



Pak International Medical College
Department of Medical Education
5th Year MBBS End of Block-Q Exam (Theory Paper)-2024

Start Time: 9:00-11:00am

Time Allowed: 2 hours

Date: 06/12/2024

Instructions:

1. All Question carry equal marks.
 2. Write down your roll -number & name in the relevant spaces & box.
 3. Also fill the relevant bubbles for roll-number correctly in OMR Sheet.
 4. Candidates are allowed to use Blue/Black ball points only, use of lead Pencil is strictly prohibited.
 5. Ensure that selected bubble is completely filled in OMR Sheet. Do not mark any area outside the bubble.
 6. Do not Bend, fold or Staple the OMR Sheet.
 7. Cell phones and others electronic devices are strictly prohibited in the examination cell.
- Note:** In case of filling of more than bubbles or cutting on bubbles, the relevant answer will be treated incorrect and the candidate will be fully responsible.

Name: _____

Roll No:

--	--	--	--	--

1. A 5 years old boy presents with history of fever for 3 days and convulsions since last night. On examination, he was febrile and drowsy. Lumbar puncture was done which was suggestive of meningitis. Which of the following is the most probable causative organism?

- a. E coli
- b. Listeria monocytogenes
- ☒ c. Streptococcus pneumoniae
- d. Herpes virus
- e. Mycoplasma

2. A 3 yrs old child was admitted in Paeds department with diagnosis of Absence seizures. The treatment of choice for Absence seizures amongst the following drugs would be:

- a. Sodium Valproate
- ☒ b. Ethosuximide
- c. Gabapentin
- d. Phenobarbitone
- e. Nitrazepam

3. A 15 years old presented to OPD with complaint of Headache for last one week. There is history of similar type of headache in mother also. There is history of nausea, photophobia at the time of headache but otherwise the child is well. What is the most probable cause?

- ☒ a. Migraine
- b. Tension headache
- c. Meningitis
- d. Neurosis
- e. Brain Tumor

4. A neonate girl has been diagnosed as a case of congenital Hydrocephalus. Which one of the following is the MOST common cause of this condition?

- a. Craniosynostosis
- b. Intraventricular Hemorrhage
- c. Post bacterial Meningitis
- ☒ d. Aqueductal stenosis
- e. Subarachnoid Bleed

5. A mother brought her 2 years old boy with concern of her child having large head. The OFC is at 87th centile. Which

of the following measures will you take in the management of this patient?

- a. CT brain
- b. CBC
- c. MRI Brain
- d. U/S skull

hydrocephalus=>98th centile or 2 standard deviation above normal

- ☒ e. Only Reassure the mother

6. A 6 years old boy diagnosed as case of Epilepsy and put on anticonvulsant. But there was no improvement in seizures. You checked the compliance. It was correct. What will be your NEXT step in managing this patient?

- a. Add second anticonvulsant to the first one
- b. Add Steroids to the treatment
- c. Stop this drug and start another one
- ☒ d. Increase the dose to maximum of this medication
- e. Start him on Ketogenic Diet

7. A 5 years old child has been diagnosed as a case of epilepsy. While counseling the mother about the management of fits in future, which of the following step has to be taken FIRST?

- a. Prop up position
- ☒ b. Lateral position
- c. Oral diazepam administration
- d. Knee chest position
- e. Prone position

8. A 20 days old baby presented with history of fever for 2 days. He became reluctant to feed and irritable. On examination, he had up rolling of eyes. His anterior fontanel was bulging. What would be the most probable diagnosis?

- a. Poisoning
- b. Birth asphyxia
- c. Cerebral palsy
- d. Encephalitis
- ☒ e. Meningitis

9. A 9 hours old female brought to the OPD with complaints of yellowish discoloration of skin and sclera. Birth and family history unremarkable. Examination of the patient is unremarkable except for jaundice. Mother blood group is O +ve and Baby blood group is A -ve. What can the likely cause for jaundice in this baby?

- a. Breast feeding jaundice
- ☒ b. ABO incompatibility
- c. Rh incompatibility
- d. TORCH infection
- e. G6PD

10. A 14 month old has a 4 month History of intermittent diarrhea. The patient frequently has explosive bowel movement containing food particular. Otherwise growing well, and has normal physical examination. What should be the Next step?

- a. Advise oral antidiarrheal drugs
- b. Tissue transglutaminase IgG antibodies Levels
- c. Quantitative fecal test
- ☒ d. Reassurance of parents
- e. Stool Culture

Toddlers diarrhea

11. A 3 weeks old female presented with vomiting since 1 week. There is no history of fever or other any symptoms. Examination reveals an olive mass palpable in the abdomen. What is the likely diagnosis in this patient?

