

BLOCK O WMC 2025

Surgery

1. The presence of tension pneumothorax

- A. Is a type of hemorrhage shock
- B. Will always be associated with tracheal deviation
- C. Is treated definitely with needle decompression
- D. Is treated definitely with chest drain
- E. Shows tachycardia

2. A patient has had chest drain inserted. What of the following should the emergency department not do

- A. Monitor breathing and ventilation
- B. Clamp the chest drain
- C. Observe the chest drain for bubbling & swinging
- D. Monitor the chest drain site
- E. None of above

3. A 17 years old male patient presented with history of gunshot injury in the accident and trauma department to the right side of anterior chest wall just above the nipple. Patient is restless, breathless and pulse rate is 120/min. Respiratory rate 40/min and blood pressure of 80/40 mm Hg. On percussion of chest wall dull note, absent breath sound on auscultation on right side of chest. Name the likely diagnosis;

- A. Haemothorax
- B. Pneumothorax
- C. Tension pneumothorax
- D. Chylothorax
- E. Cardiac tamponade

4. A 71 year old male is seen in the emergency room after a motor vehicle accident with severe, sharp chest pain radiating to his back. His blood pressure is 190/100 mmHg and his pulse is 100 beats per minute. Chest x-ray reveals a widened mediastinum. Before more can be done, the patient dies. At autopsy, he has a massive amount of blood in the pericardial sac. What is the most likely diagnosis?

- A. Pneumothorax
- B. Rupture of myocardial wall
- C. Haemothorax
- D. Uremic pericarditis
- E. Ascending Aortic Dissection

5. A patient is profoundly dyspneic, tachycardic, and hypotensive after sustaining a stab wound to the left chest. Physical examination reveals decreased breath sounds on the side of the wound, but the cardiac examination is normal. Examination reveals crepitus and soft tissue swelling on the anterior chest wall and neck. He is awake and complains of pain at the wound site. After the patency of the airways is assured, what is next step in this patient's management?

- A. Immediate intravenous access
- B. Orotracheal intubation
- C. Left needle thoracostomy
- D. Chest X-ray
- E. Crystalloid infusion

MEDICINE:

6. Which of the following is the most common mechanism of acute coronary thrombosis in STEMI?

- A) Plaque erosion with intact fibrous cap
- B) Rupture of a vulnerable atherosclerotic plaque
- C) Coronary artery vasospasm
- D) Embolization from left atrial thrombus
- E) Coronary arteritis

7. A patient with known CAD develops sudden severe chest pain at rest. ECG shows transient ST elevation that resolves with sublingual nitroglycerin.

The most likely diagnosis is:

- A) Unstable angina
- B) Prinzmetal's angina
- C) NSTEMI
- D) STEMI
- E) Myocarditis

8. The most common complication of acute MI within the first 24 hours is:

- A) Cardiogenic shock
- B) Ventricular fibrillation
- C) Complete heart block
- D) RV infarction
- E) Papillary muscle rupture

9. Which of the following is a late complication of MI (weeks later)?

- A) Ventricular fibrillation B) Dressler's syndrome
- C) RV infarction D) Cardiogenic shock
- E) Acute pulmonary edema

10. A 70-year-old male presents with recurrent syncope. ECG shows a heart rate of 40 bpm with no relationship between P waves and QRS complexes.

The most likely diagnosis is:

- A) Sinus bradycardia
- B) First-degree AV block
- C) Second-degree AV block (Mobitz Type I)
- D) Third-degree AV block
- E) Atrial fibrillation with slow ventricular response

11. A patient with a heart rate of 30 bpm, regular rhythm, and no P waves on ECG most likely has:

- A) Sinus arrest
- B) Junctional escape rhythm
- C) Atrial fibrillation
- D) Ventricular escape rhythm
- E) Second-degree AV block (Mobitz Type II)

12. Which ECG finding is pathognomonic for second-degree AV block (Mobitz Type I/Wenckebach)?

- A) Fixed PR interval
- B) Progressive PR prolongation until a QRS is dropped
- C) Sudden dropped QRS without PR prolongation
- D) P waves with no QRS association
- E) Wide QRS complexes

