

# BLOCK Q RMC 2024

## 1. CNS MEDICINE

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

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

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

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

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

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

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

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

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

- a. CSF glucose is usually elevated in TBM
- b. TBM is characterized by a rapid onset and progression of symptoms
- c. Cranial nerve palsies are a common clinical finding in TBM
- d. TBM does not require corticosteroids as part of treatment
- e. TBM does require corticosteroids as part of treatment

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a. NMDA receptor antagonists
- b. Dopamine agonists
- c. Acetylcholinesterase inhibitors
- d. Monoamine oxidase inhibitors
- e. All of the above

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

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

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

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

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

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

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

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

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

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

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

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

**2. G.I MEDICINE**

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

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

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

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

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

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

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

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

**5. A 26 year old female with acute liver failure due to paracetamol poisoning has progressed to grade 4 encephalopathy. She was intubated and neurologists wants an invasive ICP monitoring. Her labs showed patients of 30,000 INR 3.15 fibrinogen 45. Which of the following blood products should be given before placing an ICP monitor?**

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

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

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

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

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

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

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

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

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

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

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

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

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

### 3. PSYCHIATRY

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

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

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

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

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

- a. Alcohol

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

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

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

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

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

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

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

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

- a. Systemic desensitization
- b. CUTE exposure therapy
- c. Exposure and response prevention
- d. Biofeedback

e. Contingency management

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

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

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

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

#### 4. MULTISYSTEM

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

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

**2. A patient presented in OPD with complains of severs craving for substance, rhinorrhea, lacrimation, body aches, lose motions and abdominal cramps. On examination he is having anemia and tachycardia. He has a long history of**

**using substances. What is the most probable diagnosis?**

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

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

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

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

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

#### 5. OBS

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

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

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

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

## 6. ORHOPEDICS

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

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

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

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

## 7. CNS PEADS

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

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

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

- a. Cleft lip and plate
- b. Neural tube defect
- c. Hypertension
- d. Stroke

e. Limb Agenesis

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

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

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

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

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

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

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

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

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

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

## 8. GI PEADS

**1. Chronic diarrhea is defined as:**



- a. Diarrhea, which persist for more than one week with infectious etiology
- b. Diarrhea, which persist more than one month with non-infectious etiology
- c. Diarrhea, which persist for more than 3 months with non-infectious etiology
- d. Diarrhea, which persist for more than two weeks with non-infectious etiology
- e. Diarrhea, which persist for more than two weeks with infectious etiology

**2. A 2 year old child presented with history of loose motion and abdominal pain. On examination, he is failure to thrive, anemic and has abdominal distension, his anti-transglutaminase antibodies are positive. Which of the following is most appropriate diagnosis:**

- a. Inflammatory bowel disease
- b. Tuberculosis
- c. Irritable bowel disease
- d. Celiac disease
- e. None of the above

**3. A previously well 8-year-old boy presents with 3 days history of nausea, anorexia, fever, yellowing of eyes, and abdominal pain. On examination, he is febrile, icteric and raised ait. What will be your most appropriate diagnosis?**

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

**4. A boy with chronic diarrhea with a history of apple fruit juices intake, no FTT and stool contain food particles:**

- a. Celiac disease
- b. Irritable bowel disease
- c. Toddlers disease
- d. Infectious diarrhea
- e. Viral diarrhea

**5. A 2 year old child presents with painless rectal bleeding, how to diagnose?**

- a. RBC scars
- b. USG abdomen
- c. Barium scan
- d. Both b and c
- e. Meckel scan

**6. Infant with jaundice with increased conjugated bilirubin and white clay color stools, no fever diagnosis?**

- a. Hepatitis A
- b. Hepatitis C
- c. Hepatitis B
- d. Biliary atresia
- e. None of the above

**7. A 6 weeks old with projectile vomiting hypochloremic metabolic alkalosis. K.2.2. Low urinary chloride, diagnosis?**

- a. Berlet syndrome
- b. Pyloric stenosis
- c. Cystic fibrosis
- d. Gittleman syndrome
- e. None of the above

