

MBBS 5<sup>th</sup> Prof.

## EOSE-N

(Foundation-3, Blood-3, MSK-3)

MCQs

Time: 120 min

Marks: 120

- Write your Roll No. on Scoring sheet & Question Paper.
- Select the best answer from given choices by filling the circle in Scoring sheet as

1. A hospital's infection rate suddenly increases despite adherence to sterilization protocols. As part of clinical governance, which step best demonstrates an *analytical approach* to addressing this issue?
  - A. Reminding staff to follow hand hygiene protocols
  - B. Comparing infection data across departments to identify trends
  - C. Issuing a warning letter to the infection control nurse
  - D. Increasing the frequency of audits without data review
  - E. Purchasing new sterilization equipment immediately
2. During a clinical governance review, two departments show different patient satisfaction scores despite similar workloads. What should be analyzed first to determine the underlying cause?
  - A. Departmental budgets
  - B. Variations in communication and teamwork practices
  - C. Patient demographics
  - D. Staff attendance records
  - E. Number of admissions per department
3. A patient presents with atypical chest pain. The physician reviews ECG, history, and risk factors before deciding on management. Which action reflects *analysis* in clinical decision making?
  - A. Ordering an ECG
  - B. Listing possible differential diagnoses
  - C. Comparing ECG findings with known cardiac patterns
  - D. Prescribing aspirin immediately
  - E. Referring the patient for angiography
4. Two diagnostic tests given conflicting results for the same patient. What should the clinician do at the analytical stage of decision-making?
  - A. Choose the more reliable test and disregard the other
  - B. Examine contextual factors affecting both test results
  - C. Repeat both tests to confirm the result
  - D. Immediately consult a senior colleague
  - E. Follow the test result that aligns with the patient's symptoms
5. During implementation of a new clinical protocol, one department adapts quickly while another resists. An analysis of the situation should focus primarily on:
  - A. The cost of protocol implementation
  - B. Differences in leadership and communication styles
  - C. The clinical competence of each department
  - D. The availability of resources
  - E. The seniority of department heads
6. Which of the following diseases is most commonly associated with air pollution?
  - A. Malaria
  - B. Tuberculosis
  - C. Chronic obstructive pulmonary disease (COPD)
  - D. Hepatitis B
  - E. Dengue
7. Which environmental factor is the primary cause of heatstroke?
  - A. High humidity
  - B. High temperature
  - C. Air pollution
  - D. Low oxygen level
  - E. Contaminated water
8. Which vector-borne disease is linked to global warming and rising temperatures?
  - A. Tuberculosis
  - B. Dengue
  - C. Malaria
  - D. cholera
  - E. Anthrax
9. What is the immediate management for a patient with a tension pneumothorax?
  - A. Chest X-ray
  - B. Needle decompression
  - C. Supplemental oxygen
  - D. Chest tube placement
  - E. Thoracotomy

22. W  
A. B. C. D. E. H  
22. A

10. A 60-year-old presents with sudden chest pain and ST-segment elevation on ECG. What is the first drug to administer?  
A. Aspirin  
B. Nitroglycerin  
C. Heparin  
D. Morphine  
E. Clopidogrel

11. Which of the following is the primary treatment for anaphylaxis?  
A. IV fluids  
B. Intramuscular epinephrine  
C. IV corticosteroids  
D. Nebulized salbutamol  
E. Antihistamines

12. A patient presents with altered mental status, Kussmaul breathing, and a blood glucose level of 550 mg/dL. What is the most important initial step?  
A. Administer insulin  
B. Correct hypokalemia  
C. Start IV fluids  
D. Administer bicarbonate  
E. Monitor ketones

13. What is the most common cause of airway obstruction in an unconscious patient?  
A. Tongue  
B. Vomitus  
C. Foreign body  
D. Laryngeal edema  
E. Bronchospasm

14. A 45-year-old with chest trauma presents with hypotension, distended neck veins, and muffled heart sounds. What is the most likely diagnosis?  
A. Pulmonary embolism  
B. Cardiac tamponade  
C. Tension pneumothorax  
D. Myocardial infarction  
E. Aortic dissection

15. What is the Glasgow Coma Scale (GCS) score for a patient who opens eyes to pain, localizes pain, and is confused in speech?  
A. 9  
B. 10  
C. 11  
D. 12  
E. 13

16. Which is the preferred fluid for initial resuscitation in hypovolemic shock?  
A. Dextrose Saline  
B. Normal Saline  
C. Lactated Ringer's solution  
D. Hypertonic saline  
E. Plasma expanders

