic peripheral vascular disease
- d. Facet joint arthritis
- e. Prostate cancer

**11. A 60-year-old man complains of pain in both knees coming on gradually over the past 2 years. The pain is relieved by rest and worsened by movement. The patient is 5 ft 9 in tall and weighs 210 lb. There is bony enlargement of the knees with mild warmth and small effusions. Crepitation is noted on motion of the knee joint bilaterally. There are no other findings except for bony enlargement at the distal interphalangeal joint. Which of the following is the best way to prevent disease progression?**

- a. Weight reduction
- b. Calcium supplementation
- c. Total knee replacement
- d. Long-term nonsteroidal anti-inflammatory drug (NSAID) administration
- e. Oral prednisone

**12. A 22-year-old man develops the insidious onset of low back pain improved with exercise and worsened by rest. There is no history of diarrhea, conjunctivitis, urethritis, rash, or nail changes. On examination, the patient has loss of mobility with respect to lumbar flexion and extension. He has a kyphotic posture. A plain film of the spine shows sclerosis of the sacroiliac joints. Calcification is noted in the anterior spinal ligament. Which of the following best characterizes this patient's disease process?**

- a. He is most likely to have acute lumbosacral back strain and requires bed rest
- b. The patient has a spondyloarthropathy, most likely ankylosing spondylitis
- c. The patient is likely to die from pulmonary fibrosis and extrathoracic restrictive lung disease

- d. Rheumatoid factor is likely to be positive
- e. A colonoscopy is likely to show Crohn disease

**13. A 20-year-old woman has developed low-grade fever, a malar rash, and arthralgias of the hands over several months. High titers of anti-DNA antibodies are noted, and complement levels are low. The patient's white blood cell count is 3000/ $\mu$ L, and platelet count is 90,000/ $\mu$ L. The patient is on no medications and has no signs of active infection. Which of the following statements is correct?**

- a. If glomerulonephritis, severe thrombocytopenia, or hemolytic anemia develops, high-dose glucocorticoid therapy would be indicated
- b. Central nervous system symptoms will occur within 10 years
- c. The patient can be expected to develop Raynaud phenomenon when exposed to cold
- d. Joint deformities will likely occur
- e. The disease process described is an absolute contraindication to pregnancy

**14. A 20-year-old fireman comes to the emergency room complaining of headache and dizziness after putting out a garage fire. He does not complain of shortness of breath, and the arterial blood gas shows a normal partial pressure of oxygen. There is no cyanosis. Which of the following is the best first step in the management of this patient?**

- a. Assess for methemoglobinemia
- b. Obtain EKG
- c. Obtain carboxyhemoglobin level
- d. Obtain CT scan of head
- e. Evaluate for anemia

**15. Vasodilatory shock:**

- a. Is characterized by failure of vascular smooth muscle to constrict due to low levels of catecholamines
- b. Leads to suppression of the renin-angiotensin System
- c. Can also be caused by carbon monoxide Poisoning
- d. Is similar to early cardiogenic shock
- e. None of the above

NWSM 2024

1. You see a 50 year old land owner on the medical ward. He has been using alcohol in excess since the last few years and finally wants to come off it completely. He has tried a few detoxification and rehabilitation centers in the past but has not been successful so far in coming off this substance. He feels that substitute medication, however effective it is, is not a sustainable option and would like to know more about what other therapies can be tried along with them. What other therapies can be used for helping him break his dependency?

- a. Guidelines recommend using medications for symptomatic relief only
- b. Guidelines recommend using two or more abstinence achieving medications in combination for such cases
- c. Guidelines recommend using abstinence achieving medications, motivational enhancement therapy, and weekly face to face counseling
- d. Guidelines recommend using abstinence achieving medications, motivational enhancement therapy, support groups and internet based counseling
- e. Guidelines recommend using abstinence achieving medications only, as research for other therapies is lacking

2. A 24-year-old nulliparous female with a history of recurrent deep vein thrombosis presents with shortness of breath. The full blood count and clotting screen reveals the following results: Hb 12.4 g/dl Plt 137 WBC 7.5 \* 10<sup>9</sup>/l PT 14 secs APTT 46 secs

What is the most likely underlying diagnosis?

- a. Third generation oral contraceptive pill use
- b. Protein C deficiency
- c. Anti-thrombin III deficiency
- d. Antiphospholipid syndrome
- e. Activated protein C resistance

3. A 40-year-old presents to clinic with abnormal movements. He also complains of memory loss. On examination he has chorea. On further questioning he reveals that his father and grandfather had

similar disease too. You suspect Huntington disease. What is the pathology in Huntington disease?

- a. Frameshift mutation
- b. Trinucleotide repeat
- c. Aneuploidy
- d. Polyploidy
- e. Polymorphism

4. A 65-year-old laborer is brought to ER after he fell and had seizures working at a site on a hot summer afternoon. On examination his pulse is 120/m, Blood pressure is 100/70 mmHg, Temperature 105°F and Respiratory rate 28/m. His GCS is 12/15. His initial investigations show renal failure, hyperkalemia, severe metabolic acidosis, deranged liver profile and raised CPK. You suspect heat stroke. What are the two important features for diagnosis of heat stroke?

- a. Temperature >104°F and altered mental status
- b. Temperature >104°F and hyponatremia
- c. Temperature >102°F and altered mental status
- d. Temperature >102°F and altered mental status
- e. Temperature >104°F and renal failure

5. You are called to see a 44 year old male politician, admitted to the medical ward. Medical team was made aware by the family that he had been using Heroin since the last few years. This was also evident in his urine drug screen. He has been exhibiting signs of withdrawals and has been sweating profusely. When you see him, he admits to this and states that he has been using around Rs 2000/3000 worth of heroin daily, since the last 5 years. He was initially smoking it, but has recently resorted to injecting it in his groin. He has tried multiple times to come off it unsuccessfully. He feels ashamed and does not want this use to get out of hand, effecting his personal life and career. How will you manage him best?

- a. Assess his withdrawals and treat symptomatically
- b. Assess his withdrawals and give him intensive psychotherapy
- c. Assess his withdrawals, prescribe him medications and involve a psychologist

- d. Assess his withdrawals and provide information about local and national drug rehabilitation agencies
- e. Assess his withdrawals and provide information about the harmful effects of his illicit drug use

**6. A 36 years old female presented with cold extremities, Low B.P and is drowsy since yesterday, on examination, she is Obese and looking pale, having dry skin with coarse thin hair. What is the most probable cause of her Hypothermia?**

- a. Sepsis
- b. Cardiogenic Shock
- c. Hypothyroidism**
- d. Stroke
- e. None of the above

**7. The highest risk of development of coronary artery aneurysms in Kawasaki disease is in:**

- a. Acute phase
- b. Convulsion phase
- c. Subacute phase**
- d. Paroxysmal phase
- e. Catarrhal phase

**8. 25 years Old Male, Tall and Thin Build, Disproportionately Long Arms, Legs and Kyphoscoliosis presented to His Physician with decreased vision, He was having His Echo report in His hand which was done 2 weeks back and it showed Mitral Valve Prolapse and Dilatation of Ascending Aorta. Given His Underlying Condition what will be most affected?**

- a. Height of the body
- b. Heart, eyes, blood vessels and bones**
- c. Spine and weight
- d. Learning ability
- e. Skin changes

**9. A 55-year-old man presents to the emergency department due to coughing up blood in the morning. His symptoms are accompanied by fever, arthralgia affecting the wrists and knees, and unintentional weight loss over the course of 3**

months prior to presentation. The patient also noticed mild shortness of breath. On physical exam, there is mild nasal crusting and bloody nasal discharge. There are no lesions in the mouth. There is tenderness to palpation of the wrist and knees. Laboratory testing is significant for an elevated erythrocyte sedimentation rate, C-reactive protein, and a creatinine of 2.5 mg/dL (his creatinine is normally 0.9 mg/dL). A radio graph of the chest demonstrates pulmonary nodules. What is the most Likely Diagnosis?

- a. Chug-Strauss Syndrome
- b. Pulmonary T.B
- c. Granulomatosis with Polyangiitis (Wegener's)**
- d. Good Pastures syndrome
- e. IgA Nephropathy

**10. A 50-year-old farmer is brought to ER with nausea, vomiting, diarrhea and confusion. On examination he is profusely sweating, his pulse is 40/m and BP is 95/70 mmHg and Oxygen sets are 88% on room air. His pupils are pinpoint. On auscultation he has wheezes in chest. What is the first medication you would administer?**

- a. Pralidoxime
- b. Atropine**
- c. Flumazenil
- d. Naloxone
- e. Sodium bicarbonate

**11. A 65-year-old lady with a history of aspirin induced gastritis has now presented with severe hip and knee joint pain that is thought to be due to osteoarthritis. She now requires treatment with NSAIDS. Which of the following would be most helpful for the prophylaxis against recurrent GI bleeding?**

- a. Omeprazole**
- b. Sucralfate
- c. Nizatidine
- d. Atropine
- e. Misoprostol

12. A 35 year old mountaineer is climbing K2

Mountain when he develops severe shortness of breath, chest tightness, persistent cough, and frothy pink sputum. On examination he is tachycardia with respiratory rate of 45/m and Oxygen saturations of 85%. What is the first step in management of this patient?

- a. Steroids
- b. Acetazolamide
- c. Oxygen
- d. Furosemide
- e. Descent to lower altitude

13. Parents of a 5 month old baby come to emergency in distress with an unconscious child. You check blood glucose which turns out to be 20mg/dl. The baby took last feed 3 hrs. back. After stabilizing you admit the child and order some labs. O/e the baby has doll lieo fascies, with protuberant abdomen and isolated hepatomegaly. Lab work shows raised Triglycerides and metabolic acidosis with normal lipid profile and raised uric acid. What glycogen storage disorder you suspect:

- a. Von Gierke
- b. Pompe
- c. Cori
- d. Anderson
- e. McArdle disease

14. A 35-year-old man developed progressive lower extremity weakness and gait ataxia over 6 months. Neurological examination demonstrated bilateral lower extremity spasticity, increased deep tendon reflexes and bilateral Babinski signs. Sensory examination showed no sensory level but loss of proprioception and vibratory sensation in both legs with preservation of temperature and pinprick sensations. These findings are suggestive of:

- a. Brown-Squared syndrome
- b. Syringomyelia
- c. Vitamin B12 deficiency
- d. Occlusion of the anterior spinal artery
- e. Amyotrophic lateral sclerosis

15. A 30-year-old soldier is brought to ER with heat stroke having a temperature of 105°F. Which step is most important in his management?

- a. Rapid cooling within 30 minutes with ice water immersion
- b. Rapid cooling within 30 minutes with ice packs and sponging
- c. Rapid cooling within 30 minutes with large fans and tepid water spray
- d. Rapid cooling within 30 minutes with cold IV fluids
- e. Rapid cooling within 30 minutes with multiple air coolers

16. A 32-year-old lady presents to clinic with flank pain and decreased urine quantity. She also feels nauseated and has lost her appetite. Further investigations show deranged renal functions and large cystic kidneys on ultrasound. You diagnose her with adult polycystic kidney disease. What is the mode of inheritance of this disease?

- a. Autosomal recessive
- b. Autosomal dominant
- c. X-linked
- d. Polymorphism
- e. Aneuploidy

17. A 46-year-old male from Karachi comes to the clinic with one history of loose stools, fever and vomiting. He states that he recently returned from a trip to Swat and his wife also had similar symptoms. He has not received any vaccinations and admits to have a distant history of IV drug use and occasional alcohol. Further his reports receiving blood transfusion after a road traffic accident 3 years ago. On examination he has fever of 101 F and scleral icterus is present. Which of the following risk factors is most likely responsible for his condition?

- a. Alcohol consumption
- b. History of blood transfusions
- c. History of IV drug use
- d. Recent travel
- e. Unprotected sexual intercourse

18. A 35-year-old lady is brought to ER with fits and altered mental status. Earlier today she had taken part in a marathon on a sunny summer day. On examination her pulse is 90/m, Blood pressure is 120/80 mmHg, Temperature 98.8°F, Respiratory rate 20/m. Her investigations show a normal CT brain, Sodium 120 (Low), potassium 4 (normal) and Creatinine 0.8 (Normal). What is her diagnosis?

- a. Heat cramps
- b. Heat stroke
- c. Heat exhaustion
- d. Heat syncope
- e. Heat seizures

19. An elderly laborer is brought to ER with heat stroke. On examination his pulse is 130/m, Blood pressure is 110/70 mmHg, Temperature 105°F and Respiratory rate 26/m. His GCS is 10/15. His initial investigations show renal failure, hyponatremia, and hyperkalemia and deranged liver profile. Which of the following is associated with higher morbidity and mortality?

- a. Delays in IV fluids administration
- b. Delays in cooling the body temperature
- c. Delay in hyponatremia management
- d. Delay in starting hemodialysis
- e. Delay in mechanical ventilation

RMC 2024

1. A 40 years old patient in OPD with forgetfulness, confusion, loss of coordination and tachycardia. He is using substances for the last many years. The psychiatrist told the students that this may be a case of Wernicke-korsakoff syndrome due to thiamine deficiency. Which one of the following substances can cause such disease?

- a. Alcohol
- b. Cannabis
- c. Ice (Methamphetamine)
- d. Cocaine
- e. Heroin

2. A patient presented in OPD with complains of severs craving for substance, rhinorrhea, lacrimation, body aches, loose motions and

abdominal cramps. On examination he is having anemia and tachycardia. He has a long history of using substances. What is the most probable diagnosis?

