

GOMAL MEDICAL COLLEGE, MTI, D.I.KHAN

MCQs Written Test Final YEAR MBBS (Block-Q)

Date: 04th October, 2024

Name of Student: _____

Roll No. _____

Please encircle the correct answer with blue/black pen

Paper ID: **RED**

TIME ALLOWED: 02-HOUR'S

TOTAL MARKS: 120

Note: Attempt **ALL** questions from this section. Select **ONE** best answer. Each question carries **01** mark.

Q#1: Which of the following clinical manifestations is commonly seen in infants with Hirschsprung disease?

- | | |
|---------------------|-----------------|
| a) Chronic diarrhea | d) Fever |
| b) Hematemesis | e) Constipation |
| c) Epigastric pain | |

Q#2: What is the gold standard diagnostic test for Hirschsprung disease?

- | | |
|--------------------|------------------------------|
| a) Abdominal X-ray | d) Rectal biopsy |
| b) Barium enema | e) Ultrasound of the abdomen |
| c) Colonoscopy | |

Q#3: Which genetic mutation is associated with Hirschsprung disease in some cases?

- | | | |
|----------|---------|---------|
| a) BRCA1 | c) RET | |
| b) APC | d) TP53 | e) KRAS |

Q#4: Hirschsprung disease is most commonly diagnosed in which age group?

- | | |
|-------------|------------------------|
| a) Neonates | d) School-age children |
| b) Infants | e) Adolescents |
| c) Toddlers | |

Q#5: Which of the following clinical findings is suggestive of Hirschsprung disease in a neonate?

- | | |
|------------------------|----------------------|
| a) Projectile vomiting | d) Watery diarrhea |
| b) Bilious vomiting | e) Urinary retention |
| c) High fever | |

Q#6: Which imaging modality is useful for evaluating the transition zone in Hirschsprung disease?

- | | |
|--------------------|-------------------------------------|
| a) Abdominal X-ray | d) Magnetic resonance imaging (MRI) |
| b) Barium enema | e) Ultrasound |
| c) CT scan | |

Q#7: Which surgical procedure is commonly performed to treat Hirschsprung disease?

- | | |
|--------------------|-------------------|
| a) Appendectomy | d) Gastrostomy |
| b) Cholecystectomy | e) Appendicostomy |
| c) Colectomy | |

Q#8: What is the primary goal of surgical treatment in Hirschsprung disease?

- | | |
|----------------------------------|-----------------------|
| a) Restore normal bowel motility | d) Remove the stomach |
| b) Remove the appendix | e) Remove the spleen |
| c) Remove the gallbladder | |

Q#9: Which of the following complications can occur following surgery for Hirschsprung disease?

- | | |
|-----------------------|-----------------|
| a) Acute pancreatitis | d) Hypertension |
| b) Biliary colic | e) Hearing loss |
| c) Enterocolitis | |

Q#10: Which type of Hirschsprung disease is characterized by a short segment of aganglionosis, typically involving the rectosigmoid region?

- | | |
|------------------------|-------------------------|
| a) Short-segment | d) Total colonic |
| b) Long-segment | e) Isolated small bowel |
| c) Ultra-short-segment | |

Q#11: Which of the following is NOT a common clinical feature of Hirschsprung disease?

- | | |
|-------------------------|----------------------|
| a) Abdominal distension | d) Frequent vomiting |
| b) Ribbon-like stools | e) Hyperactivity |
| c) Failure to thrive | |

Q#12: Which condition may mimic Hirschsprung disease but is typically associated with a history of prematurity and feeding difficulties?

- | | |
|---|---------------------|
| a) Gastroesophageal reflux disease (GERD) | d) Pyloric stenosis |
| b) Irritability | e) Celiac disease |
| c) Necrotizing enterocolitis (NEC) | |

Q#13: Which of the following is a potential long-term complication of Hirschsprung disease in children who undergo surgery?

- | | | |
|----------------------|-------------------------|------------|
| a) Diabetes mellitus | c) Chronic constipation | |
| b) Osteoporosis | d) Short stature | e) Obesity |

Q#14: Which of the following is considered to be the foundation of diagnosis of a genetic disorder?

- | | |
|------------------------|------------------------------|
| a) Family History | d) pre-symptomatic screening |
| b) Genetic Counselling | e) Family screening |
| c) pre-natal screening | |

