GOMAL MEDICAL COLLEGE, MTI, D.I.KHAN

MCQs Written Test Final YEAR MBBS (Block-N) Date: 08th May, 2025

Name of Student: [redacted] Roll No [redacted]

Please encircle the [illegible] answer with blue/black pen Paper ID: GREEN

TIME ALLOWED: 02-HOUR'S TOTAL MARKS: 120

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

Q#1: Which of the following is feature of is a feature of Brodies abscess

a) Commonly seen in metaphysis of long bone
b) High grade fever
c) Very elevated TLC
d) Mostly plan rays are normal
e) Both b and c

Q#2: The most common organism causing septic arthritis in adult is

a) Neisseria gonorrhoeae
b) Staphylococcus aureus
c) Streptococcus pneumoniae
d) H influenza
e) None of the above

Q#3: A 5-year-old child presented with high grade fever, unable to walk and right hip tenderness, which investigation you advise for him INITIALLYT?

a) Ray R hip AP, Lateral view
b) MRI R hip
c) Bone scan
d) CBC, ESR, CRP
e) None of the above

Q#4: Which of the following is classic radiographic feature of Pott's disease?

a) Vertebral collapse with kyphosis
b) Disc space preservation
c) Osteophyte formation
d) Sclerotic vertebral margins
e) None of the above

Q#5: Which complication is associated with long standing Paget disease?

a) Osteosarcoma
b) Rheumatoid arthritis
c) Multiple Myeloma
d) Osteomalacia
e) None of the above

Q#6: A 10-year-old boy is brought to the clinic by his parents with complaints of light-colored patches on his face, primarily around the cheeks, which have been present for the past few months. The patches are mildly scaly but not itchy, and the child has no history of recent rashes or other symptoms. On examination, you note well-demarcated, hypopigmented macules with fine scaling on the cheeks and chin. What is the most likely diagnosis?

a) Tinea versicolor
b) Pityriasis alba
c) Vitiligo
d) Atopic dermatitis
e) Pityriasis rosea

Q#7: A 52-year-old man with poorly controlled diabetes presents with a painful, swollen, and red area on the back of his neck that has been increasing in size over the past 5 days. He reports fever and malaise. On examination, there is a large, tender, indurated mass with multiple draining pustules and surrounding erythema. What is the most likely diagnosis?

a) Furuncle
b) Epidermal cyst
c) Carbuncle
d) Cellulitis
e) Hidradenitis suppurativa

Q#8: A 5-year-old girl is brought to the clinic with multiple lesions around her mouth and nose. The lesions began as small red spots that developed into blisters and then ruptured, leaving behind honey-colored crusts. The child is otherwise well and afebrile. There is no history of chronic illness, and her immunizations are up to date. What is the most likely diagnosis?

a) Herpes simplex infection
b) Impetigo
c) Atopic dermatitis
d) Contact dermatitis
e) Varicella

Q#9: A 40-year-old woman presents with complaints of tightening of the skin on her hands and face, difficulty swallowing, and cold-induced color changes in her fingers. She notes that her fingers turn white, then blue, and finally red upon rewarming. On examination, there is thickened, shiny skin over her fingers with reduced mobility, and telangiectasias are visible on her face. Nailfold capillary changes are present. What is the most likely diagnosis?

a) Rheumatoid arthritis
b) Systemic lupus erythematosus
c) Dermatomyositis
d) Systemic sclerosis
e) Sjögren's syndrome

Q#10: A 26-year-old woman presents with fatigue, joint pain, and a facial rash that worsens with sun exposure. She also reports intermittent low-grade fever and hair thinning. On examination, she has a malar rash sparing the nasolabial folds and mild swelling of the small joints of her hands. Urinalysis shows mild proteinuria. ANA is positive, and anti-dsDNA antibodies are elevated. What is the most likely diagnosis?

a) Rheumatoid arthritis
b) Systemic lupus erythematosus
c) Dermatomyositis
d) Sjögren's syndrome
e) Systemic sclerosis