- a. Acute opioids intoxication
- b. Opioids withdrawal state
- c. Acute cannabis intoxication
- d. Cannabis withdrawal state
- e. Acute cocaine intoxication

3. A 35-year-old man is admitted with systolic blood pressure (BP) of 60 mmHg and heart rate of 150 BPM following a gun-shot wound to the liver. What is the effect on the kidneys?

- a. They tolerate satisfactorily ischemia of 3-4 hours duration
- b. They undergo further ischemia if hypothermia is present
- c. They can become damaged, even though urine output exceeds 1500 ml/dL
- d. They are affected and cause increased creatinine clearance
- e. They are prevented from further damage by vasopressor

4. Which of the following is not part of management of a patient with hyperparathyroidism?

- a. Hydration with intravenous normal saline
- b. Steroids
- c. Exploration of the neck for Para thyroidectomy
- d. The parathyroid scan
- e. Vitamin D

## 7. OBS

AMC 2024

Q1. What is the most salient feature with respect to itching in obstetric cholestasis? a. Itching is more pronounced on palm and soles of feet

- b. Itching is more on upper body and face
- c. Itching is more on extensor surface of limbs
- d. Itching is more on flexor surface of limbs
- e. Itching is present centripetally around umbilicus

Q2. A 25-year-old G4P3AL3 with previous normal deliveries, she is thalassemia minor and her husband too is thalassemia trait. One of her children is thalassemia major who is on regular transfusion. She has been told about chorionic villus sampling to know about this baby risk of having thalassemia major. Currently she is 9 weeks pregnant & she wants to know at what gestation she can have this test?

- a. 11 weeks-13+6 weeks
- b. 14 weeks-16 weeks
- c. After 16 weeks
- d. 20-25 weeks
- e. 7-10 weeks

Q3. Seizures beginning in the delivery room or shortly thereafter may be due to a. Hypoxic ischemic encephalopathy

- b. Unintentional injection of maternal local anesthetic into fetus
- c. Intracranial hemorrhage
- d. Cerebral anomaly
- e. Hypoglycemia

GMC 2024

1. Which of the following gestational hormone is hypothesized to be co related with hyperemesis Gravidarum?

- a. Estrogen
- b. Human chorionic gonadotrophin
- c. Human placental lactogen
- d. Progesterone
- e. Testosterone

KMC 2024

Q1. A 21-year-old lady visited an antenatal clinic at 8 week of pregnancy complaining of intractable vomiting. On examination, she was severely dehydrated, emaciated and pale. Her urine was positive for ketones. Which of the following is the first line treatment of Hyperemesis Gravidarum?

- a. Antiemetics
- b. Corticosteroids
- c. Intravenous fluids
- d. Thiamine supplementation
- e. Usodecholic acid

Q2. A pregnant woman undergoes routine prenatal screening, and the results indicate an elevated level of alpha- fetoprotein (AFP). Further diagnostic tests reveal the presence of spina bifida in the fetus.

Which of the following is the most likely type of spina bifida in this case?

- a. Cystica
- b. Encephalocele
- c. Meningocele
- d. Myelomeningocele
- e. Occulta

Q3. A 41-year-old lady in her first pregnancy comes for a bookong visit at 8 weeks. She was very worried about her risk of having Aneuploid fetus and wishes to know about prenatal invasive testing. Which of the following gestational week would she be advised chorionic villous sampling if her screening test comes out as high risk?

- a. 11 weeks
- b. 15 weeks
- c. 20 weeks
- d. 22 weeks
- e. 24 weeks

KGMC 2024

1. Which of the following is a cause of Hyperemesis Gravidarum:

- a. Twin pregnancy
- b. Diabetes.
- c. Hydrops fetalis
- d. Anencephaly
- e. Antiphospholipid syndrome

2. Nuchal translucency is used as a marker used for:

- a. NTD
- b. Anencephaly
- c. Trisomies
- d. Renal agenesis
- e. Triploid

RMC 2024

1. Which of the following is part of the definition of hyperemesis gravidarum?

- a. Vomiting that persists for the entire pregnancy
- b. Vomiting upon arising more than 5 days per week
- c. Vomiting that appears after 20th week of pregnancy
- d. Severe nausea and vomiting with weight loss greater than 5% of pregnancy body weight

2. Which of the following factors is protective against endometrial hyperplasia?

- a. Obesity
- b. Tamoxifen
- c. Oral contraceptive pills (OCPs)
- d. Early menarche or late menopause
- e. Unopposed exogenous estrogen therapy

## 8. ORTHOPEDICS

AMC 2024

Q1. Regarding Kyphoscoliosis

- a. It is always an idiopathic disease
- b. It is a deformity in one plane
- c. Symptoms may include pain, hunchback deformity, and difficulty in breathing
- d. Conservative treatment is advised in almost all cases
- e. Can't be corrected surgically if angle is more than 80 degrees

GMC 2024

1. What is the earliest indication of Volkmann's ischemia?

- a. Pain
- b. Pallor and poor capillary filling
- c. Paresthesia in median nerve area
- d. Contracture of fingers
- e. Gangrene of tips of fingers

2. Which of the following fracture does not usually need open reduction and internal fixation?

- a. Mid shaft fracture of femur
- b. Pathological fractures
- c. Trochanteric fracture in elderly
- d. Displaced intra-articular fractures
- e. Displaced fracture of both bones of forearm in adults.

NWSM 2024

1. A 55-year-old man presents with worsening back pain, fever, and night sweats for the past month. He has no history of trauma. On examination, there is localized tenderness over the lower thoracic spine.

MRI reveals vertebral body destruction with involvement of the adjacent intervertebral disc. Blood cultures are positive for *Staphylococcus aureus*. What is the most likely diagnosis?

- a. Disc herniation
- b. Epidural hematoma
- c. Osteomyelitis
- d. Spinal metastasis
- e. Spinal tuberculosis (Pott's disease)

RMC 2024

1. Regarding bone densitometry, a T-score of -3.5 is defined as which of the following?

- a. Normal bone
- b. Osteopenia
- c. Osteoporosis
- d. Abnormal bone
- e. None of the above

2. Which nerve is most at risk of damage from a midshaft humeral fracture?

- a. Median nerve
- b. Ulnar nerve
- c. Musculocutaneous nerve
- d. Radial nerve
- e. None of the above

## 9. CNS PEADS

AMC 2024

Q1. The MOST common cause of neonatal seizure is:

- a. Vascular events
- b. Intracranial infections
- c. Brain malformations
- d. Hypoxic-ischemic encephalopathy
- e. Metabolic disturbance

GMC 2024

1. A 6-year-old male child presented with episodic staring, unresponsiveness and eye flutter for a few seconds followed by immediate resumption of previous activity. The treatment of choice is;

- a. Lacosamide
- b. Levetiracetam
- c. Ethosuximide
- d. Phenytoin
- e. Topiramate

2. A 6-month-old infant is brought to the pediatric clinic with irritability, poor feeding, and a bulging fontanelle. The infant has a high-pitched cry and exhibits opisthotonus. What is the most appropriate initial diagnostic test?

- a. Lumbar puncture
- b. Blood culture
- c. Chest X-ray
- d. Computed tomography (CT) scan of the head
- e. Urinalysis

3. A 4-year-old child presents to the emergency department with fever, headache, neck stiffness, and photophobia. On examination, you note a positive Brudzinski sign. What is the most likely diagnosis?

- a. Viral pharyngitis
- b. Acute otitis media
- c. Bacterial meningitis
- d. Urinary tract infection
- e. Allergic rhinitis

4. Which of following pathogens is the most common cause of bacterial meningitis in children aged 2 months to 2 years?

- a. Streptococcus pneumoniae
- b. Haemophilus influenzae type b (Hib)
- c. Neisseria meningitidis
- d. Escherichia coli
- e. Listeria monocytogenes

KMC 2024

Q1. A 5 Years old child with normal development has presented with recurrent afebrile generalized tonic-clonic Seizures. Which of the following is considered to be the drug of choice for this type of seizures?

- a. Carbamazepine
- b. Phenobarbital
- c. Phenytoin
- d. Topiramate
- e. Valproate

Q2. A 5 years old boy was brought with history of recurrent staring with blinking movements, with transient loss of sensorium. His clinical and EEG finding were suggestive of absence seizures. Which of the following antiepileptics is the drug of choice for this patient?

- a. Acetazolamide
- b. Clonazepam
- c. Ethosuximide
- d. Lamotrigine
- e. Valproate

Q3. A child with spina bifida is admitted to the hospital for surgery to repair the opening in the spinal column. During preoperative assessment, the nurse take notes weakness and impaired sensation in the lower extremities. Which of the following complications is most likely associated with this presentation?

- a. Arnold-Chiari Malformation
- b. Hydrocephalus
- c. Microcephaly
- d. Neurogenic Bladder
- e. Ventricular Septal Defect

Q4. A 12 years old child has presented with recurrent headache, neck pain, urinary frequency, and progressive lower extremity spasticity. MRI brain shows displacement of the cerebellar tonsils into the cervical canal and syrinx of the cervical spinal cord. There is no hydrocephalus. Which of the following is the most likely diagnosis?

- a. Chiari Malformation type I
- b. Dandy Walker Malformation
- c. Spina Bifida Occulta
- d. Type II Chiari Malformation
- e. Vein of Galen Malformation

Q5. A 7 years old child has developed hydrocephalus after meningitis. Which of the following types of meningitis produce a thick, tenacious exudate that obstructs the basal cisterns and arachnoid villi to cause communicating hydrocephalus?

- a. Bacterial Meningitis
- b. Viral Meningitis
- c. Fungal Meningitis
- d. Tuberculous Meningitis
- e. Meningitis due to spirochetes.

**Q6. A 2 years old child has presented with seizures after high grade fever. There are no signs of meningeal irritation. The child became conscious and active after 45 minutes. Which of the following has the highest risk for recurrent of such seizures?**

- a. Fever 38-39°C
- b. Family History of Epilepsy Seizure
- c. Family History of Febrile
- d. Complex Febrile Seizure**
- e. Lower Serum Sodium at Time of Presentation

NWSM 2024

**1. A 10 years old child presents with recurrent episodes of headache for the last one year. Sometimes the headache is felt over the left eye and throbbing in nature and preceded by blind spots in visual fields. Physical examination and neuroimaging did not reveal any abnormality. The most likely diagnosis is:**

- a. Tension headache
- b. Tuberculous meningitis
- c. Pseudo tumor cerebri
- d. Migraine**
- e. Posterior fossa tumor

**2. 6 month old infant presented to you with complain of enlarged head size and swelling on lower back as well since birth. His parents also complain of fever and vomiting on and off. After examination and investigation you made a diagnosis of hydrocephalus with meningocele. What treatment option will you adopt first in this patient?**

- a. Ventriculectomy
- b. Ventriculoperitoneal shunt (vp shunt)**
- c. No need to intervene
- d. Meningocele repair
- e. Conservative management

**3. A 3 years old patient was seen in OPD with history of having frequent falls, he was unable to maintain his balance on standing position. You are asked by your senior doctor to do check for cerebellar**

functions. Which of the following one test is part of the cerebellar function test?

- a. Tuning fork test
- b. Heel shin test**
- c. Pupillary reflexes test
- d. Knee jerk test
- e. Plantar test

**4. A 3 years old patient comes to you with sudden onset of loss of balance and tremors since waking up this morning. He slept well last night and has no fever. Mother suffers from depression. What could be the possible likely diagnosis?**

- a. Meningitis
- b. High blood pressure
- c. Acute vitamin deficiency
- d. Drug intoxication**
- e. Head Injury

**5. A previously well 5 years old girl presents to OPD with 2 days history of fever and vomiting. There is no history of head trauma or any documented weight loss. On examination patient is having temperature of 104\* F and neck stiffness is positive. What can be the most likely diagnosis?**

- a. Migraine
- b. Brain tumor
- c. Brain hemorrhage
- d. Meningitis**
- e. Sepsis

**6. A 11 year old boy was brought in by his mother for abnormal movements. On examination he repeatedly wiped his nose and cleared his throat. He was able to suppress these movements when asked but only temporarily. Which of the following terms best describes these movements?**

- a. Stereotypy
- b. Baalism
- c. Tics**
- d. Akathisia
- e. Myoclonus

## RMC 2024

**1. A 10 year child presented with fits and altered state of consciousness, father being treated as a pulmonary TB, CSF turbid protein 1500mg/dl, glucose 35mg/dl, mostly lymphocytes. What will be the most likely diagnosis?**

- a. Viral meningitis
- b. Acute bacterial meningitis
- c. Malaria
- d. Tuberculous meningitis**
- e. Pseudo tumor cerebri

**2. Valporic acid effect on newborn?**

- a. Cleft lip and plate
- b. Neural tube defect**
- c. Hypertension
- d. Stroke
- e. Limb Agenesis

**3. A girl with history of blackout in class notified by teacher. Her ECG was done which was abnormal. What is the most likely diagnosis?**

- a. Absence seizures**
- b. Grand mal epilepsy
- c. Partial complex seizure
- d. Complex seizures
- e. None of the above

**4. Treatment of choice for absence seizures are:**

- a. Phenytoin
- b. Ethosuximide**
- c. Phenobarbital
- d. Valporic acid
- e. Carbamazepine

**5. Mother pregnant again, she has already one baby with neural tube defect. She wants to know risk of NTD in current pregnancy?**

- a. Same as general population
- b. 10%
- c. Alpha protein is low in NTD
- d. 2-3%**
- e. 20%

**6. A 2-year-old child presented with history of high grade fever with fits which is generalized tonic colonic which is more than 15 minutes after fits child was clinically improved and active and alert, what is your most likely diagnosis:**