13. Which of the following is the most common complication of pacemaker implantation?

- A) Infection
- B) Pneumothorax
- C) Lead dislodgement
- D) Pericardial effusion
- E) Hemothorax

14. A 55-year-old man presents with palpitations and dizziness. ECG shows a regular narrow-complex tachycardia at 180 bpm with no visible P waves. The most likely diagnosis is:

- A) Atrial fibrillation
- B) Atrial flutter
- C) AV nodal reentrant tachycardia (AVNRT)
- D) Ventricular tachycardia
- E) Sinus tachycardia

15. Which of the following is the first-line treatment for stable narrow-complex supraventricular tachycardia?

- A) Amiodarone B) Adenosine
- C) Metoprolol D) Verapamil
- E) Synchronized cardioversion

16. A patient with a history of MI presents with wide-complex tachycardia at 200 bpm, BP 80/50.

The most appropriate immediate management is:

- A) Adenosine
- B) Amiodarone
- C) Synchronized cardioversion
- D) Metoprolol
- E) Lidocaine

17. A patient with syncope and family history of sudden death has ECG showing delta waves. The diagnosis is:

- A) Brugada syndrome
- B) WPW syndrome
- C) Long QT syndrome
- D) ARVC
- E) HOCM

18. First-line treatment for stable monomorphic VT is:

- A) Adenosine
- B) Amiodarone
- C) Procainamide
- D) Synchronized cardioversion
- E) Lidocaine

19. Which of the following is the most common complication of atrial fibrillation?

- A) Sudden cardiac death
- B) Stroke
- C) MI
- D) Pulmonary embolism
- E) Heart failure

20. The CHA2DS2-VASc score is used to assess risk of what in atrial fibrillation?

- A) Bleeding
- B) Stroke
- C) MI
- D) Heart failure
- E) Sudden death

21. A 65-year-old male presents with dyspnea, orthopnea, and bilateral crackles. Echocardiogram shows LVEF 30%. The most likely diagnosis is:

- A) COPD
- B) Systolic heart failure
- C) Diastolic heart failure
- D) Pulmonary embolism
- E) Pneumonia

22. A patient with heart failure has jugular venous distension, hepatomegaly, and peripheral edema. This describes:

- A) Left-sided failure
- B) Right-sided failure
- C) Biventricular failure
- D) Cor pulmonale
- E) Cardiogenic shock

23. A patient with HFrEF develops hyperkalemia. Which medication should be held?

- A) Carvedilol
- B) Lisinopril
- C) Spironolactone
- D) Furosemide
- E) Digoxin

24. Which of the following is NOT a compensatory mechanism in heart failure?

- A) RAAS activation
- B) Sympathetic stimulation
- C) Natriuretic peptide release
- D) Myocardial hypertrophy
- E) Vasodilation

25. Which drug class is contraindicated in acute decompensated heart failure?

- A) ACE inhibitors
- B) Beta-blockers
- C) Diuretics
- D) Nitrates
- E) Inotropes

26. A patient with advanced heart failure develops Cheyne-Stokes respiration. This is due to:

- A) Pulmonary edema
- B) Reduced cerebral perfusion
- C) Hypercapnia
- D) Hypoxia
- E) Anxiety

27. A patient with HFrEF (LVEF 25%) should avoid which medication?

- A) Bisoprolol
- B) Verapamil
- C) Spironolactone
- D) Furosemide
- E) Lisinopril

28. A 45-year-old female on oral contraceptives presents with left calf swelling and pain. The most appropriate initial diagnostic test is:

- A) Chest Xray
- B) Doppler ultrasound
- C) CT venography
- D) MRI
- E) Venography

29. Which of the following is NOT a component of Wells' score for DVT?

- A) Active cancer
- B) Calf swelling >3 cm
- C) Family history of DVT
- D) Collateral superficial veins
- E) Pitting edema

30. A patient with DVT and a contraindication to anticoagulation should receive:

- A) Aspirin
- B) IVC filter
- C) Thrombolytic
- D) Compression stockings
- E) Clopidogrel

