

KGMC PRE-PROFF BLOCK N '24

1) Mr Dawood developed post op infection due to contaminated instruments, which patient safety measure is most critical in preventing such error ?

- A. Timely administer antibiotics
 - B. Proper surgical site marking
 - C. Adherence to sterilization protocol
 - D. Accurate patient identification
 - E. Comprehensive discharge planning
- recent tests indicate

2. Dr. Ahmed needs to inform Mr. Wali, a 55-year-old patient, that his advanced lung cancer has worsened. What is the best initial approach to setting up this conversation according to the SPIKES model?

- a "M Wali, you have advanced lung cancer.
- b "Let's discuss your test results in the waiting room
- c "have important results to share Would you like a family member to join us?"
- d "Your condition is serious, we need to talk
- e "Please take a seat. What do you think the test results might show?

3. Dr. Khan is about to discuss a poor prognosis with Ms. Reham, who has been hospitalized for severe heart failure. How should Dr. Khan assess Ms. Reham's perception of her condition?

- A.
"Do you realize how serious your heart condition is?"
- B.
"What have you been told about your heart condition so far?"
- C.
"Your condition significantly has worsened
- D.
"Do you know what heart failure means"
- E.
"How do you feel about your recent health issues?"

4. A 25-year-old man was incidentally found to be Hepatitis C positive in Medical checkup

with you. While disclosing the bad news to him, which one of the following is the correct approach?

- A. Patient should be with a relative
- B. VE Patient should be informed alone
- C. Patient needs to be admitted
- D. Only a relative is informed

5). 87 year old man presented with irrelevant talks for the last 3 weeks. He has similar episodes in the previous year as well. He is bed ridden because of the osteoarthritis of both knee joints. On further inquiry from the daughter, he has not passed stool for the last 4 days. He is running fever of about 99 F along with productive cough. What is the most likely cause of irrelevant talks?

- A. Analgesic toxicity
- B. Senile dementia
- C. Malnutrition
- D. Frail elderly
- E. Depression

6) The correct sequence of events while doing primary survey in trauma patient is:

- A) airway, breathing, circulation, disability, exposure
- B) intubation, blood pressure, chest compressions, disability, environment
- C). Oxygen, breathing, circulation, distress

7) A 35 years old woman admitted in your ward with a history of multiple laparotomies for penetrating abdominal trauma, has a subclavian central line placed, and subsequently develops "air hunger". What is the most likely etiology?

- A. Acute psychosis
- B. Panic disorder
- C. Hemothorax
- D. Pneumothorax
- E. Pulmonary embolism

8) A 50 years old lady presented to opd with complaint of epiphoria from last 6 months. On examination regurgitation test was positive there was obstruction in naso lacrimal duct or sac. Doctor performed DCR on her. The opening was made at the level of

- Superior turbinate
- Middle turbinate
- Inferior turbinate
- Anterior lacrimal crest
- Posterior lacrimal crest

9) Commonest cause of rejection of blood transfusions

- a) clerical error
- b) fast and rapid transfusion of cold blood
- c) white blood cells
- d) pre-existing infection in patient
- e) packed cell

10) A patient who had resection of terminal

ileum will result in

- a Amino acid malabsorption
- b Increase water contenting stool
- C Increase enterohepatic circulation
- d Calcium malabsorption
- e Fat malabsorption

11) Best parameter for septic shock assessment?

- 1.cvp
- 2.urinary output
- 3.serum lactate
- 4.vasopressor assessment

12. which of the following strategies is mainly effective in reducing the stigma associated with mental illness within families?

- a. V5 Providing factual information about mental health conditions
- b.isolating the patient from the family
- C'. Inoring the mental illness
- d. Encouraging secrecy about the illness
- e. Avoiding discussions about mental health

13.) Standard constituents of tpn solution contains the following in correct percentage:

- A) 60% carbohydrate dextrose
- B) proteins as amino acids 10%
- C). Fats as soya bean oil 20%
- D) . carbohydrate 70%,proteins as amino acids 10%,fats as soya bean oil 20%
- E) dextrose 50% with potassium chloride

14. Which of the following is not a component of enhanced recovery after surgery (ERAS)?

- a. Preoperative carbohydrate drink
- b Laparoscopy
- C Normothermia
- d Chemotherapy
- e Radiotherapy

15) which of the following is included in pre operative measurements for enhance recovery after surgery?