- a. Biliary atresia
- b. Duodenal atresia



Pak International Medical College
Department of Medical Education
5th Year MBBS End of Block-Q Exam (Theory Paper)-2024

24

- c. GERD
● Pyloric stenosis
e. Achalasia
12. A 4 years old presented to your OPD with history of chronic diarrhea. She is short for her age, pale looking and wasted. After investigation, she is diagnosed as case of Celiac Disease. What is the MOST COMMON cause of death in celiac disease?
a. Dehydration
b. Infection
c. Electrolyte imbalance
● Non-Hodgkin Lymphoma
e. Anemia
13. A 2 years old girl diagnosed as case of celiac disease needs dietary consultation. Which of the following will you advise to avoid in diet in this case?
● Rye BROW should be avoided
b. Rice B-barley
c. Oat R-rye
d. Lentils O-oat(have no gluten but can contaminated with gluten)
e. Maize W-wheat so rye is right here most appropriate
14. A 3 years old, the only child of the family is pampered and he is in habit of taking home made and commercial fruit juices in excessive amounts. Due to this he has chronic diarrhea. What is the mechanism of diarrhea in this patient?
a. Secretory diarrhea
● Osmotic diarrhea
c. Motility disorder
d. Allergy to food color
e. Inflammatory diarrhea
15. A 12 months old girl presented with history of loose stool and low grade fever for 2 days. On examination, Temp: 100 °F, HR: 90 / min, the baby is active otherwise showing signs of dehydration. What is the MOST COMMON etiological factor of Diarrhea in children?
a. salmonella
b. E coli
c. Cholera
● Rota virus
e. Giardia lamblia
16. A 5-month-old boy presented into the emergency department with complaints of vomiting and periodical crying. There was blood in stools with red currant jelly appearance. On abdominal examination there was sausage shaped mass palpable. What is the most likely diagnosis?
a. testicular torsion
b. Meckel diverticulitis
● Intussusceptions
d. acute appendicitis
e. acute pancreatitis
17. A 2 years old girl brought to OPD for with complaints of loose motions 5-7 times /day for 4 days, oral thrush and nappy rash for 3 days. There is history of Measles 1 months ago. The child is unvaccinated. On examination, there is loss of subcutaneous fat and muscles with prominent bones. There are hanging skin folds in axillary and inguinal region. Her weight is <3rd centile for her age. Which type of malnutrition she has?
a. Kwashiorkor
● Marasmus
- c. Marasmic-Kwashiorkor
d. Rickets
e. Severe complicated measles
18. A neonate has been diagnosed as a case of Down syndrome. Which types of lesion can be found on his eye examination?
a. Bitots spots
b. Koplik spots
c. Janeway lesions
● Brushfield spots
e. Simian crease
19. A 10 days old neonate brought to OPD with complaints of reluctant to feed, vomiting and jaundice for last 2-3 days. Urine examination shows ketonuria, reducing substances. What metabolic disorder do you suspect?
a. Glycogen storage disease
● Galactosemia
c. Porphyria
d. Phenylketonuria
e. Mucopolysaccharidosis
20. A 3 months old baby has been diagnosed as a case of Classic Phenylketonuria. He is advised Phenylalanine free formula milk. Dietary restriction of Phenylalanine is recommended for :
a. 1 year
b. 5 years
c. 18 years
d. 60 years
● Life long
21. Kawasaki disease is an acute febrile illness occurring predominantly in young children below 5 years of age. This disease causes the inflammation of:
a. Heart
b. Liver
c. Spleen
d. Lymph nodes
● Blood vessels
22. A 2 years old boy presented with palor and developmental delay. On examination, he is afebrile, has hepatomegaly and bruises. On cardiac auscultation, there is an added sound. Echocardiogram was advised which showed cardiomegaly. The child was diagnosed as a case of Glycogen Storage Disease. Which type of GSD is most probable in this patient?
a. GSD type 1
● GSD type 2
c. GSD type 3
d. GSD type 4
e. GSD type 5
23. A 2 months old girl presented to Pediatric E.R with fever and pallor for 4 days. She had been admitted and managed as case of Sepsis twice in past. On examination, patient is febrile, icteric and has got hepatomegaly. You diagnosed he as case of Galactosemia. Which organism is the MOST common cause of infection in this disease?
a. Group B Streptococcus
b. H. Influenza Type B
c. Pseudomonas Aeruginosa
d. Klebsiella Pneumoniae
● E. Coli
24. A newborn brought to your clinic for well baby check-up. You examined and diagnosed him as case of Down

Pak International Medical College
Department of Medical Education
5th Year MBBS End of Block-Q Exam (Theory Paper)-2024