- a. Meningitis
- b. Simple febrile convulsion
- c. Complex febrile convolution**
- d. Epilepsy
- e. Encephalitis

**7. Status epilepsy is defined as:**

- a. Fits more than 10 minutes
- b. Fits more than 15 minutes
- c. Fits more than 20 minutes
- d. Fits more than 30 minutes**
- e. Fits more than 5 minutes

## 10. GI PEADS

## AMC 2024

**Q1. Approaching to a child with failure to thrive based on signs and symptoms. Of the following the MOST common cause behind a child has spitting, vomiting and food refusal is**

- a. Gastroesophageal reflux**
- b. Chronic tonsillitis
- c. Food allergies
- d. Eosinophilic esophagitis
- e. Inflammatory bowel disease

**Q2. A 2-month-old baby presented with persistent vomiting for the last one month. He was investigated and diagnosed as a case of pyloric stenosis. Which of the following metabolic derangement best describes this condition?**

- a. Hypochloremic hyperkalemic metabolic acidosis
- b. Hyperchloremic hypokalemic metabolic acidosis
- c. Hypochloremic hyperkalemic metabolic alkalosis
- d. Hypochloremic hypokalemic metabolic alkalosis**
- E. Hyperchloremic hyperkalemic metabolic acidosis

## GMC 2024

**1. Which of the following clinical manifestations is commonly seen in infants with Hirschsprung disease?**

- a. Chronic diarrhea
- b. Hematemesis
- c. Epigastric pain
- d. Fever
- e. Constipation**

**2. What is the gold standard diagnostic test for Hirschsprung disease?**

- a. Abdominal X-ray
- b. Barium enema
- c. Colonoscopy
- d. Rectal biopsy**
- e. Ultrasound of the abdomen

**3. Which genetic mutation is associated with Hirschsprung disease in some cases?**

- a. BRCA1
- b. APC
- c. RET**
- d. TP53
- e. KRAS

**4. Hirschsprung disease is most commonly diagnosed in which age group?**

- a. Neonates**
- b. Infants
- c. Toddlers
- d. School-age children
- e. Adolescents

**5. Which of the following clinical findings is suggestive of Hirschsprung disease in a neonate?**

- a. Projectile vomiting
- b. Bilious vomiting**
- c. High fever
- d. Watery diarrhea
- e. Urinary retention

**6. Which imaging modality is useful for evaluating the transition zone in Hirschsprung disease?**

- a. Abdominal X-ray
- b. Barium enema**
- c. CT scan
- d. Magnetic resonance imaging (MRI)
- e. Ultrasound

**7. Which surgical procedure is commonly performed to treat Hirschsprung disease?**

- a. Appendectomy
- b. Cholecystectomy
- c. Colectomy**
- d. Gastrostomy
- e. Appendicostomy

**8. What is the primary goal of surgical treatment in Hirschsprung disease?**

- a. Restore normal bowel motility**
- b. Remove the appendix
- c. Remove the gallbladder
- d. Remove the stomach
- e. Remove the spleen

**9. Which of the following complications can occur following surgery for Hirschsprung disease?**

- a. Acute pancreatitis
- b. Biliary colic**
- c. Enterocolitis**
- d. Hypertension
- e. Hearing loss

**10. Which type of Hirschsprung disease is characterized by a short segment of aganglionosis, typically involving the rectosigmoid region?**

- a. Short-segment**
- b. Long-segment
- c. Ultra-short-segment
- d. Total colonic
- e. Isolated small bowel

**11. Which of the following is NOT a common clinical feature of Hirschsprung disease?**

- a. Abdominal distension
- b. Ribbon-like stools**
- c. Failure to thrive
- d. Frequent vomiting
- e. Hyperactivity**

**12. Which condition may mimic Hirschsprung disease but is typically associated with a history of prematurity and feeding difficulties?**

- a. Gastroesophageal reflux disease (GERD)
- b. Intussusception
- c. Necrotizing enterocolitis (NEC)**
- d. Pyloric stenosis
- e. Celiac disease

**13. Which of the following is a potential long-term complication of Hirschsprung disease in children who undergo surgery?**

- a. Diabetes mellitus
- b. Osteoporosis**
- c. Chronic constipation**
- d. Short stature
- e. Obesity

**14. 3 week old neonate presented with projectile vomiting non bilious since birth. Newborn becomes irritable after vomiting. There is faltering growth and losing weight. What is the most likely diagnosis?**

- a. Gastroesophageal reflex disease.
- b. Pyloric Stenosis.**
- c. Intestinal obstruction
- d. Gastritis.
- e. Tracheo esophageal.

**15. An 8-year-old male presents to the pediatric gastroenterology clinic with complaints of abdominal pain, diarrhea, and weight loss over the past few months. His parents mention that he has been experiencing intermittent bloody stools and occasional joint pain. Physical examination reveals growth delay and tenderness in the lower abdomen. Laboratory tests show elevated inflammatory markers. Which of the following is the most likely diagnosis for this patient?**

- a. Irritable Bowel Syndrome (IBS)
- b. Celiac Disease**
- c. Crohn's Disease
- d. Ulcerative Colitis
- e. None of the above

**16. Which of the following is a common symptom of IBD in children?**

- a. Excessive thirst
- b. Abdominal pain and diarrhea**
- c. Headache and dizziness
- d. Muscle weakness
- e. None of them

**17. What diagnostic test is often used to confirm IBD in children?**

- a. Electrocardiogram (ECG)
- b. MRI of the brain**
- c. Colonoscopy and biopsies
- d. Blood glucose test
- e. None of the above

**18. What is the gold standard test for diagnosing celiac disease?**

- a. Blood pressure measurement
- b. Electrocardiogram (ECG)**
- c. Serology testing for celiac-specific antibodies
- d. Small bowel biopsy**
- e. None of the above

**19. An 8-year-old boy presents with chronic diarrhea, abdominal pain, and growth delay. His parents report that he often complains of bloating after consuming wheat-based foods. What is the most likely diagnosis?**

- a. Irritable Bowel Syndrome**
- b. Celiac Disease**
- c. Lactose Intolerance
- d. Inflammatory Bowel Disease
- e. None of the above

**20. A 5 days old neonate was brought by parents with yellow discoloration and lethargy. On examination, baby is pale, icteric with palpable spleen. Serum bilirubin is 25mg/dl and baby blood group is A+ve while mother is B-ve. The most relevant next investigation is;**

- a. G6PD level
- b. Coomb's test**
- c. Serum albumin
- d. Prothrombin time
- d. Peripheral smear

**21. A 25 days old male neonate was brought with persistent jaundice and passing clay colored stool. On examination, he is active with hepatosplenomegaly. His serum bilirubin level is 18mg/dl with direct component as 10mg/dl. The next investigation is;**

- a. Ultrasound abdomen**
- b. TSH**
- c. Coomb's test
- d. Chromosomal analysis
- e. Peripheral smear

**22. Investigation of choice in diagnosis of pyloric stenosis is;**

- a. 50erum Electrolyte.
- b. Ultrasound Abdomine.**
- c. X-Ray Abdomine.
- d. CT Abdomine.
- e. Barium Study.

KMC 2024

**Q1. A 2 months old baby was brought to you with persistent vomiting for last 14 days. The vomiting was non-bilious, projectile in nature and was usually soon after taking feed. The baby was otherwise active alert and afebrile. The CBC, RFTs and acute inflammatory markers were normal. Serum electrolyte showed mild hypokalemia and ABGs showed metabolic alkalosis. What are the investigation of choice to reach the diagnosis?**

- a. X-Ray Erect Abdomen
- b. Chest X Ray
- c. CT Scan Abdomen
- d. Ultrasound Abdomen**
- e. Urine R/E

**Q2. A 7 year old boy presented with high grade fever with rigors and chills for last 5 days and abdominal pain, anorexia, lethargy, for the last 2 days. He was well before with no history of hospitalization. O/E he was febrile and toxic. Chest was clear, he had tender hepatomegaly, not jaundiced. TLC: 22000/ $\mu$ L, polys: 82%, CRP: 70(normal <5), ALT: 150(6-40 U/L), ALP: 350(140-420U/L). What is the most likely diagnosis?**

- a. Acute Viral Hepatitis
- b. Hydatid Cyst
- c. Liver Abscess**
- d. Malaria
- e. Wilson Disease

**Q3. A 3 years old child presented with loose motion, swelling of feet and hand, and dermatosis of skin in inguinal and genital region. He was bottle feed and his weaning was started at 1 year of age. On examination he had pitting edema of the feet, flaky paint dermatosis of the trunk, buttocks and extremities. Which one is the most common biochemical abnormalities associated in this disease?**

- a. Albuminuria
- b. Electrolyte Imbalance and Hypoglycemia**
- c. Hypernatremia and Hyperglycemia
- d. Hypokalemia and Hypochlormia
- e. Hyponatremia and Hyperglycemia

KGMC 2024

**1. A 3-year-old girl is brought to the clinic with a 2-day history of vomiting, fever, and watery diarrhea. On examination, she is alert but has dry mucous membranes and a capillary refill time of 3 seconds. Lab investigations are within normal limits. Stool culture reveals a rotavirus infection. What is the most common cause of vomiting in this case?**

- a. Pyloric stenosis
- b. Gastroesophageal reflux disease (GERD)
- c. Intussusception
- d. Gastroenteritis dehydration with some**
- e. Duodenal atresia

**2. A 4-year old boy presents with persistent vomiting over several days. Laboratory investigations reveal low serum sodium and chloride levels, with a raised blood pH. Which electrolyte abnormality is this child most likely experiencing?**

- a. Hyperkalemic metabolic alkalosis
- b. Hyperchloremic metabolic acidosis
- c. Hypochloremic metabolic alkalosis**
- d. Hypokalemic respiratory acidosis
- e. Hyponatremic respiratory acidosis

**3. A 2-year-old girl presents with chronic cough, hoarseness, and regurgitation. Her symptoms worsen at night and she has frequent otitis media. A barium swallow study shows delayed gastric emptying and esophageal reflux. What is the most appropriate pharmacological treatment?**

- a. H2-receptor antagonists
- b. Proton pump inhibitors**
- c. Prokinetic agents
- d. Antacids
- e. Corticosteroids

**4. A 2-year-old child with recurrent vomiting and poor weight gain. He also has history of recurrent episodes of wheezy chest. On examination his weight is below 5<sup>th</sup> centile. He looks pale with bilateral wheezes on chest examination. Based on history and examination you suspect**

gastroesophageal reflux disease. Which of the following investigations is most useful in diagnosing gastroesophageal reflux?

- a. Barium swallow
- b. Esophageal pH monitoring
- c. Abdominal ultrasound
- d. Upper GI endoscopy
- e. CT scan of the abdomen

5. A 2-year-old child presents with frequent regurgitation and poor weight gain. The mother reports the child is fussy and refuses to eat solid foods. On Physical Examination the child's weight and height is on the 10<sup>th</sup> percentile, abdomen is soft and non-distended. On Lab Findings CBC and Biochemistry is normal. Esophageal pH monitoring shows Increased acid exposure. What is the best initial management for this child?

- a. Proton pump inhibitor (PPI) therapy
- b. Thickened feeds
- c. Surgical fundoplication
- d. Elimination of cow's milk
- e. H2 receptor antagonist

6. A 3-year-old child presents with acute onset of diarrhea, vomiting, and low-grade fever. He attends daycare where other children have similar symptoms. On examination, he has dehydrated with sunken eyes and dry mucous membranes. What is the most appropriate initial management?

- a. Intravenous fluids
- b. Oral rehydration solution (ORS)
- c. Antibiotics
- d. Antidiarrheal medications
- e. Probiotics

7. A 2-year-old child presents with sunken eyes and lethargy. On examination, the skin pinch goes back very slowly, and the child is unable to drink or drinks poorly. How will you classify his dehydration according to IMNCI?

- a. No dehydration
- b. Mild dehydration
- c. Moderate dehydration
- d. Severe dehydration
- e. Very severe dehydration

8. A 5-year-old child presents with chronic diarrhea for 8 months. He has bulky, foul-smelling stools and poor weight gain. Physical examination shows a distended abdomen and wasted buttocks, his height and weight are both below 5<sup>th</sup> centiles. Lab investigations shows normal electrolytes, low Hb of 8 g/dl and low serum ferritin level. Which investigation is most likely to confirm the diagnosis?

- a. Sweat chloride test
- b. Stool culture
- c. Serum anti-tissue transglutaminase antibodies
- d. Abdominal ultrasound
- e. Colonoscopy

#### NWSM 2024

1. A 12-month-old child comes to your OPD with chief complaint of poor weight gain. The child started to have loose stools at the age of 6 months and has a very poor appetite. On examination, you see a pale and irritable child with very little subcutaneous fat and a distended abdomen. He isn't jaundiced, tachypnea or tachycardia. His urine output is normal and on examination there is no involvement of any other system. What is the most probable diagnosis?

- a. Celiac disease
- b. Cystic fibrosis
- c. Inflammatory bowel disease
- d. Acute gastroenteritis
- e. Cholera

2. An 11 month old child who weighs 10 kg presents to you with 2 days history of loose stools and vomiting. Since this morning the child is unable take milk. On examination He is lethargic, has sunken eyes, skin pinch goes back very slowly. Which of the following regimes would you adopt to rehydrate this child?