- A:Patient should be NBM from midnight to prevent aspiration.
- B:IV 1L normal saline replace the deficiency of fluids from overnight thirst.
- C:Carbohydrate drink can reduce thirst and post operative insulin resistance
- D:high protien diet 2 hours before surgery
- E:mechanical bowel preparation decrease fecal load and thereby risk of infection

16. Family health education in psychiatry primarily focuses on which of the

following?

17. Which of the following strategies is most effective in reducing the stigma associated with mental illness within families?

- a) Providing factual information about mental health condition
- b) Isolating patient from the family.
- c) Ignoring the mental illness
- d) Encouraging secrecy about the illness.
- e) Avoiding discussion about mental health.

18. What role does family education play in the prevention of psychiatric relapse?

a) it has no significant impact on relapse

prevention :

Correct : help the families recognize early signs of relapse.

19) A 30 years male had a motorcycle accident came to emergency had an x ray no pelvic bone fracture

Fast scan shows no organ damage

Urethral injury was suspected after seeing blood in urine what further investigation will u do to confirm the urethral injury

A) ct intravenous urothgraphy

B) mri

C) ct abdomen pelvis

D) ultrasound pelvis

E) retrograde urethrography

20) 28 weeker preterm neonate weight of 1 kg presented to ER in nicu with respiratory distress. His respiratory rate is 70/min and he has nasal flaring and intercostal retraction. Which of the following is the most likely cause of respiratory distress. A) congenital pneumonia B) congenital diaphragmatic hernia C) meconium aspiration syndrome D) respiratory distress syndrome E) transient tachypnea of newborn

21) A 2 days old term child presented to OPD with complaint of jaundice on lab examination his total bilirubin is 10 in which 0.5 is direct he has no other distress or clinical findings what is your diagnosis

- a) physiological jaundice
- b) hemolytic anemia of newborn
- c) breast milk anemia
- d) G6PD

22

23) 64 yr old backache and SOB on exertion. Last year fracture of femur he was taking painkillers on and off. On examination he was anemic temp of 101 signs of consolidation on chest anteriorly what is the correct option

- 1. serum protein electrophoresis
- 2. cd 55/59 flow cytometry

3. Osmotic fragility test
4. Coombs
5. Fish for Ph chromosome

24) 50 year old policeman with neck swelling from 2 months, fever, sweating, body aches, and weight loss. He is anemic, has petechiae, 103 degree temp, enlarged cervical lymphadenopathy. Further diagnostic workup will be

- a) blood culture
- b) smear
- c) FDP and D dimers
- d) MRI brain
- e) ultrasound abdomen

25) You are asked to search and appraise evidence for the effect of adding steroids to the usual treatment on the prognosis of patients with COVID-19. Which type of research articles on the topic will you place the highest in the hierarchy of evidence?

- a. Case control studies
- b. Case series
- c Cohort studies
- d. Random controlled trials

26) An 8 months old female child presented with three months history of progressive pallor. On examination patient is afebrile, pale, total liver span of 6 cm and spleen palpable 4 cm below the left costal margin. The patient is having no petechiae and bruises over body and with no visceromegaly. Investigations show Hb: 6.8 gm/dl, TLC: 21000 and platelet count: 246000.

What is most appropriate diagnosis to confirm the diagnosis?

hemolytic anemia MP slide for thick and thin smear or

- b. Trephine biopsy hemoglobinopathy b Electrophoresis
- d. Trephine biopsy
- e. Special Smear

27) An 8 yrs old child comes to Emergency deptt with right knee swelling and pain with no lymphadenopathy and visceromegaly. What investigations are required.

- a. platelet count
- B. PT
- C. Factor 8 Assay
- D. Trephine biopsy
- E. Splenic biopsy.

28) A nine years old female child has presented to accident and emergency department with hx of progressive pallor and high grade fever for last four weeks. The patient is unconscious with Glasgow coma scale of 8/15. On examination she is physically normal girl with no lymphadenopathy and visceromegaly. She is having few petechiae on lower limbs. Her TLC is 3200 with 12% polys and 88% lymphocytes and platelet count of 7000. What is the most likely diagnosis?