- syndrome. ECHO was advised after hearing added sounds on precordium auscultation. Which of the following cardiac pathology is the MOST commonly associated with this disease?
- Atrial Septal Defect
 - ☒ Atrio-Ventricular Septal Defect
 - Ventricular Septal Defect
 - Patent Ductus Arteriosus
 - Tetralogy of Fallot
25. A 4 months old girl brought with complaints of poor neck holding. You diagnosed her as case of Down syndrome. Which of the following risk factor you will be more concerned while taking history regarding this disease?
- Antenatal Folic Acid Supplementation
 - Antenatal Exposure to Radiation
 - Consanguinity of the parents
 - Previous siblings death
 - ☒ Maternal Age of the patient
26. A malnourished boy brought to your clinic. There are different methods to classify malnutrition. Which of the following method uses MID-ARM circumference measurement for the classification? *It's Arnold according to google*
- Gomez Classification *Wt*
 - Harvard Classification
 - Boston Classification
 - Waterlow Classification *Height*
 - ☒ Welcome Classification *Edema*
27. A mother brought her 3.5 years old boy to your clinic and was concerned regarding his height. On examination, the boy is short for his age, has coarse facies and curved spine. You ordered Xray Spine, showing dorsal kyphosis and Anterior beaking of the thoracic and lumbar vertebral bodies. What can be the most likely diagnosis?
- Osteogenesis imperfecta
 - Osteoporosis
 - Marfan Syndrome
 - ☒ Mucopolysaccharidosis
 - Porphyria Cutanea Tarda
28. You have admitted a 25 years old primigravida at 13 weeks POG with complaints of severe intractable vomiting for parental therapy. She is at risk of?
- Gestational Diabetes Mellitus
 - Pregnancy induced hypertension
 - ☒ Weight loss
 - Viral Gastroenteritis
 - Respiratory tract infection
29. Mrs Yasir is pregnant with her third child. Her Blood group is O- negative and her Husband is B+. Her last born was admitted to NICU for 10 days after birth and had exchange transfusion for severe fetal anemia. Which of the following will you advise to detect fetal anemia in this pregnancy?
- Amniocentesis
 - Chronic villous sampling
 - ☒ Cordocentesis
 - Both A&B
 - Neither A&B
30. A 32 year old gentleman presents in the emergency after being involved in a road traffic accident. You proceed to assess his Glasgow Coma Scale score (GCS). His eyes are closed and open only in response to a painful stimulus. He does not respond to any verbal commands. He makes a moaning noise in response to the painful stimulus you apply, and is able to localize the pain by moving your hand away. What is his GCS:
- 5
 - ☒ 7 *eye open to painful stimuli=2*
 - 9 *no verbal response =1*
 - 11 *withdraw from pain=4*
 - 13
31. A 20 year old lady presents to you after having fallen from 10 feet. A Brain CT scan is done which shows an extradural hematoma. Which one of the following is a possible source of hemorrhage in an extradural hematoma?
- Anterior cerebral artery
 - Middle cerebral artery
 - Posterior Cerebral artery
 - ☒ Middle meningeal artery
 - Basilar artery.
32. A twenty-four year old young gentleman presents to the emergency room after being involved in a road traffic accident. His vitals are all within normal range. His upper limb movements and sensations are normal. He is unable to move both his lower limbs and cannot feel any sensation at the level of his umbilicus and below that. In what region of the central nervous system do you expect the lesion to be?
- Left cerebral hemisphere
 - Right cerebral hemisphere
 - Cervical spinal cord
 - ☒ Thoracic spinal cord
 - Lumbar Spinal cord.
33. A seven years old child presents to you with a three months history of progressively worsening irritability, vomiting, and seizures. An MRI Brain with contrast is performed which reveals a space occupying mass lesion in the left side of the cerebellum. What is the most common type of brain tumour found in children: *most common ids medulloblastoma but not in option*
- Meningioma
 - ☒ Astrocytoma
 - Ependymoma
 - Oligodendroglioma
 - Glioblastoma.
34. Which of the following is the most commonly occurring neural tube defect:
- ☒ Myelomeningocele.
 - Spinal cord malformation.
 - Lipomeningocele.
 - Sacral agenesis.
 - Meningocele.
35. The biochemical derangements in Gastric outlet obstruction include:
- Hypokalemic hyponatremic metabolic acidosis.
 - Hypokalemic hypernatremic metabolic alkalosis.
 - Hyperkalemic hypernatremic metabolic acidosis.
 - ☒ Hypokalemic hyponatremic metabolic alkalosis.
 - Hyperkalemic hyponatremic metabolic alkalosis.
36. A 40 years old male patient with 5 years history of dyspepsia presents to Emergency with sudden onset of severe epigastric pain. O/E the epigastrium is tender and rigid. Labs show neutrophil leucocytosis, LFTs, RFTs and Serum amylase are normal. The next most suitable investigation is:

Eye open to painful stimuli=2
Noise to painful stimuli= 2
Localization of pain= 5



Pak International Medical College
Department of Medical Education
5th Year MBBS End of Block-Q Exam (Theory Paper)-2024