**8. Skin pinch goes slowly, eager to drink imnci?**

- a. Severe dehydration
- b. No dehydration
- c. Mild dehydration
- d. Moderate dehydration
- e. Some dehydration

## 9. MULTISYSTEM PEADS

**1. A baby on cow milk with dry scaly skin with desquamation?**

- a. Vitamin B deficiency
- b. Vitamin B deficiency
- c. Vitamin A deficiency
- d. Protein calorie malnutrition
- e. None of the above

**2. Which immunoglobulin is abundant in colostrum?**

- a. IgA
- b. IgM
- c. IgE

d. IgG e. IgA and IgG

**3. A 4-year-old boy with bilateral Pedal edema has weight 75% of expected weight for her age, most likely?**

- a. Marasmus
- b. Nephrotic syndrome
- c. Kwashiorkor
- d. All
- e. None of the above

**4. Karyotyping of Down syndrome shows?**

- a. Trisomy 18
- b. Trisomy 13
- c. Trisomy 15
- d. Trisomy 21
- e. None of the above

**5. A patient with hypotonia and brush-filled spots, diagnosis?**

- a. Turner syndrome
- b. Down syndrome
- c. Klinefelter syndrome
- d. None of the above
- e. All of the above

**6. Cleft lip palate, rocker bottom feet, microcephaly, polydactyly, diagnosis?**

- a. Edward syndrome
- b. Patau syndrome
- c. Down syndrome
- d. Turner syndrome
- e. Klinefelter syndrome

**7. A child with rash sparing mouth area on groin axilla with lymphadenopathy, fever and red tongue, diagnosis?**

- a. Kawasaki disease
- b. Scarlet fever
- c. Malaria
- d. Typhoid fever
- e. None of the above

**8. Affected mother transmit to all offspring but affected father cannot pass on the disease to his offspring. What is the pattern of genetic transmission?**

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

**9. A mother has brought a 4-year-old boy for dysuria. You want to screen him for urinary tract infection. Which one of the following results is most specific for UTI?**

- a. Positive red blood cells
- b. Positive protein
- c. Positive nitrites
- d. Positive cast
- e. Low specific gravity

**10. Which one of the following investigation is most specific to confirm urinary tract infections?**

- a. Urine Dipstick
- b. Urine culture
- c. Urine RE
- d. Renal ultrasound
- e. Clinical history

**11. Which of the following urine culture result is conformity for UTI?**

- a. Mixed growth of 105 organisms
- b. Single colony growth of the 105 organisms
- c. Single colony growth of 104 organisms
- d. Single colony growth of 103 organisms
- e. Single colony growth of 102 organisms

## 10. CNS SURGERY

**1. During the secondary survey of a trauma patient, it becomes apparent that there is depressed skull fracture. You must decide first this change the management plan for this patient in any way. Select**

**the most correct statement regarding this skull fracture?**

- Depressed fracture are those in which the level of consciousness absent
- Compound fracture are those in which the skull is fracture and the underly is dislocated
- Any born fragment displaced more than 1 centimeter inward should be surgically elevated
- Drainage CSF fluid via the ear, nose require surgical treatment
- Most skull fracture requires surgical treatment

**2. A 60-year-old patient is brought to emergency 10 minutes after being involved in a motor vehicle collision. On arrival he is breathing spontaneously, non-cyanotic and no signs of external injury. He make some incompressible sounds. He responds to his name by opening his eyes and on applying Supra-orbital pressure. He extends his left extremity and grabbed your hand with his right hand. What is the Glasgow coma scale of this patient?**

- 6
- 8
- 10
- 13
- 14

**3. A 22-year-old male is brought to A&E with history of RTA. He has severe low back pain. Examination shows weakness and decreased pain and temperature sensations in both legs. Fine touch vibrations, pressure and sensation are intact. He is immobilized and his airway breathing and circulation are normal. Which of the following is most appropriate next stage in management of his injury?**

- Immediate surgery
- CT scan of spine
- I/v steroids
- MRI spine
- Watchful observation

## 11. PEADS SURGERY

**1. Cleft lip repair is commonly performed:**

- Between 1 and 3 months of age
- Between 3 and 6 months of age
- Between 12 and 15 months of age
- Between 6 and 9 months of age
- between 9 and 12 months of age

