

BLOCK Q WMC 2024

1. Minor risk factors for recurrence of febrile seizure include the following EXCEPT

- a. Complex febrile seizure
- b. Age <1 yr
- c. Family history of febrile seizures
- d. Male gender
- e. Lower serum sodium

2. Gingival hyperplasia coarsening, of the facies, hirsutism, and cerebellovestibular symptoms (nystagmus and ataxia) are adverse effects of

- a. Carbamazepine
- b. Lamotrigine
- c. Phenytoin
- d. Valproic acid
- e. Succinimides

3. Rickets is a potential side effect from all the following EXCEPT

- a. Phenytoin
- b. Valproate
- c. Phenobarbital
- d. Primidone
- e. Carbamazepine

4. The most common cause of neonatal seizure is

- a. Vascular events
- b. Intracranial infections
- c. Brain malformations
- d. Hypoxic-ischemic encephalopathy
- e. Metabolic disturbances

5. HBV is present in high concentrations in

- a. Serous exudates
- b. Saliva
- c. Vaginal fluid
- d. Semen
- e. Urine

6. Risk factors for HBV infection in children and adolescents include acquisition by the following EXCEPT

- a. Intravenous drug
- b. Contaminated needles
- c. Sexual contact
- d. Intimate contact with carriers
- e. Sharing toys

7. One of the following rules out biliary atresia

- a. History of prematurity
- b. Normal size of liver
- c. Normal consistency of liver
- d. Consistently pigmented stools
- e. No familial incidence

8. Zinc supplementation in children with diarrhea in developing countries leads to the following EXCEPT

- a. Decreased use of ORS
- b. Reduced duration of diarrhea
- c. Reduced severity of diarrhea
- d. Reduced hospital admission
- e. Improving diarrhea recovery rates

9. Guillain-Barre syndrome can be a foodborne sequel in the following bacterial illness

- a. Bacillus anthracis
- b. Bacillus cereus
- c. Brucella abortus
- d. Campylobacter jejuni
- e. Clostridium botulinum

10. Risks associated with severe dehydration that might necessitate intravenous resuscitation include

- a. Age <9 mo
- b. Postmaturity
- c. Fever >38°C if 3-36 mo of age
- d. Secretory diarrhea
- e. Depressed level of consciousness

11. The following conditions can be associated with celiac disease EXCEPT

- a. Williams syndrome
- b. Down syndrome
- c. Turner syndrome
- d. Klinefelter syndrome
- e. Sjogren syndrome

12. Acute diarrhea in infancy is commonly caused by

- a. primary disaccharidase deficiency
- b. overfeeding
- c. hirschsprung toxic colitis
- d. adrenogenital syndrome
- e. neonatal opiate withdrawal

13. Gastroesophageal (GERD) is the common esophageal disorder in children of all ages of following, the MOST common symptom in infants is

- a. Excessive crying
- b. Regurgitation
- c. Failure to thrive
- d. Abnormal posturing
- e. Sleeping disturbance

14. All the following are common causes of emesis in childhood EXCEPT

- a. Gastroenteritis
- b. Toxic ingestion
- c. Pertussis syndrome
- d. Peptic ulcer
- e. Otitis media

15. The most commonly used index for nutritional status is

- a. Height-for-age
- b. Weight-for-height
- c. Body mass index
- d. Mid-upper arm circumference
- e. Weight-for-age

16. Emergency treatment in severe malnutrition includes all the following EXCEPT

- a. Shock
- b. Hypoglycemia
- c. Dehydration
- d. Severe anemia
- e. Infections

17. The following are characteristic features of acute hypervitaminosis A EXCEPT

- a. Nausea and vomiting
- b. Drowsiness
- c. Diplopia
- d. Cranial nerve palsies
- e. Seizures

18. Enzyme replacement is the main therapy of Hurler disease, it improves all the following EXCEPT

- a. Growth rate
- b. Joint mobility
- c. Organomegaly
- d. Cognition functions
- e. Episodes of sleep apnea

19. Hunter disease is characterized by all the following features EXCEPT

- a. Short stature
- b. Corneal clouding
- c. Dysostosis multiplex
- d. Intellectual disability
- e. Course facial features