- a. Serum lipase.
b. Ultrasound abdomen. **Perforated ulcer most likely Gas under diaphragm**
☒ c. Chest X-ray.
d. Barium Meal.
e. ECG.
37. Which of the following is the most effective treatment for Achalasia:
a. Repeated balloon dilatation.
b. Botulinum toxin injection.
c. Dietary changes and observation.
☒ d. Heller's cardiomyotomy.
e. Drugs therapy.
38. The rationale for advising barium swallow in GERD is:
a. Exclusion of hiatus hernia.
b. Grading of GERD.
c. Confirmation of diagnosis
☒ d. Complications of GERD.
e. Exclusion of Gastric outlet obstruction.
39. The most common tumor of the small bowel is:
a. Carcinoma.
☒ b. Adenoma.
c. Fibroma.
d. Hemangioma.
e. Neurogenic tumors.
40. Appropriate therapy for an incidentally detected Meckel's diverticulum with broad base and no firmness or nodularity is:
a. Diverticulectomy.
b. Segmental small bowel resection.
☒ c. Leave alone.
d. Invagination.
e. Right hemicolectomy.
41. Investigation of choice to diagnose Hirschsprung's disease is:
a. Rectal manometry
b. Barium Enema
☒ c. Rectal biopsy.
d. Laparotomy
e. Ultrasound abdomen and pelvis.
42. Which of the following is most commonly confused with appendicitis in children:
a. Meckel's diverticulitis.
b. Acute gastro-enteritis.
c. Pelvic inflammatory disease.
☒ d. Mesenteric adenitis.
e. Urinary tract infection.
43. A 64 year old man with family history of colonic cancer. What is the significance of CEA estimation in this patient:
a. CEA is highly sensitive for diagnosis.
b. If CEA is elevated preoperatively, it implies unresectable disease.
☒ c. Increases in CEA after resection may indicate tumor recurrence.
d. CEA is highly specific for the presence of colon cancer.
e. CEA is not significant.
44. A 63 year old woman from Afghanistan is visiting Pakistan. She presents with dysphagia. On endoscopy, an esophageal web is identified and the diagnosis of Plummer-Vinson syndrome is established. What would be the next step in management:
a. Esophagostomy.
☒ b. Dilatation of the web and iron therapy.
c. Esophagectomy.
d. Gastric bypass of the esophagus.
e. Observe.
45. A patient presented with Dysphagia. Which one of the following investigations may be advised:
a. Barium Meal and follow through.
b. Barium Enema.
☒ c. Barium Swallow.
d. Ascending urethrogram.
e. Plain X-ray.
46. The commonest site for colorectal cancer is:
a. Caecum
☒ b. Recto-sigmoid inguinal junction
c. Sigmoid colon
d. Rectum
e. Transverse colon.
47. The most common cause of dynamic intestinal obstruction is:
a. Carcinoma
b. Obstructed hernia
☒ c. Adhesions
d. Inflammatory
e. Bezoar.
48. The treatment of choice for a stone in the distal end of CBD:
a. Open cholecystectomy
b. Laparoscopic cholecystectomy
☒ c. ERCP with stone extraction and OR papillotomy.
d. PTC
e. Conservative approach.
49. A 25 years old emotionally unstable female patient presents with mass in epigastric region and symptoms of fullness. On examination there is palpable mass in epigastrium with no succussion splash. What is the most likely diagnosis:
a. Ca stomach.
b. Ca transverse colon. ?
☒ c. Trichobezoar
d. Phytobezoar.
e. Pancreatic head mass.
50. A 25 years old woman presented with 24 hours history of pain in periumbilical region which then shifted to RIF. It is associated with a Nausea, Vomiting and anorexia. What is the most likely cause of this pain:
a. Acute cholecystitis.
b. Acute pancreatitis.
☒ c. Acute Appendicitis.
d. Renal colic
e. Cystitis.
51. An endoscopic examination with chronic diarrhea of a patient reveals patchy / skip lesion of inflammation throughout the GIT. Based on this finding what is the most likely disease:
☒ a. Crohn's disease.
b. Ulcerative colitis
c. Intestinal Tuberculosis
d. Enteric fever.
e. Diverticulitis.
52. Which of the following vitamin helps in blood clotting:
a. Vitamin A
b. Vitamin C
c. Vitamin B.
d. Vitamin E

Pak International Medical College
 Department of Medical Education
 5th Year MBBS End of Block-Q Exam (Theory Paper)-2024

- Vitamin K
 Which of the following vitamin deficiency causes night blindness:
 a. Vitamin A
 b. Vitamin B
 c. Vitamin C.
 d. Vitamin D
 e. Vitamin E
54. Which of the following is water soluble vitamin:
 a. Vitamin A
 b. Vitamin D
 c. Vitamin E.
 d. Vitamin K
 ● Vitamin B
55. Based on BMI; Morbid obesity is defined as:
 a. BMI> 20 %
 b. BMI> 30%
 ● BMI> 40%
 d. BMI> 50 %
 e. BMI> 60%
56. Enteral feeding is indicated in one of the following condition:
 a. When GIT is not functioning (ileus)
 b. When GIT is not available (massive resection, Ca oesophagus)
 c. When GIT is diseased (crohn's)
 d. When GIT is short (short gut syndrome)
 ● When GIT is normal both anatomically and functionally.
57. Enteral feeding has the following benefits:
 a. It is more safe, less costly & physiological.
 b. It is less costly, causes villous cells atrophy & diarrhea.
 c. It is less costly, cause villous cells atrophy & constipation.
 ● It is safer, more physiological, cost less and stimulates immunological barrier.
 e. It is safe & cost less than parenteral nutrition.
58. Choose the best option for the treatment of carcinoma oesophagus ?
 a. Whipple Operation
 b. Anderson – Hynes Operation.
 c. Heller's Operation.
 ● Ivor – Lewis Operation.
 e. Nissen's Fundoplication.
59. A 35 old male present with complaints of lower back pain with radiculopathy and weakness in dorsiflexion of his right foot. Which Nerve is most probably involved?
 a. Right L3
 b. Left L3
 c. Right L4
 d. Left L4
 ● Right L5
60. Kyphosis/Scoliosis is associated with all of the following, Except:
 a. Ankylosing Spondylitis
 ● De'Quervains Disease
 c. Osteoporosis
 d. Paget's Disease
 e. Scheuermann's Disease
61. A 50 years old man presented with fever and confusion his CSF R/c report is attached Protein 4.5g/dl, Glucose 20mg/dl (RBS 200mg/dl), Cell Count 300 cells/hpf (80% Lymphocytes and 20% Neutrophils). What is the most likely diagnosis?
 a. Falciparum malaria
 b. Malignant Meningism
 c. Pyogenic Meningitis
 ● Tuberculous Meningitis
 e. Viral Meningitis
62. A Young boy presented with sudden onset paraplegia and hyperreflexia. Which of the following is the most likely diagnosis?
 a. Botulism
 b. Caries Spine
 c. Guillian Barre Syndrome
 d. Lead Poisoning
 e. Poliomyelitis
63. Which of the following is a clinical feature of Parkinson's disease except?
 a. Promixal Myopathy
 ● Coarse Tremors
 c. Rigidity
 d. Monotonous Speech
 e. Masked Expression less face
64. Which of the following drugs are given for Parkinson's disease except
 a. Dopaminergic
 b. Anti Cholinergic
 c. Dopamine Agonists
 ● Beta Blockers
 e. Anti depressants
65. A 50 year old diabetic man has presented to the ER with fever with altered behavior and confusion O/E GCS 08/15, No Focal Neurological Deficit or Meningism noted. There was no evidence of Hypoglycemia CBC : TLC 15000/mm³ Malarial Parasite (Negative), RFTs, LFTS, RBS and Electrolytes are within normal limits. What is the most likely diagnosis?
 ● Encephalitis
 b. Hypoglycemia
 c. Intra cranial Tumor
 d. Hypercalcemia
 e. Stroke
66. A 25-year-old man accidentally touches a live electrical wire while working on household wiring. He is found unconscious but regains consciousness after a few minutes. On examination, he has no burns but complains of muscle soreness and weakness. Which of the following is the BEST initial investigation to assess for potential complications?
 ● Electrocardiogram (ECG)
 b. Serum creatinine
 c. Magnetic resonance imaging (MRI) of the brain
 d. Complete blood count (CBC)
 e. Serum electrolyte panel
67. Upon initial assessment of a drowning patient, what is the most critical intervention to prioritize?
 a. Chest compressions
 b. Rapid rewarming
 ● Oxygen administration
 d. Fluid resuscitation