17. A patient presents with slurred speech, ataxia, and altered sensorium after ingesting antifreeze. What is the most appropriate treatment?  
A. N-acetylcysteine  
B. Fomepizole  
C. Activated charcoal  
D. Hemodialysis  
E. Sodium bicarbonate

18. A patient with severe sepsis has a blood pressure of 70/40 mmHg despite IV fluids. Which vasopressor should be started?  
A. Dopamine  
B. Epinephrine  
C. Dobutamine  
D. Norepinephrine  
E. Vasopressin

19. What is the primary treatment for ventricular fibrillation?  
A. IV amiodarone  
B. Cardioversion  
C. Defibrillation  
D. IV lidocaine  
E. Epinephrine

20. A patient with altered mental status has a serum sodium of 110 mEq/L. What is the safest initial treatment?  
A. Rapid infusion of hypertonic saline  
B. Slow infusion with hypertonic saline  
C. Slow Normal saline infusion  
D. Restrict water intake  
E. Rapid Normal Saline Infusion

21. A 50-year-old male presents with a headache, vomiting, and rapidly increasing blood pressure of 240/120 mmHg. What is the likely diagnosis?  
A. Hypertensive urgency  
B. Hypertensive emergency  
C. Acute coronary syndrome  
D. Subarachnoid hemorrhage  
E. Pheochromocytoma crisis

22. A patient presents with severe burns involving 30% of total body surface area. What is the most important initial step?  
A. Start IV fluids  
B. Administer antibiotics  
C. Provide analgesia  
D. Cover the burns with sterile dressings  
E. Assess airways and breathing

23. A patient presents with a history of fever, cough, and tachypnea. Chest X-ray shows diffuse infiltrates, and oxygen saturation is 88%. What is the most likely diagnosis?  
A. Acute respiratory distress syndrome (ARDS)  
B. Pneumonia  
C. Pulmonary embolism  
D. Asthma exacerbation  
E. Tuberculosis

24. What is the most appropriate initial imaging for a suspected stroke within 3 hours of symptom onset?  
A. CT scan without contrast  
B. MRI with/without contrast  
C. CT with contrast  
D. CT angiography  
E. MRI with contrast

25. A 45-year-old male presented with complaints of neck pain associated with stiffness for 5 years. The pain is progressively worsening in intensity and duration and for the last 6 months he is unable to move his neck freely. An x-ray of cervical spine showed complete fusion of the anterior and posterior elements and bilateral upper zone haziness in apices of lungs. What is the most probable diagnosis?  
A. Rheumatoid arthritis  
B. SLE  
C. Ankylosing spondylitis  
D. Spinal TB  
E. Cervical spondylosis

26. A patient with history of uric acid stones has serum uric acid of 9.5 mg/dl. He is started on allopurinol 100mg once daily. What should be the minimum target of uric acid in this patient?  
A. < 4 mg/dl  
B. < 5 mg/dl  
C. < 6 mg/dl  
D. < 7 mg/dl  
E. < 3 mg/dl

27. A 36-year-old female diagnosed case of RA on methotrexate and HCQ with folic acid presented with painful mouth ulcers. Labs were done which are normal. What should be done?  
A. Stop methotrexate and start folinic acid  
B. Give iv steroids  
C. Stop hydroxychloroquine  
D. Stop methotrexate  
E. Increase the dose of folic acid

28. A 30-year-old female presented with a six months history of pain and swelling in her hands. Blood test were done which showed high positive RA factor and anti CCP with high titer ANA level. Which drug regime should be started initially?  
A. Methotrexate + prednisolone  
B. methotrexate  
C. prednisolone  
D. Methotrexate plus sulphasalazine  
E. Sulphasalazine plus steroids

29. A patient with RA presented with feeling more fatigued over the last 2 months. She is taking methotrexate and sulphasalazine for her rheumatoid arthritis. Examination showed splenomegaly and rheumatoid nodules. Labs were done which showed Hb-7.5, wbc, 2000 and platelets 75000. What is the most probable diagnosis?  
A. Felty's syndrome  
B. Aplastic anemia  
C. Iron deficiency anemia  
D. Methotrexate induced pancytopenia  
E. Sulphasalazine induced pancytopenia

30. Which of the following is the most common site involved in osteoarthritis?  
A. Hip  
B. Knee  
C. Hand  
D. Cervical spine  
E. Ankle

