



BLOCK - Q
Annual 2025
Key (JMC)
(Abid Khan Halimzai)

- 1) tests is most specific for the diagnosis of drug induced lupus~~~ Anti histone antibodies
- 2) centrally acting sympathomimetic agent used for weight loss~~ Phentermine
- 3) BMI of 32 kg/m' is prescribed Orlistat easily bruising and night blindness.~~~ Fat-soluble vitamin deficiency
- 4) risk factor for obstructive sleep apnea~~~ Obesity
- 5) Which of the following would be the most appropriate next step in managing his obesity~~~Initiate Semaglutide for weight management
- 6) morbid obesity with BMI 38, presents with painful, erythematous skin folds on her abdomen and under her breasts.~~~~ Intertrigos
- 7) Glasgow Coma Scale (GCS) score of 6.~~~ Intubate the patient and secure the airway
- 8) chronic alcohol use presents with confusion, memory impairment~~~~ Administer intravenous Thiamine
- 9) excessive sweating, and a body temperature of 103.1°F.~~~~ Heat exhaustion
- 10) On examination, her body temperature is 105.8°F,~~~~ Heat Stroke
- 11) hypothermia 82.4°F is brought to the emergency department.~~~~ J waves and sinus bradycardia
- 12) altitude of — — —and develops symptoms of nausea, headache, and dizziness on the second day of his
~~~ Administer supplemental oxygen and descent to a lower altitude
- 13) temporal arteries are tender and pulseless. What is the gold standard test in diagnosing giant cell arteritis~~~~ Temporal artery biopsy
- 14) nasal mucosa shows necrotizing granulomas.~~~ ANCA
- 15) recurrent oral ulcers, genital ulcers, and erythema nodosum.~~~ Bahcet syndrome
- 16) Temporal artery biopsy is planned. What is the most appropriate initial treatment~~~ High-dose corticosteroids
- 17) Polyarteritis Nodosa (PAN)~~~~~Hepatitis B virus
- 18) cereal-based diet with minimal protein. What is the most likely diagnosis~~~~ Marasmus
- 19) the child has pitting edema, an enlarged liver, flaky skin lesions, and a distended abdomen. The child appears apathetic and irritable.~~. ~~Kwashiorkor

20) severe malnutrition is started on nutritional rehabilitation in a hospital setting~~~ Refeeding syndrome

21) Urinary porphobilinogen levels are elevated. What is the most likely diagnosis~~~ Acute intermittent porphyria

22) muscle weakness, and altered mental status.~~wet beri beri

23) gastric bypass surgery to manage her obesity.~~~ Vitamin B12, Iron deficiency

24) (SLE),~~~ At least 4 of the 11 diagnostic criteria

26) initial diagnostic test for evaluating this patient for Systemic Lupus erythematosus?~~~~ Antinuclear antibody test

27) skin thickening, Raynaud's phenomenon, and difficulty swallowing.~~~ Scleroderma

28) poorly treated scleroderma patient~~~ Pulmonary hypertension

29) with drug-induced lupus~~~ Hydralazine

30) Asteris ,confusion ~~~ regular lactulose

31)spiro lactone~~ reduced water , promote sodium excretion

32) x ray shows air ~~~ Bowel perforation

33) previous surgeries ~~~ intestinal adhesions during laprotomy

34) colorectal Ca ~ stage 3

35) diarrhoea and vomiting ~~ hypochloritic hypo potassium metab alkasis

36) 3 days new born ~~~ Exchange transsfusion

37)45 days old evaluation of jaundice, pale stool~~ biliary atresia

38) 6 days babay ~~~ physiological jaundice

39)Celiac ~~~ anti tissue transm

40)45 yrs progressive jaundice ~~~ ca of head of pancreas

41) best intial for obstructive jaundice ~~~ US

42) no visible stone in biliary tree ~~~ERCP

43) 50yr old male ~~~ Direct Ing Hernia

44) strangulated inguinal hernia ~~~ surgical exploration

45) stage 2 cancer ~~~ surgical resection