- A) acquired aplastic anemia with intracranial bleeding
- B) idiopathic thrombocytopenia with intracranial bleeding
- C) fanconi anemia with intracranial bleeding
- D) factor 9 deficiency with intracranial bleeding
- E) classic hemophilia with intracranial bleeding

29) A four year old boy presented as bluish spots on his body. physical examination reveals petechiae, purpura and ecchymosis. He is afebrile to touch. There is no visceromegaly and lymphadenopathy. CBC shows Hb 11.9, WBC 8000 and platelets 11500

Platelet transfusion

Erythropoietin

Whole blood transfusion

IVIG

30) 11 years old boy presents with weight loss, high grade fever, pallor and drenching sweats at night. His CBC shows Hb 10 g/dl, WBC 5000, platelets 200000. which one of the following is most appropriate investigation for diagnosis:

- A. Bone marrow aspiration
- B. Chest x-ray
- C. Ultrasound abdomen
- D. Lymph node biopsy
- E. Trephine biopsy

31) A twelve month old male child presents with progressive pallor, his two elder sisters of age 4 and 7 have also mild pallor with no other symptoms. His hb is 6.5 g/dl, TLC = 15400, platelets = 210000, spleen = 2cm, and liver span of 6 cm. Which investigation will guide to diagnosis.

- A) bone marrow biopsy
- B) splenic aspirate
- C) splenic biopsy
- D) hb electrophoresis
- E) trephine biopsy

32

33) A 6 years old child was brought from chitral with a history of fever from 40 days. He has been given antibiotics and antimalarial but no improvement occurs. Temperature 102.5°. He is pale having marked splenomegaly. Skin is pale with dark pigmentation. A special smear showed pancytopenia, Hb 6.4, Tlc 3000/dl, platelets 64000. Bone marrow examination and splenic aspirant is advised. What is most likely diagnosis?

- A) Enteric Fever
- B) malaria
- C) visceral leishmaniasis
- D) ALL
- E) thalassemia major

34) A six year old male child is brought to ER department with a history of bleeding from his tongue after an accidental bite while taking lunch. The bleeding is not stopping with local measures. He is having right knee joint swelling for the last 1 year but is not tender. His three sisters are alright but only maternal Uncle has bleeding problem. What is the most appropriate screening test to reach the diagnosis.

- a. bleeding time
- b. APTT
- c. Platelets function test
- d. Platelets count
- e. PT

35)

36) A 2 year old child present with pallor and painful swelling of hands and feet. There is family history of pallor and body aches in his elder treatment and is on continuous medications since his earlier life. Laboratory evaluation reveals hb of 9g/dl with WBCs count of 11,500 and platelet count of 250,000

- A. Bone marrow examination
- B. Blood culture
- C. Pt/Appt
- D. Special smear
- E. Hb electrophoresis

37) 4 year girl with 3 week history of fever and palor . On examination patient is pale, running high grade fever Splenomegaly and hepatomegaly and lymphadenopathy what is appropriate test to diagnose her.

- Blood culture
- Thick and thin smear
- Special smear
- Splenic aspirate

38). 11 year old child having weight loss 1 month ago and respiratory difficulty about one week ... He has generalized lymphadenopathy on CBC his hb 9 . Tlc is 12700 platelets is 156000 and Alt is 4 times normal ... What is your diagnosis . A : ALL B : myeloma .C: lymphoma.D: CML

39)A 10 years old child present with progressive history of fever,pallor,body aches, On examination patient is pale, having few scattered petechiae,no lymphadenopathy, visceromegaly.he has been hospitalized in last month and transfused with red cell and platelets concentrate.her CBC shows hb = 4 gm/dl TLC 2500 ploys 12 % lymphocytes 88% platelets 22000.what is appropriate treatment

- a) cyclosporine
- b) methylprednisolone with cyclosporine
- c) azathioprine
- d) immunoglobulins with cyclosporin
- e) bone marrow transplantation

40) 6 years old child presented to accident and emergency department with sudden pallor. The child was running with high grade fever and loose stool for which treated with ciprofloxacin and paracetamol. The child has three more similar episodes sudden pallor and history of severe neonatal jaundice for which he remained admitted in nursery unit for 6 days and received phototherapy. Clinical examination shows signs of pallor and mild icterus otherwise normal,

- A. G6PD deficiency
- B. Hereditary spherocytosis
- C. Sickle cell anemia
- D. Fanconi anemia
- E. Aleukemic leukaemia