31. Which of the following is a late complication of DVT?

- A) Pulmonary embolism
- B) Phlegmasia alba dolens
- C) Post-thrombotic syndrome
- D) Compartment syndrome
- E) Cellulitis

32. Which of the following is pathognomonic for coarctation of aorta on CXR?

- A) Cardiomegaly
- B) Rib notching
- C) Kerley B lines
- D) Egg-on-string appearance
- E) Water-bottle heart

33. The most common associated cardiac anomaly in coarctation of aorta is:

- A) VSD
- B) ASD
- C) Bicuspid aortic valve
- D) Mitral stenosis
- E) Tetralogy of Fallot

34. A 25-year-old male presents with sharp, pleuritic chest pain relieved by sitting forward. ECG shows diffuse ST elevation. The most likely diagnosis is:

- A) STEMI
- B) Pericarditis
- C) Pulmonary embolism
- D) Pneumothorax
- E) Aortic dissection

35. Which ECG finding is characteristic of pericarditis?

- A) Localized ST elevation
- B) ST elevation and PR depression
- C) Pathological Q waves
- D) T wave inversion
- E) ST depression

36. A patient with pericarditis develops hypotension, muffled heart sounds, and jugular venous distension. The most likely diagnosis is:

- A) Cardiac tamponade
- B) Cardiogenic shock
- C) Tension pneumothorax
- D) RV infarction
- E) Pulmonary embolism

37. The most common cause of mitral stenosis is:

- A) Rheumatic heart disease
- B) Infective endocarditis
- C) Congenital malformation
- D) Mitral valve prolapse
- E) Dilated cardiomyopathy

38. A patient with severe MS develops hemoptysis.

The most likely cause is:

- A) Pulmonary embolism
- B) Ruptured bronchial veins
- C) Tuberculosis
- D) Lung cancer
- E) Pneumonia

39. The classic auscultatory finding in MS is:

- A) Holosystolic murmur at apex
- B) Mid-diastolic rumble with opening snap
- C) Early diastolic decrescendo murmur
- D) Continuous machinery murmur
- E) Systolic ejection click

40. The most common complication of MS is:

- A) Systemic embolism
- B) Pulmonary hypertension
- C) Infective endocarditis
- D) Right heart failure
- E) Atrial fibrillation

41. A patient with MS presents with hoarseness. This is due to:

- A) Recurrent laryngeal nerve compression (Ortner's syndrome)
- B) Vocal cord nodules
- C) Laryngitis
- D) GERD
- E) Thyroid enlargement

42. The most common valvular abnormality in Marfan syndrome is:

- A) Aortic stenosis
- B) Mitral stenosis
- C) Mitral valve prolapse
- D) Tricuspid atresia
- E) Pulmonary stenosis

43. The most common cause of aortic stenosis in adults aged <70 years is:

- A) Rheumatic heart disease
- B) Bicuspid aortic valve
- C) Degenerative calcification
- D) Infective endocarditis
- E) Marfan syndrome

44. The classic triad of symptoms in severe AS includes all EXCEPT:

- A) Angina
- B) Syncope
- C) Dyspnea
- D) Palpitations
- E) Heart failure

45. Which ECG finding is most characteristic of severe AS?

- A) Left atrial enlargement
- B) Right ventricular hypertrophy
- C) Left ventricular hypertrophy with strain pattern
- D) Right bundle branch block
- E) Atrial fibrillation

46. The murmur of AS is best heard at the:

- A) Apex
- B) Left lower sternal border
- C) Right second intercostal space
- D) Left second intercostal space
- E) Right upper sternal border

47. A patient with severe AS develops chest pain. The most likely mechanism is:

- A) Coronary artery spasm
- B) Increased myocardial oxygen demand with reduced supply
- C) Pulmonary embolism
- D) Aortic dissection
- E) Microvascular angina

48. A patient with acute severe AR would present with:

- A) Gradual onset dyspnea
- B) Pulmonary edema and cardiogenic shock
- C) Asymptomatic murmur
- D) Systemic embolism
- E) Right heart failure