Q#11: A 4-year-old boy is brought to the clinic with a 3-day history of fever, cough, runny nose, and red eyes. His mother reports that the child had a rash that started behind his ears and spread to his face, neck, and body. On examination, you note conjunctivitis, a characteristic maculopapular rash, and the presence of Koplik spots on the buccal mucosa. What is the most likely diagnosis?

a) Rubella
b) Measles
c) Chickenpox
d) Fifth disease
e) Hand-foot-and-mouth disease

Q#12: A 68-year-old woman presents to the clinic with persistent, burning pain in the area where she had a shingles rash 3 months ago. The rash has completely healed, but she reports that the pain in the affected area has not improved and is now interfering with her daily activities. On examination, there is no visible rash, but there is hyperalgesia and allodynia over the previously affected dermatomal region. What is the most appropriate first-line treatment for this patient's post-herpetic neuralgia?

a) Oral corticosteroids
b) Topical capsaicin
c) Oral acyclovir
d) Gabapentin or pregabalin
e) Tricyclic antidepressants (TCAs)

Q#13: A 6-year-old boy is brought to the clinic by his mother for a complaint of hair loss and itchy scalp for the past 2 weeks. On examination, you observe round, scaly patches of hair loss with black dots where the hair shafts have broken off. There is mild erythema and scaling around the affected areas, and the child has tender lymphadenopathy in the posterior cervical region. What is the most likely diagnosis?

a) Seborrheic dermatitis
b) Alopecia areata
c) Tinea capitis
d) Psoriasis
e) Traction alopecia

Q#14: A 45-year-old woman presents with a 3-week history of painful oral ulcers and recent development of flaccid blisters on her chest and back. The blisters rupture easily, leaving raw, erosive areas. She has difficulty eating due to oral pain. On examination, you find multiple erosions in the oral mucosa and thin-walled, flaccid bullae on the skin. Nikolsky's sign is positive. Which of the following is the most specific diagnostic test for confirming pemphigus vulgaris?

a) Tzanck smear showing acantholytic cells
b) Skin biopsy for H&E staining
c) Bacterial culture of blister fluid
d) Direct immunofluorescence showing intercellular IgG in the epidermis
e) Serum ANA levels

Q#15: A 30-year-old woman presents with a 3-day history of fever, sore throat, and painful red eyes. She now develops a widespread, painful rash with blisters and mucosal involvement, including her lips and oral cavity. She started taking lamotrigine 10 days ago for bipolar disorder. On examination, she has dusky macules, targetoid lesions, and areas of epidermal detachment. What is the most likely diagnosis?

a) Toxic epidermal necrolysis
b) Stevens-Johnson Syndrome
c) Erythema multiforme
d) Bullous pemphigoid
e) Pemphigus vulgaris

Q#16: A 25-year-old woman presents with recurrent episodes of itchy, dry, red skin on her hands. She works as a hairdresser and reports that the symptoms worsen after long workdays involving frequent washing and use of cleaning products. On examination, there are dry, erythematous, scaly patches with fissuring on the dorsal aspects of both hands. What is the most likely type of eczema in this patient?

a) Atopic dermatitis
b) Seborrheic dermatitis
c) Allergic contact dermatitis
d) Irritant contact dermatitis
e) Dyshidrotic eczema

Q#17: A 32-year-old woman presents with red, itchy plaques on her elbows and scalp for the past 4 months. She says the lesions are worse in winter and sometimes crack and bleed. On examination, you notice well-demarcated erythematous plaques with silvery scales over her elbows and scalp. There is also mild nail pitting. She has no joint pain or systemic symptoms. Which of the following is the most appropriate next step in management?

a) Start oral methotrexate
b) Prescribe high-potency topical corticosteroids and emollients
c) Begin systemic antibiotics
d) Refer for immediate phototherapy
e) Perform a skin biopsy to rule out tinea

Q#18: A 28-year-old man presents with a single, round, dark red patch on his inner thigh that developed suddenly overnight. He reports mild burning and itching. He recalls having a similar lesion in the exact same location a few months ago after taking an over-the-counter painkiller for a headache. On examination, there is a well-demarcated erythematous to violaceous plaque with a dusky center. No other lesions are noted. What is the most likely diagnosis?