41) 14 years old presented with history of excessive bleeding in 1st menstrual cycle . Few scattered petechiae , afebrile , no lymphadenopathy and visceromegaly . Hb :8.8 gm/dl , TLC : 12700 , platelet count :155000 , bleeding time and APTT prolonged , Normal prothrombin time . What is diagnosis:

- A) haemophilia B
- B) autoimmune haemophilia
- C) Bernard-Soulier thrombocythemia
- D) Von Willebrand disease
- E) Factor XIII deficiency

42) Block . N

42. A 4 yrs old female presented with history of fever and pallor. Patient is dark skinned with multiple café au lait spots on his trunk. he is short statured, having polydactyly . Hb is 7gm/dl, TLC : 3800, platelets: 70,000 , RT count 0.5, hbF by acid elution method is 8%. What is the diagnosis? A. Malaria

B. Diamond blackfan syndrome

C. fanconi syndrome

D. acquired aplastic anemia

E. bernard soulier syndrome

43

44) 52 years old presented with abdominal discomfort. u/s shows splenomegaly and paraaortic lymph nodes enlargement..most likely diagnosis...

A lymphoma

B. cml

Malaria

45

46) A 49 years old lady presented with bleeding from nose, petechiae and dark colored urine since last few days. She has on off symptoms since last few months. Recently she has been counselled to have splenectomy . She has shortness of breath too. What is correct regarding her diagnosis?

A. Hereditary Spherocytosis

B. ITP

C. TTP

D. PNH

E. Aplastic Anemia

47) A 22year old student has swelling in knee and right thigh. he has some hematological problem since birth on brief history. Which among the following is the right diagnosis

1. Sickle cell disease

2. Von Willie brand

3. Congenital aplastic anemia

4. Hemophilia

5. DIC

48)-70 year old gentleman easy fatigability from few months is pale with mild splenomegaly, he is asymptomatic and no positive sign hb=8gm

Tlc-30000

58% lymphocytes platelets normal

What is the diagnosis

1) ALL

2) CML

3) HODGKIN'S LYMPHOMA

4) NON HODGKIN'S LYMPHOMA

5) MULTIPLE MYELOMA

49) 35 years old post natal woman presents with dark color urine on and off from past 2 months she is anemic on GPE what is diagnosis?

HS

ITP

TTP

PNH

Aplastic anemia

50) 45 years old female having dark patches over shin on and off since years o/E no positive findings apart from brownish macules CBC bT CT pT aPTT are normal what is your diagnosis.

A hereditary telangiectasia. b easy bruising syndrome c scurvy. d factitious purpura

51) A 20 year old student presented with palor on CBC hn is 9g/dl MCV 60 fl and RBC count 5 million / mcl most likely diagnosis

- a. Iron deficiency anemia
- b. Thalassemia
- c. myelodysplasia
- d. myelofibrosis
- e. vit B12 deficiency

52

53) A 27 years old school teacher presented in medical opd, with prescription slip of a periphery doctor mentioning bilateral cervical lymphadenopathy, what is the most appropriate next step?

- A. Lymph node biopsy
- B. Detailed history and examination
- C. Ultrasound neck
- D. FNAC
- E . Refer to ENT

Ans: B

54

55): 32 year old housewife has resolving hematomas on shins on and off. She doesn't have any other complaint. The lab reports are normal. The most likely diagnosis is:

- a: Idiopathic Thrombocytopenic Purpura
- b: Hemophilia A
- c: Henoch Schonlein Purpura
- d: Scurvy
- e: Easy Bruising Syndrome

56

57

58) A 40 yrs old clerk non hypertensive ,non diabetic and non smoker has presented with acute MI and pancytopenia. what is the most likely diagnosis

- a. Aplastic anaemia
- b. Myeloproliferative disorder
- c. lymphoproliferative disorder
- d. PNH
- e. G6PD deficiency

59) A nine years old female child has presented to accident and emergency department with hx of progressive pallor and high grade fever for last four weeks. The patient is unconscious with glasgow coma scale of 8/15. on examination she is physically normal girl with no lymphadenopathy and visceromegaly. she is having few petechiae on lower limbs. her Tlc is 3200 with 12% polys and 88% lymphocytes and platelet count of 7000. what is the most likely diagnosis?