- a. 300ml of IV fluids over 1 hour followed by 700ml of IV fluids over 5 hours
- b. 400ml of IV fluids over 1 hour followed by 600ml of IV fluids over 5 hours
- c. 300ml of IV fluids over 30 minutes followed by 700ml of IV fluids over 2.5 hours

- d. Only give ORS after every loose stool
- e. 1000ml IV fluids over 1 hour

**3. A 1 year old child presented with complains of abdominal distention on/off and constipation since birth. According to the parents, patient passes stool after 5 to 7 days with enemas after which the abdominal distention settles. On examination, the anal opening is normal with no anal fissures around. On PR there is gush of stool coming out. Parents also told that patient passed meconium after 3rd day of life. There is no history of lethargy and patient is failure to thrive also. Based on history and examination what is your provisional diagnosis?**

- a. Functional constipation
- b. Hirsch sprung disease**
- c. Hypothyroidism
- d. Ectopic anus
- e. Inflammatory bowel disease

**4. A 2 year old child presented with hx of vomiting and watery diarrhea for the last 2 days. He is bottle fed and also taking solid diet. On examination he is active, alert with no signs of dehydration. What is the common cause of diarrhea in children?**

- a. E.coli
- b. Shigella
- c. Rota virus**
- d. Adenovirus
- e. Norwalk virus

**5. An 8 days old baby boy born at 30 weeks of gestation developed abdominal distention, vomiting and not tolerating his nasogastric formula feeds. An X-ray abdomen was done which revealed presence of gas in walls of small and large intestine (pneumatizes intestinalis). What is the most likely diagnosis in this baby?**

- a. Acute gastroenteritis
- b. Necrotizing enterocolitis**
- c. Pyloric stenosis
- d. Tracheoesophageal fistula
- e. Worm infestation

RMC 2024

**1. Chronic diarrhea is defined as:**

- a. Diarrhea, which persist for more than one week with infectious etiology
- b. Diarrhea, which persist more than one month with non-infectious etiology
- c. Diarrhea, which persist for more than 3 months with non-infectious etiology
- d. Diarrhea, which persist for more than two weeks with non-infectious etiology**
- e. Diarrhea, which persist for more than two weeks with infectious etiology

**2. A 2 year old child presented with history of loose motion and abdominal pain. On examination, he is failure to thrive, anemic and has abdominal distension, his anti-transglutaminase antibodies are positive. Which of the following is most appropriate diagnosis:**

- a. Inflammatory bowel disease
- b. Tuberculosis
- c. Irritable bowel disease
- d. Celiac disease**
- e. None of the above

**3. A previously well 8-year-old boy presents with 3 days history of nausea, anorexia, fever, yellowing of eyes, and abdominal pain. On examination, he is febrile, icteric and raised ait. What will be your most appropriate diagnosis?**

- a. Hepatitis C
- b. Hepatitis B
- c. Hepatitis D
- d. Hepatitis A**
- e. Hepatitis E

**4. A boy with chronic diarrhea with a history of apple fruit juices intake, no FTT and stool contain food particles:**

- a. Celiac disease
- b. Irritable bowel disease
- c. Toddlers disease**
- d. Infectious diarrhea
- e. Viral diarrhea

5. A 2 year old child presents with painless rectal bleeding, how to diagnose?

- a. RBC scars
- b. USG abdomen
- c. Barium scan
- d. Both b and c
- e. Meckel scan

6. Infant with jaundice with increased conjugated bilirubin and white clay color stools, no fever diagnosis?

- a. Hepatitis A
- b. Hepatitis C
- c. Hepatitis B
- d. Biliary atresia
- e. None of the above

7. A 6 weeks old with projectile vomiting hypochloremic metabolic alkalosis. K.2.2. Low urinary chloride, diagnosis?

- a. Berlet syndrome
- b. Pyloric stenosis
- c. Cystic fibrosis
- d. Gittleman syndrome
- e. None of the above

8. Skin pinch goes slowly, eager to drink imci?

- a. Severe dehydration
- b. No dehydration
- c. Mild dehydration
- d. Moderate dehydration
- e. Some dehydration

## 11. MULTISYSTEM PEADS

AMC 2024

Q1. The definitive diagnosis of type I glycogen storage disease GSD is by:

- a. EMG
- b. Liver biopsy
- c. Muscle biopsy
- d. Analysis of gene-based mutation
- e. Enzyme assay of cultured skin fibroblasts

Q2. Kawasaki disease closely resembles toxic shock syndrome clinically. However, many of the clinical features of toxic shock syndrome are usually absent or rare in Kawasaki disease like:

- a. Fever unresponsive to antibiotics
- b. Hyperemia of mucous membranes
- c. Erythematous rash
- d. Desquamation
- e. Diffuse myalgia

Q3. Delayed eruption of the primary teeth can be due to the following EXCEPT

- a. Familial
- b. Hypopituitarism
- c. Hyperthyroidism
- d. Cleidocranial dysplasia
- e. Trisomy 21

Q4. The main organ damaged by elevated level of phenylalanine is:

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

Q5. 14 years old presented with diarrhoea and vomiting for 5 days, Patient was tachycardic and hypertensive on examination, his abdomen was tender and also had peripheral neuropathy. What is most Likely diagnosis?

- a. Malaria
- b. Gastroenteritis
- c. Acute intermittent porphyria
- d. Enteric fever
- e. Poliomyelitis

Q6. A 20-year-old male with Marfan syndrome presented for routine healthcare visit. His doctor advises him Echocardiography. Which of the following heart abnormalities is most commonly associated with Marfan syndrome?

- a. Aortic dilation
- b. Aortic regurgitation
- c. Aortic stenosis
- d. Bicuspid aortic valve
- e. Overriding aorta

GMC 2024

1. Which enzyme deficiency is responsible for Hunter syndrome (Mucopolysaccharidosis type II)?

- a. a-L-iduronidase
- b. Iduronate sulfatase
- c. N-acetylglucosamine-6-sulfatase
- d. Arylsulfatase B
- e. a-N-acetylglucosaminidase

**2. What is the characteristic clinical feature of Mucopolysaccharidosis type I (Hurler syndrome)?**

- a. Cherry-red macula
- b. Hepatosplenomegaly
- c. Neurodegeneration
- d. Corneal clouding**
- e. Café-au-lait spots

**3. Which form of mucopolysaccharidosis is associated with a deficiency of the enzyme arylsulfatase B?**

- a. Mucopolysaccharidosis type III (Sanfilippo syndrome)
- b. Mucopolysaccharidosis type IV (Morquio syndrome)
- c. Mucopolysaccharidosis type I (Hurler syndrome)
- d. Mucopolysaccharidosis type II (Hunter syndrome)
- e. Mucopolysaccharidosis type VI (Maroteaux-Lamy syndrome)**

**4. Which mucopolysaccharidosis type is characterized by progressive skeletal dysplasia and a deficiency of N- acetylgalactosamine-6-sulfate sulfatase?**

- a. Mucopolysaccharidosis type IV (Morquio syndrome)**
- b. Mucopolysaccharidosis type I (Hurler syndrome)
- c. Mucopolysaccharidosis type II (Hunter syndrome)
- d. Mucopolysaccharidosis type III (Sanfilippo syndrome)
- e. Mucopolysaccharidosis type VI (Maroteaux-Lamy syndrome)

**5. Which mucopolysaccharidosis type is characterized by severe neurodegeneration, hepatosplenomegaly, and an enzyme deficiency leading to accumulation of heparan sulfate?**

- a. Mucopolysaccharidosis type I (Hurler syndrome)
- b. Mucopolysaccharidosis type II (Hunter syndrome)
- c. Mucopolysaccharidosis type III (Sanfilippo syndrome)**
- d. Mucopolysaccharidosis type IV (Morquio syndrome)
- e. Mucopolysaccharidosis type VII (Sly syndrome)

**6. What is the primary cause of galactosemia?**

- a. Deficiency of galactokinase
- b. Deficiency of glucose-6-phosphate dehydrogenase
- c. Deficiency of lactase
- d. Deficiency of lactose synthase
- e. Deficiency of galactose-1-phosphate uridyltransferase**

**7. Which of the following symptoms is NOT commonly associated with classical galactosemia in newborns?**

- a. Jaundice
- b. Hypoglycemia
- c. Vomiting
- d. Cataracts
- e. Seizures**

**8. Which type of galactosemia results from a deficiency in the enzyme galactokinase?**

- a. Classic galactosemia
- b. Duarte galactosemia
- c. Non-classic galactosemia**
- d. Hereditary fructose intolerance
- e. Phenylketonuria

**9. What is the main dietary treatment for individuals with galactosemia?**

- a. High lactose intake
- b. High fructose intake
- c. Low galactose intake**
- d. Low sucrose intake
- e. High glucose intake

**10. Which of the following complications is often associated with untreated or poorly managed galactosemia?**

- a. Osteoporosis**
- b. Hemophilia
- c. Asthma
- d. Type 1 diabetes
- e. Sickle cell anemia

**Q1. A 3 years old male child presented with loose motion and vomiting for last 1 month. He was born full term NVD, he was breast fed for 1 month then started with bottle feeding and was started on diluted formula milk. His complementary feed was started at 1-year age. On examination he is severely wasted child with old wise man facies and loose hanging skin over most likely diagnosis for this child?**

- a. Kwashiorkor
- b. Marasmic kwashiorkor
- c. Marasmus
- d. Stunting
- e. Underweight

**Q2. A 1 month old infant presented with uncontrolled fits. She was born full term NVD with immediate cry after birth. O/E the infant has round Doll like Faces, GTC fits, hypotonic, and gross hepatomegaly. Her RBS is 40mg/dl and serum triglycerides more than 500mg/dl. The most likely diagnosis is?**

- a. Galactosemia
- b. Glycogen storage disorder
- c. Meningitis
- d. Pneumonia
- e. Sepsis

**Q3. A 2 years old child is brought by parents for progressive weight loss, pallor and loose motions since 6 months of age. He was passing loose, bulky stool. O/E the child had visible severe wasting, and palmer pallor. His stool R/E showed no ova or cyst, no RBCs and normal pus cells. His TSH was normal and dietary intake was sufficient. What is the most likely diagnosis?**

- a. Abdominal TB
- b. Amoebiasis
- c. Celiac disease
- d. Giardiasis
- e. Inflammatory bowel disease

**Q4. A one year old boy was brought to you with complaints of loose motions and vomiting for last 2 days. On examination the child was irritable and**

crying. Eyes were sunken and he was eagerly drinking. CBC, Electrolytes and RFTs were within normal range. What is the most appropriate step in management?

- a. Admit and 10% IV rehydration
- b. Educate the mother to continue breastfeeding along with antibiotics
- c. Give ORS 75ml/kg in 4 hours and then reassess
- d. Injection Ciprofloxacin and Metronidazole
- e. Just re-assure the mother and give oral paracetamol

**Q5. 3 days old neonate was brought to you with complaint of yellowish discoloration for last 2 days. On examination he was deeply jaundiced till feet. His blood group is A-positive; mother blood group is B-negative. G6PD was normal. Serum total bilirubin was 28 mg/dl. Indirect bilirubin was 26.5 mg/dl. Direct bilirubin was 1.5 mg/dl, HB level was 9mg/dl. What is the most important step in management?**

- a. Blood Transfusion
- b. Antibiotics-Double Cover
- c. Exchange Blood Transfusion
- d. IV Fluids
- e. Only Phototherapy

**Q6. A 6-year-old child presented to OPD for short stature. On examination this child has coarse faces, cloudy cornea, visceromegaly and height less than 3 SD on centile chart. His x-ray hand shows bullet shape metacarpals. What is the most likely diagnosis for this child?**

- a. Down Syndrome
- b. Galactosemia
- c. Glycogen Storage Disease
- d. Mucopolysacaridosis
- e. Phenylketonuria

**Q7. A 15 days old newborn presented with persistent jaundice since birth. On examination she is deeply jaundice and febrile with visceromegaly. She was hospitalized in nursery, during her stay she developed fits and jaundice became more worsened**

during hospital stay. She is product of consanguous parents with one other sibling had same problem at birth. Her urine report is positive for reducing sugars. The most important test to diagnose her condition is?

- a. Arterial Blood Gasses (ABGS)
- b. Blood Culture
- c. Galactose 1-Phosphate Uridyl transferase (GALT) analysis in RBCs
- d. Peripheral Blood Smear
- e. Ultrasound Abdomen

**Q8. A patient present to the emergency department with a history of fall from roof. The patient is having a GCS 15/15. CT Brain shows Extra dural hematoma of 10ml in size in parietal lobe. How will you treat this patient?**

- a. Burr hole aspiration
- b. Conservative
- c. Craniotomy
- d. Thrombolysis
- e. Two burr hole aspiration

**Q9. A 3 months old infant presented with bilateral cataract, jaundice and hepatomegaly with positive urinary reducing substances. Which metabolic disease should be screened out in this condition?**

- a. Galactosemia
- b. Organic Academia
- c. Phenylketonuria
- d. Tyrosenemia
- e. Urea Cycle Defects

**Q10. A 5-days old boy baby brought to OPD for examination, during routine checkup the baby was found to be micro cephalic with up slanting eyes, overlapping fingers, high arch palate, and rocker bottom feet, double palmer crease. She had a pan systolic murmur in left parasternal border. What is the most likely diagnosis for this baby?**

- a. Down Syndrome
- b. Edward Syndrome
- c. Klinefelter Syndrome
- d. Patau Syndrome
- e. Turner Syndrome

**Q11. A 4 year old girl presented with abdominal pain and vomiting for last one week. She had similar episode in the past to for which she was admitted many time to emergency department. On examination she has tender abdomen with a photosensitive rash on trunk and face. Her BP 150/95mmHg and her pulse is 100/min. Urinary porphobilinogen and porphyrin are raised. Which of the following test will be abnormal?**

- a. Blood culture
- b. Full Blood Count
- c. Serum Sodium
- d. Urine C/S
- e. Urine R/E

**Q12. A 9 year's old girl presented with fever for last one month not responding to medication and rash on face and trunk. On examination she is febrile, anemic, with a reddish rash on bridge of the nose and cheeks. Her knee and ankle joints were swollen and tender. Her ANA test is positive. Which of the following is the common renal complication of this disease?**

- a. Acute Renal Failure
- b. Chronic Renal Failure
- c. Lupus Nephritis
- d. Renal vein thrombosis
- e. Urinary Tract Infection

**Q13. A 2 weeks old male baby presented with prolonged bleeding from wound following circumcision. He was born full term via normal vaginal delivery at home. He was well till now and breastfed. On examination, there were 2 bruise marks, one on face and other on left thigh. Investigations shows Hb- 10.5g/dl, TLC-15000, Platelets-320000. PT-48 (Normal <14), APTT-56 (Normal <32). D-Dimer-200(normal). What is the most likely diagnosis?**

- a. DIC
- b. Hemolytic Disease of Newborn
- c. Hemophilia A
- d. Hemorrhagic Disease of Newborn
- e. Idiopathic Thrombocytopenic Purpura (ITP)

**Q14.** A 3 months old dysmorphic male child brought to OPD with karyotyping report. On examination this child has coarse faces, up slanting eyes, protruded tongue and low set ears, single palmer crease. What is the most likely finding in his karyotyping report?