31. What is the first line treatment for mild SLE with joint and skin involvement?  
A. hydroxychloroquine  
B. methotrexate  
C. Prednisolone  
D. NSAIDS  
E. Azathioprine

32. Which Autoantibody is most specific for dermatomyositis?  
A. Anti- Mi-2  
B. Anti Scl 70  
C. Anti- ds DNA  
D. Anti centromere  
E. ALT

33. A 32-year-old male presented with complaints of pain in the right knee and left ankle joint for 3 days. Pain is worsened with active and passive movements. Patient is also taking eye drop for painful red eyes and is on ciprofloxacin for a suspected UTI. Examination showed plaques like lesions on both soles. What is the most likely diagnosis?  
A. Reiter's syndrome  
B. Gonococcal arthritis  
C. Still's disease  
D. Psoriatic arthritis  
E. Rheumatoid arthritis

34. A 35-year-old male presented with pain and swelling in the joints of right hands. Examination showed tenderness in MCP, PIP and DIP joints. There is also dystrophic hyperkeratosis of the finger nails. Which is the most likely diagnosis?  
A. Rheumatoid arthritis  
B. Psoriatic arthritis  
C. hemochromatosis  
D. sarcoidosis  
E. Palindromic rheumatism

35. A 45 year old female patient presents with proximal muscle weakness, heliotrope rash. And elevated CPK levels. She also develops shortness of breath. Which complication should be suspected?  
A. Pulmonary embolism  
B. Interstitial lung disease  
C. Pleural effusion  
D. Cardiac tamponade  
E. ARDS

Which malignancy is most commonly associated with dermatomyositis?  
A. Colorectal Ca  
B. Ovarian Ca  
C. Lung Ca  
D. Breast Ca  
E. Thyroid Ca

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

38. A 32 year old female with SLE presents with confusion, seizures, and elevated anti ds- DNA levels. What is the next best step in her management?  
A. Low dose aspirin  
B. Methotrexate  
C. high dose steroids  
D. hydroxychloroquine  
E. Azathioprine

39. Which of the following is the most common histological class of lupus nephritis?  
A. Minimal mesangial lupus nephritis  
B. Mesangial proliferative lupus nephritis  
C. Diffuse proliferative lupus nephritis  
D. Advanced sclerotic lupus nephritis  
E. Rapidly progressive lupus nephritis

40. 25 years old female with 2 months history of progressive muscle weakness. She is unable to climb the stairs or comb her hair. She also has mild fatigue but denies any joint pain or skin rashes or weight loss. What is appropriate next investigation that will support the diagnosis?  
A. CPK  
B. ESR  
C. CBC  
D. Nerve conduction Studies  
E. ALT

45. A 45 year old female patient presents with proximal muscle weakness, heliotrope rash. And elevated CPK levels. What is the most appropriate next diagnostic step?  
A. Skin biopsy  
B. MRI of the muscle  
C. Repeat CPK  
D. Liver function tests  
E. Sjögren syndrome

46. Which of the following is the most common extraarticular manifestation of rheumatoid arthritis?  
A. Sjögren syndrome  
B. pleurisy  
C. pericarditis  
D. scleritis  
E. neuropathy

47. A 40 year old male represented with complaints of sudden onset of excruciating pain in left 1st tarsometatarsal joint after a lavish dinner. Joint fluid showed negatively birefringent crystals. What is the best initial treatment for him?  
A. Colchicine  
B. Naproxen  
C. Prednisone  
D. Febuxostat  
E. Allopurinol

48. Which of the following is the most common cause of death in long standing rheumatoid arthritis?  
A. sepsis  
B. Interstitial lung disease  
C. Cardiovascular disease  
D. Renal failure  
E. Lymphoma

49. A 39-year-old male presented with pain and swelling of small joints of hands is diagnosed as a case of rheumatoid arthritis. Which of the following is the initial long-term drug of choice for him  
A. Methotrexate  
B. NSAIDS  
C. Aspirin  
D. Celecoxib  
E. Naproxen

50. Bradycardia during laparoscopic cholecystectomy is usually due to:  
A. Excess  
B. Increased venous return  
C. Hypothermia from cold gas insufflation  
D. Overhydration intravenously  
E. Rapid stretching of the parietal peritoneum

51. The following is true for pre and intraoperative anesthesia management  
A. Pre-anesthetic complete blood counts are essential even for medically fit patients about to undergo minor surgery.  
B. Recent myocardial infarction is not by itself a contraindication for elective anesthesia.  
C. Hepatitis does not affect recovery from anesthesia.  
D. Bipolar diathermy is safer than monopolar for patients on pacemaker.