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- B) idiopathic thrombocytopenia with intracranial bleeding
- C) fanconi anemia with intracranial bleeding
- D) factor 9 deficiency with intracranial bleeding
- E) classic hemophilia with intracranial bleeding

60

61) 45 year old man present with history of road traffic accident suffered trauma to left leg 3 hr

ago, there is tense swelling and pain of leg not responding to IV analgesics. He also experiences pain on passive movement of toe. distal pulses normal. On x ray. fracture of mid tibial shaft. there is 1*1cm wound on fracture site with no oozing. what is management.

1. interlocking nail
2. external fixator
3. fasciotomy with external fixator
4. ORIF with plating
5. splinting

62) 3 months old left side DDH .. management. A. hip spica b. open reduction and capsuloraphy. C. pavlik harness. D. Open red and k wire. E. dennis brown shoes

63) Radius fracture with distal radio-ulnar deviation

1. Coles
2. Smith
3. Monteggia
4. Galles

64) fracture of radius with distal radio ulnar joint displacement is (a) Monteggia (b) Galeazzi (c) Smith's fracture (d) Colles fracture (e) Holstein Lewis fracture

65) Onion peel like appearance on radiograph is the characteristics of:

1. Osteosarcoma
2. GCT
3. chondroblastoma
4. Ewing sarcoma
5. Multiple myeloma

66

67) A 24 years old male patient is presented with the history of RTA while driving his car. He has severe pain in left hip, left lower extremity is shortened, internally rotated and slightly flexed. What is the most probable diagnosis

- A) post hip dislocation
- B) ant hip dislocation
- C) intertrochanteric fracture
- D) neck of femur fracture
- E) pelvic fracture

68

69) Nerve injury most commonly associated with humerus midshaft fracture is;

- A. ulnar
- B. median
- C. radial
- D. ant interosseous
- E. post interosseous

70) What is the treatment of Anterior cruciate ligament tear in 30 year old athlete?

- A. Anterior cruciate ligament repair
- B. anterior cruciate ligament reconstruction
- C. anterior cruciate ligament excision
- D. intraarticular steroid injection
- E. conservation

71) In GCS scoring no motor response to painful stimulus is scored as

- a) 4
- b) 3
- c) 2
- d) 1

e) 0

72) ::Gunstock deformity of elbow is a common feature of

A:Medial epicondyle fracture

B:Supracondylar fracture

C:proximal radius fracture

73. A 2 year old child presented to OPD with fever. For the past 6 days, a fever of 39 to 40 F.

Yesterday his mother noticed a rash in his diaper area. On examination, the boy is irritable. Hands and feet are erythematous and oedematous with a peeling rash in the perianal area. Eye examination revealed non purulent conjunctivitis and lips were dry and cracked. All other examinations were unremarkable.what is the likely diagnosis?

a. Adenovirus

b. Hand Foot mouth disease

c. Kawasaki disease

d. Measles

e. Scarlet fever.

74

75) 8 year old child having morning stiffness and pain in the small joints with hepatosplenomegaly

a rheumatoid arthritis b septic arthritis c osteoporosis d osteoarthritis

76) 10year old boy presented with the history of palpable mass on lower extremities ,abdominal pain and arthritis .on urine.....he had hematuria and proteinuria.which is true regarding henochscoleonpurpuraabove scenario

A .HSP is iga related vasculitis involving larger vessels

B .corticosteroid is the mainstay of the treatment

C .kidney in movement is identified by by hematuria and proteinuria

D HSP resolves in 3-6 months but may cause neurological damage

77) a mother brought her 3month old baby with complaints of capillary hemangioma of lower eyelid .What is the treatment.

A .intralesional avastin injection

B.intralesional steroid injection

C.laser

D. Ocular propranolol ...

E.surgery

78) A 10 years old child with joint pain, fever and swelling was presented. On joint aspiration, which of the following statements best describes the septic arthritis?

A. WBC count 2000

B. Clear synovial fluid

C. High lactate and WBC count >50,000

D. High glucose plus WBC 5000

E. ESR increase

79) A 13 year old girl presented with pain and stiffness in phalangeal and MCP joints and a rash that crossed nasal bridge and cheeks. She is also giving history of mouth ulcers. Investigation of choice?

A) anticardiolipin antibody

B)ANA

C) RA

D) anti double stranded dna

E) increased ESR

80)A 7 years old school going boy comes to you with erythematous scaly papules and plaques all over body for last 2 months. His skin rash started after an episode of sore throat and fever from

trunk and gradually spread to whole body. His condition got deteriorated with use of NSAIDS syrup for fever but got improved with use of systemic anti biotics and topical corticosteroids. His Investigations showed increased TLC counts and raised ASO titer. What is your diagnosis?

