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KHYBER MEDICAL COLLEGE PESHAWAR
(EXAMINATION SECTION)
INTERNAL EVALUATION EXAMINATION
BLOCK (P & Q)
FINAL YEAR MBBS (Held on 06-Nov-2025)

Class. No _____ C

Time Allowed: 120 Minutes

Max Marks: 120

Note: Attempt ALL MCQ's.

- Use only blue / black pen. Use of mobile phones and other electronic accessories are strictly prohibited.
- Carefully shade paper type and your correct roll no in response sheet
- Student's result will be declared "Under Report "if (i) MCQ question paper is not returned back along with response sheet or is tempered by the student (ii) The roll number is not written on the said paper.

GENERAL SURGERY

1. A 60yr old male patient underwent OGD for persistent dyspepsia and weight loss, an exophytic lesion was found along the lesser curvature of the stomach. Which of the following is the most common malignancy of the stomach?

A	Adenocarcinoma	B	Gastrointestinal stromal tumor	C	Lymphoma
D	Squamous cell carcinoma	E	Angiosarcoma		

2. A 65 year old female presented to OPD for generalized abdominal pain and distension, occasional nausea and vomiting and history of constipation. CT abdomen shows pneumobilia, radiopaque shadow at terminal ileum and distended gut loops. Patient was prepared for surgery. What would be the best treatment option for this stable patient?

A	Cholecystectomy	B	Removal of obstruction by milking of stone distally or enterotomy	C	Cholecystectomy and closure of fistula
D	A+B	E	B+C		

3. A 45 year old alcoholic man presented with mass in epigastrium which is fluctuant 4 weeks ago, he had presented with pain epigastrium radiating to the back. What condition is he suffering from now?

A	Pancreatic abscess	B	Pancreatic pseudo cyst	C	Pancreatic carcinoma
D	Pancreatic ascites	E	Pancreatic aneurysm		

4. A 33 year-old pregnant woman notices a persistent, painless lump in left breast. On examination, the left breast has a single mobile mass without evident of skin changes or lymphadenopathy in the axilla. An ultrasound demonstrates a solid 1 cm mass at upper outer quadrant of breast. biopsy shows invasive ductal carcinoma. the patient is in her first trimester of pregnancy. Which one of the following is the most appropriate management of this patient?

A	A. termination of pregnancy followed by modified radical mastectomy	B	Chemotherapy followed by modified radical mastectomy after delivery pf baby	C	Modified radical mastectomy
D	Mastectomy with sentinel lymph node biopsy	E	Administration of radiation in third trimester followed by modified radical mastectomy after delivery of baby		

5. A patient with metastatic carcinoma of head of pancreas developed obstructive jaundice. Which palliative procedure will you advise for this patient?

A	Whipple procedure	B	ERCP and stenting	C	Choledochoduodenostomy
D	Roux-en-y choledochojejunostomy	E	PTBD		

6. A 37yr old female patient underwent ERCP with sphinterotomy and stenting for choledocholithiasis. Six hours later the patient developed severe pain in the epigastric region which is radiating to the back and is not relieving with NSAIDs. What is the most probable diagnosis?

A	Acute pancreatitis	B	Ascending cholangitis	C	Duodenal perforation
D	Acute cholecystitis	E	Peptic ulcer disease		

7. A 57yr old male patient presented to OPD with complaints of epigastric discomfort, yellow discoloration of scleras and skin, and dark colored urine. On examination the patient is jaundiced and a non tender swelling is noted in the right hypochondrium. He has a history of laparoscopic cholecystectomy 9yrs back and has been a smoker for the last 25yrs. What is the most probable diagnosis?

A	Choledocholithiasis	B	CBD stricture	C	Mirizzi syndrome
D	Cancer head of pancrease	E	Primary biliary cirrhosis		

Any corrections would be appreciated

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8 A 30yr female patient came to OPD with vague pain in the right upper quadrant of abdomen. Besides taking contraceptive pills, her past history is not significant. Ultrasound abdomen shows a 4cm hyperechoic lesion in the liver. CT scan was advised and the lesion appears as well demarcated and hypodense in nature. What is the most likely diagnosis?