52. The major cause of impaired wound healing is  
A. Anemia  
B. Diabetes mellitus  
C. Local tissue infection  
D. Malnutrition  
E. Steroid use

53. A 35 year old man is admitted with systolic blood pressure (BP) of 60 mm Hg and a heart rate (HR) of 150 bpm following a gunshot wound to the liver (Fig. 1-1). 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/d.  
D. They are affected and cause an increased creatinine clearance.  
E. They are prevented from further damage by vasopressor.

54. A 70 year old man was administered 20,000 U of heparin before femoral artery embolectomy. Following surgery, he is noted to have generalized bleeding from the wound margins. Immediate management should consist of administration of which of the following?  
A. Fresh-frozen plasma  
B. Cryoprecipitate  
C. Platelet transfusion  
D. Intravenous protamine sulfate  
E. Intravenous sodium bicarbonate

55. Neurogenic shock is characterized by the presence of:  
A. Cool, moist skin  
B. Increased cardiac output  
C. Decreased peripheral vascular resistance  
D. Decreased blood volume  
E. Increased pulse rate

52. Correct statement about volume resuscitation in hemorrhagic shock include:  
A. Administration of large volumes of lactated Ringer's solution is complicated by increasing lactic acidosis  
B. Lactated Ringer's solution intravenously restores the extracellular fluid deficit-produced blood loss  
C. Lactate ions are readily excreted by the normal kidney  
D. Use of whole blood alone corrects hypovolemia more effectively than whole blood plus lactated Ringer's solution  
E. When lactated Ringer's solution is used to correct hypovolemia, decreased intravascular oncotic pressure results

53. A 24 year old man is brought into the emergency department after a fall from a ladder. His breathing is labored and he is cyanotic. No breath sounds can be heard, even in the right lung field, which is resonant to percussion. The first step in his management should be:  
A. Cricothyroidotomy  
B. Obtaining a stat chest x-ray  
C. Passing an oral endotracheal tube  
D. Starting oxygen by a valve-mask device  
E. Tube thoracostomy

54. A 20 year old man suffers an injury to the posterior urethra. After appropriate initial management and follow up care of this injury, the most likely late complication is:  
A. Ascending urinary tract infection  
B. Retrograde ejaculation  
C. Sterility  
D. Urethral stricture  
E. Urinary incontinence

55. A 60 year old woman is admitted to the emergency department with evidence of spreading peritonitis. Her temperature is 40°C with a pulse rate of 120/min and blood pressure of 96/60. Her blood sugar is 960 mg%. urine specific gravity is 1.030, and marked glucosuria and ketonuria are present. The most important first step in her management:  
A. Administration of broad spectrum antibiotics intravenously  
B. Correction of hyperglycemia  
C. Correction of ketoacidosis  
D. Immediate diagnostic celiotomy  
E. Laparoscopic evaluation to establish a diagnosis

56. As contrasted to fractures in adults, comparable extremity fractures in children:  
A. Are less frequently incomplete  
B. Develop nonunion more frequently  
C. Heal more slowly  
D. Require more frequent operative fixation  
E. Result more often in lengthening of the extremity

57. 55 years old male had road traffic accident and sustained trauma to right hip. X-ray shows right neck of femur fracture. There are no comorbid. What is the treatment of choice for this patient  
A. Hemi arthroplasty  
B. Fixation of fracture  
C. Total hip arthroplasty  
D. Skeletal traction  
E. Non operative

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A. Fresh-frozen plasma  
B. Cryoprecipitate  
C. Platelet transfusion  
D. Intravenous protamine sulfate  
E. Intravenous sodium bicarbonate

59. A 28 year old male was injured in a motorcycle accident in which he was not wearing a helmet. On admission to the emergency room, he was in severe respiratory distress and hypotensive (blood pressure 80/40 mm. Hg), and appeared cyanotic. He was bleeding profusely from the nose and had an obviously open femur fracture with exposed bone. Breath sound was decreased on the right side of the chest. The initial management priority should be  
A. Control of hemorrhage with anterior and posterior nasal packing  
B. Tube thoracostomy in the right hemithorax  
C. Obtain intravenous access and begin emergency type O blood transfusions.  
D. Endotracheal intubation with in-line cervical traction.  
E. Obtain cross-table cervical spine film and chest film