- Q#15:** Which of the following gestational hormone is hypothesized to be co related with hyperemesis Gravidarum?
 a) Estrogen
 b) Human chorionic gonadotrophin
 c) Human placental lactogen
 d) Progesterone
 e) Testosterone
- Q#16:** What is the earliest indication of Volkmann's ischemia?
 a) Pain
 b) Pallor and poor capillary filling
 c) Paresthesia in median nerve area
 d) Contracture of fingers
 e) Gangrene of tips of fingers
- Q#17:** Which of the following fracture does not usually need open reduction and internal fixation?
 a) Mid shaft fracture of femur
 b) Pathological fractures
 c) Trochanteric fracture in elderly
 d) Displaced intra-articular fractures
 e) Displaced fracture of both bones of forearm in adults.
- Q#18:** 58 year old male has presented with rigidity slow movements tremors and has small steps and hesitant gait. What is the patient suffering from?
 a) Multi system atrophy
 b) Progressive supra nuclear palsy
 c) Parkinsons disease
 d) Willsons disease
 e) Huntingtons diseases
- Q#19:** 40 year old patient present with spastic paraplegia and lower motor neuron signs in upper limbs. What is the most likely diagnosis?
 a) Multiple sclerosis
 b) Amytrophic lateral sclerosis
 c) Poliomyelitis
 d) Substance abuse
 e) None of the above
- Q#20:** 25 year old female presented with hemiplegia she has diastolic murmur her ECH shows sever MS. What is the most likely cause of stroke?
 a) Cardio embolic stroke due to AF
 b) Warfarin
 c) Hypertension
 d) OCP
 e) None of the above
- Q#21:** A 50 years old male patient undergoes total gastrectomy for gastric cancer which of the following complication is least likely to occur
 a) Iron deficiency anemia
 b) dumping syndrome
 c) zinc deficiency
 d) bile reflux
 e) vitamin B-12 deficiency
- Q#22:** A 55 years old man undergoes open cholecystectomy with CBD exploration. Which of the following surgical option is followed?
 a) Place a Robinson drain in CBD
 b) Place a latex T-tube in CBD
 c) Place Redivac suction drain
 d) Place Corrugated drain
 e) No need for any drain
- Q#23:** A 33 years old male patient diagnosed as right obstructed inguinal hernia. On exploration the sac contains Meckel diverticulum. What type of hernia is this?
 a) Pantaloon hernia
 b) Richter hernia
 c) Maydl hernia
 d) Littre hernia
 e) Spigelian hernia
- Q#24:** A 3 years old male child presented to surgical OPD with scrotal swelling. On examination, right scrotal sac is swollen, transillumination test is negative and it is impossible to palpate the cord above swelling. What is the most probable diagnosis?
 a) Direct inguinal hernia
 b) Indirect inguinal hernia
 c) Right hydrocele
 d) Encysted hydrocele of the cord
 e) Right epididymo-orchitis
- Q#25:** A one year old female child presents to OPD with complaints of per rectal bleed which is on and off. Her mother reveals that something is coming out of anal verge. What is the most likely cause?
 a) Juvenile polyp
 b) Peutz jegher's syndrome
 c) FAP
 d) Diverticulosis
 e) Hemorrhoid
- Q#26:** A 6-week old baby is developing well, and then she develops profuse projectile vomiting. Barium meal study shows weak sign and delayed stomach emptying. What is the most probable diagnosis?
 a) Duodenal atresia
 b) Hypertrophic pyloric stenosis
 c) Malrotation of gut
 d) Esophageal atresia
 e) Pancreas divisum
- Q#27:** Which of the following is not surgical treatment option for GERD?
 a) Nissen fundoplication
 b) Toupet (post) fundoplication
 c) Ivor Lewis procedure
 d) De Watson (ant) fundoplication
 e) Laparoscopic Nissen fundoplication
- Q#28:** A 13-months old baby boy is brought to E/R by his mother for pain abdomen and diarrhea, which becomes bloody for one day. The child has history of respiratory tract infection recently. On examination the child is crying and drawing his legs and sausage shaped mass is palpable per abdomen. What is your most probable diagnosis?
 a) Hirschsprung disease
 b) Intussusception
 c) Mesenteric adenitis
 d) Cecal volvulus
 e) Meckel diverticulitis

Q#29: A 6-months old child is diagnosed for umbilical hernia. What age is the indication for elective surgery if hernia persists

- a) 1 years
- b) 5 years
- c) 3 years
- d) 7 years
- e) 6 years

Q#30: A 35 years old lady presents with bleeding per rectum and increased frequency of stools for the last 6 months. Blood is mixed with stool and there is associated purulent discharge too. Colonoscopy reveals rectal findings as edematous mucosa, erythema and loss of vascular markings, granular and fragile mucosa. Histopathology of inflamed mucosa shows intense infiltration of mucosa and submucosa with neutrophils and crypt abscesses. What is the most likely diagnosis?

- a) Crohn's disease
- b) Shigella dysentery
- c) Amebic dysentery
- d) Pseudomembranous colitis
- e) Ulcerative colitis

Q#31: Which of the following is macronutrient?

- a) Iron
- b) Vitamin C
- c) Protein
- d) Vitamin B12
- e) Zinc

Q#32: Surgical procedure or medical conditions associated with a reduction in pancreatic or biliary enzymes in intestinal tract (e.g obstruction of biliary or pancreatic duct) will result in malabsorption of

- a) Protein
- b) Vitamin K
- c) Vitamin C
- d) Vitamin B12
- e) Iron

Q#33: The radio-opaque nasogastric or ryles tube can be used for short term feeding in majority of patients and should be changed every

- a) 1 week
- b) 2 week
- c) 3 week
- d) 4 week
- e) 5week

Q#34: Which of the following is the best way of nutritional support in patient with short bowel syndrome?

- a) Oral feeding
- b) NG tube feeding
- c) Gastrostomy
- d) Feeding jejunostomy
- e) Total parenteral nutrition(TPN)

Q#35: The most common complication of line insertion for total parenteral nutrition (TPN) is:

- a) Pneumothorax
- b) Misplacement
- c) Sepsis
- d) Thrombosis
- e) Cardiac arrest

Q#36: A 50 year old male patient came to the medical ward with retrosternal chest pain after taking heavy meal. He experienced the same many time before as well. He is known Diabetic taking metformin and glimepiride for the last ten years. He is also taking some anti-depressants advised by his GP. On examination his BP and pulse are normal. Investigations show Blood sugar of 130g in fasting. ECG is also normal. Which is most accurate about GERD treatment?