A	Hepatoma	B	Hepatic haemangioma	C	Focal nodular hyperplasia
D	Hydatid cyst		Hepatic adenoma		

9 A 58-year-old man presents with tachycardia, fever, confusion, and vomiting. Workup reveals markedly elevated T3 and T4 levels. He is diagnosed as having thyroid storm. Which of the following is the most appropriate next step in management of this patient?

A	Emergent subtotal thyroidectomy	B	Emergent total thyroidectomy	C	Emergent hemodialysis
	Administration of fluid, antithyroid drugs, Iodine solution,b-Blockers	E	Emergent radiation therapy to neck		

10 A 56-year old male previously healthy, presents to the ER with sudden onset anal pain beginning after lifting heavy weight. On inspection, an olive shaped tender bluish swelling is observed at anal margin. There is no history of fever or perianal discharge. What is the most likely diagnosis?

A	Proctalgia Fugax	B	Grade IV internal hemorrhoids		Thrombosed external hemorrhoids
D	Hypertrophic anal papilla	E	Fistula in ano		

11 A 49-year-old woman undergoes biopsy of a 5 cm breast mass. She has no palpable axillary lymph nodes. Biopsy of the mass shows benign phyllodes. Which one of the following is the most appropriate management of this patient?

	Wide local excision	B	Wide local excision with adjuvant radiation therapy	C	Simple mastectomy without axillary dissection
D	Modified radical mastectomy	E	Radical mastectomy		

12 A 56yr old male patient having cirrhosis secondary to hepatitis C viral infection, which surveillance protocol is used for detection of early stage hepatocellular carcinoma?

A	Ultrasound six monthly	B	CT scan six monthly	C	CT scan and serum AFP six monthly
	Ultrasound and serum AFP six monthly	E	Ultrasound and CT scan six monthly		

13 A healthy, 45-year-old woman undergoing abdominal hysterectomy and salpingooophrectomy for benign disease. The right ureter is accidentally cut. To minimize injury to the ureter, the surgeon should recognize what about this structure?

A	It enters the pelvis at the level of the aortic bifurcation.	B	It passes posterior to the iliac vessels.	C	It passes above the uterine artery.
D	It enters the pelvis 4-cm medial to the bifurcation of the common iliac artery		It enters the pelvis immediately distal to the common iliac artery bifurcation.		

14 A 40-year old lady had undergone ERCP a few days ago. Now she presented with severe epigastric pain radiating to the back. What is the most likely cause?

A	Hepatitis	B	Cholangitis	C	Gastritis
D	Cholecystitis		Pancreatitis		

15 A 51-year-old man present with 2cm thyroid nodule. Thyroid scan shows a cold lesion. FNAC demonstrates follicular cells. Which of the following statements is the most appropriate initial treatment of this patient?

A	External beam radiation to the neck	B	Multidrug chemotherapy	C	TSH suppression by thyroid hormone
D	Prophylactic neck dissection is indicated along with total thyroidectomy		Thyroid lobectomy		

16 A 30-year old male presented with rectal prolapse. He was advised surgery. He was told that in the procedure rectal mucosa will be stripped circumferentially and the muscles will be plicated. Which of the following fits into this description?

A	Thiersch operation	B	Goodsall's ligation	C	Delorme's operation
D	Altermier's procedure	E	Sutured rectopexy		

17 A 45yr old female patient presented to OPD with a history of on/off episodes of colicky pain in the right hypochondrium which radiates to the right shoulder and is accompanied with nausea for the last 8 months. Examination is normal, apart from mild tenderness in the RHC. What initial investigation will you advise to reach the diagnosis?

A	MRCP		Ultrasound abdomen	C	Hida scan
D	Liver function tests	E	CT scan with contrast		

Any corrections would be appreciated

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18 A 45-years-old woman who has a long history of dyspepsia due to NSAIDs intake, presents to the OPD with progressively increasing vomiting. Her vomitus consists of the food that she has taken earlier and often she discovers food taken several days before. What is the most probable diagnosis in this scenario? C

A	Achalasia Cardia	B	Gastro-oesophageal reflux disease	C	Peptic ulcer disease
	Pyloric stenosis	E	Zollinger Ellison Syndrome		

19 A 56-year-old woman is admitted to the emergency department complaining of upper abdominal pain. An ultrasound of the abdomen reveals a thin-walled gallbladder filled with fluid and a solid, left renal mass. What should be the next test ordered?