60. A 33 years old male involved in a street fight presents with bruises and deformity in the upper part of his leg. X-ray shows fracture of the neck of fibula. What is the single most associated nerve injury?  
A. Sciatic nerve  
B. Sural nerve  
C. Musculocutaneous nerve  
D. Lateral peroneal nerve  
E. Tibial nerve

61. A 70 year old man with prostatic cancer has had severe acute back pain waking him up at night for 6 weeks. What is the appropriate investigations?  
A. MRI spine  
B. Radionuclide bone scan  
C. DEXA scan  
D. Serum ALP concentration  
E. Serum calcium concentration

Q. A 31 years old man underwent an operation where his hand was hanging outside the table. After the operation he had wrist drop and sensory loss over the dorsum of his hand. Which nerve was injured?

- A. Radial
- B. Ulnar
- C. Median
- D. Axillary
- E. Brachial.

Q. A 60 year old woman presented with radial fracture and had a Colle's fracture and supracondylar fracture in the past. What investigation is required to detect her possibility of having the same problem later?

- A. Dexa scan
- B. MRI
- C. Nuclear bone scan
- D. CT scan
- E. Bone biopsy

Q. Volkmann's ischemic contracture is associated with:

- A. Intertrochanteric femoral fracture
- B. Supracondylar fracture of the Humerus
- C. Posterior dislocation of the knee
- D. Traumatic shoulder separation
- E. Colle's "silver" fork fracture

Q. Tenderness in the anatomical snuffbox may be observed in:

- A. Spiral fracture (scaphoid) fracture
- B. Monteggia fracture/ deformity
- C. Greenstick fracture
- D. Spiral fracture
- E. Posterior shoulder dislocation

Q. Which of the following statement regarding compartment syndrome following an orthopedic injury is true?

- A. The first sign is usually loss of pulse in the extremity
- B. Passive flexion of the extremity proximal to compartment will aggravate the pain
- C. Surgical decompression is necessary
- D. The syndrome is often painless
- E. Both a and d

Q. Avascular necrosis is associated with which of the following?

- A. Neck of the femur fracture
- B. Shaft of femur fracture
- C. Radius shaft fracture
- D. Clavicle fracture
- E. Fracture of Ulna

Q. A 25 year old man is admitted shortly after being rescued from a house fire. He is hoarse and dyspneic with expiratory wheezes. His P/F ratio is 200. The first step in management of his airway should be:

- A. Administration of oxygen by mask
- B. Administration of oxygen and racemic epinephrine by mask
- C. Fiberoptic bronchoscopy and bronchial lavage
- D. Intubation and administration of oxygen
- E. Tracheostomy and administration of oxygen

Q. Following initial resuscitation, based upon the Parkland formula, the patient was resuscitated with Ringer's lactate solution at 800 mL/h. Further assessment after 6 hours reveals oliguria. What should the next step in management be?

- A. Continue with increased amount of lactated Ringer's solution
- B. Give plasma
- C. Give diuretics to improve urine flow
- D. Colloid solution
- E. Continue initial resuscitation with normal saline

Q. The most common fluid disorder in the surgical patient is

- A. Extracellular fluid volume deficit
- B. Hyperkalemia
- C. Hypernatremia
- D. Metabolic acidosis
- E. metabolic alkalosis

Q. The most common cause for a transfusion reaction is:

- A. air embolism
- B. contaminated blood
- C. human error
- D. outdated blood
- E. unusual circulating antibodies

Q. Which of the following causes of shock is not actually caused by hypovolemia?

- A. Shock during administration of spinal anesthesia
- B. Shock following trauma
- C. Shock following a large burn
- D. Shock in prolonged intestinal obstruction
- E. Internal Visceral Bleed

Q. A resident competes the insertion of a central venous pressure line through the subclavian vein. The next step should be to

- A. Order an ECG
- B. Order an ultrasound
- C. Order a chest x-ray
- D. Order all three
- E. None of the above

74. A 22-year-old woman is seen by a psychiatrist in the emergency room after she is found walking in the middle of a busy street with no shoes on. During her interview she is asked to tell the physician what the following statement means: "Those in glass houses should not throw stones." Which of the following best describe the cognitive functions being tested by this request?

- A. Orientation
- B. Immediate memory
- C. Fund of knowledge
- D. Concentration
- E. Abstract reasoning

75. A 23-year-old man comes to the psychiatrist with a chief complaint of a depressed mood. He is very anxious and obviously uncomfortable in the physician's office. Which of the following actions should be used to help develop rapport with this patient?