49. Which of the following is a peripheral sign of chronic AR?

- A) Quincke's pulse
- B) Kussmaul's sign
- C) Pulsus paradoxus
- D) Beck's triad
- E) Oliver's sign

50. The most common valvular lesion in ankylosing spondylitis is:

- A) Aortic stenosis
- B) Aortic regurgitation
- C) Mitral stenosis
- D) Tricuspid regurgitation
- E) Pulmonary stenosis

Pulmonology:

51. all of the following can be used in treatment of pulmonary hypertension except

- A. Sildenafil
- B. CCB
- C. IV prostacyclin
- D. atenolol
- E. inhaled prostacyclin

52. all of the following are causes of transudative pleural effusion except

- A. Renal failure
- B. Cirrhosis
- C. Cardiac failure
- D. Tuberculous effusion
- E. chronic diarrhea

53. The gold standard for diagnosis of TB pleural effusion is

- A. Gene expert of pleural fluid
- B. Culture of pleural fluid for mycobacterium TB
- C. Adenosine deaminase ADA level
- D. Pleural biopsy
- E. gamma interferon level in pleural fluid

54. In tuberculous meningitis the investigation of choice is

- A. CT brain
- B. MRI brain
- C. Gene expert in CSF
- D. CSF for AFB staining
- E. Adenosine deaminase levels in CSF

55. All of the following are characteristics of bronchial asthma except

- A. hyperreactive airway
- B. episodic cough
- C. clubbing
- D. persistent wheeze with no reversibility on spirometry
- E. response to IV aminophylline

56. A mother told the pediatrician that her baby tasted salty and she is worried the most probable diagnosis is

- A. Churg strauss syndrome
- B. Bronchiectasis
- C. Cystic fibrosis
- D. Asthma with allergic rhinitis
- E. wegners granulomatosis

57. Which of the following drugs is ototoxic

- A. INH
- B. Rifampicin
- C. Streptomycin
- D. ethambutol
- E. pyrazinamide

58. Following drug may cause drug induced lupus

- A. streptomycin
- B. rifampicin
- C. INH
- D. pyrazinamide
- E. ethambutol

59. All of the following drugs have narrow therapeutic index except

- A. Digoxin
- B. Salbutamol
- C. Theophylline
- D. Warfarin
- E. Lithium

60. All of the following drugs can be used in primary pulmonary hypertension except

- A. Sildenafil
- B. Verapamil
- C. ACE inhibitors
- D. amlodipine
- E. prostacyclin

61. A young girl 18 years of age becomes dyspneic during her repeated menstrual cycle along with hemoptysis as well but gets alright after the periods.

The cause may be

- A. Pulmonary embolism
- B. Asthma
- C. Catamenial pneumothorax
- D. pleural effusion
- E. anemia

62. A tall young man suddenly becomes dyspneic. On examination, apex beat and trachea are shifted towards the right. The most probable cause is

- A. left sided pleural effusion
- B. right sided pleural effusion
- C. right sided pneumothorax
- D. left sided pneumothorax
- E. acute pulmonary embolism

63. Heparin will have no effect in patients with

- A. protein C deficiency
- B. protein S deficiency
- C. factor V leiden mutation
- D. antithrombin III deficiency
- E. factor VII deficiency

64. Pleurodesis may be required in all of the following except

- A. parapneumonic effusion
- B. recurrent chylous effusion
- C. connective tissue diseases
- D. malignant effusion
- E. first contralateral pneumothorax

65. Regarding paramalignant effusion

- A. present only in bronchial carcinoma
- B. malignant cells are present in effusion in case of known malignancy
- C. present only in mesothelioma
- D. malignant cells are not present in presence of known malignancy
- E. present only in paraneoplastic syndromes

66. Pleurodesis is indicated in pneumothorax

- A. large pneumothorax
- B. right sided pneumothorax
- C. left sided pneumothorax
- D. first contralateral and second ipsilateral pneumothorax
- E. first ipsilateral and second contralateral pneumothorax