A	Hydroxy iminodiacetic acid (HIDA) scan	B	Intravenous pyelogram (IVP)		CT scan of the abdomen and pelvis
D	Oral cholecystogram	E	Upper gastrointestinal (GI) series		

20 A young adult presents to gastro-enterologist with fresh bleed per rectum for a long time. He was examined and investigated. In his report of colonoscopy, the doctor writes that the patient has a "cherry tumor". Which of the following is called a cherry tumor?

A	Tubular Adenoma	B	Villous Adenoma	C	Hyperplastic polyps
D	Familial adenomatous polyposis		Juvenile polyp.		

21 A 58-years-old woman is brought to the emergency with sudden onset pain in the abdomen for the last two hours. The pain is agonizing in nature and she has a history of NSAIDs use for her arthritis. Peptic ulcer perforation is suspected, what investigation would be diagnostic in this situation?

A	Serum Amylase levels	B	Urea breath test	C	Ultrasound of the abdomen
D	Upper GI endoscopy		X ray chest PA view		

22 A62-year-old male attorney presents to a prostate-screening clinic . On careful questioning, he has noted slight urgency, frequency nocturia, and a decrease in the force of micturition. He is referred to have blood tests to include which of the following?

A	Carcinoembryonic Antigen (CEA)	B	Carbohydrate Antigen 19 (CA 19.9	C	Serum Acid Phosphatase
	Prostate Specific Antigen	E	Prostate Specific Antibodies		

23 A 25-year old man presents with right upper abdominal discomfort for the last 1 year. Examination reveals non-tender enlarged liver. Ultrasonography reveals a multi loculated cyst with floating membrane inside. What is the diagnosis?

	Hydatid liver disease	B	Hemangioma of liver	C	Amoebic liver abscess
D	Pyogenic liver abscess	E	Polycystic liver disease		

24 A 4 years old girl is brought to urology OPD with continuous dribbling of urine since birth. She is having intermittent fever. She is toilet trained and voids normally too. On examination, she is febrile and there is perineal skin excoriation. What is the most probable diagnosis in this case?

A	Urinary tract infection		Ectopic ureter	C	Urethral trauma
D	Urethrocutaneous Fistula	E	Neurogenic bladder		

25 A 34 years old male is brought to the emergency with profuse blood stained vomitus. What is the commonest cause of such vomiting worldwide?

A	Arterio-venous malformations in stomach	B	Cirrhosis of the liver		Oesophageal varices
D	Peptic ulcer disease	E	Zollinger Ellison Syndrome		

26 A 2-year old male baby has a history of Unilateral Undescended testes. Which testicular malignancy is the most common in undescended testes?

A	Yolk sac tumor	B	Embryonal carcinoma		Seminoma
D	Teratoma	E	Choriocarcinoma		

27 A 30-year old male presents with bleeding per rectum for the last 2 years. It is bright red at the end of defecation, separate from motions. Occasionaly it accompanies itching. Which of the following fits into diagnosis?

A	Fissure-en-Ano		Hemorrhoids	C	Rectal prolapse
D	Solitary rectal ulcer	E	Carcinoma rectum		

28 A 68-year old frail lady presents with Right Hypochondrium discomfort. Upon examination she is jaundiced and has a palpable mass in Right Hypochondrium with mild tenderness, also has shifting dullness and bilateral decreased breath sounds. What should be the next treatment?

A	Liver resection	B	Gall bladder removal along with wedge of the liver		Palliative ERCP with stenting
D	PTBD	E	Start chemoradiation		

29 A middle-aged male patient presented to surgical OPD with indirect inguinal hernia on right side. The consultant observes weakness on left side as well. What is the best option of management based upon the above findings?

	Laparoscopic repair on both sides	B	Hernia repair on right side	C	Diagnostic Laparoscopy
D	Hernia repair on both sides	E	Observation only		

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30 A 35-year-old woman presents with hypertension, generalized weakness and polyuria. Her serum potassium levels are low. Which one of the following is the best initial test given her presentation and laboratory findings?