Pak International Medical College

Department of Medical Education

5th Year MBBS End of Block-Q Exam (Theory Paper)-2024

- e. Electrolyte replacement
68. A 35 year old man from Karachi went to K-2 on a trip where he developed nausea and vomiting after 7 hours of his arrival. Then he started having dizziness and tingling sensation of his limbs. His sleep was also disturbed there. His chest auscultation was normal and O₂ Saturation was 92% and ABGs done shows PH: 7.50, PaCO₂ : 23, PaO₂: 65mmHg. What is your diagnosis?
- ☒ a. Acute Mountain Sickness
 - b. Peumonia
 - c. Pulmonary edema
 - d. Pulmonary Embolism
 - e. Pneumothorax
69. A 65-year-old woman presented to the emergency with muscle weakness and palpitations. Her blood pressure was 130/80 mmHg, pulse was 100 bpm, and she has generalized muscle weakness. An ECG shows U waves and flattened T waves. Serum potassium: 2.8 mEq/L Serum sodium: 140 mEq/L, Serum creatinine: 1.0 mg/dL. What is the next best step in managing this patient?
- a. Administer intravenous calcium gluconate
 - ☒ b. Start oral potassium supplementation
 - c. Discontinue furosemide and start spironolactone
 - d. Administer intravenous normal saline.
 - e. Order an urgent hemodialysis
70. A 55-year-old woman presented to hospital with a 3-day history of muscle cramps, tingling around her mouth, and fatigue. She had thyroidectomy for thyroid cancer two months ago. You observe a positive Chvostek's sign. Her laboratory results reveal the following: Serum calcium: 7.2 mg/dL, Serum phosphate: 5.0 mg/dL, Serum parathyroid hormone (PTH): Low. Which of the following is the most likely cause of her hypocalcemia?
- a. Vitamin D deficiency
 - ☒ b. Hypoparathyroidism
 - c. Chronic kidney disease
 - d. Acute pancreatitis
 - e. Magnesium deficiency
71. Many of the patients with acute schizophrenia and positive symptoms go on to develop chronic schizophrenia where the patients manifest many negative symptoms. Which one of the following is not a negative symptom of schizophrenia?
- ☒ a. Auditory hallucinations
 - b. Apathy and loss of drive
 - c. Social isolation
 - d. Flattened affect
 - e. Poverty of speech
72. A 25 year old lady has multiple complaints for the last 2 years including headaches, dizziness, low backache, upper abdominal pain, nausea, bloating. Physical examinations as well as all investigations are normal. What is the most likely diagnosis?
- a. Hypochondriasis
 - b. Conversion disorder
 - ☒ c. Somatization disorder
 - d. Depressive illness
 - e. Adjustment disorder
73. A 62 years gentleman has been recently diagnosed with Parkinson's disease. Which one of the following clinical feature you do not expect to find in this patient?
- a. Bradykinesia
 - ☒ b. Intention tremor
 - c. Rigidity
 - d. Monotonous speech
 - e. Difficulty starting a movement
74. A 57 year old lady presents with a history of recurrent severe pain in her right cheek, precipitated by eating or touching her face just under the right eye. This pain lasts 30 to 60 seconds. Which one of the following treatments would you advise?
- a. A combination of penicillin and metronidazole
 - b. Dental extraction
 - c. A trial of corticosteroids
 - ☒ d. Carbamazepine
 - e. NSAIDs
75. The clinical features associated with raised intracranial pressure include all of the following except:
- a. Vomiting
 - b. Morning headache
 - c. Decreased consciousness
 - d. Papilledema
 - ☒ e. A falling blood pressure
76. A 50 year old man is diagnosed with amyotrophic lateral sclerosis. Which one of the following statements about this disease is correct?
- a. There is usually a long history of remissions and exacerbations.
 - b. Patients develop sensory loss following a dermatomal distribution
 - c. Many patients have focal seizures
 - ☒ d. There is degeneration of both upper and lower motor neurons
 - e. Treatment can effectively stop further progression
77. In the treatment of persistent tension-type headache, not responding to simple analgesics and relaxation techniques, which of the following medications would be most suitable?
- a. Diazepam
 - ☒ b. Amitriptyline
 - c. Carbamazepine
 - d. Olanzapine
 - e. Ergotamine
78. A 30 year old man complains of recurrent headaches. He describes these as pain around left eye with watering of that eye associated with rhinorrhea and facial flushing. The pain is very severe and last up to 2 hours and can occur several times a day for a few weeks before settling. What is the most likely diagnosis?
- a. Trigeminal neuralgia
 - b. Glossopharyngeal neuralgia
 - ☒ c. Cluster headache
 - d. Tension-type headache
 - e. Giant cell arteritis
79. In patients with myasthenia gravis, CT thorax is done to exclude:
- a. Lymphoma
 - b. Teratoma
 - ☒ c. Thymoma
 - d. Retrosternal goiter
 - e. Midline granuloma