67. Hypercalcemia is most commonly found in

- A. adenocarcinoma
- B. small cell carcinoma
- C. squamous cell carcinoma
- D. large cell carcinoma
- E. carcinoid syndrome

68. All of the following are not effective against atypical organisms in pneumonia except

- A. Tazobactam
- B. cephalosporins
- C. aminoglycosides
- D. fluoroquinolones
- E. penicillins

69. XDR TB is resistance to

- A. INH + Rifampin + Levofloxacin + ethambutol
- B. resistance to levofloxacin + PZ+ Ethambutol+ INH
- C. Resistance to INH + Rifampicin
- D. Resistance to INH + ethambutol + levofloxacin
- E. Resistance to levofloxacin+ Rifampicin+ INH+ aminoglycoside

70. The following drugs may exacerbate asthma

- A. Aminophylline
- B. SSRI
- C. Propranolol
- D. methyldopa
- E. Amlodipine

71. The most favourable investigation for interstitial lung disease is

- A. Ultrasound chest
- B. MRI
- C. SPECT SCAN
- D. HRCT
- E. PET scan

72. In which of the following granulomatous inflammation is not seen

- A. sarcoidosis
- B. TB
- C. Fungal infection
- D. Alveolar proteinosis
- E. chron's disease

73. Psychosis may be caused by

- A. Pyrazinamide
- B. levofloxacin
- C. INH
- D. ethambutol
- E. Rifampicin

74. All of the following can cause restrictive pattern on spirometry except

- A. Ascites
- B. Pregnancy
- C. Emphysema
- D. ILD
- E. Motor neuron disease

75. The gold standard test for the diagnosis for pulmonary embolism is

- A. Ventilation perfusion scan
- B. Doppler ultrasound
- C. PET scan
- D. Conventional pulmonary angiography
- E. CT pulmonary angiogram

Paeds:

76. Which one is latent, non suppurative complication of acute tonsillitis

- A. Acute glomerulonephritis
- B. Pneumonia
- C. Lung abscess
- D. Arthritis
- E. None of the above

77. Fine crackles on the lung bases re feature of

- A. Asthma
- B. Bronchiectasis
- C. Upper lobar pneumonia
- D. Pulmonary Edema
- E. All of the above

78. How many vaccinations are included in EPI to prevent respiratory diseases

- A. 1
- B. 2
- C. 3
- D. 4
- E. None of the above

79. The most common pneumonia in children is

- A. lobar pneumonia
- B. interstitial pneumonia
- C. segmental pneumonia
- D. broncho pneumonia
- E. atypical pneumonia

80. The commonest pathogen causing pneumonia in children is:

- A. hemophylus influenza
- B. streptococcus pneumonia
- C. E.coli
- D. staphylococcus
- E. streptococcus group B

81. Most important test for diagnosis of pneumonia is

- A. complete blood count
- B. x ray chest
- C. ct chest
- D. arterial blood gases
- E. oxygen saturation

82. According to IMCI severe pneumonia is due to

- A. grunting
- B. fast breathing
- C. chest indrawing
- D. fever
- E. stridor in a calm child

83. The most common cause of chemical pneumonia in Pakistan is

- A. snake bite
- B. tetanus
- C. kerosene oil poisoning
- D. botulism poisoning
- E. diphtheria

84. Drug of choice for mycoplasma pneumonia is

- A. cephalosporin
- B. benzyl penicillin
- C. gentamycin
- D. clarathromycin
- E. ciprofloxacin

85. Where is a characteristic feature of

- A. bronchitis
- B. pulmonary tuberculosis
- C. broncholitis
- D. bronchial asthma
- E. broncho pneumonia

86. The best prevention of pneumonia is?

- A. intravenous antibiotic
- B. BCG.
- C. Pneumococcal vaccine
- D. Measles vaccine.
- E. IPV

87. Treatment of no pneumonia cough and cold is?

- A. susp amoxiclav.
- B. Safe home remedy.
- C. Intramuscular antibiotics.
- D. antihistamines
- E. Bronchodilators.