- A.Chronic plaque psoriasis
- B.Erythrodermic psoriasis
- C.Guttate psoriasis d.
- D.Pustular psoriasis
- e. Unstable psoriasis

81) A 45 years old hypertensive and obese woman comes to you with erythematous plaques studded with pustules on whole body for last 2 months. She gives history of fever and burning sensation in skin with joint pains. She constantly takes NSAIDs and is prescribed with Bisoprolol for high blood pressure.

Investigations

showed raised TLC ,low

Calcium and

deranged lipid profile. Her vitals and rest of investigations are normal. What will be the appropriate management for this patient? 1. Topical steroids withdrawal of aggravating drugs, systemic steroids and anti histamines

2. Topical steroids, withdrawal of aggravating drugs, Acetritin and anti histamines

3. Topical steroids, systemic steroid

4. Acetritin and anti histamines

5. Topical steroids, antibiotics, Methotrexate and anti histamines

6. Topical steroids, withdrawal of aggravating drugs, phototherapy and anti histamines

82. A 20 years old epileptic man presented with severe oral erosions, multiple targetoid lesions with bullae and erosions covering upto 10% body surface area for last 5 days. His anti epileptic treatment was recently switched to Carbamazepine 15 days back. Investigations showed raised TLC, low platelets with deranged LFTs. He had similar episode 2 years back when received some antibiotics along with NSAIDs. What is the diagnosis in this case?

a. Dress syndrome

- b. Erythema multiforme
- C. Exfoliative dermatitis
- d. Stevens Johnson syndrome
- e. Toxic epidermal necrolysis

83. A 42 years old diabetic female comes with pruritic, purple coloured polygonal papules on whole body since 2 years. She complains of oral ulcers which on examination showed erosions with white streaks in buccal mucosa. Her dermatologist wants to start her on immunosuppressive treatment as her disease is generalised associated with severe itching. Which common

virological test is most important to be done in this patient before initiating treatment?

- A. Hepatitis A virus
- b. Hepatitis C virus
- c. Human papilloma virus
- d. Herpes Simplex virus
- e. Human immunodeficiency virus

84) A 28 years old woman presented with

fever and sore throat for one week. On examination she was having tender erythematous nodules bilaterally on lower legs. She gives history of similar lesions following intake of oral

contraceptive pills and in pregnancy. Investigations showed raised TLC and high ASO titer. She is prescribed with antibiotics, NSAIDs and short course of systemic steroids. She is very much worried about these nodules. What is prognosis of these nodules?

- a. Heal with scarring after treatment
- b. Heal without scarring after treatment
- c. Persistent after treatment
- d. Turn into non-healing ulcers
- e. Variable course

(85) A 32-year-old male comes to you with pruritic erythematous annular plaques on body and groins with well-defined margins since 5 months. On detailed examination few plaques have pustules. On inquiry he gives history of some topical therapy advised by his medical store friend. Investigations showed hyphae and spores on KOH mount smear from lesions. His wife has similar lesions for last 2 months. What is your diagnosis in this patient?

- 1. Tinea capitis
- 2. Tinea corporis
- 3. Tinea incognito
- 4. Tinea cruris
- 5. Tinea unguium

86. A 6-month-old infant presented to emergency department with generalised erythema and skin tenderness for last 5 days. Child is very irritable, reluctant to feed and cries on handling. Mother gives history of sore throat preceding these symptoms one week back. His skin redness and sheeting started from flexural areas. Investigations showed raised TLC count with neutrophilia and high ASO titer. What investigation will you advise to correctly diagnose this patient?

- A. Blood culture
- b. Stool culture
- c. Swab for culture from throat
- d. Swab for culture from skin
- e. Urine culture

87. A 45-year-old man with Parkinson's disease has erythematous and scaly plaques behind the ears, on the scalp, eyebrows, glabella, nasolabial folds, and central chest. What is the man suffering from?