Pak International Medical College
Department of Medical Education
5th Year MBBS End of Block-Q Exam (Theory Paper)-2024

- 70 year old patient presents with bradykinesia, resting tremors, cogwheel rigidity and mask like face. Which one of the following is used for diagnosis of this condition?
- CT scan brain
 - EEG
 - Lumbar puncture
 - Nerve conduction studies
 - ☒ Clinical features
81. A 56 year old laborer was doing his work on a hot, humid day when he complained of dizziness, vomiting and headache. On his way to the hospital he was confused and agitated and on arrival in casualty, he became unconscious. On examination he was found to have a temperature of 41 C, with dry and hot skin. What is the most likely diagnosis?
- Heat exhaustion
 - ☒ Heat stroke
 - Neuroleptic malignant syndrome
 - Heat syncope
 - Cerebral malaria
82. Which one of the following is not a recognized clinical feature of vitamin C deficiency (Scurvy)?
- Swollen and bleeding gums
 - Perifollicular hemorrhages
 - Ecchymoses
 - ☒ Generalized lymphadenopathy
 - Poor wound healing
83. A 20 years old epileptic Patient came to ER with multiple tonic clonic fits without recovery of consciousness for the last 2 hours. Initial management was done and IV diazepam was given twice, now fits are relieved. What is the next step of management?
- Start IV Fosphenytoin
 - continue with Diazepam
 - Start lorazepam
 - ☒ send home on Oral medication
84. What is the best initial treatment of ischemic CVA in the absence of contraindications?
- ☒ IV thrombolytic
 - Aspirin 325 mg PO
 - Clopidogrel 75 mg PO
 - Physiotherapy
85. Following CSF data are compatible with which of the diagnosis. Proteins: 110mg/dl (up to 45mg/dl) cells: 150/mm³ (up to 4/mm³) with 90% lymphocytes, glucose 20mg/dl (60-80mg/dl)
- Pyogenic meningitis
 - ☒ Tuberculous meningitis
 - Encephalitis
 - Viral meningitis
 - Cerebral meningitis
86. Brown sqcard syndrome is caused by:
- ☒ Unilateral cord lesion
 - Central cord lesion
 - Transverse thoracic spinal cord lesion
 - Cervical nerve injury
 - Thalamic lesion
87. A 42-year-old woman is brought to the emergency department with an acute onset of a severe headache, which she describes as the "worst headache of her life." She also reports nausea, vomiting, and photophobia. On examination, she is alert but appears to be in significant distress. Her blood pressure is elevated, and she has neck stiffness. A CT scan of the brain is ordered. Which of the following is the most likely diagnosis for this patient?
- Tension headache
 - Migraine
 - ☒ Subarachnoid Hemorrhage
 - Cluster headache
 - Meningitis
88. A 56-year-old male with a history of hypertension presents with sudden-onset severe headache, confusion, and photophobia. A CT scan of the brain shows no abnormalities, but the physician suspects subarachnoid hemorrhage. What is the next best step in diagnosis? Which diagnostic test is most appropriate for confirming subarachnoid hemorrhage in this patient?
- MRI of the brain
 - ☒ Lumbar puncture
 - Cerebral angiography
 - EEG (Electroencephalogram)
 - CT angiography
89. What is the most important initial intervention to prevent rebleeding in a patient with subarachnoid hemorrhage?
- Administer intravenous antibiotics
 - Blood pressure control with antihypertensive agents
 - ☒ Surgical clipping or endovascular coiling of the aneurysm
 - Administer intravenous steroids
 - Place the patient on antiplatelet therapy
90. A 65-year-old male presents to the emergency room with sudden-onset weakness on the right side of his body, along with difficulty speaking and understanding language. His blood pressure is elevated, and a CT scan reveals a lesion in the left middle cerebral artery territory. Which of the following is most likely to be affected in this patient?
- Right-sided visual field loss
 - Left-sided neglect
 - ☒ Right-sided facial weakness
 - Left-sided arm weakness
 - Right-sided ataxia
91. A 72-year-old woman is brought to the hospital after suddenly losing the ability to speak clearly and feeling numbness on the right side of her face and arm. On examination, she has expressive aphasia and right-sided hemiparesis. A CT scan reveals a lesion in the left anterior cerebral artery (ACA) territory. Which of the following clinical signs would be most consistent with this type of stroke?
- Hemispatial neglect
 - Hemianopia
 - ☒ Right-sided motor weakness sparing the face
 - Bilateral leg weakness
 - Right-sided ataxia
92. A 60-year-old male presents with sudden-onset dizziness, difficulty walking, and nausea. He has right-sided vertigo, ataxia, and dysarthria. Upon further evaluation, an MRI shows a lesion in the posterior circulation, specifically involving the vertebrobasilar system. Which of the following is most likely to be affected in this patient with a stroke in the posterior circulation?
- Right-sided weakness of the face
 - ☒ Loss of coordination and balance