88. Typical finding of staphylococcal pneumonia on x Ray chest is?

- A. Hyperinflation.
- B. Lobar consolidation.
- C. Snowfall appearance.
- D. pneumotocele.
- E. hilar lymphadenopathy.

89. Congenital heart disease causing cyanosis without respiratory distress. Include following, except.

- A. Tricuspid Atresia
- B. Aortic stenosis
- C. Ebstein Anomaly
- D. Pulmonary Atresia
- E. All of the above

90. Hypertrophic cardiomyopathy is a recognized association with

- A. Infant of diabetic mother.
- B. Marfan syndrome.
- C. William Syndrome
- D. Trisomy 21 Down Syndrome
- E. Turner Syndrome

91. The most common cyanotic cardiac lesion to present in the newborn period is

- A. Dextroposed Transposition of the Great Arteries
- B. Hypoplastic Left Heart Syndrome
- C. TETROLOGY OF fallot
- D. Truncus Arteriosus
- E. Palmonary atresia

92. The most common causes of the death from cardiac defect in the first month of life is

- A. Transposition Without Associated Lesions
- B. Hypoplastic Left Heart Syndrome
- C. Pulmonary Atresia
- D. Truncus arteriosus
- E. Complex, single, ventricle.

93. All the following are causes of heart failure in full-term neonate except

- A. Asphyxial cardiomyopathy
- B. Coarctation of Aorta
- C. Hypoplastic left heart.
- D. Transposition of Great Arteries
- E. Ventricular septal defect

94. One of the following is a sign of Right-Sided Heart Failure

- A. edema
- B. Tachypnea
- C. Orthopnea.
- D. Wheezing.
- E. Pulmonary Edema

95. Of the following the most common clinical sign of coarctation of the aorta in older children is

- A. Cardiac Enlargement
- B. Notching of the inferior border of the ribs
- C. Differential blood pressure: arms > legs.
- D. Diminished or absent femoral

96. In most patients with an ASD, the characteristic physical finding is

- A. a right ventricular systolic left
- B. a fixed splitted second heart sound
- C. a systolic ejection murmur
- D. a short rumbling mid-diastolic murmur
- E. A mild left precordial Bulge

97. The following cardiac lesions are at increased risk for bacterial endocarditis except

- A. mitral insufficiency
- B. aortic stenosis
- C. Atrial septal defect secundum
- D. coarctation of the aorta
- E. patent ductus arteriosus

98. All the following are signs of coarctation except

- A. Femoral pulses are weak or absent
- B. bounding pulses of the arms
- C. femoral pulse occurs of slightly before the radial pulse
- D. blood pressure in the legs is lower than that in the arms
- E. precardial impulse and heart sound are usually normal

99. The leading causative agents for endocarditis in pediatric patients are

- A. Group D enterococci
- B. Viridans-Type streptococci
- C. Pseudomonas aeruginosa
- D. Fungal organisms
- E. Serrated marcescens

100. The following is a major duck criterion for the diagnosis of endocarditis

- A. new valve regurgitant flow by echocardiography
- B. Osler nodes
- C. single positive bloody culture
- D. Serologic evidence of infection
- E. High erythcyte sedimentation rate

101. Surgical repair of VSD at the time of diagnosis should be considered in

- A. small supraventricular VSD
- B. nonrestrictive VSD
- C. Hemodynamically significant VSD
- D. restrictive VSD
- E. VSD with heart failure

102. Patients with a small PDA have the following criteria except

- A. continuous murmur heard best at the left upper sternal border
- B. normal peripheral pulses
- C. normally pulmonary artery pressure by aquarium echocardiography
- D. Asymptomatic
- E. Risk of Endocarditis is extremely low

103. Grunting is produced by expiration against a partially closed glottis and is an attempt to maintain positive airway pressure during expiration for as long as possible it is most commonly prominent in

- A. epiglottitis
- B. hyline membrane disease
- C. asthma
- D. croup
- E. Choanal atresia

104. Persistent cough may need to be sought beyond the lungs because cough receptors also rise in the following regions except