A	Plasma renin activity and plasma aldosterone levels	B	Urine electrolytes	C	Plasma cortisol levels
D	Overnight low dose dexamethasone suppression test	E	24 hours urinary aldosterone level		

31 A 42-year-old woman has a mammogram that demonstrates diffuse suspicious mammographic calcification suggestive of multicentric disease. Biopsy of one of the lesions reveals a ductal carcinoma in situ (DCIS). Which one of the following is the most appropriate management for this patient?

A	Wide local excision	B	Wide local excision with adjuvant radiation therapy	C	Simple mastectomy without axillary dissection
D	Modified radical mastectomy	E	Radical mastectomy		

32 A 70yr old male patient with viral hepatic cirrhosis has developed abdominal distension. Ultrasound abdomen shows gross ascites and a 4×5cm hyperechoic lesion in the liver. What next investigation will you advise?

A	Viral profile	B	Serum albumen levels	C	Alpha feto protein
D	Ascitic fluid R/E	E	Ca 19-9		

33 A 68-year old man having a history of weight loss presented with painless, progressive jaundice. On examination there is a palpable swelling in the RHC. The most likely diagnosis is

A	Carcinoma gall bladder	B	Carcinoma head of the pancreas	C	Cholangiocarcinoma
D	Choledochal cyst	E	Hepatoma		

34 A 50-year-old man presents with intractable peptic ulcer disease, severe esophagitis, and abdominal pain. Which one of the following is most consistent with the diagnosis of Zollinger-Ellison syndrome?

A	Hypercalcemia	B	Fasting gastrin level of 10 picogram/ml	C	Fasting gastrin level of 100 picogram /ml
	Increase in gastrin level (>200 picogram/ml after administration of secretin)	E	Decrease in gastrin level (>200 picogram /ml after administration of secretin)		

35 A 52-years- old man while undergoing upper GI endoscopy experiences excruciating pain in central chest. The procedure is abandoned and the on-call surgical team is consulted. A diagnosis of perforation of the oesophagus is made within 2 hours after performance of a contrast enhanced CT scan of the chest. What would be the most appropriate treatment in this scenario?

A	Conservative management	B	Operative repair with oesophagectomy	C	Operative repair of perforated oesophagus via thoracotomy
D	Radiologic guided drainage of the mediastinum	E	Re-endoscopy and stenting of the oesophagus		

36 35-year-old women undergoes total thyroidectomy for a suspicious thyroid mass. Several hours postoperatively she develops progressive swelling under the incision, stridor, and difficulty breathing. Orotracheal intubation is successful. Which of the following is the most appropriate next step in management of this patient?

A	Fiberoptic laryngoscopy to rule out bilateral vocal cord paralysis	B	Administration of Intravenous calcium	C	Administration on intravenous antibiotics and debridement of wound
	Wound exploration	E	Administration of high dose steroids and antihistamine		

37 A 45-year old male presents to the OPD with the complaints of dyspepsia. On careful questioning he admits that he has lost some weight. On examination, a pallor is noted. Rest of the examination is unremarkable. Routine tests show that his hemoglobin is 9 g/dl. What is the most appropriate next investigation?

A	Ultrasound of abdomen	B	CT scan abdomen and pelvis		Upper GI endoscopy
D	H pylori antigen	E	Urea breath test for H pylori		

38 A 55-year old male presents with features of obstructive jaundice. He also reports a weight loss of 7kgs in the last 2 months. On CT scan, the CBD is dilated till the lower end and the main pancreatic duct is also dilated. Pancreas is normal. What is the most likely diagnosis?

A	Choledocholithiasis	B	Carcinoma gall bladder	C	Hilar cholangiocarcinoma
	Periampullary carcinoma	E	Hepatoma		

39 A 42-year-old man has recurrent cystitis. Cystoscopic examination and biopsy confirm the presence of locally muscle invasive (T2) carcinoma of the bladder. What is the appropriate treatment option in this case?

A	Repeat cystoscopic resection	B	Cystoscopic fulguration	C	Partial cystectomy
	Radical cystoprostatectomy	E	Radiotherapy		

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40 A 15 years old patient had undergone splenectomy. What early hematological changes are observed on peripheral blood film?

A	Decrease in the number of platelets.	B	Decrease in the number of white blood cells.	C	Increase in the number of platelets
D	No effect in the number of white blood cells or platelets.	E	Decrease in the number of red blood cells.		