Pak International Medical College

Department of Medical Education

5th Year MBBS End of Block-Q Exam (Theory Paper)-2024

- c. Speech comprehension difficulty
d. Severe aphasia
e. Right-sided visual field loss
93. A 32-year-old male was brought to the emergency room after a car accident. He has a Glasgow Coma Scale (GCS) score of 6, with no response to verbal stimuli, and only localized movement to painful stimuli. He is breathing spontaneously but has an irregular pulse rate. His pupils are equal and reactive to light. What is the most likely diagnosis for this patient based on the GCS score and clinical presentation?
- a. Vegetative state
b. Persistent vegetative state
c. Severe brain injury
d. Mild concussion
e. Brain death
94. A 55-year-old woman with a history of diabetes presents to the emergency department with confusion, disorientation, and drowsiness. Upon examination, her GCS is 8, and she responds to commands but is slow to follow them. Her blood sugar level is 45 mg/dL, and she has a history of hypoglycemia. Which of the following interventions should be prioritized in this patient to improve her neurological status?
- a. Administer insulin to lower blood sugar
b. Give intravenous glucose
c. Perform a CT scan of the brain
d. Start mechanical ventilation
e. Administer opioid antagonists
95. A 60-year-old male presents with a decreased level of consciousness following a stroke. His GCS score is 7, and his brain imaging shows a large ischemic infarction in the right middle cerebral artery territory. Despite treatment, his condition deteriorates over the next 24 hours. What is the most important consideration in the management of this patient in the acute phase?
- a. Immediate surgical intervention to remove the infarction
b. Monitoring for signs of brain herniation
c. Administering thrombolytics to reverse the ischemic injury
d. Repositioning the patient to prevent pressure ulcers
e. Initiating long-term rehabilitation
96. A 25-year-old woman has been experiencing brief episodes of staring blankly for several seconds during which she is unresponsive. These episodes are followed by no memory of the event. Her doctor suspects focal onset seizures. Based on this information, which of the following is most likely to be her diagnosis?
- a. Tonic-clonic seizure
b. Focal onset aware seizure
c. Absence seizure
d. Complex partial seizure
e. Status epilepticus
97. A 40-year-old male presents to the emergency room after experiencing a prolonged seizure lasting more than 5 minutes. The medical team is concerned about status epilepticus, a potentially life-threatening condition. What is the first-line treatment for status epilepticus?
- a. Oral benzodiazepines
b. Intravenous phenytoin
c. Intravenous lorazepam
d. High-dose steroids
- e. Antidepressants
98. A 65-year-old man presents with gradual onset of tremors in his right hand, along with stiffness and slowness of movement. He also has difficulty initiating movements, particularly when trying to walk. His family mentions that he has a "mask-like" facial expression and has been shuffling his feet while walking. Which of the following is the most characteristic motor symptom of Parkinson's disease?
- a. Hyperreflexia
b. Resting tremor
c. Muscle weakness
d. Tics
e. Ataxia
99. A 40-year-old woman comes to the clinic with a 1-year history of involuntary, jerky movements of her arms and face. She reports difficulties in maintaining coordination and balance, along with changes in mood and irritability. Her family history reveals that her mother had similar symptoms and passed away from complications of the disease. Which genetic abnormality is most commonly associated with Huntington's disease?
- a. CAG trinucleotide repeat expansion
b. Autosomal recessive mutation in the HTT gene
c. Deletion in the FRDA gene
d. TTR gene mutation
e. A1AT deficiency
100. A 30-year-old male presents with twisting movements and abnormal postures of his neck, which have been progressively worsening over the last 6 months. He describes episodes where his head turns to one side uncontrollably. He has no significant family history of neurological disorders, and his physical exam reveals no signs of muscle weakness. What is the most likely diagnosis for this patient's symptoms?
- a. Myoclonus
b. Dystonia
c. Essential tremor
d. Multiple sclerosis
e. Neuropathic tremor
101. A 30 year old male, presented to the ER with hematemesis. He was Resuscitated in ER and is vitally stable now. Which Investigation should be done to confirm the source of bleeding?
- a. Colonoscopy
b. Upper GI Endoscopy
c. CT scan of the abdomen
d. Barium swallow
e. None of These
102. A 40 year old patient, presented to the ER with Upper GI Bleeding. Vitals Pulse 120/min, BP 90/60mmHg. What initial management is critical in a patient with upper GI bleeding?
- a. Administration of antibiotics
b. Blood pressure monitoring
c. Volume resuscitation with IV fluids
d. Immediate surgery
e. Intake Output Record
103. A 50 year old Decompensated Chronic liver disease patient presented to ER with Malena. In cases of suspected variceal bleeding, which medication is often used as part of acute management?