a) Erythema multiforme
b) Fixed drug eruption
c) Contact dermatitis
d) Psoriasis
e) Tinea corporis

Q#19: A 7-year-old boy is brought to the clinic with a 2-day history of fever and an itchy rash. The rash began on his trunk and has now spread to his face and limbs. His mother reports that the lesions started as red spots, then became fluid-filled, and are now crusting. On examination, multiple lesions in different stages-macules, papules, vesicles, and crusts-are seen, predominantly on the trunk. What is the most likely diagnosis?

a) Measles
b) Hand-foot-and-mouth disease
c) Impetigo
d) Varicella
e) Scabies

Q#20: A patient is having antalgic gait. Out of the following what is the most likely cause of his antalgic giant?

a) Polio
b) Neuromuscular disorder
c) DDH
d) Trauma
e) Strok

Q#21: Which drug causes esophagitis?

a) Febuxostat
b) Allupurinol
c) Alendronate
d) Omeprazole
e) None of the above

Q#22: 40year male presented with long history of epistaxis and saddle shaped nose deformity. What decease comes in your mind?

a) Churgg Strauss
b) Wegner's
c) Good pasture
d) Sinusitis
e) None of the above

Q#23: 60 year male presented with long history of backache. His ESR is 80 and alkaline phosphatase is normal. What is the diagnosis?

a) Osteoporosis
b) Multiple myeloma
c) Pagets disease
d) Gout
e) None of the above

Q#24: In which joint disorder joint space remains normal?

a) Osteoarthritis
b) RHEUMATOID Arthritis
c) GOUT
d) Pagets disease
e) None of the above

Q#25: A patient presented with history of proximal muscle weakness .He is also having heliotrope rash. Which antibody is expected to be present?

a) Anti jo1 antibodies
b) Anti MI2 antibodies
c) Anti dsDNA
d) Anti ccp
e) None of the above

Q#26: A 60-year old man presented to OPD with fatigue, epistaxis, vertigo and blurred vision for four months. On examination there is hepatosplenomegaly. There is no bone tenderness. Hemoglobin is 8gm/dl while white cells and platelets count are normal. There is no lymphocytosis. Bone marrow shows infiltration by plasmacytic lymphocytes. There is no lytic bone lesion and no kidney disease. Serum protein electrophoresis shows monoclonal IgM spike. The Diagnosis is:

a) Acute lymphoblastic leukemia
b) Chronic lymphocytic leukaemia
c) Monoclonal gammopathy of undetermined significance
d) Multiple myeloma
e) Waldenstrom macroglobulinemia

Q#27: A 60-year old man presented to Emergency department with epistaxis, vertigo, blurred vision and loss of consciousness for 12hour. On examination there is hepatosplenomegaly. There is no bone tenderness. Hemoglobin is 8gm/dl while white cells and platelets count are normal. There is no lymphocytosis. Bone marrow shows infiltration by plasmacytic lymphocytes. There is no lytic bone lesion and no kidney disease. Serum protein electrophoresis shows monoclonal IgM spike. The treatment is:

a) Autologous hematopoietic stem cell transplantation.
b) Bortezomib.
c) Emergency plasmapheresis
d) Ibrutinib
e) Rituximab

Q#28: A 65-year old man presented to OPD with fatigue, pain in back, hips & chest for six months. On examination there is pallor and bone tenderness. Hemoglobin is 8gm/dl while white cell and platelet counts are normal. ESR is 140mmHg at one hour. X-ray shows lytic bone lesions in skull, spine & pelvic bones. Bone marrow biopsy shows plasma cells in marrow. The initial treatment is:

a) Autologous stem cell transplantation
b) Lenalidomide, bortezomib & dexamethasone
c) Localized Radiotherapy
d) Oral proteasome inhibitor Ixazomib
e) Therapeutic plasma exchange

