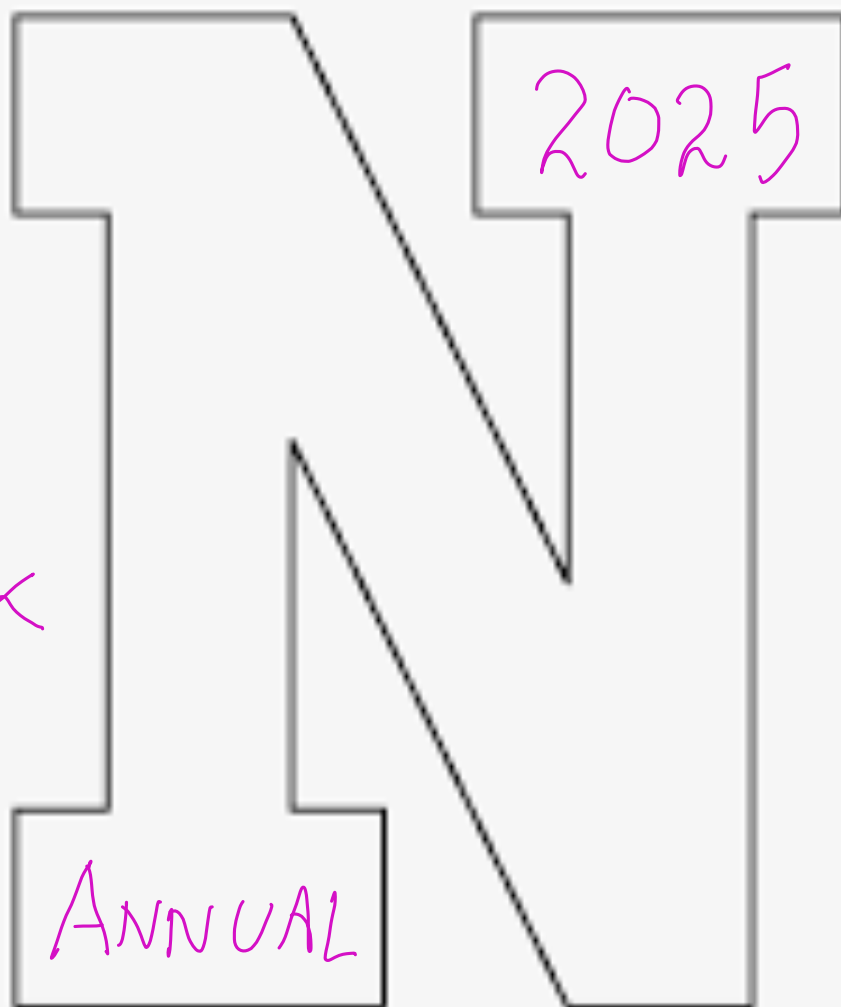


BLOCK



Abid Khan Halimzai (Final Year

- 1) .I have important results to share. Would you like a family member to join us?"
- 2) "What have you been told about your heart condition so far?"
- 3) Patient should be informed alone
- 4) Analgesics toxicity
- 5) Clerical error
- 6) Carbohydrate in the form of dextrose 70%, protein as amino acids 10% and fats as soya bean oil 20%,
- 7) A preoperative carbohydrate drink can reduce thirst, hunger, postoperative insulin resistance
- 8) ~~educating family members about the nature of psychiatric disorder~~ *its helps family recognize early warning signs of relapse*
- 9) Providing factual information about mental health conditions
- 10) MRI of spine (TB)
- 11) Superficial partial thickness burn also referred to as a second-degree burn.
- 12) Airway management
- 13) Blood supply to the wound
- 14) Anti-centromere for limited
- 15) Exercise regime + NSAIDS
- 16) X ray of sacroiliac joints.(to confirm Ankylosing)
- 17) Rheumatoid arthritis (>1hr)
- 18) anti CCP (Rh Arth)
- 19) Fibromyalgia
- 20) Paget's disease
- 21) Seborrheic Dermatitis
- 22) Molluscum Contagiosum
- 23) Rheumatoid nodules.
- 24) Somatization Disorder
- 25) radial nerve
- 26) supracondylar fracture (gunstock)
- 27) Anti ds DNA ~-> Systemic lupus erythematosus
- 28) Systemic juvenile idiopathic arthritis
- 29) High lactate levels and >50,000 cells/mm' WBC count
- 30) increase plasma vol
- 31) Hb <11
- 32) PNH
- 33) Potts disease— — Anti TB
- 34) 22 year old student has swollen left knee and Rt thigh. He has some haematological problem since birth. Based on this brief history Which among the following five is a correct Diagnosis.

Hemophilia

- 35) 58% lymphocytes. Platelets are normal.

ALL CLL

- 36) 52 year old watchman has presented with Abdominal Discomfort for the last few months. His Abdominal Ultrasound shows splenomegaly and significant para Aortic lymph node enlargement. What is the most likely diagnosis?