- a) Lifestyle changes remain the cornerstone of GERD management
- b) PPIs are now preferred to histamine 2-receptor antagonists as first-line therapy for
- c) most patients with mild to moderate GERD symptoms and grade-I-II esophagitis
- d) Chocolate has been found to be beneficial when included in the diet of patients with GERD
- e) Cardiac conduction defects are a contraindication to surgical intervention for GERD
- f) Calcium channel blocker

Q#37: A 50 year old male patient came to the medical ward with retrosternal chest pain after taking heavy meal. He experienced the same many time before as well. He is known Diabetic taking metformin and glimepiride for the last ten years. He is also taking some anti-depressants advised by his GP. On examination his BP and pulse are normal. Investigations show Blood sugar of 130g in fasting. ECG is also normal. In addition to upper gastrointestinal (GI) endoscopy, which of these is most routinely a part of the workup for GERD?

- a) Nuclear medicine gastric emptying study
- b) CT
- c) Manometry
- d) Ultrasound
- e) Barium Swallow

Q#38: A 50 year old male patient came to the medical ward with retrosternal chest pain after taking heavy meal. He experienced the same many time before as well. He is known Diabetic taking metformin and glimepiride for the last ten years. He is also taking some anti-depressants advised by his GP. On examination his BP and pulse are normal. Investigations show Blood sugar of 130g in fasting. ECG is also normal. Which of these medications is most likely to increase acid reflux and worsen GERD symptoms?

- a) Metformin
- b) Levothyroxine
- c) Amitriptyline
- d) Warfarin
- e) Paracetamol

Q#39: A 50 year old male patient came to the medical ward with retrosternal chest pain after taking heavy meal. He experienced the same many time before as well. He is known Diabetic taking metformin and glimepiride for the last ten years. He is also taking some anti-depressants advised by his GP. On examination his BP and pulse are normal. Investigations show Blood sugar of 130g in fasting. ECG is also normal. Which of these is best established as a risk factor for GERD?

- a) Epilepsy
- b) Diabetes
- c) Male sex
- d) Use of beta-blockers
- e) ACE inhibitor

Q#40: A 50 year old male patient came to the medical ward with retrosternal chest pain after taking heavy meal. He experienced the same many time before as well. He is known Diabetic taking metformin and glimepiride for the last ten year. He is also taking some anti-depressants advised by his GP. On examination his BP and pulse are normal. Investigations show Blood sugar of 130g in fasting. ECG is also normal. Which of these is most commonly recognized as an "alarm symptom" that suggests potentially serious complications associated with GERD?

- a) Dysphagia
- b) Constipation
- c) Epigastric pain
- d) Foul-smelling gas
- e) Vomiting

Q#41: A 50-year old man has had persistent nausea for 5 years with occasional vomiting. On physical examination there are no abnormal findings. He undergoes upper GI endoscopy and a small area of gastric fundal mucosa has loss of rugal fold. Biopsies are taken and microscopically reveal well-differentiated adenocarcinoma confined to the mucosa. An upper GI endoscopy performed 5 years previously showed a pattern of gastritis and microscopically there was chronic inflammation. Which of the following is the most likely risk factor for his neoplasm?

- a) Inherited APC gene mutation
- b) Helicobacter pylori infection
- c) Chronic alcohol abuse
- d) Use of non-steroidal anti-inflammatory drugs
- e) Antibiotics

Q#42: A 45-year old man has had vague abdominal pain and nausea for the past 3 year. This pain is unrelieved by antacid medications. He has no difficulty swallowing and no heartburn following meals. On physical examination there are no abnormal findings. Upper GI endoscopy reveals antral mucosal erythema, but no ulcerations or masses. Biopsies are taken and microscopically there is a chronic non-specific gastritis. Which of the following condition is most likely to be present in this man?

- a) Zollinger-Ellison syndrome
- b) Vitamin B12 deficiency
- c) Helicobacter pylori infection
- d) Chronic alcohol abuse
- e) Use of non-steroidal anti-inflammatory drugs

Q#43: A 62-year old man has had anorexia, vomiting and vague abdominal pain accompanied by weight loss of 6 kg over the past 2 month. Physical examination reveals supraclavicular non-tender lymphadenopathy. He becomes progressively cachectic. An abdominal CT scan shows the stomach is shrunken with the gastric wall thickened to 1 cm and with following conditions most likely preceded development of his illness?

- a) Acquired immunodeficiency syndrome
- b) Hyperglycemia
- c) Chronic alcoholism
- d) Pernicious anemia
- e) Systemic sclerosis

Q#44: A 45-year-old man comes to your office for a follow up visit. One year ago, he was diagnosed with hereditary hemochromatosis after routine blood work found elevated ferritin and genetic testing revealed he had a C282Y/H63D genotype. He has been treated by phlebotomy with one unit of blood removed every week for the past year. His most recent laboratory results include the following: Hemoglobin 12.0 g/dL, Hematocrit 36%, Serum ferritin 50 ng/mL, Serum iron 100 ug/dL, Serum total IBC 260 mg/dL. What is the most appropriate next step in his therapy?

- a) Phlebotomy 1 unit every 3 months
- b) A low iron diet
- c) Phlebotomy 1 unit every 2 weeks until the hemoglobin concentration is less than 10.0 g/dL
- d) Liver biopsy to assess hepatic iron overload
- e) Phlebotomy 1 unit every 2 weeks until the serum iron level is less than 20 ug/dL

Q#45:is a complex and serious psychological disorder categorized under the umbrella of eating disorders. It is most common in young females having exceptionally low body weight, patients are having Restrictive eating type, Intense fear of weight gaining, Distorted Body Image, Preoccupation with food and Calories, Avoidance of social situations involving food And Excessive Exercise.