Q#29: A 20-year old man presented to OPD with fatigue, painless neck swelling, fever and weight loss for four months. On examination there is pallor and bilateral enlargement of cervical lymph nodes. Hemoglobin is 7gm/dl while white cells and platelets are normal. CXR shows widening of mediastinal shadows. Lymph nodes biopsy shows Reed Sternberg cell. The treatment is:

a) Autologous hematopoietic stem cell transplantation
b) Brentuximab vedotine
c) Doxorubicin, bleomycin, vinblastine & dacarbazine
d) Nivolumab or pembrulizumab
e) Radiotherapy

Q#30: A 50-year old man presented to OPD with fatigue, painless neck swelling, fever and weight loss for four months. On examination there is pallor and bilateral enlargement of cervical & auxiliary lymph nodes. Hemoglobin is 7gm/dl while white cells and platelets are normal. CXR shows widening of mediastinal shadows. Lymph nodes biopsy confirmed Non-Hodgkin lymphoma. The treatment is:

a) Allogenic hematopoietic stem cell transplantation
b) Autologous hematopoietic stem cell transplantation
c) Doxorubicin, bleomycin, vinblastine & dacarbazine
d) Lenalidomide, bortezomib & dexamethasone
e) Rituximab - cyclophosphamide, doxorubicin, vincristine & prednisone

Q#31: A 70-year old man presented to OPD with fatigue and mass in neck for nine months. On examination there is pallor, lymph nodes enlargement in cervical & auxiliary region and hepatosplenomegaly. Hemoglobin is 8gm/dl. White cell count is 30,000/ mcLwith absolute lymphocyte count 21,000/ mcL while remaining differential cells counts & platelets are normal. Bone marrow infiltrated with small lymphocytes while Immunophenotyping shows presence of CD19 & CD5 on lymphocytes. The treatment is:

a) Allogenic hematopoietic stem cell transplantation
b) Autologous hematopoietic stem cell transplantation
c) Doxorubicin, bleomycin, vinblastine & dacarbazine
d) Ibrutinib and Rituximab
e) Lenalidomide, bortezomib & dexamethasone

Q#32: A 50-year old man presented to OPD with fever, fatigue and epistaxis for two weeks. On examination there is pallor, petechiae on skin, bone tenderness and hepatosplenomegaly. Special smear shows pancytopenia and blast cells. Bone marrow biopsy shows 30% blast cells with Auer rod. The initial therapy to induce remission is:

a) Allogenic stem cell transplant
b) Autologous stem cell transplant
c) Cytarabin and duanorubicin
d) Ibrutinib and Rituximab
e) Lenalidomide, bortezomib & dexamethasone

Q#33: A 18-year old man presented to OPD with fever, fatigue and epistaxis for two weeks. On examination there is pallor, petechiae on skin, bone tenderness, cervical & auxillary lymphadenopathy and hepatosplenomegaly. Special smear shows pancytopenia and blast cells. Bone marrow biopsy shows 30% blast cells. Immunohistochemistry shows presence of CD19 & CD10 on blast cells. The initial therapy to induce remission is:

a) Allogenic stem cell transplant
b) Autologous stem cell transplant
c) Ibrutinib and Rituximab
d) Lenalidomide, bortezomib & dexamethasone
e) Vincristine, Prednisone & asparaginase

Q#34: A 55-year old man presented to OPD with fatigue, night sweats, low grade fever and abdominal fullness for 9 months. On examination there is massive splenomegaly. White cell count is 150' 000 /mcL while hemoglobin and platelets are normal. Bone marrow is hypercellular and Polymerase chain reaction shows bcr/able gene in blood and bone marrow. The treatment is:

a) Allogenic stem cell transplant
b) Autologous stem cell transplant
c) Ibrutinib and Rituximab
d) Imatinib
e) Lenalidomide

Q#35: A 55-year old man presented to Emergency department with blurring of vision, shortness of breath, priapism and loss of consciousness for 12hour. On examination there is massive splenomegaly. White cell count is 250' 000 /mcL while hemoglobin and platelets are normal. Previous investigation review shows hypercellular bone marrow with Polymerase chain reaction showig bcr/able gene in blood and bone marrow. The treatment is:

a) Allogenic stem cell transplant
b) Autologous stem cell transplant
c) Hemodialysis
d) Emergent leukapheresis
e) Plasma exchange