41 A 70-year old man presented with severe abdominal pain that radiates to the back. All of the following investigations will help in diagnosis except

A	Abdominal ultrasound	B	Abdominal X-ray	C	Serum alpha feto protein
D	Serum amylase	E	Total Leukocyte Count		

42 A 24-years-old woman is seeking advice for surgical options for her persistent gastro-oesophageal reflux disease which has been documented by 24 hours pH manometry and lower oesophageal manometry. What would be the most appropriate treatment in her case?

A	Fundoplication	B	Gastrojejunostomy	C	Heller's Myotomy
D	Truncal vagotomy	E	Pyloromyotomy		

43 A 37-year old woman has had 3 days of increasing epigastric pain, nausea and fever. She is tender in the right upper quadrant of the abdomen. Investigations reveal a WBC of 17 x 10^9, a CRP of 25mg/l and an aspartate transaminase of 67 IU/L. What is the single most appropriate investigation?

A	Abdominal X-ray	B	Ct scan of abdomen	C	Upper abdominal ultrasound scan
D	OGD	E	Magnetic resonance cholangiopancreatography		

44 A 55yr old male patient with non cirrhotic portal hypertension presented to emergency with hematemesis. On examination the patient is hypotensive, tachycardiac and has altered mental status. After initial resuscitation with I/V fluids, vasoactive drugs and FFPs and blood transfusion, what is the next best step in the management of this patient?

A	Starting the patient on beta blockers	B	Admit for observation	C	Endoscopy and variceal banding
D	Surgical portosystemic shunting	E	TIPSS		

45 A 36-year old female, mother of 3, presented with complaints of pain on defecation for the last 4 months. She does not give any history of fever, cough and constipation in past. However, she had multiple episodes of acute watery diarrhea and pain in RIF. Examination is otherwise insignificant except for anal fissure at 6 o'clock and an oral ulcer. What is the most appropriate treatment option in this case?

A	Treat anal fissure with GTN QID	B	Put the patient on list for Lateral Internal Anal Sphincterotomy	C	Perform anal advancement flap
D	Refer to Gastroenetrologist for colonoscopy	E	Excise the ulcer and biopsy		

46 A newly diagnosed diabetic male patient presents in emergency with acutely swollen, painful limb with erythema and pyrexia. On examination limb is tender on passive flexion. What is the next line of management of the above- mentioned findings?

A	Emergency fasciotomy	B	Limb elevation	C	Antibiotic + compartment pressure monitoring
D	Limb amputation	E	Limb reduction surgery		

47 A 35-year old female presents with bloody diarrhea and urgency for more than 6 months. She is anemic. She does get attacks of jaundice, fever with rigors and pain in the right hypochondrium. Her family has a history of cholangiocarcinoma. Investigations reveal dysplasia on colonoscopy biopsy. CT suggests thickened colonic wall with inflammatory stranding in the mesentery. Which of the following is the most probable diagnosis?

A	Carcinoma colon	B	Carcinoma colon with metastasis	C	Angiodysplasia of left colon
D	Ulcerative colitis	E	Cholangiocarcinoma		

48 A 60 -year female with rectal pain and tenesmus attempted an enema. She developed severe rectal pain with bleeding, tender on touch. She has IDDM, hypertensive, CAD, chronic lung disease and had a stroke in the past. CT suggest gas shadows outside the rectal wall. What would you do to help this lady?

A	Do nothing	B	Hartman's procedure.	C	Resection anastomosis
D	I/V fluids and I/V antibiotics	E	Pre-sacral drainage		

49 A 35-year-old woman presents with a 4 cm right breast lump and clinically positive ipsilateral axillary lymph nodes. There is no evidence of any metastasis. What is the stage of tumor as per TNM staging?