20. All the following mucopolysaccharidose are inherited as autosomal recessive EXCEPT

- a. Hurler disease
- b. Scheie disease
- c. Hunter disease
- d. Morquio disease
- e. Sanfilippo disease

21. All the following drugs are unsafe in acute intermittent porphyria EXCEPT

- A. Nifedipine
- B. Diclofenac
- C. Cimetidine
- D. Valproic acid
- E. Carbamazepine

22. You are called to evaluate the cause of hypotonia in a 1-day full-term female infant born to a 28-year old mother. The baby is alert and moves all extremities well but is hypotonic. She has upward slanting palpebral fissures, and bilateral transverse palmar creases. Karyotype is 46, XX.

What is most likely reason for this result?

- a. The number of chromosomes was miscounted

- b. She has a partial translocation involving chromosome 21
- c. There is no chromosomal abnormality
- d. Interference of the test by maternal-fetal blood transfusion
- e. She has Turner syndrome

23. Patients with Down syndrome are at increased risk for which of the following?

- a. Hyperthyroidism
- b. Arthritis of the cervical spine
- c. Streak gonads
- d. Cardiac malformations
- e. Rhabdomyosarcoma

24. An irritable 12-month-old male has a 1-week history of high fevers and macular truncal rash. Examination reveals bulbar conjunctivitis, bright red cracked lips, and cervical adenopathy. What is the most appropriate next step?

- a. Initiate airborne barrier precautions
- b. Intravenous antibiotics
- c. Intravenous antibiotics for the infant and oral antibiotics for all household members
- d. Intravenous gamma globulin
- e. Intravenous corticosteroids

25. Petechial hemorrhages on the skin or seen in.

- a. Pneumococcal meningitis
- b. Staphylococcal meningitis
- c. Meningococcal meningitis
- d. Aseptic meningitis
- e. None of the above

26. All are true of Duchenne muscular dystrophy except.

- a. Autosomal dominant
- b. Only boys suffer
- c. Girls can only be carriers
- d. Sex linked recessive
- e. All of the above

27. Guillain Barre syndrome is characterized by

- a. Symmetric weakness of muscles
- b. Paraesthesia
- c. Preceding viral illness
- d. No vaccination
- e. All of the above

28. A 75 year old patient presents with Rt hemiplegia and aphasia. Most likely site of lesion is in:

- a. Frontal lobe
- b. Internal capsule
- c. Basal ganglia
- d. Left motor cortex
- e. Medulla

29. Following an upper respiratory tract infection a young man developed lower motor neuron type weakness in both his lower limbs. There is no sensory loss. Most likely diagnosis is:

- a. Cervical myelopathy
- b. Guillain-Barre syndrome
- c. Multiple sclerosis
- d. Poliomyelitis
- e. Transverse myelitis

30. A 40-year-old man present with wasting and atrophy of muscles of upper and lower limbs, fasciculations, bilateral brisk knee jerks and up going plantars. What most likely diagnosis:

- a. Motor neuron disease
- b. Diabetic amyotrophy
- c. Multiple sclerosis
- d. POTS disease
- e. Pseudobulbar palsy

31. Which of the following medications is considered as first line treatment for acute migraine:

- a. Opioids
- b. Acetaminophen
- c. NSAIDs
- d. B-blockers
- e. Tricyclic antidepressants

32. Which of the following is not a common trigger for migraine:

- a. Stress
- b. Hormonal changes
- c. Bright light
- d. Regular sleep
- e. Certain foods

33. Which of the following is a key feature of tension type headache:

- a. Nausea and vomiting
- b. Pulsating quality
- c. Bilateral pressing or lightening sensation
- d. Aura
- e. Severe pain requiring emergency treatment

34. Which scale is commonly used to assess the level of consciousness in a patient with a coma:

- a. APGAR score
- b. NIH stroke scale
- c. GCS (Glasgow coma scale)
- d. Mini mental state exam
- e. Rankin scale

35. What is a potential complication of prolonged coma:

- a. Sudden recovery
- b. Pulmonary embolism
- c. Increases appetite
- d. Acute kidney injury
- e. Rapid healing of wound