Q#36: A 60-year old man presented to OPD with headache, tinnitus, blurred vision and generalized itching after warm shower for six months. On examination there is plethora and splenomegaly. Hematocrit is 55%, white cells are 15,000/mcL & platelets are 500,000/mcL. Blood Granulocytes show JAK2 mutation. The treatment is:

a) Exchange Transfusion
b) Hemodialysis
c) Leukapheresis
d) Phlebotomy
e) Plasma exchange

Q#37: An 8-year-old boy with T-cell ALL develops a persistent headache and vomiting. Neurological exam reveals cranial nerve palsy. MRI brain shows leptomeningeal enhancement. What is the most likely cause?

a) Brain abscess
b) CNS leukemia
c) Hydrocephalus
d) Chemotherapy side effect
e) None of the above

Q#38: A 5-year-old boy presents with fatigue, pallor, fever, and frequent nosebleeds.On examination, he has generalized lymphadenopathy and hepatosplenomegaly. CBC shows WBC 80,000/mm³, hemoglobin 7 g/dL, and platelets 30,000/mm³. Peripheral smear shows lymphoblasts. What is the most likely diagnosis?

a) Aplastic anemia
b) Acute myeloid leukemia
c) Acute lymphoblastic leukemia
d) Infectious mononucleosis
e) None of the above

Q#39: A 45-year-old vegan presents with progressive numbness in the feet and difficulty walking. Exam reveals loss of vibration sense in the lower limbs. Labs: Hb 9.5 g/dL, MCV 112 fL, hypersegmented neutrophils, low serum B12, normal folate. Which of the following additional findings supports the diagnosis?

a) Elevated methylmalonic acid
b) Increased homocysteine only
c) Decreased lactate dehydrogenase
d) Elevated haptoglobin
e) None of the above

Q#40: A 60-year-old man with long-standing rheumatoid arthritis reports worsening fatigue. Labs show Hb 10 g/dL, MCV 85 fL (normocytic), serum iron low, TIBC low, ferritin normal-high. Which of the following is the pathophysiologic driver of his anemia?

a) Autoimmune destruction of erythrocytes
b) Impaired iron mobilization due to increased hepcidin
c) Folate deficiency from poor dietary intake
d) Bone marrow infiltration by malignant cells
e) None of the above

Q#41: 60 years old man of 80 kg weight sustained 50% Total Body Surface Arc- (TBSA) burn during a house hold fire. The patient is resuscitated with Ringer Lactate infusion using the Parkland Formula. What is the rate of Ringer Lactate infusion given in the first 8 hours?

a) 100 ml/ hour
b) 500 ml/hr
c) 1000 ml/hi
d) 5000 ml/hr
e) 10,000 ml/hr

Q#42: The newly admitted patient has burns on both legs. The burned areas appea white and leather like.No blisters or bleeding are present, and the client states that he or she has little pain. How should this injury/burns be categorized?

a) Superficial burns
b) Partial - thickness superficial burns
c) Partial thickness deep burns
d) Full thickness
e) Temporary sign of skin damage

Q#43: A 25 year old female presented with history of flame burn 2 hrs ago. Examination revealed burned area involving both upper arms, front of chest, abdomen and head & neck. What is total body surface area involved

a) 35 %
b) 45 %
c) 55 %
d) 25 %
e) 65 %

Q#44: A 40 years old female having second degree burn brought to emergency room. Which of the following formula is used for fluid resuscitation?

a) Curie
b) Barclays
c) Parkland
d) Wallace
e) Lund & Browder

Q#45: Middle aged female got burns while trapped in the kitchen. The patient TBSA burnt was calculated and was 24%. What is single most important prognostic factor?

a) Patents age
b) Patients gender
c) BSA burns
d) Inhalational injury
e) None of the above

Q#46: Which of the following is a key component of ERAS protocols?

a) Prolonged fasting before surgery
b) Early mobilization and feeding after surgery
c) Routine use of mechanical ventilation post-surgery
d) Delayed removal of surgical drains
e) None of the above

Q#47: What is the primary goal of the Enhanced Recovery After Surgery (ERAS) protocols?