A	Stage 0	B	Stage I	C	Stage II
D	Stage III	E	Stage IV		

Any corrections would be appreciated

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50	A 46-year old woman has a 24hr history of sudden onset of constant epigastric pain radiating to the back with nausea. There is central and upper abdominal tenderness. The amylase is 1642 IU. Which is the single most likely etiology for the present condition?						
	A	Alcohol	B	Combined oral contraceptive pill	C	Gall stones	
	D	Hyperlipidemia	E	Systemic viral infection			
51	A 72-year-old man presents to his primary care physician for his annual exam and says that he is generally very healthy and has "the normal aches and pains of old age." On further probing, you learn that he does have pretty significant back and hip pain that worsens throughout the day. On physical exam you note bony enlargement of the distal interphalangeal joints bilaterally. Which of the following is the likely cause of his symptoms?						
	A	Gout	B	Pseudogout	C	Osteoarthiritis	
	D	Rheumatoid arthiritis	E	Osteonpenia			
52	A 17 years old male is brought to emergency department with severe pain in the right loin, increased urinary frequency and dysuria. The pain radiates to the right iliac fossa and tip of urethra. On examination there is tenderness in the right loin and no tenderness in the right iliac fossa and absent rebound tenderness. His ultrasound right hydronephroureteric changes and microhematuria on urinalysis. His CT scan shows 10 mm stone in the mid ureter. The best treatment option for this patient is:						
	A	Ureteroscopy	B	Medical treatment	C	ESWL	
	D	Open Ureterolithotomy	E	Laparoscopic Ureterolithotomy			
53	An 18 years old male patient presents to urology OPD with right testicular pain for last 1 week. He denies any history of trauma. On examination he is febrile and his scrotal skin is red, swollen, warm, tender and swollen epididymis. His complete blood count shows leukocytosis. Ultrasound scan shows swollen testis and epididymis with normal blood flow on color doppler. The most probable diagnosis is						
	A	Testicular torsion	B	Idiopathic scrotal edema	C	Hydrocele	
		Epididymo-orchitis	E	Testicular rupture			
54	A one-month-old child presented to you in emergency with history of large head circumference with vomiting. On examination there is shiny skin and dilated veins on scalp and also has sun setting eye. What is your first line of investigation?						
		CT Brain	B	MRI brain	C	CSF RE	
	D	Base line investigations	E	None of the above			
55	23 years old lady ,a known case of rheumatoid arthritis has been on steroids treatment for the last 03 years. She complains of moderate hip pain and is diagnosed as AVN hip.Blood supply to neck and head of femur is mainly from ?						
	A	Lateral circumflex femoral arter	B	Superficial Epigastric artery	C	Ligamentous teres artery	
		Medical circumflex femoral artery	E	None of these			
56	A 6 months old female infant presents with sudden onset of crying, bilious vomiting and bleeding per rectum(red currant jelly stools), for one day. On examination, a mass is palpable per abdomen in right iliac fossa. Ultrasound of abdomen shows a doughnut sign. What is the most probable diagnosis?						
	A	Meckle band obstruction.		Intussusception	C	Intestinal volvulus.	
	D	Appendicular mass	E	Gastroenteritis.			
57	33 years old lady while on a long drive with her husband suffers from head on collision .She presents to A and E department with right lower limb pain and deformity.Most common hip dislocation is						
	A	Anterior		Posterior	C	Central	
	D	Lateral	E	None of the above			
58	A 45 years old female patient presents to ER with severe right loin and fever with rigors and chills. On examination she is febrile and there is a tender swelling in the right loin. Imaging shows a stone and pus filled collecting system. The best next step in the management is:						
	A	Conservative management		PCN drainage	C	Nephrectomy	
	D	Open drainage	E	DJS insertion			
59	45 years old laborer sustais a fall while working on 2nd floor and suffers from multiple fractures.Fracture of which bone classically results in complication of Avascular necrosis?						
	A	Shaft of humerus	B	Shaft of femur	C	Seasamoid bones in hand	
	D	Neck of fibula		Neck of femur			
60	A 22 year old sustains a high energy trauma during an accident on motorbike. He is brought to emergency department with massive swelling in the knee region. X-rays show a displaced distal femur fracture. On examination, range of movement is restricted and there is no palpable distal pulses. Damage to which structure should be suspected?						
		Popliteal artery	B	Popliteal vein	C	Sciatic nerve	
	D	Common peroneal nerve	E	None of the above			

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61 25 years old occasional football player while playing football in Peshawar university ground twists his knee during the game . X-rays reveal no bony pathology. Investigation of choice for ligamanetous injury in knee is