- a. Translocation 14 to 18
- b. Trisomy 14
- c. Trisomy 18
- d. Trisomy 14
- e. Trisomy xxy

**KGMC 2024**

**1.** A 2-week-old infant with diagnosed galactosemia is brought to the nursery ER.. The parents ask about dietary management. What advice should be given regarding the infant's diet?

- a. Switch to a lactose free formula
- b. Continue breastfeeding
- c. Start on high galactose milk
- d. Introduce cow's milk at 6 months
- e. Add glucose supplements

**2.** A 14-year-old girl presents with recurrent episodes of severe abdominal pain, vomiting, and confusion. She reports these episodes occur after stressful events. Her urine turns dark upon exposure to sunlight.Which type of porphyria is most likely responsible for these symptoms?

- a. Acute intermittent porphyria
- b. Porphyria cutanea tarda
- c. Erythropoietic protoporphyrina
- d. Hereditary coproporphyrina
- e. Variegate porphyria

**3.** A 12-year-old boy with a known history of acute intermittent porphyria presents to the emergency department with an acute attack of abdominal pain and hypertension. What is the appropriate initial treatment? Most

- a. Intravenous glucose
- b. Intravenous fluids
- c. Hematin infusion
- d. Beta-blockers
- e. Intravenous antibiotics

**4.** A 6 months old infant presents with hypoglycemia, hepatomegaly, and lactic acidosis. The mother complains that the baby is becoming lethargic, reluctant to feed and having high grade fever.Which organism is most likely the infectious cause in this infant?

- a. Campylobacter jejuni
- b. Clostridium difficile
- c. Salmonella
- d. E. Coli
- e. Yersinia

**5.** 6 months old infant is brought in with poor feeding, hypotonia. Xray chest shows enlarged heart. On examination, the baby has a large tongue and hepatomegaly. Which glycogen storage disease is most likely responsible for these findings?

- a. Pompe disease
- b. McArdle disease
- c. Von Gierke's disease
- d. Cori disease
- e. Andersen disease

**6.** A newborn screening test for a 2-day-old infant comes back positive for phenylketonuria (PKU). The infant is currently asymptomatic. What is the most appropriate next step in management?

- a. Begin a low-phenylalanine diet
- b. Wait for symptoms to develop
- c. Repeat the newborn screening
- d. Start folic acid supplementation
- e. Introduce a high-protein diet

**7.** A 2 yr old child with PKU is brought to the clinic for a routine checkup.. The parents express concern about dietary restrictions. What dietary advice should be reinforced?

- a. Avoid meat and dairy
- b. Allow unrestricted protein intake
- c. Increase meat intake to promote growth
- d. Give ketogenic diet
- e. Supplementation of tyrosine rich food

**8. A 4 yr old boy presents with frequent fractures, blue sclerae, and hearing loss. There is a family history of similar symptoms. What is the most likely diagnosis?**

- a. Osteogenesis imperfecta
- b. Ehlers-Danlos syndrome
- c. Marfan syndrome
- d. Scurvy
- e. Achondroplasia

**9. A 10-year-old girl presents with hypermobile joints, skin hyperextensibility, and easy bruising. There is no history of trauma. Which collagen disorder is most likely?**

- a. Ehlers-Danlos syndrome
- b. Osteogenesis imperfecta
- c. Marfan syndrome
- d. Scleroderma
- e. Scurvy

**0. A 3yr old from kpk presents with severe wasting, bilateral pedal edema, and a distended abdomen. The mother reports the child has been having only bread and tea. What type of malnutrition is most likely in this child?**

- a. Kwashiorkor
- b. Marasmus
- c. Mixed malnutrition
- d. Vitamin A deficiency
- e. Iron deficiency anemia

NWSM 2024

**1. A 2-week-old infant with diagnosed galactosemia is brought to the nursery ER.. The parents ask about dietary management. What advice should be given regarding the infant's diet?**

- a. Switch to a lactose free formula
- b. Continue breastfeeding
- c. Start on high galactose milk
- d. Introduce cow's milk at 6 months
- e. Add glucose supplements

**2. A 14-year-old girl presents with recurrent episodes of severe abdominal pain, vomiting, and confusion. She reports these episodes occur after**

**stressful events. Her urine turns dark upon exposure to sunlight. Which type of porphyria is most likely responsible for these symptoms?**

- a. Acute intermittent porphyria
- b. Porphyria cutanea tarda
- c. Erythropoietic protoporphyrina
- d. Hereditary coproporphyrina
- e. Variegate porphyria

**3. A 12-year-old boy with a known history of acute intermittent porphyria presents to the emergency department with an acute attack of abdominal pain and hypertension. What is the appropriate initial treatment? Most**

- a. Intravenous glucose
- b. Intravenous fluids
- c. Hematin infusion
- d. Beta-blockers
- e. Intravenous antibiotics

**4. A 6 months old infant presents with hypoglycemia, hepatomegaly, and lactic acidosis. The mother complains that the baby is becoming lethargic, reluctant to feed and having high grade fever. Which organism is most likely the infectious cause in this infant?**

- a. Campylobacter jejuni
- b. Clostridium difficile
- c. Salmonella
- d. E. Coli
- e. Yersinia

**5. 6 months old infant is brought in with poor feeding, hypotonia. Xray chest shows enlarged heart. On examination, the baby has a large tongue and hepatomegaly. Which glycogen storage disease is most likely responsible for these findings?**

- a. Pompe disease
- b. McArdle disease
- c. Von Gierke's disease
- d. Cori disease
- e. Andersen disease

**6. A newborn screening test for a 2-day-old infant comes back positive for phenylketonuria (PKU). The infant is currently asymptomatic. What is the most appropriate next step in management?**

- a. Begin a low-phenylalanine diet
- b. Wait for symptoms to develop
- c. Repeat the newborn screening
- d. Start folic acid supplementation
- e. Introduce a high-protein diet

**7. A 2 yr old child with PKU is brought to the clinic for a routine checkup.. The parents express concern about dietary restrictions. What dietary advice should be reinforced?**

- a. Avoid meat and dairy
- b. Allow unrestricted protein intake
- c. Increase meat intake to promote growth
- d. Give ketogenic diet
- e. Supplementation of tyrosine rich food

**8. A 4 yr old boy presents with frequent fractures, blue sclerae, and hearing loss. There is a family history of similar symptoms. What is the most likely diagnosis?**

- a. Osteogenesis imperfecta
- b. Ehlers-Danlos syndrome
- c. Marfan syndrome
- d. Scurvy
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**bread and tea. What type of malnutrition is most likely in this child?**

- a. Kwashiorkor
- b. Marasmus
- c. Mixed malnutrition
- d. Vitamin A deficiency
- e. Iron deficiency anemia

**RMC 2024**

**1. A baby on cow milk with dry scaly skin with desquamation?**

- a. Vitamin B deficiency
- b. Vitamin B deficiency
- c. Vitamin A deficiency
- d. Protein calorie malnutrition
- e. None of the above

**2. Which immunoglobulin is abundant in colostrum?**

- a. IgA
- b. IgM
- c. IgE
- d. IgG
- e. IgA and IgG

**3. A 4-year-old boy with bilateral Pedal edema has weight 75% of expected weight for her age, most likely?**

- a. Marasmus
- b. Nephrotic syndrome
- c. Kwashiorkor
- d. All
- e. None of the above

**4. Karyotyping of Down syndrome shows?**

- a. Trisomy 18
- b. Trisomy 13
- c. Trisomy 15
- d. Trisomy 21
- e. None of the above

**5. A patient with hypotonia and brush-filled spots, diagnosis?**

- a. Turner syndrome
- b. Down syndrome
- c. Kleinfelterer syndrome
- d. None of the above
- e. All of the above

**6. Cleft lift plate palate, rocker bottom feet, microcephaly, polydactyly, diagnosis?**

- a. Edward syndrome
- b. Patau syndrome
- c. Down syndrome
- d. Turner syndrome
- e. Kleinfelterer syndrome

**7. A child with rash sparing mouth area on groin axilla with lymphadenopathy, fever and red tongue, diagnosis?**

- a. Kawasaki disease
- b. Scarlet fever
- c. Malaria
- d. Typhoid fever
- e. None of the above

**8. Affected mother transmit to all offspring but affected father cannot pass on the disease to his offspring. What is the pattern of genetic transmission?**

- a. Autosomal dominant
- b. Mitochondrial
- c. X-linked dominant
- d. X-linked recessive
- e. Autosomal dominant

**9. A mother has brought a 4-year-old boy for dysuria. You want to screen him for urinary tract infection. Which one of the following results is most specific for UTI?**

- a. Positive red blood cells
- b. Positive protein
- c. Positive nitrates
- d. Positive cast
- e. Low specific gravity

**10. Which one of the following investigation is most specific to confirm urinary tract infections?**

- a. Urine Dipstick
- b. Urine culture
- c. Urine RE
- d. Renal ultrasound
- e. Clinical history

**11. Which of the following urine culture result is conformity for UTI?**

- a. Mixed growth of 105 organisms
- b. Single colony growth of the 105 organisms
- c. Single colony growth of 104 organisms
- d. Single colony growth of 103 organisms
- e. Single colony growth of 102 organisms

## 12. PEADS NEONATOLOGY

AMC 2024

**Q1. In older infants and children, hypoglycemia is defined as whole blood glucose concentration less than:**

- a. 45 mg/dL
- b. 50 mg/dL
- c. 55 mg/dL
- d. 60 mg/dL
- e. 65 mg/dL

## 13. GI SURGERY

AMC 2024

**Q1. A 50-year-old male presented with bleeding Per rectum, altered bowel habits and spurious diarrhea for the last 6 months. Photocopy shows a circumferential growth in the middle part of rectum. What is the diagnostic investigation of choice in this patient?**

- a. CT scan abdomen and pelvis
- b. Colonoscopy and biopsy
- c. Diagnostic laparoscopy
- d. MRI pelvis
- e. Ultrasound abdomen and pelvis

**Q2. A 20 years old female presented with pain in right iliac fossa, nausea and anorexia from the last 1 day. On examination RIF is tender. TLC is 15000. He is diagnosed as a case of acute appendicitis. What is the scoring system used for diagnosis of acute appendicitis?**

- a. Alvarado score
- b. APACHE 2 score
- c. Balthazar score
- d. BISAP score
- e. Glasgow score

**Q3. A patient is newly diagnosed with mild Ulcerative colitis. What type of anti-inflammatory medication is typically prescribed as first line treatment for this condition?**

- a. Corticosteroids (Prednisone)
- b. Immunomodulators(adalimumab)
- c. 5-Aminosalicylates (Sulfasalazine)
- d. Immunosuppressors (Azathioprine)
- e. Nimesulide

**Q4.** A three-days old full-term neonate was brought to the ER with gradual abdominal distension, reluctant to feeds and has not passed meconium after birth. On examination, his vitals are stable. Abdomen is distended but soft and non-tender and, anus is normal, X-ray abdomen shows dilated gas-filled bowel loops reaching up to the pelvis. After rectal stimulation, he passed meconium and flatus with a gush. The most likely diagnosis is:

- a. Paralytic ileus
- b. Meconium ileus
- c. Colonic atresia
- d. Hirschsprung's disease**
- e. Congenital hypothyroidism

**Q5.** A 70 years old male smoker presented with dysphagia which is progressive, significant weight loss and anorexia. Labs shows HB 8h/dL, Barium swallow shows irregular stricture in mid esophagus. What is the diagnosis?

- a. Achalasia
- b. Barret's Esophagus**
- c. Esophageal carcinoma
- d. GERD
- e. Zenker's diverticulum

**Q6.** A 55 old female patient presented in ER with sudden onset of abdominal pain. On examination abdomen is tender all over with absent of bowel sounds. Her BP 110/70 pulse 120/min and temp is 101°F, she is a chronic patient of osteoarthritis for which she takes NSAIDs. What is the most appropriate diagnosis?

- a. Acute Appendicitis
- b. Acute pancreatitis
- c. Intestinal obstruction
- d. Perforated peptic ulcer**
- e. Perforated Gallbladder

**Q7.** A 60 years old male presented with yellowish discoloration of sclera, pain, RHC and fever for the last 1 week, on exam he is jaundiced, tender RHC. Labs shows bilirubin 5 mg/dL, ALP 550 IU/L Ultrasound shows cholelithiasis and dilated CBD. What next investigation will you plan to reach the diagnosis?

