

# BLOCK Q AMC 2024

## 1. CNS MEDICINE

**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

## 2. RENAL MEDICINE

**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

## 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

#### 4. MEDICINE MULTISYSTEM

**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

#### 5. PSYCHIATRY

**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. Edolescents 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

#### 6. MULTISYSTEM

**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

### 7. OBS

**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

### 8. ORTHO

**Q1. Regarding Kyphoscoliosis**

- a. It is always an idiopathic disease
- b. It is a deformity in one plan
- 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

### 9. PEADS CNS

**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

### 10. PEADS GI MEDICINE

**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

### 11. PEADS MULTISYSTEM

**Q1. The definitive diagnosis of type I glycogen storage disease GSD I 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

## 12. PEADS NEONATOLOGY

**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

**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 effect 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