36. A 45-year-old male presents with sudden severe headache, vomiting, and loss of consciousness. On examination, he is afebrile, has neck stiffness and photophobia. What is the most likely diagnosis:

- a. Migraine
- b. Meningitis
- c. Subarachnoid hemorrhage
- d. Intracerebral hemorrhage
- e. Cervical spine injury

37. A patient suspected of having SAH undergoes imaging studies. Which of the following is the most sensitive imaging modality for detecting SAH:

- a. Non-contrast CT brain
- b. Contrast-enhanced CT brain
- c. MRI brain
- d. CT angiography
- e. Transcranial Doppler ultrasound

38. A patient with SAH due to aneurysmal rupture undergoes successful clipping. What is the most significant predictor of poor outcome:

- a. Age > 60 years
- b. Presence of hydrocephalus
- c. Initial Glasgow Coma Scale (GCS) score < 8
- d. Aneurysm size > 1 cm

e. Delayed surgical intervention

39. A 42-year-old woman presents with progressive fatigue, numbness in her legs, and difficulty maintaining her balance while walking. Her symptoms started gradually and have worsened over the past six months. Examination reveals spasticity in the lower limbs and a positive Romberg sign. MRI shows spinal cord lesions but no brain involvement. Which of the following is the most likely subtype of multiple sclerosis in this patient:

- a. Relapsing-remitting MS
- b. Secondary progressive MS
- c. Primary progressive MS
- d. Clinically isolated syndrome
- e. Benign MS

40. A 30-year-old male with a confirmed diagnosis of relapsing-remitting multiple sclerosis (RRMS) is experiencing an acute exacerbation of symptoms, including muscle weakness and blurred vision. Which of the following is the most appropriate immediate treatment to manage his symptoms:

- a. Methotrexate
- b. Oral prednisone
- c. Intravenous methylprednisolone
- d. Rituximab
- e. Interferon - beta

41. A 25-year-old woman reports a sudden episode of double vision that began two days ago. She also mentions a previous episode of numbness in her legs that lasted for a few weeks and then resolved without treatment. Examination reveals an internuclear ophthalmoplegia (INO). MRI of the brain shows demyelinating plaques in the periventricular area. Which of the following additional findings on MRI would further support the diagnosis of multiple sclerosis:

- a. A single lesion in the thalamus
- b. A single lesion in the frontal lobe
- c. Lesions in different brain regions with different ages (time dissemination)
- d. A single spinal cord lesion
- e. A large, enhancing lesion in the occipital lobe

42. Which subtype of Guillain barre syndrome is characterized by rapid progression to respiratory failure:

- a. Acute inflammatory demyelinating polyneuropathy (AIDP)
- b. Miller fisher syndrome
- c. Acute motor axonal neuropathy (AMAN)
- d. Acute motor and sensory axonal neuropathy (AMSAN)
- e. Bickerstaff's encephalitis

43. Which of the following CSF findings is indicative of bacterial meningitis:

- a. Low glucose, low protein
- b. High glucose, low protein
- c. Low glucose, high protein
- d. High glucose, high protein
- e. Normal glucose, low protein

44. A 60-year-old male presents with a tremor at rest, bradykinesia, and rigidity. He has been experiencing difficulty with walking and performing daily activities. Which of the following is the most likely diagnosis:

- a. Essential tremor
- b. Parkinson's disease
- c. Dystonia
- d. Chorea
- e. Hemiballismus

45. A 30-year-old woman with a history of epilepsy becomes pregnant. Which of the following antiepileptic medications is considered safest in pregnancy:

- a. Valproate
- b. Lamotrigine
- c. Carbamazepine
- d. Topiramate
- e. Gabapentin

46. A 50-year-old man with a history of epilepsy experiences a sudden increase in seizure frequency, which of the following is the most likely cause:

- a. Medication non-compliance
- b. Sleep deprivation
- c. Alcohol withdrawal
- d. Intracranial lesion
- e. Antibiotic use

47. 25 years old female with a past history of transient blindness and right arm weakness which recovered after a few days presented with lower limb weakness. Examination showed bilateral upgoing plantars with increased tone and reflexes. Fundi showed optic atrophy. What is the probable diagnosis:

- a. Motor neuron disease
- b. Syringomyelia
- c. Stroke
- d. Multiple sclerosis
- e. Brain tumour

48. A 72-year-old male presents with sudden onset of right-sided weakness, difficulty speaking, and drooping of the right side of his face. Which of the following is the most likely diagnosis:

- a. Ischemic stroke
- b. Hemorrhagic stroke
- c. Transient ischemic attack (TIA)
- d. Bell's palsy
- e. Subarachnoid haemorrhage

49. What is the most common type of diabetic neuropathy:

- a. Distal symmetric polyneuropathy
- b. Autonomic neuropathy
- c. Proximal motor neuropathy
- d. Focal neuropathy
- e. Focal neuropathy

50. A 28 years old male with Guillain barre syndrome develops autonomic dysfunction including orthostatic hypotension and sinus tachycardia. What is the best management for his autonomic dysfunction:

- a. Beta blockers
- b. Anticholinergic drugs
- c. Fluid replacement and vasopressors
- d. Corticosteroids
- e. Calcium channel blockers

51. A 30 years old woman presents with sudden onset of blurred vision in her right eye and reports pain with eye movement. She also mentions feeling tingling in her left arm that began a few months ago but resolved on its own. MRI brain shows lesions in

the white matter. Based on these findings what is the most likely diagnosis:

- a. Optic neuritis
- b. Transverse myelitis
- c. Stroke
- d. Multiple sclerosis
- e. Encephalitis

52. What type of per rectal bleeding is most likely associated with inflammatory bowel disease:

- a. Fresh per rectal bleed
- b. Malena
- c. Black tarry stools
- d. Mucus with blood
- e. No bleeding only mucous

53. In patient with per rectal bleed what is most concerning risk factor that need further workup:

- a. Mild abdominal pain
- b. Dark stools
- c. Altered bowel habits
- d. Weight gain
- e. Occasional diarrhea

54. A 80-year-old male presented in ER department with history of lower abdominal pain for last 1 day with history of per rectal bleed which is sudden in onset, bright red blood, there is no past history of constipation or altered bowel habits & no weight loss.

What is the most common cause of per rectal bleeding in this patient?

- a. Hemorrhoids
- b. Anal fissure
- c. Diverticular bleed
- d. Ca rectum
- e. Peptic ulcer disease

55. A 40-year-old woman with Fulminant Hepatic Failure due to autoimmune hepatitis has failed to response to steroid therapy. She as elevated bilirubin levels (10 mg/dL) and requires urgent treatment: What is the most appropriate management:

- a. Increase steroid dose
- b. Add azathioprine
- c. Plasmapheresis
- d. Emergency liver transplantation

e. Supportive care

56. A 25-year-old woman presents with one- week history of jaundice, confusion, coagulopathy (INR 3.5) and elevated liver enzymes (AST 1000 U/L, ALT1500 U/L). There is no past history of liver disease:

What is the most likely diagnosis:

- a. Acute Hepatitis
- b. Fulminant Hepatic Failure
- c. Fatty liver disease
- d. Liver Cirrhosis
- e. Hepatocellular Carcinoma

57. A 50-year-old man presents with 05 days history of hematemesis and melena. On examination he is pale, pulse 130/ min & hypotensive (BP 90/60mmHg) CBC: WBC 5.4, HB 7.2, PLT 250 What is the initial management for him:

- a. Immediate Endoscopy
- b. IV fluids + blood transfusion
- c. Proton pump inhibitors (PPIs)
- d. Nasogastric lavage
- e. Surgery

58. A 40-year-old man presents with 2 days history of upper GI bleeding. He has history of alcohol abuse for the last 10 years. Upper GI Endoscopy shows esophageal varices What is the most appropriate treatment for him:

- a. Beta-blockers + nitrates
- b. Transjugular intrahepatic portosystemic shunt (TIPS)
- c. Sclerotherapy
- d. Endoscopic band ligation
- e. Liver transplantation