- a. CT abdomen and pelvis
- b. Endoscopic Ultrasound
- c. HIDA scan
- d. MRCP**
- e. Triphasic CT abdomen

**Q8.** A 60-year-old male patient presented to you with the history of abdominal distension, vomiting and absolute constipation. On examination abdomen is distended, hyperresonant and absent bowel sounds. BP 100/70 mmhg, pulse 100/min, DRE is unremarkable. X-ray abdomen shows coffee bean sign

**What is most likely diagnosis?**

- a. Hirschsprung's disease
- b. Ogilvie syndrome**
- c. Small gut volvulus
- d. Sigmoid volvulus**
- e. Stomach volvulus

**Q9. Which of the following test is used to access exocrine pancreatic insufficiency as a cause of malabsorption?**

- a. Breath hydrogen test**
- b. Fecal elastase 1**
- c. Serum albumin levels
- d. Stool reducing substance
- e. Stool alpha 1 antitrypsin level

**Q10.** A one-day old male newborn is brought to the ER with a swelling at-the lower back. On examination, there is a rounded, soft, cystic mass measuring 2.5 x 3 cm at the lumbar region. Further assessment of the neonate reveals that he also has decreased muscles tone in the lower limbs, a patulous anus and continuous dribbling of urine. The most likely diagnosis in this case is:

- a. Sacrococcygeal teratoma
- b. Subcutaneous lipoma
- c. Lymphangiomas
- d. Meningomyelocele**
- e. Spinal epidural abscess

GMC 2024

1. A 50 years old male patient undergoes total gastrectomy for gastric cancer which of the following complication is least likely to occur

- a. iron deficiency anemia
- b. dumping syndrome
- c. zinc deficiency
- d. bile reflux
- e. vitamin B-12 deficiency**

2. A 55 years old man undergoes open cholecystectomy with CBD exploration. Which of the following surgical option is followed?

- a. Place a Robinson drain in CBD
- b. Place a latex T-tube in CBD
- c. Place Redivac suction drain
- d. Place Corrugated drain**
- e. No need for any drain

3. A 33 years old male patient diagnosed as right obstructed inguinal hernia. On exploration the sac contains Meckel liverticulum. What type of hernia is this?

- a. Pantaloan hernia
- b. Richter hernia**
- c. Maydl hernia
- d. Littre hernia
- e. Spigelian hernia

4. A 3 years old male child presented to surgical OPD with scrotal swelling. On examination, right scrotal sac is swollen, transillumination test is negative and it is impossible to palpate the cord above swelling.

What is the most probable diagnosis?

- a. Direct inguinal hernia
- b. Indirect inguinal hernia
- c. Right hydrocele
- d. Encysted hydrocele of the cord**
- e. Right epididymo-orchitis

5. Which of the following is not surgical treatment option for GERD?

- a. Nissen fundoplication
- b. Toupet (post) fundoplication
- c. Ivor Lewis procedure**
- d. De Watson (ant) fundoplication
- e. Laparoscopic Nissen fundoplication

6. A 35 years old lady presents with bleeding per rectum and increased frequency of stools for the last 6 months. Blood is mixed with stool! And there is associated purulent discharge too. Colonoscopy reveals rectal findings as edematous mucosa, erythema and loss of vascular markings, granular and fragile mucosa. Histopathology of inflamed mucosa shows intense infiltration of mucosa and submucosa with neutrophils and crypt abscesses.

What is the most likely diagnosis?

- a. Crohn's disease
- b. Shigella dysentery
- c. Amebic dysentery
- d. Pseudomembranous colitis
- e. Ulcerative colitis**

7. Which of the following is macronutrient?

- a. Iron
- b. Vitamin C
- c. Protein**
- d. Vitamin B12
- e. Zinc

8. Surgical procedure or medical conditions associated with a reduction in pancreatic or biliary enzymes in intestinal tract (eg obstruction of biliary or pancreatic duct) will result in malabsorption of

- a. Protein
- b. Vitamin K**
- c. Vitamin C
- d. Vitamin B12
- e. Iron

9. The radio-opaque nasogastric or ryles tube can be used for short term feeding in majority of patients and should be changed every

- a. 1 week
- b. 2 week
- c. 3 week**
- d. 4 week
- e. 5 week

10. A 50 year old male patient came to the medical ward with retrosternal chest pain after taking heavy meal. He experienced the same many time before as well. He is known Diabetic taking metformin and glimepiride for the last ten years. He is also taking some anti-depressants advised by his GP. On examination his BP and pulse are normal. Investigations show Blood sugar of 130g in fasting. ECG is also normal. Which is most accurate about GERD treatment?

- a. Lifestyle changes remain the cornerstone of GERD management**
- b. PPIs are now preferred to histamine 2-receptor antagonists as first-line therapy for
- c. most patients with mild to moderate GERD symptoms and grade-1-11 esophagitis
- d. Chocolate has been found to be beneficial when included in the diet of patients with GERD
- e. Cardiac conduction defects are a contraindication to surgical intervention for GERD
- f. Calcium channel blocker

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Investigations show Blood sugar of 130g in fasting.

ECG is also normal. In addition to upper gastrointestinal (GI) endoscopy, which of these is most routinely a part of the workup for GERD?

- a. Nuclear medicine gastric emptying study
- b. CT
- c. Manometry
- d. Ultrasound
- e. Barium Swallow

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Investigations show Blood sugar of 130g in fasting.

ECG is also normal. Which of these medications is most likely to increase acid reflux and worsen GERD symptoms?

- a. Metformin
- b. Levothyroxine
- c. Amitriptyline
- d. Warfarin
- e. Paracetamol

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Investigations show Blood sugar of 130g in fasting.

ECG is also normal. Which of these is best established as a risk factor for GERD?

- a. Epilepsy
- b. Diabetes
- c. Male sex
- d. Use of beta-blockers
- e. ACE inhibitor

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Investigations show Blood sugar of 130g in fasting. ECG is also normal. Which of these is most commonly recognized as an “alarm symptom” this suggests potentially serious complications associated with GERD?

- a. Dysphagia
- b. Constipation
- c. Epigastric pain
- d. Foul-smelling gas
- e. Vomiting

15. A 50-year old man has had persistent nausea for 5 years with occasional vomiting. On physical examination there are no abnormal findings. He undergoes upper GI endoscopy and a small area of gastric fundal mucosa has loss of rugal fold Biopsies are taken and microscopically reveal well-differentiated adenocarcinoma confined to the mucosa. An upper endoscopy performed 5 years previously showed a pattern of gastritis and microscopically there was chronic inflammation. Which of the following is the most likely risk factor for his neoplasm?

- a. Inherited APC gene mutation
- b. Helicobacter pylori infection
- c. Chronic alcohol abuse
- d. Use of non-steroidal anti-inflammatory drugs
- e. Antibiotics

16. A 45-year old man has had vague abdominal pain and nausea for the past 3 year. This pain is unrelieved by antacid medications. He has no difficulty swallowing and no heartburn following meals. On physical examination there are no abnormal findings. Upper GI endoscopy reveals antral mucosal erythema, but no ulcerations or masses. Biopsies are taken and microscopically there is a chronic non-specific gastritis. Which of the following condition is most likely to be present in this man?

- a. Zollinger-Ellison syndrome
- b. Vitamin B12 deficiency
- c. Helicobacter pylori infection
- d. Chronic alcohol abuse
- e. Use of non-steroidal anti-inflammatory drugs

17. A 62-year old man has had anorexia, vomiting and vague abdominal pain accompanied by weight loss of 6 kg over the past 2 month. Physical examination reveals supraclavicular non-tender lymphadenopathy. He becomes progressively cachectic. An abdominal CT scan shows the stomach is shrunken with the gastric wall thickened to 1 cm and with following conditions most likely preceded development of his illness?

- a. Acquired immunodeficiency syndrome
- b. Hyperglycemia
- c. Chronic alcoholism
- d. Pernicious anemia
- e. Systemic sclerosis.

18. A 65-year old man presented to Emergency with sudden onset severe generalized abdominal pain, vomiting and one episode of bloody diarrhea. On examination, he looks severely ill and abdomen is soft and diffusely tender. He is known cardiac patient having uncontrolled atrial fibrillation. What is the most likely diagnosis?

- a. Enteric Perforation
- b. Acute Mesenteric Ischemia
- c. Acute Diverticulitis
- d. Perforated Peptic Ulcer Disease

e. Perforated appendix

19. A 25 year old male patient presents to OPD with complaint of passing red blood which is painless and occurs after defecation. What is your diagnosis?

- a. Hemorrhoids
- b. Angiodysplasia
- c. Anal fissure
- d. Diverticular disease
- e. Colonic polyp

20. A 65 years old female patient presented to Emergency with presenting complaints of severe generalized abdominal pain for past 3-hours. She is known patient of osteoarthritis for which she is taking NSAID. On examination she is tachycardiac. Abdomen is not moving with respiration and shows board like rigidity. What is your diagnosis?

- a. Acute mesenteric ischemia
- b. Perforated Peptic ulcer disease
- c. Perforated meckel diverticulum
- d. Acute pancreatitis
- e. Acute diverticulitis

21. A 50 years old male patient comes to OPD with complaints of pain right hypochondrium, fever and anorexia. On examination, right hypochondrium is tender and Ultrasound abdomen shows cystic lesion in liver. Patient is shepherd by profession. What is the most likely diagnosis?

- a. Pyogenic liver abscess
- b. Amoebic liver abscess
- c. Hydatid cyst liver with secondary infection
- d. Simple liver cyst with hemorrhage in it
- e. Hepatic adenoma

22. Which of the following is not an indication for cholecystectomy in asymptomatic cholelithiasis?

- a. Diabetic patient
- b. Thin adult patient
- c. Porcelain Gall bladder
- d. Concurrent gall bladder polyps
- e. If patient develops pancreatitis

23. Which of the following cannot be used as an assessment criterion in a patient with acute pancreatitis?

- a. Ranson criteria
- b. Light criteria**
- c. Glasgow scale
- d. APACHE -score
- e. Bisap score

24. A thirty years old male patient having sign and symptoms of fistula in ano. On examination, the external opening is found at 7 O-clock. At which position will be the internal opening using Goodsall's rule

- a. 12-o'clock
- b. 9-o'clock
- c. 3-o'clock
- d. 6-o'clock**
- e. 11-o'clock

25. A one year old female child presents to OPD with complaints of per rectal bleed which is on and off. Her mother reveals that something is coming out of anal verge. What is the most likely cause?

- a. Juvenile polyp**
- b. Peutz jegher's syndrome
- c. FAP
- d. Diverticulosis
- e. Hemorrhoid

26. A 6-week old baby is developing well, and then she develops profuse projectile vomiting. Barium meal study shows weak sign and delayed stomach emptying. What is the most probable diagnosis?

- a. Duodenal atresia.
- b. Hypertrophic pyloric stenosis**
- c. Malrotation of gut
- d. Esophageal atresia
- e. Pancreas divisum

27. A 13-months old baby boy is brought to E/R by his mother for pain abdomen and diarrhea, which becomes bloody for ne day. The child has history of

respiratory tract infection recently. On examination the child is crying and drawing his legs and sausage shaped mass is palpable per abdomen. What is your most probable diagnosis?

- a. Hirshsprung disease
- b. Intussusception**
- c. Mesenteric adentis
- d. Cecal volvulus
- e. Meckel diverticulitis

28. A 6-months old child is diagnosed for umbilical hernia. What age is the indication for elective surgery if hernia persists

- a. 1 years
- b. 5 years**
- c. 3 years
- d. 7 years
- e. 6 years

29. 9-month infant presented with loose motion since 2 weeks. There is failure to gain weight and swelling of both Hairs are coarse and infant is lethargic on examination heart is normal on auscultation and liver is normal on palpation. Are normal. What is most likely diagnosis?

- a. Acute Kidney failure.
- b. Acute Liver failure.
- c. CCF
- d. Protein Calorie Malnutrition.**
- e. Chronic Diarrhea.

#### KMC 2024

Q1. A 53 years old man undergoes a reversal of a loop colostomy. He recovers well and is discharged home. He is readmitted 10 days later with symptoms of vomiting and colicky abdominal pain. On examination he has a swelling of the loop colostomy site and it is tender. Clinically diagnosis of intestinal obstruction was made. X-ray erect abdomen show air fluid levels. What is the most likely underlying diagnosis?

- a. Anastomotic leak
- b. Anastomotic stricture
- c. C Haematoma
- d. Intra-abdominal adhesions
- e. Obstructed incisional hernia**

**Q2.** A 64 years old man, diagnosed with adenocarcinoma upper rectum undergoes resection of upper two thirds of rectum and sigmoid colon, with anastomosis between distal left colon and rectal stump. What is the name of the procedure?

- a. Abdominoperineal Resection
- b. Anterior resection**
- c. Hartman's Procedure
- d. Sigmoid colectomy
- e. Subtotal colectomy

**Q3.** A 32 year old man was involved in a road traffic accident and was operated for abdominal trauma where a splenectomy was performed. On the second day post-op, his abdomen becomes gradually distended and tender and he complained of epigastric fullness. He feels nauseous and vomited twice in the morning. His blood pressure has now dropped to 70/40 mmHg and he has a pulse rate of 140 beats/minute. A nasogastric tube was inserted and the patient was almost immediately relieved. What is the SINGLE most likely diagnosis?