- A. Inform the patient that his problem is simple and easily fixed.
- B. Express compassion with the difficult position the patient is in.
- C. Tell the patient that you, too, are nervous when seeing new patients.
- D. Ask the patient why he is unusually anxious about seeing a psychiatrist.
- E. Get right to the patient's complaint, so that the patient can leave as soon as possible.

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77. A 45-year-old woman presents to her physician with a chief complaint of a severe headache that is increasing in severity over the past 3 weeks. The patient states that 1 month ago she was in an accident and was diagnosed with a concussion. The patient states that the headache has been increasing since then and she is completely unable to work. The MRI of her head is normal. What's the likely condition?

- A. Somatic symptom disorder
- B. Conversion disorder
- C. Illness anxiety disorder
- D. Body dysmorphic disorder
- E. Somatic symptom disorder with pain as the predominant symptom

78. At which age will a child develop pincer grasp?

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

79. Baby pulls himself to stand, crawls without difficulty. Which age is he?

- a. 10 months
- b. 12 months
- c. 8 months
- d. 14 months
- e. 20 months

80. Child can know colors but has difficulty in making a square.

- a. 4 years
- b. 2 years
- c. 3 years
- d. 28 months
- e. 18 months

81. A 4-year-old with petechiae and purpura after flu 2 weeks ago.

- a. immune thrombocytopenic purpura
- b. leukemia
- c. meningococcemia
- d. thrombotic thrombocytopenic purpura
- e. autoimmune hemolytic anemia

82. 6-year-old with pale look, puffy face, swollen abdomen. Parents are beta-thalassemia minor.

- a. beta thalassemia minor
- b. alpha thalassemia
- c. beta thalassemia trait
- d. beta thalassemia major
- e. sickle cell anemia

83. 1-year-old with HB 9, MCV 65, MCH 25, MCHC 32.

- a. vitamin b12 deficiency anemia
- b. folate deficiency anemia
- c. iron deficiency anemia
- d. sideroblastic anemia
- e. normocytic hypochromic anemia

84. 5-year-old with known blood disorder, chest pain, SOB, and splenomegaly.  
a. beta thalassemia major  
b. sickle cell disease  
c. myocardial infarction  
d. hereditary spherocytosis  
e. sickle cell crisis

85. 10-year-old with weakness, joint pain, pallor, and positive Coombs test.  
a. autoimmune hemolytic anemia  
b. hereditary spherocytosis  
c. thalassemia  
d. sideroblastic anemia  
e. hemophilia

86. 7-year-old with normocytic spherocytosis, normal platelets, family history of splenectomy.  
a. autoimmune hemolytic anemia  
b. hereditary spherocytosis  
c. thalassemia  
d. sideroblastic anemia  
e. hemophilia

87. 12-year-old with body pain, decreased reflexes, hyper segmented neutrophils.  
a. autoimmune hemolytic anemia  
b. iron deficiency anemia  
c. vitamin b12 deficiency anemia  
d. sideroblastic anemia  
e. diamond blackfan anemia

88. 2-month-old with fever, pale toxic look, decreased HB, platelets, raised TLC, deranged coagulation.  
a. sepsis  
b. disseminated intravascular coagulation  
c. fanconi anemia  
d. sideroblastic anemia  
e. diamond blackfan anemia

89. 15-year-old girl with menorrhagia, prolonged bleeding time, normal PT/APTT.  
a. hemophilia  
b. christmas disease  
c. von willebrand disease  
d. glanzmann thrombasthenia  
e. bernard soulier syndrome

90. 1-month-old with post-circumcision bleeding, normal platelets and pt, prolonged aptt.  
a. hemophilia  
b. christmas disease  
c. von willebrand disease  
d. glanzmann thrombasthenia  
e. bernard soulier syndrome

91. 5-year-old treated with chloroquine develops dark urine and low HB.  
a. hemophilia  
b. christmas disease  
c. g6pd deficiency  
d. glanzmann thrombasthenia  
e. bernard soulier syndrome

92. Vitamin K deficiency affects all coagulation factors EXCEPT:  
a. factor ii  
b. factor vii  
c. factor viii  
d. factor xi  
e. factor ix

93. 6-year-old boy with recurrent joint swelling after minor injuries; maternal uncle affected. PT normal, APTT prolonged.  
a. vitamin k deficiency  
b. von willebrand disease  
c. hemophilia a  
d. itp  
e. 13 deficiency