59. A 60 years old male presented with 4 days history of abdominal distention and pain. He is a known patient of chronic hepatitis C. On examination abdomen was distended with positive shifting dullness. Ascitic tap was done. Which of the following findings is indicative of portal hypertension ascites:

- a. Low SAAG, high protein
- b. High SAAG, low protein
- c. Low SAAG, low protein
- d. High SAAG, high protein
- e. Low SAAG, normal protein

60. A patient with cirrhosis and portal hypertension is being evaluated for secondary prevention of esophageal variceal bleeding after an initial episode. Which medication is most appropriate for long term prevention of rebleeding:

- a. Proton pump inhibitor
- b. Non-selective beta blockers
- c. ACE inhibitors
- d. Diuretics
- e. Calcium channel blockers

61. A 45 years old man from southern Punjab went to Narran for tour, developed headache after one day of arrival which was persistent and not reliving with medicines, and he also has anorexia, nausea & vomiting. What is the most likely diagnosis:

- a. High altitude cerebral edema
- b. High altitude pulmonary edema
- c. Acute mountain sickness
- d. Cerebral infarction
- e. Pneumonia

62. A 20-year-old patient presents with tall stature, long limbs, hypermobile joints, and a positive thumb sign and wrist sign. There is also a family history of similar features. Which of the following connective tissue disorders is most likely to be associated with this clinical presentation:

- a. Ehlers-Danlos Syndrome
- b. Marfan Syndrome
- c. Osteogenesis Imperfecta
- d. Stickler Syndrome
- e. Loays-Dietz Syndrome

63. A 22-year-old boy sustained an electrical injury. Which of the following manifestations is NOT due to electric current injury:

- a. Cardiac Arrhythmias/Asystally
- b. Apnea/neuropathies
- c. Muscle Necrosis/fracture of bones
- d. Neutropenia
- e. Burn injuries

64. Which of the following lab findings is most indicative of renal involvement in SLE:

- a. Elevated creatinine with normal urinalysis
- b. Hematuria and proteinuria
- c. Hypoalbuminemia

- d. Hyperuricemia
- e. Increases calcium

65. Which autoimmune disease characterised by the presence of anti glomerular basement membrane antibodies leading to rapidly progressive glomerulonephritis:

- a. Wegener's granulomatosis
- b. Goodpasture syndrome
- c. Lupus nephritis
- d. Ankylosing spondylitis
- e. Dermatomyositis

66. A patient presents with agitation, after paranoia confusion, and methamphetamine use. What is the initial treatment:

- a. Haloperidol
- b. Lorazepam
- c. Dantrolene
- d. Acetaminophen
- e. Fluid resuscitation

67. What is the toxic dose of acetaminophen in adults:

- a. 5 g
- b. 7.5 g
- c. 10 g
- d. 15 g
- e. 20 g

68. A patient with methamphetamine induced psychosis requires long-term management. What is the primary therapeutic goal:

- a. Reducing dopamine levels
- b. Increasing serotonin levels
- c. Enhancing cognitive function
- d. Improving impulse control
- e. Supporting behavioral therapy

69. A 30-year-old female presents to the emergency department 2 hours after ingesting 20 tablets of alprazolam (Xanax) 2mg each. She is somnolent, confused, and has a respiratory rate of 10 breaths/min. What is the most appropriate initial treatment:

- a. Activated charcoal
- b. Flumazenil
- c. Gastric lavage
- d. Supportive care with monitoring
- e. Mechanical ventilation

70. A 25-year-old woman with Antiphospholipid Syndrome plans for pregnancy. What is the recommended management for her:

- a. Low dose aspirin + low-molecular-weight heparin (LMWH)
- b. Warfarin + corticosteroids
- c. Rivaroxaban + corticosteroids
- d. Close monitoring without anticoagulation
- e. Advise her not to conceive

71. A 50-year-old woman with dermatomyositis treated with Prednisone 60 mg/day & Methotrexate 10 mg/week. After 6 months, her muscle strength improves, CK levels normalize & skin rash resolved. What is the next best step:

- a. Increase methotrexate dose
- b. Add rituximab
- c. Switch to azathioprine
- d. Maintain current treatment
- e. Gradually taper prednisone