- a. Acute gastric dilatation**
- b. Primary haemorrhage
- c. Reactionary haemorrhage
- d. Secondary haemorrhage
- e. Subphrenic abscess

**Q4.** A 50 years old man presents with sudden onset pain in the epigastrium radiating to the back. The consultant thinks that the patient might be suffering from acute pancreatitis. Which of the following is the most appropriate investigation for the diagnosis of acute pancreatitis?

- a. Computerized Tomography(CT) with pancreatic protocol
- b. Elevated serum amylase or lipase levels**
- c. Endoscopic Retrograde Cholangiopancreatography (ERCP)
- d. Ultrasound of the abdomen
- e. Magnetic Resonance Cholangio Pancreatography (MRCP)

**Q5.** A 45 years old man is diagnosed with rectal cancer on histopathology. His CT chest abdomen and pelvis is normal except rectal thickening with obscure demarcation with urinary bladder. His MRI pelvis shows tumour growth beyond anterior rectal wall and involvement of seminal vesicles and enlargement of perirectal lymph nodes. What is stage of the disease?

- a. T1, N1, MO
- b. T1, NO, M1
- c. T2, N1, MO
- d. T3, N1, MO
- e. T4, N1, MO**

**Q6.** A 55 years old man presents with peritonitis, the surgical team while operating him for exploratory laparotomy, find grossly contaminated peritoneal cavity with perforated tumour in upper third of the rectum. They decide to resect the tumour, bring out sigmoid colon as and stoma and close the remaining rectal stump. What is the name of this procedure?

- a. Abdominoperineal resection
- b. Anterior Resection**
- c. Double barrel colostomy
- d. Hartman's Procedure**
- e. Paul Mickulikz Procedure

**Q7.** A 23 years old woman with history of gallstones (incidental finding on previous ultrasound for obstetric reasons), presents to the OPD with pain in right upper quadrant. On examination her sclera is yellowish and she is mildly tender in the right upper quadrant. Ultrasound reveals dilated common bile duct and presence of 5 mm calculus in the lower end. What is the next step in the management of the patient?

- a. Perform a cholecystectomy**
- b. Perform a cholecystectomy followed by Endoscopic Retrograde Cholangiopancreatograph
- c. Perform Endoscopic Retrograde Cholangiopancreatography followed by cholecystectomy**
- d. Perform open cholecystectomy with common bile duct exploration and removal of stone
- e. Perform open cholecystectomy with common bile duct exploration and removal of stone and place a T tube for bile drainage

**Q8.** A 23 years old woman presents with gradual onset abdominal pain in the right lower quadrant since morning. On examination her vital signs are normal. Abdominal examination reveals mild tenderness in the right lower quadrant. The consultant surgeon wants to confirm the diagnosis of acute appendicitis. Which of the following investigations have the highest sensitivity and specificity in the diagnosis of acute appendicitis.

- a. Computerized Tomography
- b. Complete Blood Count
- c. Magnetic Resonance Imaging
- d. Plain x rays of the abdomen
- e. Ultrasound of the Abdomen and Pelvis

**Q9.** A 40-year-old patient with dysphagia is suspected of having a Zenker's diverticulum. Which diagnostic test can help visualize the diverticulum and its size?

- a. 24-hour pH monitoring
- b. Barium swallow
- c. Esophageal manometry
- d. Esophageal motility study
- e. Upper endoscopy

**Q10.** A 55 year old man has a history of weight loss and tenesmus. He is diagnosed with rectal carcinoma. Which SINGLE risk factor is not associated with rectal carcinoma?

- a. Family history
- b. High fibre diet
- c. Inflammatory bowel disease
- d. Polyposis syndromes
- e. Smoking

**Q11.** 73-year-old male, a known cardiac patient presented to us with a sudden onset of vomiting and abdominal tension for the last 48 hours. On examination, he had left inguinal swelling which was non-reducible. His labs were normal. What is the most appropriate next step?

- a. CT scan abdomen
- b. Hernioplasty and gut resection

- c. Herniorrhaphy, intraoperative evaluation of gut and proceed accordingly EIV Fluids and antibiotics
- d. Ice packing and reduction of hernia.
- e. IV Fluids and antibiotics

**Q12.** A 55 year old male presents with longstanding gastric reflux, dysphagia and chest pain. He says it came on gradually and initially only noticed it with solid food but more recently has been having symptoms with soft foods also. Barium swallow shows irregular narrowing of the mid-thoracic oesophagus with proximal shouldering. What is the SINGLE most appropriate diagnosis?

- a. Achalasia
- b. Barrett's oesophagus
- c. Gastro-oesophageal reflux disease (GORD)
- d. Oesophageal carcinoma
- e. Oesophageal spasm

**Q13.** A patient with severe obesity and type 2 diabetes is seeking bariatric surgery. Which procedure is associated with a higher risk of postoperative complications, including leaks and strictures?

- a. Adjustable Gastric Banding
- b. Biliopancreatic Diversion with Duodenal Switch (BPD/DS)
- c. Roux-en-Y Gastric Bypass
- d. Sleeve gastrectomy
- e. Vertical Banded Gastroplasty

**Q14.** A patient with obesity and uncontrolled type 2 diabetes was considering bariatric surgery. Which procedure is best known for its rapid effect on improving diabetes symptoms even before significant weight loss?

- a. Adjustable Gastric Banding
- b. Biliopancreatic Diversion with Duodenal Switch (BPD/DS)
- c. Intragastric Balloon
- d. Roux-en-Y Gastric Bypass
- e. Sleeve Gastrectomy

KGMC 2024

1. A 20 years old female present in ER with complaint of nausea pain in para-umbilical region then shift to RIF O/E tender in RIF, Rebound tenderness Positive. What is you most probable diagnosis.

- a. Acute pancreatitis
- b. Acute Appendicitis
- c. Psoas Abscess
- d. Right sided rupture ectopic
- e. None of above

2. A 20 yrs old female present in ER with complaint of nausea pain in para-umbilical region then shift to RIF O/E tender in RIF, Rebound tenderness Positive. Clinico pathological score use for diagnosis of acute appendicitis?

- a. Ranson's score
- b. sopa
- c. Alverado score
- d. Glasgow
- e. All of the above

3. A 18 yrs old female present in ER with compliant of pain in RIF, Fever vomiting and Diagnosis of acute Appendicitis made. Per op Appendix was normal but you notice a 2 inches tubular structure at 2 feet from ICJ which was inflamed what's you most probable diagnosis?

- a. Mesenteric cyst
- b. Ectopic tubular pregnancy
- c. Meckles diverticulitis
- d. Mittelschmerz
- e. None of above

4. A 40 yrs old rheumatoid arthritis patient present in ER with compliant of sudden onset epigastric pain which is now all over the abdomen. O/E temperature 102 F pulse 120/min abdomen tender rigid guarding is present bowel sound absent most probable diagnosis?

- a. Acute cholecystitis
- b. Gastric perforation with peritonitis
- c. Sigmoid volvulus
- d. Adhesive obstruction
- e. All of above

5. A 40 yrs old rheumatoid arthritis patient present in ER with compliant of sudden onset epigastric pain which is now all over the abdomen. O/E temperature 102 F pulse 120/min abdomen tender rigid guarding is present bowel sound absent most appropriate next step?

- a. Exploratory laparotomy
- b. NG and resuscitation
- c. Conservative management
- d. None of the above
- e. Send him home on painkillers

6. A 40 yrs old male underwent open cholecystectomy 5 yrs back now present with complaint of abd pain + vomiting and absolute constipation O/E Abd tense + distended + tender + resonant percussion and borborygmi bowel sound X-ray show multiple air fluid level what's you most probable diagnosis?

- a. Viscus perforation
- b. Adhesive obstruction
- c. Sigmoid volvulus
- d. All of the above
- e. A and B both

7. A 40 yrs old male underwent open cholecystectomy 5 yrs back now present with complaint of abd pain + vomiting and absolute constipation O/E Abd tense + distended + tender + resonant percussion and borborygmi bowel sound X-ray show multiple air fluid level first investigation of choice?

- a. X-ray erect abd
- b. X-ray supine
- c. Colonoscopy
- d. Ct Scan
- e. None of above

8. A 40 yrs old male underwent open cholecystectomy 5 yrs back now present with complaint of abd pain + vomiting and absolute constipation O/E Abd tense + distended + tender + resonant percussion and borborygmi bowel sound X-ray show multiple air fluid level next most appropriate next step?

- a. pass NG and resuscitate
- b. laparotomy
- c. sent him home
- d. Put drain under local anesthesia
- e. None of the above

**9. A 35 yrs old multiparous lady present with swelling in umbilical region with cresent shape umbilicus which reduce in size on laying done and increased with cough and sneeze. What is your most probable diagnosis?**

- a. Hematoma
- b. abscess
- c. Omphalitis
- d. Para umbilical hernia
- e. A and D both

**10. A 35 yrs old multiparous lady present with swelling in umbilical region with cresent shape umbilicus which doesn't reduce or increased in size with negative cough pulse on examination patient is febrile pulse 110/mint swelling is tender, hard and irreducible. What is your most probable diagnosis?**

- a. Strangulated hernia
- b. Irreducible hernia
- c. A and B both
- d. None of the above
- e. uncomplicated hernia

**11. A 40 year old gentleman present with painful swelling in Right inguinal region along with vomiting abd distension and absolute constipation for 2 days what is your diagnosis?**

- a. Enlarge inguinal lymph node
- b. infected hematoma
- c. Obstructed inguinal
- d. hernia Hydrocele
- e. All of above

**12. McBurney point is the distance between anterior superior Iliac spine and umbilical?**

- a.1/3<sup>rd</sup> lateral 2/3<sup>rd</sup> medial
- b. 1/3<sup>rd</sup> medial 2/3<sup>rd</sup> lateral
- c. Half lateral and half medial
- d. A and C both
- e. All of above

**13. A 35-year-old male underwent a laparoscopic appendectomy. On final pathology, he was found to have a 1.4-cm carcinoid tumor in the mid-appendix with direct extension to the mesoappendix, negative margins, and no lymphovascular invasion. What is**

**the best treatment plan?**

- a. No further treatment needed
- b. Lleocectomy
- c. Right hemicolectomy
- d. Medical treatment with octreotide
- e. Chemotherapy

**14. Which of the following is true regarding dumping syndrome?**

- a. Late dumping syndrome is the result of a massive influx of high osmolarity intestines. Contents into the
- b. It is more common after Billroth I reconstructions versus Billroth II.
- c. It can include cardiovascular effects such as palpitations, diaphoresis, fainting, and flushing.
- d. Early dumping syndrome is made worse by high-carbohydrate foods.
- e. Most patients require long-acting octreotide agonists to control their symptoms.

**15. A 45 year old man presents with weight loss over 6 months and anorexia. He had mild pain on and off in the epigastrium. On examination he has yellow sclera, very weak and has a non tender palpable mass in the Right hypochondrium. What is the most likely diagnosis?**

- a. Mucocele gall bladder
- b. Empyema gall bladder
- c. Carcinoma head of pancreas
- d. Mirrizi syndrome
- e. CBD stone

**16. A 75 yrs old man presents as an emergency with the left iliac fossa pain, fever of high grade with chills and constipation, on examination generalized tenderness and guarding was found. Chest X ray shows gas under Rt hemidiaphrgm. On exploration, perforated diverticular disease and fecal peritonitis was found. The safest procedure at this time would be,**

- a. Anterior resection
- b. Lt hemicolectomy
- c. Sigmoid colectomy
- d. Hartmans procedure
- e. Abdominoperineal resection

17. A 83 years old woman presents in an emergency sudden with severe generalized abdominal pain. She is in great pain, afebrile, hypotensive, with an irregularly irregular pulse of 150/min. Her abdomen on examination is soft and there is mild tenderness. What is the most likely diagnosis?

- a. Ruptured aortic aneurysm
- b. Acute renal colic
- c. Acute cholecystitis
- d. Acute mesenteric ischemia**
- e. Acute pancreatitis.

18. A 42-year-old man with no past medical history presents with a 5-day history of left lower quadrant abdominal pain. He is found to have sigmoid diverticula with associated pericolonic stranding and mesenteric lymphadenopathy on CT imaging. He is treated with IV antibiotics, his pain resolves, a diet is restarted, and he is transitioned to oral antibiotics and discharged. Which of the following is most appropriate?

- a. Add probiotics
- b. Schedule elective sigmoid colectomy
- c. Schedule colonoscopy**
- d. No further recommendations
- e. Schedule repeat CT scan of the abdomen and pelvis with IV contrast

19. A 68-year-old female presents to the emergency department (ED) with obstipation, nausea, and gradually worsening abdominal distension. She is afebrile with normal vital signs and has moderate distention on examination with mild abdominal tenderness. A CT scan of the abdomen and pelvis suggests a large bowel obstruction with a transition point in the left (descending) colon and multiple hypoattenuating masses in the liver and base of the lungs. There is also evidence of small bowel dilation. She is a febrile and hemodynamically stable. A nasogastric tube is placed. What is the next best step in the management of this patient?