46) hemorrhoids only prolapse and correct digitally ~~~ sclerosing injection

47) colonoscopy ~~~ perform every 2yrs

48) biological agent for induction therapy ~~ infliximab

49) definitive treatment of UC ~~~ ileal pouch anal anastomosis

50) toxic megacolon >6cm ~~~ total colectomy

51) woman presents to the emergency department with a 2-day history of severe diarrhea abdominal pain, and bloody stools. She has a history of ulcerative colitis but has not had a flare-up ~~~~~ Admit the patient to the hospital for intravenous corticosteroids, steroid enemas and supportive care

52) Charchot Marie tooth

53) previous positive hx ~ 2-3%

54) kawasaki --- Coronary artery aneurysm

55) Down syndrome ~ 21 trisomy

56) Blackout ~ Absence seizures

57) 9 yr old child having fits lab reports normal ~~ epilepsy

58) VP shunt ~~~ drainage of CSF

59) Down syndrome ~~~ Atrial VSD

60) Migraine ~~~ Erenumab

61) old age dementia ~~ Alzheimer

62) early onset Alz ~~~ prazosin 1

63) Status epi ~~ Lorazepam

64) patient of stroke in emergency department the most immediate management ~~ thrombolytics

- 65) OCD ~~ exposure and resp
- 66) Dependency ~~ Benzodiazepines
- 67) caplike ~~ syringomyelia
- 68) Bird peak ~~~ Achalasia
- 69) ICP ~~ Bradycardia
- 70) Dystonias ~~ Benztrophine
- 71) Baria surgery ~~ BMI 35; DM ,HTN
- 72) L4-L5 Compression
- 73) previous respiratory hx and high lymphocytes ~~~ TB meningitis
- 74) PTSD ~~~ intrusive thoughts
- 75) post traumatic event ~~~ soldier having previously ...
- 76) gm negative ~~ Meningococcal meningitis
- 77) protein high glucose normal. And lyp ~~~ viral meningitis
- 78) 55 yrs old pt :::: gm Positive cocci ~~ listeria monocytogen
- 79) bacterial meningitis ~~ protein high , low glucose <40, neutrophils 80%
- 80) fronto-temp ~~ language and behavioural problem
- 81) varicel bleeding ~~ terlipressin
- 82) Zollinger syndrome
- 83) hypo osmolar ORS ~~~ reduced Diarrhoea
- 84) to Check NG tube ~~~ speak and check voice
- 85) hypo oslomar ORS ~~~ low glucose
- 86) PKU restriction ~~~ intellectual dysfunction
- 87) coma ~~ Blood glucose

88) headache from last 2 m ~~~ CT brain

89) CVS ~~~ perform early in pregnancy

90) peptic ulcer disease ~~ peritonitis (perforation

91) spontaneous bacterial peritonitis

92) bright red ~~~ full length colonoscopy

93) indicator of malnutrition ~~ Albumin

94) cornea clouding etc (not remember)~~ mucopolysaccharides

95) 5yrs old baby Malnourished~~~~ refeeding syndrome

96) Refeeding syndrome shows ~~...Blood tests reveal low phosphate and potassium levels.

97) thunder headache ~~ SAH

98) previous Hx of transverse myelitis ~~ Multiple sclerosis

99) Bacterial meningitis ~~ ceftriaxone

100) Levetiracetam ( Sarah)

101) bacterial meningitis ~~ sensorineural hearing loss

102) cognitive screening ~~~ mini mental state examination

103) acute liver failure has encephalopathy, to reduce ICP in liver failure ~~~ hyperventilation

104) thiamine deficiency ~~~ Alcohol

105) Ascites portal HTN, Palmar erythema ~~~ liver cirrhosis

106) pregnant Female vomiting ~~~ thiamine and maintenance of fluid

107) a child high grade fever with fits generalized seizures ~~ complex febrile convulsions

108) fear of eating ~~~ Anorexia nervosa

109 ) patient with History of depression etc best method ~~~ taking history, medication, Cognitive therapy ( not remember exact statement)

110) worse headache of my life ~~~ cerebral venous sinus thrombus

111) Sumatriptan ( migraine )

112) Sumatriptan (migraine)