- a) Bulimia Nervosa.
- b) Anorexia Nervosa,
- c) Major Depression.
- d) Social Anxiety Disorder.
- e) Obsessive Compulsive Disorder

Q#46: A 20 years old young female student presented in the OPD with Excessive cleaning and hands washing rewashing, spending atleast 3 hours a day in washrooms. Repeatedly checking on things, such as repeatedly checking to see if the door is locked. According to the patient she has this problem for the last 02 years. What is the most likely diagnosis?

- a) Major Depression.
- b) Schizophrenia
- c) Bipolar Affective disorder
- d) Panic attacks
- e) Obsessive Compulsive Disorder.

Q#47: A young 32 year old male Taxi driver presents to you In OPD has a history of a dangerous car accident 03 months back. Now for the last 03 months he is avoid driving or riding in a car. He is having Flashbacks, remembering the trauma over and over, with palpitations, Bad dreams and difficulty in sleeping. Frightening thoughts, Being easily startled Feeling tense. Having angry outbursts Staying away from that place of accident. He is also Avoiding thoughts or feelings related to that Car accident. What is the most likely diagnosis?

- a) Personality Disorder.
- b) Bipolar Affective Disorder
- c) Post-Traumatic Stress disorder.
- d) Depression.
- e) Manic Episode

Q#48:is a mental health condition in which a person feels significantly distressed about physical symptoms and has abnormal thoughts, feelings and behaviors in response to them. The disorder disrupts their daily functioning and quality of life. Patients with this psychiatric disorder are often unaware of their underlying mental health condition and believe that they have serious physical ailments. Patients suffering from this disorder often visit multiple healthcare providers with many medical tests and unnecessary procedures.

- a) Phobia.
- b) Anorexia Nervosa
- c) Somatic symptom disorder.
- d) Obsessive Compulsive Disorder.
- e) Bulimia Nervosa

Q#49: is a long-term neurological disease that causes repeated seizures due to abnormal electrical activity produced by damaged brain cells. This surge of excessive electrical activity may cause involuntary Body movements, sensations, emotions, and/or behaviors.

- a) Depression
- b) Anorexia Nervosa
- c) Anxiety Disorder.
- d) Epilepsy
- e) Anemia

Q#50:..... is a developmental disorder. It often appears in the first 3 years of life. It affects the brain's ability to develop normal social and communication skills. Children with this disorder often have problems with Social interactions like they doesn't make friends Verbal and nonverbal communication like Can't start or maintain a conversation.

- a) Depression
- b) Obsessive Compulsive Disorder.
- c) Posttraumatic Stress disorder.
- d) Epilepsy
- e) Autism spectrum disorder

Q#51: 9-month infant presented with loose motion since 2 weeks. There is failure to gain weight and swelling of both feet. Hairs are coarse and infant is lethargic. on examination heart is normal on auscultation and liver is normal on palpation. RFTs are normal. What is most likely diagnosis.

- a) Acute Kidney failure.
- b) Acute Liver failure.
- c) CCF
- d) Protein Calorie Malnutrition.
- e) Chronic Diarrhea.

Q#52: Investigation of choice in diagnosis of Pyloric stenosis is?

- a) Serum Electrolyte.
- b) Ultrasound Abdomine.
- c) X-Ray Abdomine.
- d) CT Abdomine.
- e) barium Study

Q#53: 3 week old neonate presented with projectile vomiting non bilious since birth. Newborn becomes irritable after vomiting. There is faltering growth and losing weight. What is the most likely diagnosis?

- a) Gastroesophageal reflex disease.
- b) Pyloric Stenosis.
- c) Intestinal obstruction.
- d) Gastritis.
- e) Tracheo esophageal.

Q#54: Anti-Ds DNA is Specific in diagnosis of

- a) JIA
- b) SLE
- c) Dermatomyosities.
- d) Rheumatic fever.
- e) Malignancy.

Q#55: An 8-year-old male presents to the pediatric gastroenterology clinic with complaints of abdominal pain, diarrhea, and weight loss over the past few months. His parents mention that he has been experiencing intermittent bloody stools and occasional joint pain. Physical examination reveals growth delay and tenderness in the lower abdomen. Laboratory tests show elevated inflammatory markers. Which of the following is the most likely diagnosis for this patient?

- a) Irritable Bowel Syndrome (IBS)
- b) Celiac Disease
- c) Crohn's Disease
- d) Ulcerative Colitis
- e) None of the above

Q#56: Which of the following is a common symptom of IBD in children?

- a) Excessive thirst
- b) Abdominal pain and diarrhea
- c) Headache and dizziness
- d) Muscle weakness
- e) None of them

Q#57: What diagnostic test is often used to confirm IBD in children?

- a) Electrocardiogram (ECG)
- b) MRI of the brain
- c) Colonoscopy and biopsies
- d) Blood glucose test
- e) None of the above

Q#58: What is the gold standard test for diagnosing celiac disease?

- a) Blood pressure measurement
- b) Electrocardiogram (ECG)
- c) Serology testing for celiac-specific antibodies
- d) Small bowel biopsy
- e) None of the above

Q#59: An 8-year-old boy presents with chronic diarrhea, abdominal pain, and growth delay. His parents report that he often complains of bloating after consuming wheat-based foods. What is the most likely diagnosis?