a) To increase the length of hospital stays for better monitoring
b) To optimize patient recovery and reduce postoperative complications
c) To standardize surgical techniques across hospitals
d) To reduce the cost of surgical equipment
e) None of the above

Q#48: For a patient on parental nutrition, full blood count, urea and electrolytes are made:

a) Daily
b) On alternate days
c) Twice a week
d) Weekly
e) Fortnightly

Q#49: Which of the following is indicated in patient with corrosive esophageal burns for nutritional buildup?

a) TPN
b) Feeding Jejunostomy
c) Iv fluids
d) Feeding through nasogastric tube
e) Both a and c

Q#50: The main goal of the ERAS protocol is to:

a) Reduce hospital costs only
b) Prolong hospital stay for monitoring
c) Enhance recovery and reduce complications
d) Avoid use of antibiotics
e) None of the above

Q#51: Which of the following is the most common cause of fever within the first 24 hours after surgery?

a) Wound infection
b) Pulmonary embolism
c) Atelectasis
d) Urinary tract infection
e) None of the above

Q#52: What is the best indicator of return of bowel function after abdominal surgery?

a) Decrease in pain
b) Passage of flatus
c) Ability to tolerate oral fluids
d) Normal bowel sounds
e) None of the above

Q#53: A 28-year-old woman presents with multiple unexplained physical symptoms over the past year. Extensive medical workups have been normal. She is preoccupied with her symptoms and frequently visits different specialists. What is the most likely diagnosis?

a) Illness anxiety disorder
b) Conversion disorder
c) Somatic symptom disorder
d) Factitious disorder
e) None of the above

Q#54: Which of the following features differentiates factitious disorder from somatic symptom disorder?

a) Presence of physical symptoms
b) Symptoms are not intentionally produced
c) Symptoms are exaggerated for secondary gain
d) Symptoms are intentionally produced
e) Difficulty concentrating

Q#55: Asking a patient to interpret a proverb is used as a way of assessing

a) Abstract thinking
b) Impulse control
c) Insight
d) Intelligence
e) Judgment

Q#56: The primary goal of family health education is to:

a) Treat psychiatric illness in the family
b) Prevent hospital admission of family members
c) Promote healthy behaviors and prevent disease
d) Diagnose genetic illnesses early
e) None of Above

Q#57: What is the primary cause of nutritional rickets in children?

a) Vitamin C deficiency
b) Vitamin D deficiency
c) Iron deficiency
d) Excessive calcium intake
e) Protein malnutrition

Q#58: Which of the following is a hallmark clinical feature of rickets?

a) Pectus excavatum (sunken chest)
b) Bowing of the legs (genu varum)
c) Hyperactive deep tendon reflexes
d) Rapid closure of fontanelles
e) Cyanosis of the extremities

Q#59: Laboratory findings in rickets typically include:

a) Elevated serum calcium and phosphate
b) Low serum phosphate and elevated alkaline phosphatase
c) Normal calcium with low alkaline phosphatase
d) High vitamin D levels and low parathyroid hormone (PTH)
e) Hypernatremia and hypokalemia

Q#60: The first-line treatment for nutritional rickets involves:

a) Intravenous iron supplementation
b) Sunlight exposure and oral vitamin D/calcium
c) Surgical correction of bone deformities
d) High-dose vitamin B12 injections
e) Magnesium supplements

Q#61: Which radiographic finding is characteristic of rickets?

a) Compression fractures of vertebrae
b) Osteolytic lesions in long bones
c) Widened, frayed metaphyses (growth plates)
d) Periosteal reaction in the tibia
e) Sclerotic bone margins

Q#62: Which type of muscular dystrophy is most commonly diagnosed in early childhood and primarily affects males?

a) Becker muscular dystrophy
b) Myotonic dystrophy
c) Duchenne muscular dystrophy
d) Limb-girdle muscular dystrophy
e) Facioscapulohumeral muscular dystrophy

Q#63: What is the inheritance pattern of Duchenne muscular dystrophy?

a) Autosomal dominant
b) Autosomal recessive
c) X-linked recessive
d) Mitochondrial inheritance
e) Sporadic mutation