94. 7-year-old with recurrent joint bleeding, PT normal, APTT prolonged, Factor VIII normal, Factor IX low.  
a. hemophilia a  
b. hemophilia b  
c. itp  
d. von willebrand disease  
e. vitamin k deficiency

95. 5-day-old breastfed neonate with umbilical bleeding, no Vitamin K given, PT and APTT prolonged, platelets normal.  
a. fresh frozen plasma  
b. im vitamin k  
c. platelet transfusion  
d. rcc transfusion  
e. observe only

96. 3-year-old with acute promyelocytic leukemia, bleeding, and low platelets. Underlying mechanism:

- autoimmune platelet destruction
- bone marrow failure
- deficiency of von willebrand factor
- widespread activation of coagulation and fibrinolysis
- infiltrative disorder

97. A 4-year-old is brought to the clinic with a history of progressive bowing of the legs over the last year. His parents report that he has had some pain in his lower limbs, especially after activity. He is active but does not get much sun exposure as he lives in a cloudy climate region. His family has a history of similar leg bowing. What is the most likely diagnosis?

- congenital hypothyroidism
- growth hormone deficiency
- vitamin d resistant rickets**
- adolescent idiopathic scoliosis
- osteogenesis imperfecta

98. Rickets in infancy is characterized by all EXCEPT:

- craniotabes
- rachitic rosary
- wide open fontanelles**
- bowlegs
- wide wrists

99. Most common cause of monoarthritic in children:

- tuberculous arthritis
- septic arthritis**
- osteoarthritis
- rheumatoid arthritis
- reidi arthritis

100. Child with high fever, rash, and swollen lymph nodes. Which subtype of JIA?

- oligoarticular jia
- psoriatic jia
- enthesitis-related jia
- systemic jia**
- poly articular jia

101. Which finding is most characteristic of Duchenne muscular dystrophy?

- early involvement of distal muscles
- normal cpk levels
- symmetrical sensory loss
- calf pseudohypertrophy**
- small acetabulum

102. All the following are features of Duchenne muscular dystrophy EXCEPT:

- both sexes are affected
- pseudohypertrophy
- death in 2nd decade
- hereditary
- gower sign

103. A 5-year-old boy has progressive difficulty climbing stairs and uses hands to stand up. The defect is:

- deficiency of dystrophin due to point mutation
- deficiency of dystrophin due to autosomal dominant mutation
- deficiency of dystrophin due to frameshift or nonsense mutation**
- deficiency of sacroglycan due to missense mutation
- none of the above

104. HB-electrophoresis should be done.

- at birth
- 4 months
- 12 months**
- 6 months
- 2 months

105. Half-life of RBCs is

- 90 days
- 120 days**
- 60 days
- 150 days
- 100 days

106. A 28-year-old woman who is 14 weeks' pregnant presents in the Dermatology OPD with a history of coming into contact with a child who had chickenpox around 4 days ago. She is unsure if she had the condition herself as a child. Blood tests show the following: Varicella IgM Negative, Varicella IgG Negative, what is the most appropriate management?

- Varicella zoster immunoglobulin**
- No treatment required
- IV acyclovir
- Varicella zoster vaccination
- Varicella zoster vaccination + varicella zoster immunoglobulin

A 45-year-old woman presents to the emergency room for a small flat red rash yesterday but progressed to a very painful rash. She has a past medical history of lupus and is on long-term steroids. On physical exam, she has an extensive vesicular rash on the right side of her face involving her nose and eyes. She is admitted into the hospital for antiviral therapy, and ophthalmology is consulted. What is the likely diagnosis?

- A. Herpes simplex infection
- B. Herpes zoster ophthalmicus**
- C. Herpes zoster opticus
- D. Trigeminal neuralgia
- E. HIV infection

108. A 33-year-old man with no known past medical history is seen in the skin OPD for evaluation of a rash on the cheek and forehead. The rash consists of numerous, small, coalescing skin-colored papules. He does not have any systemic symptoms, and his HIV status is unknown. Initial testing for HIV reveals a positive HIV-1/2 antigen antibody test and an HIV differentiation antibody test that is positive for HIV-1. Follow-up laboratory studies show a CD4 count of 93 cells/mm<sup>3</sup>. Which one of the following is the recommended first-line therapy for this man's skin lesions?