- a) Irritable Bowel Syndrome
- b) Celiac Disease
- c) Lactose Intolerance
- d) Inflammatory Bowel Disease
- e) None of the above

Q#60: A 5 days old neonate was brought by parents with yellow discoloration and lethargy. On examination, baby is pale, icteric with palpable spleen. Serum bilirubin is 25mg/dl and baby blood group is A+ve while mother is B-ve. The most relevant next investigation is;

- a) G6PD level
- b) Coomb's test
- c) Serum albumin
- d) Peripheral smear
- e) Prothrombin time

Q#61: A 25 days old male neonate was brought with persistent jaundice and passing clay colored stool. On examination, he is active with hepatosplenomegaly. His serum bilirubin level is 18mg/dl with direct component as 10mg/dl. The next investigation is;

- a) Ultrasound abdomen
- b) TSH
- c) Coomb's test
- d) Chromosomal analysis
- e) Peripheral smear

- Q#62:** Investigation of choice in diagnosis of pyloric stenosis is;
- Serum Electrolyte.
 - Ultrasound Abdomine.
 - X-Ray Abdomine.
 - CT Abdomine.
 - Barium Study.
- Q#63:** Which of the following is a characteristic feature of hereditary neuropathy?
- Joint pain
 - Skin rash
 - Muscle weakness
 - Elevated blood pressure
 - Headache
- Q#64:** Which of the following is a common presentation of hereditary neuropathy?
- Sudden onset of symptoms
 - Bilateral vision loss
 - Unilateral hearing impairment
 - Progressive distal symmetrical muscle weakness
 - Memory loss
- Q#65:** Which of the following factors is suggestive of hereditary neuropathy?
- Late age of presentation
 - Negative family history
 - Central abdominal pain
 - Loss of consciousness
 - Positive family history
- Q#66:** What is a common physical finding associated with hereditary neuropathy?
- Clubfoot
 - Clubbing of fingers
 - Muscle atrophy
 - Goiter
 - Chest pain
- Q#67:** Which of the following neurological signs may be observed in hereditary neuropathy?
- Hypertonia
 - Gait disturbance
 - Migraine headache
 - Pes cavus, hammer toe, and claw hand
 - Visual hallucinations
- Q#68:** A 6 years old male child presented with episodic staring, unresponsiveness and eye flutter for a few seconds followed by immediate resumption of previous activity. The treatment of choice is;
- Lacosamide
 - Levetiracetam
 - Ethosuximide
 - Phenytoin
 - Topiramate
- Q#69:** A 6-month-old infant is brought to the pediatric clinic with irritability, poor feeding, and a bulging fontanelle. The infant has a high-pitched cry and exhibits opisthotonos. What is the most appropriate initial diagnostic test?
- Lumbar puncture
 - Blood culture
 - Chest X-ray
 - Computed tomography (CT) scan of the head
 - Urinalysis
- Q#70:** A 4-year-old child presents to the emergency department with fever, headache, neck stiffness, and photophobia. On examination, you note a positive Brudzinski sign. What is the most likely diagnosis?
- Viral pharyngitis
 - Acute otitis media
 - Bacterial meningitis
 - Urinary tract infection
 - Allergic rhinitis
- Q#71:** Which of following pathogens is the most common cause of bacterial meningitis in children aged 2 months to 2 years?
- Streptococcus pneumoniae
 - Haemophilus influenzae type b (Hib)
 - Neisseria meningitidis
 - Escherichia coli
 - Listeria monocytogenes
- Q#72:** Which enzyme deficiency is responsible for Hunter syndrome (Mucopolysaccharidosis type II)?
- α -L-iduronidase
 - Iduronate sulfatase
 - N-acetylglucosamine-6-sulfatase
 - Arylsulfatase B
 - α -N-acetylglucosaminidase
- Q#73:** What is the characteristic clinical feature of Mucopolysaccharidosis type I (Hurler syndrome)?
- Cherry-red macula
 - Hepatosplenomegaly
 - Neurodegeneration
 - Corneal clouding
 - Café-au-lait spots
- Q#74:** Which form of mucopolysaccharidosis is associated with a deficiency of the enzyme arylsulfatase B?
- Mucopolysaccharidosis type III (Sanfilippo syndrome)
 - Mucopolysaccharidosis type IV (Morquio syndrome)
 - Mucopolysaccharidosis type I (Hurler syndrome)
 - Mucopolysaccharidosis type II (Hunter syndrome)
 - Mucopolysaccharidosis type VI (Maroteaux-Lamy syndrome)
- Q#75:** Which mucopolysaccharidosis type is characterized by progressive skeletal dysplasia and a deficiency of N-acetylgalactosamine-6-sulfate sulfatase?
- Mucopolysaccharidosis type IV (Morquio syndrome)
 - Mucopolysaccharidosis type I (Hurler syndrome)
 - Mucopolysaccharidosis type II (Hunter syndrome)
 - Mucopolysaccharidosis type III (Sanfilippo syndrome)
 - Mucopolysaccharidosis type VI (Maroteaux-Lamy syndrome)
- Q#76:** Which mucopolysaccharidosis type is characterized by severe neurodegeneration, hepatosplenomegaly, and an enzyme deficiency leading to accumulation of heparan sulfate?
- Mucopolysaccharidosis type I (Hurler syndrome)
 - Mucopolysaccharidosis type II (Hunter syndrome)
 - Mucopolysaccharidosis type III (Sanfilippo syndrome)
 - Mucopolysaccharidosis type IV (Morquio syndrome)
 - Mucopolysaccharidosis type VII (Sly syndrome)

1: 9-month infant presented with loose motion since 2 weeks. There is failure to gain weight and swelling of both feet. Hairs are coarse and infant is lethargic. On examination heart is normal on auscultation and liver is normal on palpation. What is most likely diagnosis?