- a. Proton pump inhibitors
☒ b. Octreotide
c. Antacids
d. Laxatives
e. None of these
104. Which score is commonly used to assess the severity of upper GI bleeding?
a. Child-Pugh score
☒ b. Rockall score
c. MELD score
d. ATLANTA II score
e. ROME IV
105. A 45 year old man presented to the ER with features of Acute Liver Failure. Which laboratory test is most indicative of acute liver failure?
a. Elevated bilirubin
b. Elevated alkaline phosphatase
☒ c. Prolonged prothrombin time (PT)
d. Elevated albumin levels
e. Reduced Gamma Glutamyl Transferase
106. A 40 year old man has presented to the ER with features of Acute liver Failure. He is on supportive treatment, but the relatives are concerned about the prognosis. What is the best treatment option?
☒ a. Referral for Liver transplantation
b. Antiviral therapy
c. Corticosteroids
d. Antibiotics
e. Glutathione
107. A 70 year old man presented with altered bowel habits and significant weight loss. P/R exam reveals a mass in the rectum. Which of the following is the most appropriate next step?
a. Referral to surgery
b. Colonoscopy in a month
c. CT scan of the abdomen
☒ d. Flexible Sigmoidoscopy + Biopsy
e. None of these
108. A 52 year old patient presented with RUQ pain, Jaundice, dark urine, clay colored stools, She had history of Gallstones in the past. Bil 8mg/dl (upto 1.5mg/dl), Alk.Ph 800U/L (<200 U/L), ALT 60U/L (upto 40U/L). What is the next appropriate investigation?
a. Serum albumin
b. Prothrombin time
c. MRI Abdomen for biliary tracts
☒ d. Ultrasound Abdomen for biliary channels
e. FibroScan of Liver
109. What does a ratio of AST to ALT greater than 2 suggest?
a. AutoImmune Hepatitis
☒ b. Alcoholic liver disease
c. Cholecystitis
d. Cholangitis
e. Viral hepatitis
110. Which of the following is the most important initial step in evaluating an adult with a suspected autoimmune disorder?
a. Conducting a complete blood count (CBC)
b. Performing a skin biopsy
☒ c. Taking a thorough patient history and physical examination
d. Ordering a high-resolution CT scan
e. Administering corticosteroids
111. Which laboratory test is commonly used to screen for autoimmune diseases in adults?
a. Blood culture
☒ b. Anti-nuclear antibody (ANA) test
c. Lipid panel
d. B-type natriuretic peptide (BNP) test
e. Prothrombin time (PT) test
112. Which of the following is a characteristic feature of autoimmune disorders that should be specifically sought during the physical examination?
a. Bilateral edema in lower limbs
☒ b. Joint tenderness or swelling
c. Elevated blood pressure
d. Bradycardia
e. Hyperreflexia
113. Which of the following is considered a hallmark feature of systemic lupus erythematosus (SLE)?
a. Joint pain without swelling
☒ b. Butterfly-shaped rash on the face
c. Severe headaches with vomiting
d. High blood sugar levels
e. Skin thickening on the hands
114. Which of the following antibodies is most commonly associated with the diagnosis of systemic lupus erythematosus (SLE)?
☒ a. Anti-dsDNA most specific is anti smith but here the Q is most common so most common is antidsDNA
b. Anti-Ro
c. Anti-Smith
d. Anti-citrullinated protein
e. Anti-CCP
115. A thirty years old young man, previously diagnosed as a case of phobic anxiety disorder, visited a consultant psychiatrist clinic. Now for the last two weeks he has developed the compulsive act of repeated hand washing. He usually remains pre-occupied with fear of having serious illness and thoughts of contamination. The most likely diagnosis
a. Hypochondriacal disorder
☒ b. OCD
c. Major depressive disorder
d. Illness anxiety Disorder
e. Somatization disorder
116. Hamid 40 year old young man, a KIC of chronic schizophrenia brought to hospital with complaint of muscle spasm, agitation, tremors and bradykinesia. The most likely diagnosis is
☒ a. EPS
b. NMS
c. Meningitis
d. Dystonia
e. Serotonin syndrome



Pak International Medical College
Department of Medical Education
5th Year MBBS End of Block-Q Exam (Theory Paper)

117. Najma a 35 years old young lady, repeatedly develop a depressive disorder at the same time of year, usually the autumn or winter. She is suffering from,
- ☒ a. Seasonal affective disorder
 - b. Agitated depression
 - c. BAD
 - d. Atypical depression
 - e. Mixed effective disorder
118. Wajid a 50 years old bank manager, visited a psychiatric clinic with complaint of variably depressed mood, overeating, over sleeping, extreme fatigue and pronounced anxiety. Most likely diagnosis
- a. SAD
 - b. Atypical depression
 - ☒ c. Mixed anxiety and depressive disorder
 - d. GAD
 - e. Somatoform disorder
119. A 20 years old young girl with a history of episodes of suffocation, anxiety, weeping spells, restlessness, insomnia and nightmare for the last 1 month. She informed that she was assaulted on her way to university. The incident often flashes back in her mind
- ☒ a. Acute stress disorder
 - b. PTSD
 - c. Adjustment disorder
 - d. Greif reaction
 - e. Major depressive disorder
120. Saima 18 Year old young girl brought to psychiatric clinic against her will with complaint of heightened sensitivity to cold, constipation, bloating, Dizziness, syncope, amenorrhea, poor sleep. On Examination BMI < 17.5 kg/m², stunted growth, dry pale skin, bradycardia, hypotension:
- a. Neoplasia
 - b. IBD
 - c. DM
 - d. Hyperthyroidism
 - ☒ e. Anorexia nervosa