- A. Seborrheic Dermatitis
- b. Psoriasis
- c. Pityriasis Rosea
- d. Tinea Versicolor
- e. Atopic eczema

88. Which of these may be a warning sign of melanoma?

- a. A mole that's new or growing.
- b. A mole that's itching or bleeding.
- c. Varied colors in a mole.
- d. An asymmetrical mole.
- e. All of the above

89.) A patient presents with a non-healing, pearly and waxy nodule on their nose. The lesion has a raised, rolled border and often appears to have small blood vessels running through it. The patient reports that the lesion has been growing slowly over the past few months. Based on this presentation, what is the most likely diagnosis?

- A. Melanoma
- B. Basal cell carcinoma
- C. Actinic keratosis
- D. Acne conglobata
- E. Squamous cell carcinoma

90. A 50 year old patient has been prescribed oral steroids for her dermatological disease of pemphigus vulgaris for the past 4 months which she has abruptly stopped. Now the patient has presented to the emergency with hypotension, hypoglycemia, lethargy and baseline investigations show hyperkalemia and hyponatremia. You have ordered serum ACTH and Cortisol levels. Upon examining the patient what skin manifestation can guide you to the diagnosis?

- * Oral ulcers
- * Nail pitting
- * Geographic tongue
- * Generalized hair loss
- * Hyperpigmented palmar skin creases

91. A 75 year old man came to the skin clinic with complaints of grouped vesicles on the left side of forehead, scalp and periorcular skin in a dermatomal pattern. He had chemosis of his left eye. He complained of stabbing pain and this eruption from the last 2 days. He is also a type 2 diabetic. What is your diagnosis?

- * Herpes Simplex
- * Bullous insect bite
- * Varicella
- * Herpes Zoster Ophthalmicus
- * Ve. Dermatitis Herpetiformis

92. A 6 year child came to you with worried parents as he has a pearly white umbilicated papules on his face which are mildly pruritic. They say that he has been having them with no systemic symptoms and they are present from last 3 months. What is your diagnosis?

- * Chicken pox
- * Viral warts
- * Molluscum Contagiosum
- * Small pox
- * Plane warts

(93) A 57 year old man with right knee joint pain for last 1 year presented with multiple skin coloured asymptomatic skin colored nodules over bilateral elbows. There was no preceding history of trauma but he has been treated with Methotrexate. What is the likely diagnosis of the nodules?

- * Erythema nodosum.
- * Nodular sarcoid.
- * Rheumatoid nodules.
- * Tophaceous Gout.
- * Heberdon nodes.

94) A 35-year-old woman presents with a history of multiple, unexplained physical symptoms over the past several years, including headaches, stomach pain, and fatigue. Extensive medical

evaluations have not revealed any underlying physical cause. Which of the following is the most likely diagnosis?

- * Generalized Anxiety Disorder
- * Somatization Disorder
- * Major Depressive Disorder
- * Panic Disorder
- * Hypochondriasis

95) A 70 year old female with recurrent episodes of parotid swelling. She complains of difficulty speaking and gritty eyes on waking up. What is the most appropriate diagnosis.

Ans . Sjogren syndrome

96. A 45 year old female complains of pain in her hands precipitated by exposure to the cold weather. She has breathlessness walking, when she is eating she can feel food suddenly sticking to the gullet. It

seems to be in the middle of esophagus but

She can't localize exactly where it sticks. It is usually relieved with a drink of water.

Choose the single most likely dysphagia from the option?

a. esophageal carcinoma Systemic Sclerosis SLE

* Pharyngeal Carcinoma

* Globus hystericus

97. A 48-year-old patient presented to her family physician complaining of pain all over her body for the past 4 months. She is also complaining of sleep disturbance and lethargy. On examination, the doctor finds multiple tender points that patient has including areas on her neck, elbow regions and

which

diagnosis in this patient?

* Polymyalgia rheumatica

* Fibromyalgia Polymyositis Ankylosing spondylitis Rheumatoid arthritis

98. A 79-year-old man presents with a history of lower back pain and right hip pain. Blood test reveals following.

Normal calcium

phosphate= Normal

What is the most likely diagnosis?

• primary hyperparathyroidism Chronic kidney disease

* Osteomalacia

* Osteoporosis Paget's disease

99. A 23 year old female presents with back pain and early morning stiffness, also complaining of eye problem and her sister has similar condition. What is the single most probable diagnosis?

paget disease

Pelvic Inflammatory disorder

* Multifocal pain

* Ankylosing spondylitis

* Spondylosis

100. A 45-year-old woman with a history of primary Sjogren's syndrome is reviewed in clinic. Her main problem is a dry mouth, which unfortunately has not responded to artificial saliva. Which one of the following

medications is most likely to be beneficial?