Q#64: Which clinical feature is a hallmark of Duchenne muscular dystrophy?

a) Muscle hypertrophy (e.g., enlarged calves)
b) Joint hypermobility
c) Gower's sign (using hands to push up from the floor)
d) Facial weakness and ptosis
e) Cardiac arrhythmias

Q#65: Elevated serum creatine kinase (CK) levels are a key diagnostic marker in muscular dystrophy because they indicate:

a) Liver dysfunction
b) Muscle breakdown and necrosis
c) Autoantibody production
d) Renal impairment
e) Bone marrow suppression

Q#66: Which treatment is commonly used to slow disease progression in Duchenne muscular dystrophy?

a) Beta-blockers
b) Corticosteroids (e.g., prednisone)
c) Anticholinesterase inhibitors
d) Intravenous immunoglobulins (IVIG)
e) Nonsteroidal anti-inflammatory drugs (NSAIDs)

Q#67: Which of the following is the *first* laboratory test recommended in the evaluation of anemia?

a) Serum ferritin
b) Reticulocyte count
c) Complete blood count (CBC) with red cell indices
d) Bone marrow biopsy
e) Hemoglobin electrophoresis

Q#93: What are the components of evidence-based medicine (EBM)?

a) Clinical expertise, research evidence, practice contexts and funders perspectives
b) Expert opinion, research evidence, qualitative research and clinical trials
c) Literature review, patients' perspective, trials
d) Patients' perspectives, expert opinion, research evidence and clinical expertise
e) Research evidence, clinical expertise, patient values and information from practice contexts

Q#94: The most sensitive test for diagnosis of septic arthritis is

a) X ray
b) Synovial fluid analysis
c) Serum CRP
d) Blood culture
e) Both a and c

Q#95: Which of the following is most common inherited pattern of osteogenesis imperfect?

a) X link recessive
b) Autosomal dominant
c) Autosomal recessive
d) Mitochondrial inheritance
e) None of the above

Q#96: Which type of osteogenesis imperfecta is most sever and often lethal in perinatal period

a) II
b) III
c) I
d) IV
e) V

Q#97: Blue sclera is characteristic feature of which disease

a) Osteogenesis imperfecta
b) Marfan syndrome
c) Rickets
d) Paget disease
e) All of the above

Q#98: Prime defect in osteogenesis imperfecta involve

a) Defective calcium metabolism
b) Defective type I collagen synthesis
c) Vitamin D deficiency
d) Excessive bone resorption
e) Both a and b

Q#99: The most common causative organism in hematogenous osteomyelitis in children is

a) Streptococcus pyogenes
b) E coli
c) Staphylococcus Aureus
d) Pseudomonas aeruginosa
e) None of the above

Q#100: Sequestrum in chronic osteomyelitis is referred to

a) A piece of dead bone separated from viable bone
b) New bone formation around infected bone
c) Puss formation in bone marrow
d) Sinus tract formation
e) None of the above

Q#101: A 40-year old woman taking Metformin 1000mg and Glimepiride 2mg once daily for her Diabetes mellitus. Her HBA1C is 7%. She is on tomorrow list for cholecystectomy. The management of oral anti-diabetic medications on the day of surgery for this patient is:

a) Continue both medications
b) Hold both medications
c) Stop Metformin & continue Glimepiride
d) Switch to sitagliptine
e) Switch to insulin

Q#102: A 40-year old man is planning to undergo elective cholecystectomy. He is taking warfarin for deep vein thrombosis for four months. He has low thromboembolic risk without anticoagulation. Tell the anticoagulant management of this patient:

a) Bridge with direct acting oral anticoagulant
b) Bridge with SC low molecular weight heparin
c) Bridge with therapeutic IV unfractionated heparin
d) Continue warfarin without any channge
e) Stop warfarin preoperative & resume once post-operative hemostasis achieved

Q#103: A 40-year old man is planning to undergo elective cholecystectomy. He is taking warfarin for mechanical mitral valve prosthesis. He has high thromboembolic risk without anticoagulation. Tell the anticoagulant management of this patient:

a) Bridge with direct-acting oral anticoagulant apixaban
b) Bridge with low molecular weight or unfractionated heparin
c) Bridge with direct-acting oral anticoagulant rivaroxaban
d) Continue warfarin without any channge
e) Stop warfarin preoperative without bridging