72. A 40-year-old man presents with recurrent sinusitis, hemoptysis, renal impairment (GFR 40 mL/min) & Positive c-ANCA. What is the most likely diagnosis:

- a. Wegener's Granulomatosis (GPA)
- b. Microscopic Polyangiitis (MPA)
- c. Polyarteritis Nodosa (PAN)
- d. Churg-Strauss Syndrome (EGPA)
- e. Goodpasture's Syndrome

73. A 40-year-old woman with Polyarteritis Nodosa develops one-week history of gastrointestinal bleeding and abdominal pain. What is the most likely the cause:

- a. Mesenteric artery aneurysm
- b. Intestinal ischemia
- c. Gastrointestinal ulceration
- d. Inflammatory bowel disease
- e. Diverticulitis

74. A 70-year-old woman presents with sudden-onset headache, visual disturbance (diplopia), scalp tenderness and elevated ESR (70 mm/h).

What is the most likely diagnosis:

- a. Giant Cell Arteritis (GCA)
- b. Temporal Arteritis

- c. Polymyalgia Rheumatica (PMR)
- d. Migraine
- e. Stroke

75. A 50-year-old man arrives at the emergency department after accidental exposure to a pesticide while spraying his crops. He reports nausea, sweating, and muscle twitching. His vital signs show bradycardia and low blood pressure. Which of the following would be the most appropriate antidotal treatment:

- a. Administer intravenous naloxone
- b. Start atropine and pralidoxime therapy
- c. Give intravenous bicarbonate
- d. Administer activated charcoal
- e. Induce vomiting with ipecac

76. A 60-year-old woman is brought to the emergency department after an overdose of sedative pills. She is unresponsive, has a respiratory rate of 6 breaths per minute, and her blood pressure is 80/50 mmHg. What is the most important initial step in managing this patient:

- a. Start intravenous fluids
- b. Administer activated charcoal
- c. Perform endotracheal intubation and ventilation
- d. Induce vomiting with ipecac
- e. Start a naloxone infusion

77. A 25-year-old woman presents to the emergency room with confusion, vomiting, and difficulty walking after a night of heavy drinking. Her blood tests show hypoglycemia and an elevated blood alcohol concentration. Which of the following is the most appropriate initial treatment:

- a. Administer thiamine followed by dextrose
- b. Administer intravenous naloxone
- c. Perform gastric lavage
- d. Start hemodialysis
- e. Give intravenous bicarbonate

78. What is the primary treatment for Raynaud's phenomenon in Scleroderma:

- a. Beta blockers
- b. Vasodilators
- c. Calcium channel blockers
- d. Corticosteroids
- e. Immunosuppressants

79. A 25-yr-old athlete collapses during a football game on a hot summer day. He is confused, has a body temperature of 40°C (104°F), and is sweating profusely. Which of the following is the most likely diagnosis:

- a. Heat exhaustion
- b. Heat stroke
- c. Dehydration
- d. Cardiac arrest
- e. Meningitis

80. 35-year-old male patient taking haloperidol for schizophrenia develops a fever, rigidity, and altered mental status. Which of the following is the most likely diagnosis:

- a. Neuroleptic malignant syndrome (NMS)
- b. Serotonin syndrome
- c. Malignant hyperthermia
- d. Parkinsonian crisis
- e. Bacterial meningitis

81. Which of the following medications is most commonly associated with NMS:

- a. Selective serotonin reuptake inhibitors (SSRIs)
- b. Typical antipsychotics (e.g. haloperidol)
- c. Atypical antipsychotics (e.g. clozapine)
- d. Benvodiazepines
- e. Metoclopramide

82. A patient with SLE is planning pregnancy. Which of the following would be an important pre-conception counselling point for her:

- a. Discontinue all medications immediately
- b. Avoid pregnancy as SLE patients cannot safely carry a pregnancy
- c. Control disease activity before conception and continue pregnancy safe medications
- d. Plan for early delivery to avoid complications
- e. Terminate pregnancy immediately if it occurs

83. A Patient was having inguinoscrotal swelling that reaches the base of scrotum, it is reducible with positive cough impulse. What is diagnosis?