- a. Colonoscopy and uncovered stent placement**
- b. Colonoscopy and covered stent placement

- c. Left colectomy
- d. Diverting loop ileostomy
- e. Initiate inpatient chemotherapy

20. Which of the following is true about colonic physiology?

- a. The colon absorbs the majority of water in the gastrointestinal tract
- b. Sodium is absorbed actively via Na+/K+-ATPase**
- c. Ammonia reabsorption is unaffected by luminal pH
- d. Chloride is secreted
- e. It produces no nutrients

21. A 55-year-old woman undergoes laparoscopy for presumed appendicitis. At surgery, she is found to have perforated appendicitis with what appears to be peritoneal studding. The patient undergoes appendectomy and biopsy of the peritoneum. Final pathology reveals appendiceal adenocarcinoma. Subsequent workup reveals no evidence of additional metastatic spread to the liver or lungs. Further treatment would consist of:

- a. No further treatment
- b. Systemic chemotherapy
- c. Intraperitoneal chemotherapy
- d. Cytoreductive hyperthermic chemotherapy surgery and intraperitoneal**
- e. Cytoreductive surgery and systemic chemotherapy

22. A 73-year-old female with no significant medical problems is found to have a 3-cm hepatic flexure mass on screening colonoscopy. A biopsy demonstrates moderately differentiated adenocarcinoma. Her laboratory tests are notable for microcytic anemia and normal liver function tests. Which of the following is the most appropriate preoperative staging strategy?

- a. CT scan of the chest, abdomen, and pelvis, and transrectal endoscopic ultrasound**
- b. CT scan of the chest, abdomen, and pelvis, and carcinoembryonic antigen**
- c. CT scan of the chest, abdomen, and pelvis, MRI of the brain, and carcinoembryonic antigen

- d. PET/CT of the chest, abdomen, and pelvis, MRI of the brain, and carcinoembryonic antigen
- e. PET/CT of the chest, abdomen, and pelvis, MRI of the brain

NWSM 2024

1. A 44 year old lady comes to the office because of a 1-month history of worsening right upper quadrant abdominal pain and discomfort. She describes the pain as a dull ache and says it is not affected by eating or defecating. Vital signs are normal. Abdominal examination discloses hepatomegaly. Results of liver function tests are within the reference ranges. Serologic studies is positive for Hepatitis C. Ultrasonography of the abdomen shows a 4x4-cm mass in the right lobe of the liver. Which of the following is the most likely diagnosis?

- a. Hepatic adenoma
- b. Hepatocellular cancer
- c. Hydatid cyst
- d. Liver abscess
- e. Metastatic ovarian cancer

2. A male neonate immediately after birth was brought by his parents to the emergency department with complains of absent anal opening. After initial evaluation, the doctor on duty advised some necessary resuscitative measures and a plan of investigation was given. After 24 hours which of the following x-ray is performed to differentiate between low and high variety of ARM?

- a. X-ray ABD erect
- b. Cross table lateral view prone x ray
- c. X-ray ABD supine
- d. X-ray ABD and spine lateral view
- e. X-ray ABD and spine AP view

3. A 30 year old alcoholic man presented with sudden onset epigastric pain and vomiting. His SGPT is 120 IU, serum lipase is very high, USG shows hepatomegaly. The most probable diagnosis is?

- a. Acute Hepatitis
- b. Peptic Ulcer disease
- c. Acid pancreatitis
- d. Myocardial Infarction
- e. GERD

4. A 70-year-old man is brought to the emergency department by his son because of a three weeks history of right upper quadrant abdominal pain, chills, and confusion. He has vomited twice during this time despite decreased food intake. Vital signs are temperature 102 F, pulse 110/min, respirations 18/min, and blood pressure 100/60 mm Hg. The patient appears seriously ill without evidence of jaundice. Abdominal examination is normal. Results of laboratory studies are shown: WBC 16,500/mm<sup>3</sup> with prominent immature forms Bilirubin total 2.1 mg/dL Ultrasonography of the abdomen shows liver having hyperechoic shadows. Which of the following is the most likely diagnosis?

- a. Acute cholecystitis
- b. Acute pancreatitis
- c. Cholangitis
- d. Hepatitis
- e. Liver abscess

5. A 7 years old girl presented to OPD with history of fever and decreased appetite for the last 5 days. The fever is low grade with associated chills. Past history is unremarkable. On examination, patient is 101°F, icteric and has soft and tender hepatomegaly. No other positive findings on examination. CBC is normal and ALT: 2500. Which investigation will help in the diagnosis of the patient?

- a. Dengue Serology
- b. Blood Culture
- c. HAV IgM
- d. Ultrasound Abdomen
- e. HAV IgG

6. A 32 years old female complains of intermittent diarrhea, chronic abdominal pain and tenesmus. She notices blood in her stools. The most likely cause of her symptoms may be?

- a. Inflammatory bowel disease
- b. Diverticulitis
- c. Adenomycosis
- d. Urinary tract infection

7. A 60-year-old alcoholic man is brought to the emergency department with hematemesis. His pulse is 110 beats per minute, blood pressure is 100/60 mm Hg and respiratory rate 19 per minute.

Abdominal examination is significant for hepatosplenomegaly, and a distended abdomen which is tympanic on percussion. His testicles are small and a rectal examination produces guaiac-negative stool. His hematocrit is 23 percent. After placement of a nasogastric tube, 400 mL of bright red blood is evacuated. After initial fluid resuscitation, which of the following is the most appropriate next step in management?

- a. Barium swallow
- b. Blood transfusion
- c. Esophageal balloon tamponade.
- d. Exploratory laparotomy
- e. Upper endoscopy

8. A 75 years old woman is admitted with headache and vomiting. She denies abdominal pain. She reports weight loss of one stone over the last six weeks. On further questioning it becomes apparent that she has noticed the vomitus contains food from several days ago. Abdominal X ray reveals a prominent gastric bubble. Which of the following is the most likely diagnosis?

- a. Acute cholecystitis
- b. Colon carcinoma
- c. Gastric outflow obstruction
- d. Peptic ulceration
- e. Raised intracranial pressure

9. A 20-year-old male comes to clinic with per rectal bleeding for the past 1 week. He tells you that he is worried about cancer because many of his first and second degree relatives had bowel cancer. On investigations he is found to be anemic and colonoscopy shows multiple polyps throughout his colon. You suspect Familial adenomatous polyposis. What is his risk of developing colonic adenocarcinoma?

- a. 50%
- b. 75%
- c. 100%
- d. 25%
- e. 10%

10. A newborn presented to you on first day of life with abdominal distension and bilious vomiting. On examination there is no anal opening. A diagnosis of anorectal malformation is made. Which of the following investigation will identify between low and high type of anorectal malformation?

- a. Ultrasound abdomen
- b. ECHO
- c. MRI pelvis
- d. CT abdomen and pelvis
- e. Prone Cross table lateral X-ray

11. A 6 years old female presented with complain of pain abdomen on/off. Suddenly the patient started per rectal bleeding o/e there is a cystic swelling which is mobile in nature and about 7x7 cm in size. Ultrasound shows cystic lesion in ileocecal region. What is the most probable diagnosis?

- a. Gut duplication cyst
- b. Cholelithiasis
- c. Duodenal stenosis
- d. Ovarian cyst
- e. Pancreatic pseudo cyst

12. Two days old female neonate presented with complain of absent anal opening and multiple associated anomalies. A diagnosis of anorectal malformation was made and work up was started for its management. His mother also told the doctor on duty that some meconium is coming through an opening below the vaginal opening. Which one of the following type of anomaly it is?

- a. Recto vestibular fistula
- b. Rectourethral fistula
- c. Imperforate anus without fistula
- d. Urogenital sinus
- e. Common cloaca

13. A 7 years old female presented with abdominal pain, burning micturition and a cystic swelling in hypogastric region from last 7 days. O/E there is a swelling of about 7x 7 cm in hypogastric region. USG is done showing some cystic lesion containing pus of

about 40 ml communicating with the anterior abdominal wall. Communication with bladder cannot be ruled out. What is your provisional diagnosis?

- a. Patent vitellointestinal duct
- b. Bladder abscess
- c. Bladder carcinoma
- d. Infected urachal cyst**
- e. Duplication cyst

14. A 30 days old male presented with c/o jaundice since birth and passing clay colored stool. he is also failure to thrive and having abdominal distention, usg done showing poor visualization of gall bladder even after post feed also. What is your diagnosis?

- a. Cholddochal cyst
- b. Biliary atresia**
- c. Alpha 1 antitrypsin deficiency
- d. Wilson disease
- e. Physiological jaundice

15. A 2 years old unvaccinated boy presented with history of low grade fever, headache and vomiting. He also has past history of cough, losing weight and pallor. The mother also reported an episode of fit at home. On examination there is neck stiffness and positive Kerning's sign. Lumbar puncture is done and CSF examination shows Cell count 400 (Polys 15% and Lymph's 85%), Protein 500 mg/dL and glucose 15 mg/dL. CT scan reported non communicating Hydrocephalus. The most probable diagnosis is:

- a. Bacterial Meningitis
- b. Congenital Hydrocephalus**
- c. Intracranial Tumor
- d. Tuberculous Meningitis
- e. Viral Encephalitis

16. A male neonate immediately after birth was brought by his parents to the emergency department with complains of absent anal opening. After initial evaluation, the doctor on duty advised some necessary resuscitative measures and a plan of investigation was given. A prone cross table lateral view x ray abdomen was also advised. What is the ideal time at which this x-ray should be done?

- a. Immediately after birth
- b. 12 hours of life**
- c. 24 hours of life
- d. 48 hours of life
- e. No need of x-ray

17. A newborn presented to emergency with complain of respiratory distress and cyanosis, o/e abdomen is scaphoid and a visible bulge on left side of chest, o/A air entry is decreased on left side as compared to right side. X-ray is showing gaseous shadow on left side of chest. What is your provisional diagnosis?

- a. Congenital lobar emphysema
- b. Congenital cystic lesion in chest
- c. Bronchopulmonary sequestration
- d. Congenital diaphragmatic hernia**
- e. Lung abscess

RMC 2024

1. A 33 year old woman is noted to have Meckel's diverticulum when she undergoes an emergency appendectomy. The diverticulum is approximately 60cm from the ileocecal valve and measure 2-3cm in length. What is the most common complication of Meckel's diverticulum among adults?

- a. Bleeding
- b. Perforation
- c. Intestinal obstruction**
- d. Ulceration
- e. Carcinoma

2. A 79 years old man has had abdominal pain for 4 days. An operation is performed, and a gangrenous appendix is removed. The stamp is inverted. Why does acute appendicitis in elderly patients and in children have a worse prognosis?

- a. The appendix is retrocecal
- b. The appendix is in preileal position
- c. The appendix is in the pelvic position
- d. The appendix and peritoneal cavity appear to be less efficient in localizing the disease in these age groups**
- e. The appendix is longer in these age groups

3. A 12 year old boy complaints of pain in the lower abdomen (mainly on the right side), symptoms commenced 12 hours before admission. He had noted anorexia during this period. Examination

reveal tenderness in the right Iliac fossa, which was maximum 1cm below MC Burney's point. In appendicitis, where does the pain frequently commence?

- a. In the right Iliac fossa and remains there
- b. In the back and moves to the right iliac fossa
- c. In the rectal region and moves to the right iliac fossa
- d. In the umbilical region and then moves to the right iliac fossa**
- e. In the right flank

**4. A 25 year old male who has undergone hemorrhoidectomy for bleeding P/R is unable to pass urine 6 hours after surgery.**

- a. You should be catheterized to prevent straining
- b. He should be encouraged to pass urine in the bed pan
- c. After removing the rectal pack he should be allowed to stand next to running Tap and void**
- d. A fine red rubber tube should be used to empty the bladder

**5. A Fistula-in-ano is termed high or low reference to:**

- a. The null verge
- b. The anorexic ring
- c. The dentate line**
- d. The cuboidal epithelium of the anal canal
- e. Sacrum

**6. The most common site for colorectal malignancy is:**

- a. Sigmoid
- b. Cecum
- c. Rectum**
- d. Ascending colon
- e. None of above

**7. Partial rectal prolapse in infants and children should be treated by:**

- a. Excision of the prolapsed mucosa after applying Goodsall's ligature

- b. Thiersch operation
- c. Surgery by the abdominal approach
- d. Conservative treatment (digital reposition dietary advise, treatment the diarrhea | dysentery**
- e. Sub mucus injection of 5% phenol in almond oil

**8. Infections that require operative treatment**

**include all of the following except:**

- a. Abscess of hip
- b. Empyema**
- c. Infected ascites
- d. Narcotizing fasciitis of the thigh
- e. Vascular graft infection**

**9. Infections that require operative treatment**

**include all of the following except:**

- a. Abscess of hip
- b. Empyema**
- c. Infected ascites
- d. Narcotizing fasciitis of the thigh
- e. Vascular graft infection**

**10. A 60-year-old alcoholic is admitted to the hospital with a diagnosis of acute pancreatitis. Upon admission his white blood cells (WBC) count is 21,000, his lipase is 500, blood glucose is 180 mg/Dl, lactate dehydrogenase is 400 IU/L, and aspartate aminotransferase (ASD) is 240 IU/Dl. Which of the following is true?**

- a. The patient is expected to have a mortality rate of less than 5%
- b. The patient's lipase level is an important indication of prognosis
- c. The patient requires immediate surgery
- d. A venous blood gas would be helpful in assessing severity of illness in this patient
- e. A serum calcium level of 6.5 mg /dL on the second hospital day is a bad prognostic sign**

**11. Mrs. A 40 requires cholecystectomy.**

**Preanesthetic check is unremarkable except for a history of intake of diuretics for hypertension, and regular use of oral contraceptives. The least useful step of perioperative anesthesia management is:**

- a. Total leukocyte count estimation
- b. Serum potassium estimation**
- c. Use of perioperative heparin

- d. Continued intake of antihypertensive on the monitoring of surgery
- e. Echocardiography pre-operatively

**12. As compare to inguinal hernias, femoral hernias**

**are typically:**

- a. Larger
- b. Associated with more symptoms even while uncomplicated
- c. Less likely to strangulate
- d. Are more laterally placed
- e. None of the above

THE MEDICO MENTOR