- a) Acute Kidney failure.
- b) Acute Liver failure.
- c) CCF
- d) Protein Calorie Malnutrition.
- e) Chronic Diarrhea.

8: Anti-Ds DNA is Specific in diagnosis of

- a) JIA
- b) SLE
- c) Dermatomyositis.
- d) Rheumatic fever.
- e) Malignancy.

9: 9-month infant presented with loose motion since 2 weeks. There is failure to gain weight and swelling of both feet. Hairs are coarse and infant is lethargic. On examination heart is normal on auscultation and liver is normal on palpation. RFTs are normal. What is most likely diagnosis?

- a) Acute Kidney failure.
- b) Acute Liver failure.
- c) CCF
- d) Protein Calorie Malnutrition.
- e) Chronic Diarrhea.

30: What is the primary cause of galactosemia?

- a) Deficiency of galactokinase
- b) Deficiency of glucose-6-phosphate dehydrogenase
- c) Deficiency of lactase
- d) Deficiency of lactose synthase
- e) Deficiency of galactose-1-phosphate uridylyltransferase

81: Which of the following symptoms is NOT commonly associated with classical galactosemia in newborns?

- a) Jaundice
- b) Hypoglycemia
- c) Vomiting
- d) Cataracts
- e) Seizures

82: Which type of galactosemia results from a deficiency in the enzyme galactokinase?

- a) Classic galactosemia
- b) Duarte galactosemia
- c) Non-classic galactosemia
- d) Hereditary fructose intolerance
- e) Phenylketonuria

83: What is the main dietary treatment for individuals with galactosemia?

- a) High lactose intake
- b) High fructose intake
- c) Low galactose intake
- d) Low sucrose intake
- e) High glucose intake

84: Which of the following complications is often associated with untreated or poorly managed galactosemia?

- a) Osteoporosis
- b) Hemophilia
- c) Asthma
- d) Type 1 diabetes
- e) Sickle cell anemia

85: A 59 year old man, known hypertensive came to hospital following sudden onset unilateral weakness and slurring of speech for past 03 hours examination and CT brain confirmed ischemic stroke what is the appropriate management?

- a) Aspirin
- b) Enoxaparin
- c) Alteplase
- d) Warfarine
- e) None of the above

86: you review patient 70 year old women who are admitting 4 days ago with suspected stroke. She has right sided sensory deficit affecting her arms more than the legs and a right sided homonymous hemianopia. Carinal nerves are normal. What area most likely effected?

- a) Middle cerebral artery
- b) Posterior cerebral artery
- c) Anterior cerebral artery
- d) Lacunar
- e) None of the above

87: a 56 year old man is presented to the hospital after developing trouble talking after waking up this morning. he also compliant of right sided body weakness. His symptoms lasted about 90 minutes before resolve completely. Examination of NS is unremarkable. The most likely diagnosis is ?

- a) Transient ischemic attack
- b) Ischemic stroke
- c) Multiple sclerosis
- d) Migraine
- e) None of the above

88: which of these is a symptoms of stroke ?

- a) Sudden confusion
- b) Sudden weakness in an arm or leg
- c) Sudden severe headache with no cause
- d) All of the above

89: 40 year old female presented to OPD with headache which is dull, and feels pressure around head (vertex) what is the most likely type headache?

- a) Migraine
- b) Tension headache
- c) Temporal arteritis
- d) Subarachnoid headache
- e) Brain tumor

90: a 60 year women diabetic, hypertensive presented with hemiplegia right sided and dysphasia sudden onset. CT brain is significant what should be the plan of management?

- a) Admit to stroke unit
- b) Discharge
- c) Investigate further for alternate diagnosis
- d) Refer to neurologist
- e) Refer to psychiatrist

Q#91: 30 year old woman known multiple sclerosis was admitted with acute episode of symptoms what will be the management?

- a) Interferon beta
- b) Glatiramer
- c) High dose glucocorticoids
- d) Azathioprine
- e) Plasma pheresis

Q#92: what is relapse risk of multiple sclerosis in pregnancy?

- a) Drops in pregnancy
- b) Worsens the pregnancy
- c) No effect on pregnancy
- d) Depends the patient comorbidity
- e) None of the above

Q#93: What is the first line drug used in treatment of Parkinson's disease?

- a) Amantadine
- b) Anticholinergic drugs
- c) MAO inhibitors
- d) Dopamine reuptake agonist
- e) Levodopa

Q#94: 20 year old female presented with sudden onset headache, confusion just after getting up in the morning at washroom. She was rushed to ED. What is the best initial investigation for her?

- a) CBC electrolysis
- b) RBS
- c) CT brain
- d) MRI brain
- e) Chest X-ray

Q#95: 15 year old student has episode of seizures in which he becomes rigid and unconscious falling heavily if he is standing and gets severely bitten tongue after the attack. What is the first line drug of choice in this epilepsy?

- a) Lamotrigine
- b) Carbamazepine
- c) Sodium valproate
- d) Topiramate
- e) Clonazepam

Q#96: 70 year old male has ischemic CVA six months ago. He presented with rigidity of limbs, now to OPD. What is the condition he is suffering from?

- a) Progressive supranuclear palsy
- b) Parkinson disease
- c) Corticobasal degeneration
- d) Post CVA Parkinsonism
- e) Huntingtons disease

Q#97: 25 year old female known epileptic got pregnant which is the most teratogenic drug among the anti epileptic drugs ?

- a) Levetiracetam
- b) Lamotrigine
- c) Sodium valproate
- d) Clonazepam
- e) Carbamazepine

Q#98: 25 years old patient presented with bilateral weakness of lower limbs on examination she has spastic weakness power 1/5 up going planters hyper reflexia eye examination of funduscopy optic atrophy . what is most likely diagnosis?