- a. Inguinal Hernia
- b. Incomplete, inguinal Hernia
- c. Complete, inguinal Hernia
- d. Complete, direct inguinal Hernia
- e. Complete, reducible inguinal Hernia

84. Which of the following is not related to blood supply of testis?

- a. testicular Artery
- b. Artery to vas deferens
- c. Cremasteric artery
- d. Internal pudendal

85. Which of the following inguinal hernia surgery have minimum recurrence rates.

- a. Bassini
- b. Shouldice
- c. Lichtenstein's Repair
- d. Daming Repair
- e. Mayo's Repair

86. All are contents of spermatic cord except;

- a. Testicular artery
- b. Pampiniform venous plexus
- c. Vas deferens
- d. Lymph node of cloquet

87. A 50-year-old Female having history of open Cholecystectomy presented in emergency with pain abdomen and distension. She also has relative constipation. What is likely diagnosis.

- a. Subagente intestinal obstruction
- b. Acute Intestinal obstruction
- c. Peritonitis
- d. Cholecystitis
- e. None

88. A 50 years old patient is suffering from ulcerative colitis. Which one is not extra intestinal manifestations of ulcerative colitis;

- a. Chronic supportive otitis media
- b. Arthritis
- c. Sclerosing cholangitis
- d. Erythema nodosum
- e. Pyoderma gangrenosum

89. Regarding carcinoma of the rectum, which one of the following is not included in Duke's staging:

- a. Duke's A
- b. Duke's G
- c. Duke's B
- d. Duke's C
- e. Duke's D

90. An elderly female patient presented in surgical OPD with history of food sticking and weight loss for 2-3 months. Which of the following investigations to diagnose the disease;

- a. Barium swallowing
- b. 24 hours PH monitoring
- c. Endoscopy
- d. CT Scan
- e. X-Ray

91. After the Cholecystectomy, a patient develops jaundice. The ultrasound showed dilatation of upper biliary tract and suggest the structure of the bile duct. Which of the following should be done?

- a. HIDA Scan
- b. CT Scan
- c. PTC
- d. X-Rays
- e. ERCP

92. Because of the position of appendix and fallopian tube, the most common site of intra abdominal abscess is

- a. Subphrenic abscess
- b. Pelvic abscess
- c. Sub hepatic abscess
- d. Peri rectal abscess
- e. Douglass pouch abscess

93. An elderly female presented in surgical OPD having anemia and gradually increasing mass right iliac fossa for few weeks. What diagnosis comes to your mind?

- a. Ileocecal TB
- b. Ameboma
- c. Carcinoma of cecum
- d. Crohn's disease
- e. Appendicular mass

94. Which of the following part of large gut is commonly affected by diverticular disease?

- a. Rectosigmoid
- b. Cecum
- c. Transverse colon
- d. Descending
- e. Ascending

95. A 60 years old male gives history of early morning diarrhea, bleeding per rectum and Tenesmus. What is next appropriate step in management of this patient?

- a. Colonoscopy
- b. Stool for occult blood
- c. MRI abdomen & pelvis
- d. CEA
- e. DRE & Proctoscopy

96. Which of the following test is used as screening to detect recurrence of patient who is operated for colorectal carcinoma?

- a. CT Scan
- b. Proctoscopy
- c. Colonoscopy
- d. CEA
- e. CXR

97. A 40 years old male patient presented with pain abdomen, vomiting and abdominal distension. On clinical examination there is tender lump in the Right groin which is irreducible. Name the diagnosis

- a. Hydrocele
- b. Varicocele
- c. Epididymo-orchitis
- d. Obstructed inguinal hernia
- e. Incisional hernia

98. Which of the following clinical scenarios is associated with hypercalcemia:

- a. Malignancy
- b. Fluid resuscitation with shock
- c. Rapid infusion of blood products
- d. Improper infusion of phosphates
- e. Acute pancreatitis

99. Total parenteral nutrition is provision of nutrients to patients via

- a. Orally only
- b. CVP line
- c. Via PICC (peripherally inserted central vein catheter)
- d. Orally +via PICC
- e. None

100.What is the body mass index (BMI)

- a. A way to measure one's appetite
- b. Body weight divided by daily caloric intake
- c. A way of estimating body size by taking height and weight into account
- d. How we measure the effect of a large meal on body weight
- e. A way of determining how many calories of fat a person can eat and still lose weight

101.In order to be eligible for weight loss surgery, which criteria must be met?