Q#104: A 40-year old man is planning to undergo cholecystectomy tomorrow. His Hemoglobin is 9gm/dl without any symptoms of anemia. He has no other co-morbidities. Tell this patient transfusion management:

a) No need of any blood transfusion
b) Transfuse one pint red cell concentrate
c) Transfuse one pint fresh whole blood
d) Transfuse two pint fresh whole blood
e) Transfuse two pint red cell concentrate

Q#105: Antibody present in polymyositis is:

a) Anti RNP
b) Anti SSA
c) Anti JO 1
d) Anti-ds DNA
e) None of the above

Q#106: MCP and wrist joints are spared by which arthritic disorder?

a) Rheumatoid Arthritis
b) Osteoarthritis
c) SLE
d) Gout
e) None of the above

Q#107: In which disorder HLA B27 IS expected to B+ve?

a) SLE
b) Psoriatic Arthritis
c) Osteoarthritis
d) Gout
e) None of the above

Q#108: Cppd crystals are found in:

a) Gout
b) Pseudogout
c) SLE
d) RA
e) None of the above

Q#109: Which antibody is expected to b present in SLE mothers giving birth to babies with congenital heart block?

a) Anti ccp antibodies
b) Anti jo 1antibodies
c) Anti SSa and SSb
d) Anti-mitochondrial antibodies
e) None of the above

Q#110: GOUTY TOPHI will be differentiated from rheumatoid nodules on the basis of?

a) RA factor
b) Anti ccp antibodies
c) Both a and b
d) SLE
e) None of the above

Q#111: In dermatomyositis which antibodies are expected to be present?

a) Anti jo 1 antibodies
b) Anti Mi 2 antibodies
c) Anti RNP antibody
d) Both a and b
e) None of the above

Q#112: Which antibody is expected to be present in young female patient presenting with joint pain, rash, sclerodactyly, Abdominal distension and itching?

a) Anti Jo antibodies
b) Anti Mi 2 Antibodies
c) Anti RNP Antibodies
d) Anti mitochondrial antibodies
e) None of the above

Q#113: Young male patient presented with low back pain since 5 years, worsens with rest. He also complains of gritty eyes. What is the most likely diagnosis?

a) Osteoarthritis
b) Gout
c) Pseudo Gout
d) Ankylosing spondylitis
e) None of the above

Q#114: Young male patient presented with low back pain since 5 years, worsens with rest. He also complains of gritty eyes. Which other findings would likely to be expected?

a) Apical Fibrosis
b) Aortic regurgitation
c) Both a and b
d) None of above

Q#115: Which is the specific antibody present in rheumatoid arthritis?

a) Anti dsDNA
b) Anti Jo 1 antibodies
c) Anti ccp antibodies
d) Both b and c
e) None of the above

Q#116: A female patient with chronic history of methyldopa use for hypertension . Now presented with joint pain, rash with no neurological and renal symptoms. What is your diagnosis?

a) Lyme disease
b) Rheumatic fever
c) Rheumatoid arthritis
d) Drug induced lupus
e) None of the above

Q#117: A young male with history of ankle and knee joint pain. He has recent history of gastrointestinal infection. What is the diagnosis?

a) Ankylosing arthritis
b) Psoriatic arthritis
c) Reactive arthritis
d) Entero pathic arthritis

Q#118: Gout is precipitated by all of the following except:

a) Nsaids
b) Low dose aspirin
c) Diuretics
d) Uric acid
e) None of the above

Q#119: SLE mother gave birth to a baby with congenital heart anomaly. Which antibodies are expected to be present in the mother's blood?

a) ANTI jo 1
b) Anti ccp
c) Anti Ro and Anti La antibodies
d) Both a and c
e) None of above

Q#120: Which is the definitive diagnostic test for osteoporosis?

a) DXA bone densitometry
b) ALK
c) Serum calcium and vitamin D
d) Both a and c
e) None of the above