- a) Motor neuron disease
- b) Syringomyelia
- c) Friedrichs ataxia
- d) Subacute degeneration of spinal cord
- e) Multiple sclerosis

Q#99: What is the primary pathology in Hirschsprung disease?

- a) Intestinal obstruction
- b) Inflammation of the colon
- c) Absence of ganglion cells in the distal colon
- d) Excessive ganglion cell proliferation
- e) Enlargement of the ileum

Q#100: Which part of the gastrointestinal tract is most commonly affected by Hirschsprung disease?

- a) Stomach
- b) Duodenum
- c) Jejunum
- d) Ileum
- e) Rectum

Q#101: A 40-year-old woman complains of 7 weeks of pain and swelling in both wrists and knees. She has -several months of fatigue. After a period of rest, resistance to movement is more striking. On examination, the meta-carpophalangeal joints and wrists are warm and tender. There are no other joint abnormalities. There is no alopecia, photosensitivity, kidney disease, or rash. Which of the following is correct?

- a) The clinical picture suggests early rheumatoid arthritis, a rheumatoid factor and anti-CCP anti-cyclic citrullinated peptide) should be obtained
- b) The prodrome of lethargy suggests chronic fatigue syndrome
- c) Lack of systemic symptoms suggests osteoarthritis
- d) X-rays of the hand are likely to show joint space narrowing and erosion
- e) An aggressive search for occult malignancy is indicated

Q#102: A 70-year-old man complains of fever and pain in his left knee. Several days previously, he suffered an abrasion of his knee while working in his garage. The knee is red, warm, and swollen. An arthrocentesis is performed, which shows 200,000 leukocytes/ μ L and a glucose of 20 mg/dL. No crystals are noted. Which of the following is the most important next step?

- a) Gram stain and culture of joint fluid
- b) Urethral culture
- c) Uric acid level
- d) Antinuclear antibody
- e) Antineutrophil cytoplasmic antibody

Q#103: A 60-year-old woman complains of dry mouth and a gritty sensation in her eyes. She states it is sometimes difficult to speak for more than a few minutes. There is no history of diabetes mellitus or neurologic disease. The patient is on no medications. On examination, the buccal mucosa appears dry and the salivary glands are enlarged bilaterally. Which of the following is the best next step in evaluation?

- a) Lip biopsy
- b) Schirmer test & measurement of autoantibodies
- c) IgG antibody to mumps virus
- d) A therapeutic trial of prednisone for 1 month
- e) Administration of a benzodiazepine

Q#104: A 40-year-old man complains of acute onset of exquisite pain and tenderness in the left ankle. There is no history of trauma. The patient is taking hydrochlorothiazide for hypertension. On examination, the ankle is very swollen and tender. There are no other physical examination abnormalities. Which of the following is the best next step in management?

- a) Begin colchicine and broad-spectrum antibiotics
- b) Perform arthrocentesis
- c) Begin allopurinol if uric acid level is elevated
- d) Obtain ankle x-ray to rule out fracture
- e) Apply a splint or removable cast

Q#105: A 48-year-old woman complains of joint pain and morning stiffness for 4 months. Examination reveals swelling of the wrists and MCPs as well as tenderness and joint effusion in both knees. The rheumatoid factor is positive, antibodies to cyclic citrullinated protein are present, and subcutaneous nodules are noted on the extensor surfaces of the forearm. Which of the following statements is correct?

- a) Prednisone 60 mg per day should be started
- b) The patient should be evaluated for disease-modifying anti-rheumatic therapy
- c) A nonsteroidal anti-inflammatory drug should be added to aspirin
- d) The patient's prognosis is highly favorable
- e) The patient should receive a 3-month trial of full-dose nonsteroidal anti-inflammatory agent before determining whether and/or what additional therapy is indicated

Q#106: A 45-year-old woman with long-standing, well-controlled rheumatoid arthritis develops severe pain and swelling in the left elbow over 2 days. She is not sexually active. Arthrocentesis reveals cloudy fluid. Synovial fluid analysis reveals greater than 100,000 cells/mL; 98% of these are PMNs. What is the most likely organism to cause this scenario?

- a) Streptococcus pneumoniae
- b) Neisseria gonorrhoeae
- c) Escherichia coli
- d) Staphylococcus aureus
- e) Pseudomonas aeruginosa

Q#107: A 66-year-old man complains of a 1-year history of low back and buttock pain that worsens with walking and is relieved by sitting or bending forward. He has hypertension and takes hydrochlorothiazide but has otherwise been healthy. There is no history of back trauma, fever, or weight loss. On examination, the patient has a slightly stooped posture, pain on lumbar extension, and has a slightly wide based gait. Pedal pulses are normal and there are no femoral bruits. Examination of peripheral joints and skin is normal. What is the most likely cause for this patient's back and buttock pain?

- a) Lumbar spinal stenosis
- b) Herniated nucleus pulposus
- c) Atherosclerotic peripheral vascular disease
- d) Facet joint arthritis
- e) Prostate cancer

Q#108: A 60-year-old man complains of pain in both knees coming on gradually over the past 2 years. The pain is relieved by rest and worsened by movement. The patient is 5 ft 9 in tall and weighs 210 lb. There is bony enlargement of the knees with mild warmth and small effusions. Crepitation is noted on motion of the knee joint bilaterally. There are no other findings except for bony enlargement at the distal interphalangeal joint. Which of the following is the best way to prevent disease progression?