- A. Oral acyclovir
- B. IV acyclovir
- C. Oral famciclovir
- D. Antiretroviral therapy**
- E. Oral valaciclovir

109. Which of the following best describes the cutaneous eruption that can develop during an acute HIV infection?

- A. Localized vesicular rash
- B. Generalized hyperpigmentation
- C. Generalized morbilliform rash**
- D. Generalized vesiculobullous rash
- E. Generalized hypopigmentation

110. Which is the most common systemic cause of intractable pruritis?

- A. Chronic liver failure
- B. Chronic renal failure**
- C. Bronchiectasis
- D. Hypertension
- E. Chronic gastritis

111. Which of the following is a common characteristic skin finding in diabetic patients?

- A. Yellow-orange skin
- B. Gottron's papules
- C. Café au lait macules
- D. Necrobiosis lipoidica diabetorum**
- E. Herpes labialis

112. A 38-year-old woman presented 4 weeks ago with itchy dry skin on her arms and was diagnosed as having atopic eczema. She was prescribed hydrocortisone 1% cream with an emollient. Unfortunately, there has been no improvement in her symptoms. What is the next step in management, alongside continued regular use of an emollient?

- A. Betamethasone valerate 0.1% (Betnovate)
- B. Clobetasone butyrate 0.05% (Eumovate)**
- C. Clobetasol propionate 0.05% (Dermovate)
- D. Topical retinoids
- E. Regular wet wrap dressings

113. A 25-year-old newly qualified nurse presents with a bilateral erythematous rash on both hands. She has no past medical history of such rash. A diagnosis of contact dermatitis is suspected. What is the most suitable test to identify the underlying cause?

- A. Radio allegro sorbent test (RAST)
- B. Latex IgM levels
- C. Skin prick test
- D. Skin biopsy
- E. Skin patch test**

14. All of the following are true regarding Tinea capitis EXCEPT:

- A. It is caused by a type of fungi called dermatophytes
- B. It leads to bald and scaling patches in the scalp
- C. It is commonly referred to as ringworm of the scalp
- D. It is caused by a worm burrowing into the skin**
- E. It is treatable with antifungal medications

15. Which term is used to describe a fungal infection in the groin, inner thighs, and buttocks which leads to redness and itching?

- A. Tinea capitis
- B. Tinea corporis
- C. Tinea cruris**
- D. Tinea pedis
- E. Tinea versicolor

116. A 26-year-old man develops itchy, scaly, and stony patches with circle or ring-like appearance in between the toe webs and nails of the feet. Which of the following is the possible etiological agent?

- A. **Microsporum canis**
- B. **Trichophyton rubrum**
- C. **Candida albicans**
- D. **Sarcoptes scabiei**
- E. **Pediculosis capitis**

117. A 22-year-old man presented with a 6-month history of a red, non-pruritic rash over the trunk, scalp, elbows, and knees. These eruptions are more likely to occur during stressful periods and have occurred at sites of skin injury. The patient has tried topical hydrocortisone without benefit. On examination, sharply demarcated plaques are seen with a thick scale. Pitting of the fingernails is present. There is no evidence of synovitis. What is the best first step in the therapy of this patient's skin disease?

- A. Narrow band-UVB therapy
- B. Oral methotrexate
- C. Topical calcipotriene
- D. Oral cyclosporine
- E. **Topical betamethasone & salicylic acid combination**

118. A 20-year-old woman presented in the skin OPD with erythematous papules on her face, open and closed comedones. She has cystic lesions on her chest and back. She is prescribed topical tretinoin and topical clindamycin but does not improve much. You are considering oral antibiotics, but the patient requests oral isotretinoin. Which of the following statements is correct?

- A. Oral minocycline and isotretinoin are a good combination for severe acne
- B. **Systemically administered isotretinoin therapy should be given with caution in women of childbearing age**
- C. Oral antimicrobial therapy is less effective than a topical antibiotic gel
- D. The teratogenic effects of isotretinoin are its only clinically important side effects
- E. Oral combination contraception has been approved as a treatment for moderate acne vulgaris

119. A 16-year-old unmarried woman is evaluated for an acne breakout on her face for 6 months' duration. She has been using over-the-counter benzoyl peroxide products, but the acne is not improving. Medical history is unremarkable. On examination there are scattered open and closed comedones on the forehead, nose, and cheeks. There are no inflammatory pustules or nodules.

Which of the following is the most appropriate treatment?

- A. Oral isotretinoin
- B. Oral contraceptive pills
- C. Topical clindamycin
- D. **Topical retinoids**
- E. Topical erythromycin

120. The maximum radiation dose to the patient for any investigation of MSK is in the following imaging modality: -

- A. Plain X-ray
- B. CT scan
- C. **MRI**
- D. Ultrasonography
- E. None of the Above