- A. Pharynx
- B. paranasal sinuses
- C. stomach
- D. nose
- E. external auditory canal

105. The barking cough typical of croup is rare in

- A. leryngotracheobronchitis
- B. acute epiglottitis
- C. acute infectious laryngitis
- D. spasmodic croup
- E. measles croup

106. The most frequent pathogens of pneumonia in children 5 years and older is

- A. Streptococcus pneumoniae
- B. Mycoplasma pneumoniae
- C. Group A streptococcal
- D. H.influenza (type b)
- E. adenovirus

107. The most frequent pathogen of pneumonia in children 4 month to 2years is

- A. *streptococcus p pneumoniae*
- B. *Mycoplasma pneumoniae*
- C. group A *streptococci*
- D. *H.influenzae (type b, nontypeable)*
- E *Respiratory syncytial virus.*

108. The following are indications for admission to a hospital in children with pneumonia except

- A. age less than 6 month
- B. sickle cell anaemia
- C. multiple lobe involvement
- D. moderate to severe respiratory distress
- E. vomiting

109. The following is a major Duke criterion for the diagnosis of endocarditis

- A. new valve regurgitant flow by echocardiography
- B. Osler nodes
- C. Single positive blood culture
- D. Serologic evidence of infection
- E. High rate CDM meditation

110. A 10 months old child has cough and fever for the last 3 days. What sign will you look for the classify as pneumonia according to IMNCI?

- A. Stridor
- B. Wheeze
- C. fast breathing
- D. Grunting
- E. cyanosis

111. A 6 months child presents with fever and cough. His mother has rushed him to the Emergency asking for help. On Examination: temperature=39C and the child is feeding poorly. What is the most likely diagnosis?

- A. bronchiolitis
- B. Asthma
- C. Bronchitis
- D. COPD
- E. Lung collapse

112. A 16 months child presents with drooling, sore throat and loss of voice. He has fever with a temp.38.2C. what is your next step towards management?

- A. Direct pharynscopy
- B. Call ENT surgeon
- C. Call anesthesiologist
- D. IV fluid
- E. Start antibiotics

113. The diagnosis of pertussis is confirmed. The antibiotic of choice for an infant of 4 months age is:

- A. Azithromycin
- B. Erythromycin
- C. penicillin
- D. Trimethoprim-Sulfamethoxazole
- E. Vancomycin

114. A 4-year old is brought to the casualty by ambulance his mother reports that he has been unwell with a sore throat for 8 hours. He is sitting on his mother's knee and is tolerating an oxygen mask but looks unwell. He has constant noisy breathing, and he is drooling saliva. His temperature=39°C.What is the most important diagnosis

- A. acute asthma
- B. Bronchiolitis
- C. croup
- D. Epiglottitis
- E. tonsillitis

115. Bronchiolitis is commonly caused by:

- A. adeno virus
- B. H influenza
- C. micoplasma phenomena
- D. Respiratory syncytial virus
- E. Streptococcus

116. A child has fever, cough with chest indrawing, but nontoxic looking, classify according to I M N C I ?

- A. Serena pneumonia
- B. pneumonia
- C. Cough or cold
- D. No pneumonia

117. Two and a half year old patient with respiratory distress and trachea shifted to left on x-ray chest hyper resonant note on percussion on right posterior intercostal spaces what is the diagnosis

- A. left lung collapse
- B. Tension pneumothorax
- C. Pleural effusion
- D. Pneumonia
- E. All of above

118. Streprococcal pharyngitis treatment duration is?

- A. 10 days
- B. 5 days
- C. 7 days
- D. 14 days
- E. None of above

119. A child with barking cough & respiratory difficulty for 2 days. Most likely diagnosis?

- A. croup
- B. Bronchopnimonia
- C. Epiglottitis
- D. bacterial tracheitis
- E. All of above

120. 2 year old immunized patient presented with lobaur pneumonia likely causative organism?

- A. Streptococcus
- B. staph aureus
- C. Mycoplasma
- D. H.influenza
- E. Pseudomonas

THE MEDICO MENTOR