- a. Body weight at least 100 pound or 100 percent above ideal weight
- b. Men must be at least 500 pounds in weight. Women must be at least 400 pounds
- c. A history of obesity and failed attempts at non-surgical weight loss treatment
- d. No recent or current history of substance abuse or major psychiatric disorder
- e. The Body Mass Index (BMI) of 40, or if comorbidities exist, a BMI of at least 35.

102.Which of the following procedure is used for weight loss

- a. Sleeve Gastrectomy
- b. Mini gastric bypass
- c. Roux- Y gastric bypass
- d. SADI-S procedure
- e. All of above

103.A 30-year-old female patient admitted as a case of acute intestinal obstruction. Which one is not the cardinal feature of acute intestinal obstruction;

- a. Abdominal Pain
- b. Murphy's sign
- c. Abdominal Distension
- d. Vomiting
- e. Absolute constipation

104.A patient underwent laparotomy for intestinal obstruction. An ileostomy was done. Which one of the following is not a complication of stoma

- a. Skin excoriation
- b. Acute pancreatitis
- c. Prolapse

105.You are asked to counsel a woman who is planning to have another baby after her first baby was born with spina bifida. Which once preconception management options is most likely to reduce the risk

- a. Sodium Valproate
- b. Thiamine
- c. Vitamin B12
- d. Folic acid
- e. Ultrasound screening

106.In meningomyelocele there are _____ % chances of developing hydrocephalus

- a. 10%
- b. 20%
- c. 30%
- d. 80%
- e. 100%

107.A 70 years old male admitted in the ward with right sided hemiparesis associated with focal fits. MRI showed Left Parietal contrast enhancing lesion with a dural tail. The lesion is most probably,

- a. Glioma
- b. Brain abscess
- c. Ischemic Infarct
- d. Cerebromalacia
- e. Meningioma

108.The brain tumor having the most high recurrence rate is;

- a. Meningioma
- b. Oligodendroglioma
- c. Medulloblastoma
- d. Glioblastoma multiforme
- e. Colloid cyst

109.A 30 years old lady presented with neck pain with bilateral brachialgia. On examination she has suspended anesthesia at C 6-7 levels with upper motor neuron signs. The probable diagnosis is;

- a. Cervical disc prolapse
- b. C 6-7 dislocation
- c. Diabetic neuropathy
- d. Pott's disease
- e. Syringomyelia

110. A young man came to OPD with severe Right leg pain for 1 week associated with numbness of dorsum of the foot. On examination his SLR is 30 degree and decrease sensation and weak dorsi flexion. The ideal investigation for this patient is;

- a. X-Ray L/S spine
- b. MRI L/S spine
- c. NCS right leg
- d. Doppler's ultrasound
- e. CT Scan whole leg

111. A 15 years old girl comes to orthopedics OPD complaining of deformity of spine. X-ray of thoracolumbar vertebrae shows thoracolumbar curve of 90 degree. The best treatment option is;

- a. Brace
- b. Observation
- c. Surgical stabilization
- d. Minerva jacket
- e. Skillful neglect

112. A 27 years old male patient present in orthopedics OPD complaining of low back pain, radiating to the right leg, SLR 20-degree left side 45 degree. X-rays lumbosacral spines are normal. Most probable diagnosis is

- a. Tuberculosis of spine
- b. Spinal Tumor
- c. Disc Herniation
- d. Fracture L2 Vertebra
- e. Muscular weakness

113. Maternal risk related to obstetric cholestasis?

- a. Vitamin D deficiency
- b. Vitamin C deficiency
- c. Vitamin K deficiency
- d. Vitamin B deficiency
- e. Normal level of bile acids

114. Hyperemesis gravidarum is due to increased level of the following hormone?

- a. Thyroid hormone
- b. Prolactin hormone
- c. B-HCG level
- d. FSH level
- e. LH level