

BLOCK Q KMC 2024

1. CNS MEDICINE

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

2. GI MEDICINE

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 course 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

3. MULTISYSTEM MEDICINE

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 1030F, 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

4. PSYCHIATRY

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-yeas 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 mayalgias 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 here 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

5. OBS

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 followin 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

6. PEADS CNS

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

7. PEADS GI

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/ μ 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

8. PEADS MULTISYSTEM

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 khwashiorkor
- 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, viceromegaly 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 viceromegaly. 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 Acidemia
- c. Phenylketonuria
- d. Tyrosinemia
- 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 palmar crease. She had a pansystolic 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 palmar 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

9. PEAD SURGERY

Q1. A 13-months-old boy was brought to you in emergency. He had right ear discharge, fever and cough from last five days. Since last 10 hours he was crying and becomes irritable episodically. He had vomited three times and passed loose stool once. On examination his pamper and perineal area was blood stained. He was straining and irritable. Right lumbar area and right iliac fossa were tender. His labs are Hb: 9g/dl (11.5-14.5g/dl), TLC: 9000/cmm (4000-11000/mm³), Polys: 75% (50-65%), Platelets: 350000/mm² (150000-400000/mm²), CXR: Normal. What is the most likely diagnosis?

- a. Acute gastroenteritis
- b. Intussusception
- c. Peptic ulcer disease
- d. Pneumonia
- e. Septicemia

Q2. A newly born male baby was brought to surgical OPD with budging through the umbilicus while crying. On examination, there was a reducible umbilical swelling with a defect of about 1x1 cm. What is the most appropriate next step?

- a. scan abdomen
- b. Herniorrhaphy after 06 months
- c. Oral analgesics and antibiotics
- d. Reassurance
- e. Ultrasound abdomen

10. CNS SURGERY

Q1. A child presents to OPD with complaints of decreased vision, stunted growth and mental slowing. Child is also obese. On examination he is having bilateral optic atrophy. MRI brain shows a space occupying lesion. Where could be the location of the lesion?

- a. Brain stem
- b. Hypothalamus
- c. Occipital lobe

- d. Optic nerve
- e. Sellar supra-sellar area

Q2. A child age 3yrs presents to the opd with complaints of headache and vomiting. On examination child is having bilateral papilledema while the rest of neurological examination is normal. MRI of brain done and shows lesion in posterior fossa. What is the most common tumor in this area in children?

- a. Dysgerminoma
- b. Derminoma
- c. Glioma
- d. Meningioma
- e. pilocytic astrocytoma

11. GI SURGERY

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 are 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

12. BARIATRIC SURGERY

Q1. 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

Q2. 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. Intraoperative Balloon
- d. Roux-en-Y Gastric Bypass
- e. Sleeve Gastrectomy