Lymphoma

37) To know about the compliance to treatment

38) wide mediastinum X-Ray chest CBC shows HI
TLC: 12700, platelet counts: 156000 and LDH five times of normal. What appropriate clinical diagnosis?

Lymphoma

39) anaemic and has petechiae, temp of 103
degree F, enlarged lumph nodes in bilateral cervical regions along with splenomegaly.

~~Ultrasound Abdomen~~ (peripheral Smear)

40) 12m old children Thalam -- Hb electrophoresis

41) visceral Leishmania

42) six years old male child is brought to Accident and Emergency department with history of bleeding from his tongue after accidental bite while taking lunch.

APTT(Factor 8)

43) 27. An eight years old male child has presented to Accident and emergency department with history of gallor and right knee joint swelling. On clinical examination there is lymphadenopathy and no Visceromegaly. What is the most appropriate investigation to confirm diagnosis?

Factor 8 Assay

44) SLE symptoms ~> Anti Ds DNA

45) strep throat ~> Gutate psoriasis

46) Carbamezapine ~> SJS

47) systemic Review

48) Geriatric ~> Fraility

49) confirmatory test ~> serum ferritin

50) MCV 106 ~> 5 hyper segmented lobules neutrophils

51) Bite cells ~> G6PD

52) Retic index 0.2% ~> Aplastic Anemia

53) initial drug for Rh Arth ~> Methotrexate

54) sodium 120 ~> Restriction of water

55) written form or communication through gasture

56) weaning ~> 6m

57) pincer grasp ~> 9m

58) scoliosis in child ~> none

59) osteoarthritis ~> Stap aur

60) congenital hip dislocate ~> Small acetubulum ✗

61) Vit K not dependent ~> Factor 8

62) Hb elec ~> 6m

63) target cells ~> Thalasemia

64) Hair on x ray ~> Thalasemia

65) sickle cell crisis

66) thick yellow grasy, dandruff ~> seborrehic dermatitis

67) hay fever asthma Hx ~> Atophic dermatitis

68) comedones etc ~> Acne

- 69) acid fast bacilli endemic area ~-> Leprasy
 - 70) Osteoarthritis ~- Obesity
 - 71) Anti Scl 70
 - 72) T score -3.5 ~-> Alendronate (not confirm drug but bisphosphonates)
 - 73) Steriods ~-> Osteoporosis
 - 74) fall short limb ~-> Neck femur fracture
 - 75) clamydia ~-> Reactive Arthritis
 - 76) heliotrope rash ~-> dermatomytis
 - 77) only proximal weakness no skin involment ~-> polymyositis
 - 78) I'm here to talk to you about your love one dx
 - 79) encourage and to make her comfortable (advance stage cancer pt)
 - 80) big toe ~-> Gout
 - 81) 15m infants weaning late ~~~ iron deficiency Anemia
 - 82) bilateral scoliotis
 - 83) Uveitis
 - 84) Gastrointestinal infection ~-> Reactive Arthritis
 - 85) nodule rashes using medication ~-> Erythma nodusm
 - 86) gower positive ~-> DMD
 - 87) cataract . stiff ~-> mvotonic dvstrophv
-

88) sickle cell crisis

89) Rickets— sun exposure and vitD

90) Achondroplasia

91) ITP

92) vesicles affecting trunk face etc with fever ~-> Chicken pox

93) chickenpox cause ~-> varecella zoster virus

94) HB27 positive Mr Ibrahim Scenario) ~-> Ankylosing spodylitis

95) Ringer lactate

96) parotid gland enlargement, ~-> Ro/SSA antibodies

97) Development milestones ~-> Qualitative

98) total parental Nutrition

99) Rehydration solut

100) wound Exposed

sign (Kyphoscoliosis)

101) 3yrs old pt 2week Hx of fever, bleedin from nose visceromegaly ~-> Acute

leukemia

(lateral curvature post. angle).

102) Mantle lymphoma

103) Evaluation of meniscal tear in knee

104) Sulfamethaxol drug rxn

105) Aplastic signs ~-> BM aspiration Anemia

106) CML ~-> tyrosine inhibitor

107) 45yrs old. CBC ~-> CCL signs, next investigation ~-> BM to see

morphology of blasts

108) Viral infection

109) HbF 90%

110) ~~infusion factor 8 if homp A~~

"Genu varus"
post polio complicat.

111) Rh blood system involved

112) Glanz man

113) Factor 5

114) FF plasma with antibiotics

115) tumor lysis syndrome

116) Dehydration and carbonization (Diathy mcq)

< 2/2 >



Yes, **genu varus** (commonly known as "bow-legged" deformity) can be a complication seen in individuals with a history of **polio (poliomyelitis)**. Polio can lead to muscle weakness, atrophy, and imbalances, particularly in the lower limbs. Over time, these imbalances can cause abnormal stress on the bones and joints, potentially leading to deformities such as genu varus.

In post-polio syndrome, the weakened

117) Dressing with povidone soaked gauze

118) Tramadol

119) ~~short and shallow acobulum~~ (one mcg missing) x

120) TBS % (0.27 or 0.36)