- a) Weight reduction
- b) Calcium supplementation
- c) Total knee replacement
- d) Long-term nonsteroidal anti-inflammatory drug (NSAID) administration
- e) Oral prednisone

Q#109: A 22-year-old man develops the insidious onset of low back pain improved with exercise and worsened by rest. There is no history of diarrhea, conjunctivitis, urethritis, rash, or nail changes. On examination, the patient has loss of mobility with respect to lumbar flexion and extension. He has a kyphotic posture. A plain film of the spine shows sclerosis of the sacroiliac joints. Calcification is noted in the anterior spinal ligament. Which of the following best characterizes this patient's disease process?

- a) He is most likely to have acute lumbosacral back strain and requires bed rest
- b) The patient has a spondyloarthropathy, most likely ankylosing spondylitis
- c) The patient is likely to die from pulmonary fibrosis and extrathoracic restrictive lung disease
- d) Rheumatoid factor is likely to be positive
- e) A colonoscopy is likely to show Crohn disease

Q#110: A 20-year-old woman has developed low-grade fever, a malar rash, and arthralgias of the hands over several months. High titers of anti-DNA antibodies are noted, and complement levels are low. The patient's white blood cell count is 3000/ μ L, and platelet count is 90,000/ μ L. The patient is on no medications and has no signs of active infection. Which of the following statements is correct?

- a) If glomerulonephritis, severe thrombocytopenia, or hemolytic anemia develops, high-dose glucocorticoid therapy would be indicated
- b) Central nervous system symptoms will occur within 10 years
- c) The patient can be expected to develop Raynaud phenomenon when exposed to cold
- d) Joint deformities will likely occur
- e) The disease process described is an absolute contraindication to pregnancy

Q#111: A 37-year-old factory worker develops increasing weakness in the legs; coworkers have noted episodes of transient confusion. The patient has bilateral foot drop and atrophy; mild wrist weakness is also present. His CBC shows an anemia with hemoglobin of 9.6 g/dL; examination of the peripheral blood smear shows basophilic stippling. Which of the following is the most likely cause of this patient's symptoms?

- a) Amyotrophic lateral sclerosis
- b) Lead Poisoning
- c) Overuse syndrome
- d) Myasthenia gravis
- e) Alcoholism

Q#112: A 20-year-old fireman comes to the emergency room complaining of headache and dizziness after putting out a garage fire. He does not complain of shortness of breath, and the arterial blood gas shows a normal partial pressure of oxygen. There is no cyanosis. Which of the following is the best first step in the management of this patient?

- a) Assess for methemoglobinemia
- b) Obtain EKG
- c) Obtain carboxyhemoglobin level
- d) Obtain CT scan of head
- e) Evaluate for anemia

Q#113: Vasodilatory shock:

- a) Is characterized by failure of vascular smooth muscle to constrict due to low levels of catecholamines
- b) Leads to suppression of the renin-angiotensin system
- c) Can also be caused by carbon monoxide Poisoning
- d) Is similar to early cardiogenic shock
- e) None of the above

Q#114: A 65-year-old man presented to Emergency with sudden onset severe generalized abdominal pain, vomiting and one episode of bloody diarrhea. On examination, he looks severely ill and abdomen is soft and diffusely tender. He is known cardiac patient having uncontrolled atrial fibrillation. What is the most likely diagnosis?

- a) Enteric Perforation
- b) Acute Mesenteric Ischemia
- c) Acute Diverticulitis
- d) Perforated Peptic Ulcer Disease
- e) Perforated

Appendix

Q#115: A 25-year-old male patient presents to OPD with complaint of passing red blood which is painless and occurs after defecation. What is your diagnosis?

- a) Hemorrhoids
- b) Angiodysplasia
- c) Anal fissure
- d) Diverticular disease
- e) Colonic polyp

Q#116: A 65-year-old female patient presented to Emergency with presenting complaints of severe generalized abdominal pain for past 3-hours. She is known patient of osteoarthritis for which she is taking NSAID. On examination she is tachycardiac. Abdomen is not moving with respiration and shows board like rigidity. What is your diagnosis?

- a) Acute mesenteric ischemia
- b) Perforated Peptic ulcer disease
- c) Perforated meckel diverticulum
- d) Acute pancreatitis
- e) Acute diverticulitis

Q#117: A 50-year-old male patient comes to OPD with complaints of pain right hypochondrium, fever and anorexia. On examination, right hypochondrium is tender and Ultrasound abdomen shows cystic lesion in liver. Patient is shepherd by profession. What is the most likely diagnosis?

- a) Pyogenic liver abscess
- b) Amoebic liver abscess
- c) Hydatid cyst liver with secondary infection
- d) Simple liver cyst with hemorrhage in it
- e) Hepatic adenoma

Q#118: Which of the following is not an indication for cholecystectomy in asymptomatic cholelithiasis?

- a) Diabetic patient
- b) Thin adult patient
- c) Porcelain Gall bladder
- d) Concurrent gall bladder polyps
- e) If patient develops pancreatitis

Q#119: Which of the following cannot be used as an assessment criterion in a patient with acute pancreatitis?

- a) Ranson criteria
- b) Light criteria
- c) Glasgow scale
- d) APACHE -score
- e) Bisap score

Q#120: A thirty-year-old male patient having sign and symptoms of fistula in ano. On examination, the external opening is found at 7 O'clock. At which position will be the internal opening using Goodsall's rule

- a) 12-o'clock
- b) 9-o'clock
- c) 3-o'clock
- d) 6-o'clock
- e) 11-o'clock