## 12. G.I SURGERY

**1. A 33 year old woman is noted to have Meckel's diverticulum when she undergoes an emergency appendectomy. The diverticulum is approximately 60cm from the ileocecal valve and measure 2-3cm in length. What is the most common complication of Meckel's diverticulum among adults?**

- Bleeding
- Perforation
- Intestinal obstruction
- Ulceration
- Carcinoma

**2. A 79 years old man has had abdominal pain for 4 days. An operation is performed, and a gangrenous appendix is removed. The stamp is inverted. Why does acute appendicitis in elderly patients and in children have a worse prognosis?**

- The appendix is retrocecal
- The appendix is in preileal position
- The appendix is in the pelvic position
- The appendix and peritoneal cavity appear to be less efficient in localizing the disease in these age groups
- The appendix is longer in these age groups

**3. A 12 year old boy complaints of pain in the lower abdomen (mainly on the right side), symptoms commenced 12 hours before admission. He had noted anorexia during this period. Examination reveal tenderness in the right Iliac fossa, which was maximum 1cm below MC Burney's point. In appendicitis, where does the pain frequently commence?**

- a. In the right Iliac fossa and remains there
- b. In the back and moves to the right iliac fossa
- c. In the rectal region and moves to the right iliac fossa
- d. In the umbilical region and then moves to the right iliac fossa
- e. In the right flank

**4. A 25 year old male who has undergone hemorrhoidectomy for bleeding P/R is unable to pass urine 6 hours after surgery.**

- a. You should be catheterized to prevent straining
- b. He should be encouraged to pass urine in the bed pan
- c. After removing the rectal pack he should be allowed to stand next to running Tap and void
- d. A fine red rubber tube should be used to empty the bladder

**5. A Fistula-in-ano is termed high or low reference to:**

- a. The null verge
- b. The anorexic ring
- c. The dentate line
- d. The cuboidal epithelium of the anal canal
- e. Sacrum

**6. The most common site for colorectal malignancy is:**

- a. Sigmoid
- b. Cecum
- c. Rectum
- d. Ascending colon
- e. None of above

**7. Partial rectal prolapse in infants and children should be treated by:**

- a. Excision of the prolapsed mucosa after applying Goodsall's ligature
- b. Thiersch operation
- c. Surgery by the abdominal approach
- d. Conservative treatment (digital reposition dietary advise, treatment the diarrhea | dysentery)
- e. Sub mucus injection of 5% phenol in almond oil

**8. Infections that require operative treatment include all of the following except:**

- a. Abscess of hip
- b. Empyema
- c. Infected ascites
- d. Narcotizing fasciitis of the thigh
- e. Vascular graft infection

**9. Infections that require operative treatment include all of the following except:**

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**10. A 60-year-old alcoholic is admitted to the hospital with a diagnosis of acute pancreatitis. Upon admission his white blood cells (WBC) count is 21,000, his lipase is 500, blood glucose is 180 mg/dl, lactate dehydrogenase is 400 IU/L, and aspartate aminotransferase (ASD) is 240 IU/dl. Which of the following is true?**

- a. The patient is expected to have a mortality rate of less than 5%
- b. The patient's lipase level is an important indication of prognosis
- c. The patient requires immediate surgery
- d. A venous blood gas would be helpful in assessing severity of illness in this patient
- e. A serum calcium level of 6.5 mg /dL on the second hospital day is a bad prognostic sign

**11. Mrs. A 40 requires cholecystectomy.**

**Preanesthetic check is unremarkable except for a history of intake of diuretics for hypertension, and regular use of oral contraceptives. The least useful step of perioperative anesthesia management is:**

- a. Total leukocyte count estimation
- b. Serum potassium estimation
- c. Use of perioperative heparin

- d. Continued intake of antihypertensive on the monitoring of surgery
- e. Echocardiography pre-operatively

**12. As compare to inguinal hernias, femoral hernias are typically:**

- a. Larger
- b. Associated with more symptoms even while uncomplicated
- c. Less likely to strangulate
- d. Are more laterally placed
- e. None of the above

THE MEDICO MENTOR