Rivastigmine
Neostigmine
Clonidine
Atropine
Pilocarpine

101) Which of the following complication is most likely to occur in ankylosing spondylitis?

- A. Heart block
- B. Aortic stenosis
- C. Achalasia
- D. Diabetes
- E. Bronchiectasis

102. A 28-year-old man is investigated for recurrent lower back pain.

diagnosis of ankylosing spondylitis is suspected, which one of following investigations is useful

- a. ESR
- b. X-ray of the sacro-iliac joints
- C. HLA-B27 testing
- * X-ray of the thoracic spine
- * CT of the lumbar spine

103. A 57-year-old man who has late ankylosing spondylitis. What pulmonary feature might you see on his chest radiograph?

- * Apical fibrosis
- * Bilateral hilar lymphadenopathy
- * Peripheral granulomas
- * Basal fibrosis
- e. Increased pulmonary vasculature

104. 44-year-old woman is seen in the

clinic. She has been

rheumatology

referred with Raynaud's phenomenon.

During the review of system she

mentions that her GP is organizing an endoscopy to investigate dyspepsia. On examination she is noted to have tight, shiny skin over her fingers. Which one of the following complications is she most likely to develop?

105)

106)

107) A 4yr old girl presented to OPD with persistent cough and tachypnea. Her mother says that she is having episodes of cough and whistling sounds from chest since 6 months of age. On examination flaring of nostrils and chest examination shows wheezing with increased respiratory rate. 2 more siblings also have history of recurrent respiratory infection. Chest x-ray shows hyperinflation, flattening of diaphragm, narrow and elongated heart. CBC shows eosinophilia.. diagnosis will be

TB

Asthma
Bronchiolitis
Pneumonia
Plueral effusion

108) 35 year old has tiredness joint pain undergoing tb treatment on exam erythematous macule papule seen on face upr chest arm in photo distribution single most postive antibody

Anti ds DNA
ANTI HIStone
Anti smith
Anti jo
Anti La

109) which of the following is the classic symptom of R.A?

A)Photosensitivity
B)Morning stiffness lasting more than an hour
C)Sharp chest pain
D)Persistence dry cough

110) Ankylosing spondylitis primarily affects which part of the body?

a. Hands and fingers
b. Knees
c. Spine and sacroiliac joints
d. Hips
e. Elbows

111) Which one is the primary pathological lesion of SLE?

A. Synovial inflammation
B. Immune complex deposition
C.Articular cartilage erosion

112)Which laboratory test is commonly used to diagnose R.A?

A) serum creatinine
B) ESR
C) blood glucose level
D) serum potassium

113) in the treatment of acute gout the ist management is

a: Nonsteroidal antiinflammatory drugs
b: calcium channel blockers
c: Beta blockers
d: diuretics
e: antidepressants

114) A 45-year-old woman presents with a 6-month history of joint pain and morning stiffness. She complains of stiffness lasting 2 hours every morning, which improves with activity. She has history of auto immune disease also....

What is the most likely diagnosis?

A) Osteoarthritis
B) Rheumatoid Arthritis

- C) Psoriatic Arthritis
- D) Gout

115. Important factor in wound healing

- size of wound
- Depth of wound
- Blond supply
- foreign body
- nutritional status

116. what is missing in Parkland formula for fluid replacement in pt with burns

- Total body weight,
- total skin and burnt ,
- time-since burn
- Pt age,
- Burn location

117. what is correct procedure in early management of burn pt with inhalation injury

- fluid resuscitates
- pain manage,
- Airway manage
- wound care,
- Oxygen therapy

118. which burn depth is link with blister, redness and severe pain

- superficial 1st degree,
- superficial Partial thickness burn In 2nd degree
- Deep Partial thickness burn In 2nd degree,
- Full thickness 3rd degree.
- Subdermal burns

119. All cases listed below which one most likely cause of burn in adult,

- Electrical,
- thermal,
- chemo
- Radiation,
- Friction burn

120. Rule of nine, what in burn pt is measured in %.

- Depth,
- Total surface area ,
- degree of pain
- Time
- Extent of necrosis

Few mcq's are missing, nura takreban complete da.

Regards,
Rabia Khan Bangash