A	X-ray				C
	MRI	B	Ct scan	C	Ultrasound
E	Ct scan with 3d reconstruction				

62 A 2 years old male baby is brought to urology OPD with scrotal swelling since birth. According to the mother, the swelling appears when he cries or strains and disappears when he is calm and during sleeping. On examination the right hemiscrotum is swollen, non tender and is possible to get above the swelling. The swelling is transilluminant. The most probable diagnosis is

A	Testicular carcinoma		Congenital hydrocele	C	Secondary hydrocele
D	Varicocele	E	Spermatocele		

63 18 years old girl has a fall while ridding a horse.she suffers from fracture dislocation of her right hip joint. Traumatic dislocation of the hip is characterized by

	Adduction, internal rotation	B	Abduction, external rotation	C	Adduction, external rotation
D	Abduction, internal rotation	E	A & B		

64 The definitive diagnosis of short segment Hirschprung's Disease is established by which of the following investigation?

A	Barium enema	B	Anorectal manometry		Full thickness rectal biopsy
D	Plain x ray abdomen	E	Ultrasound		

65 A 45 years old married lady presents to Urology OPD with increased urinary frequency and burning micturition. She is secually active and multipara. On examinaion she is afebrile and rest of examination is unremarkable. On subsequent investigations she is diagnosed as having a urinary tract infection. How much organisms must be present to indicate a significant urinary tract infection?

A	$>10^3$/ml	B	$>10^4$/ml		$>10^5$/ml
D	$>10^6$/ml	E	$>10^7$/ml		

66 22 years old cricketer sustains injury to his left knee joint with a loud pop sound.His knee joint swells up in the field and he remains unable to continue the game.On examination anterior drawer test and Lachmann test will help the examiner determine the stability of which ligament ?

A	Posterior cruciate ligament	B	Medial collateral ligament	C	Lateral coliateral ligament
	Anterior cruciate ligament	E	Patellar tendon		

67 A young man comes to emergency department with penile brusing and deformed penis after a forceful violent sexual intercourse. On examination, the penis is swollen, bruised and has eggplant deformity. No blood is present at external urethral meatus. The optimal management is

	Exploration and repair	B	Antiinflammatory medicines	C	Wait and see
D	Per urethral catheterization	E	Suprapubic catheterization		

68 85 years old lady has a fall in bathroom.She is unable to stand up and weight bear. she is brought to lady reading hospital casualty department and diagnosed as neck of femur fracture. Features of neck of femur fracture includes

A	Flexion at hip and external rotation	B	Flexion at hip and flexion at knee	C	Extension at hip and flexion at knee
D	extension at hip and shortening		Shortening and external rotation		

9 A young boy presents to opd with complaints of weakness in his lower limbs. He can move his legs against minimal resistance. How would you grade his power according to modified medical research council grading system

A	1/5	B	2/5	C	3/5
	4/5	E	5/5		

70 A six month male infant presented with right empty scrotum since birth. On examination the testis is undescended and palpable in right inguinal region. What is the ideal age for orchidopexy in this case?

A	3 years		Before 2 years	C	5 years
D	7 years	E	Before puberty		

71 A 20 years old male presented to you in emergency with history of loss of consciousness for 5 mint after RTA, then regain consciousness and after one hour he become unconscious and his right pupil is dilated. What is the diagnosis?

	extradural hematom	B	subdural hematoma	C	subarachnoid hemorrhage
D	intraparenchymal hematoma	E	chronic sub-dural hematoma		

Any corrections would be appreciated

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72 A 25 years old otherwise healthy single lady presents to urology OPD with pain in the right flank and intermittent fever. The pain is localized to the right flank and aggravates with high fluid intake. On examination she is currently afebrile and feeling of fullness in the right flank. Ultrasound shows right moderate hydronephrosis without hydroureter. IVU shows left normal contrast uptake and excrtion, while on right side there is contrast accumulation in the renal pelvis and no opacification of the ureter. The best treatment for this patient is: C

A	Anderson Hynes Pyloplasty	B	Per cutaneous nephrostomy insertion	C	DJS insertion
D	Right nephrectomy	E	Endopylotomy		

73 A 60 years old man presents to urology OPD with hesitancy, poor stream, increased frequency and urgency. On abdominal examination,he has a palpable bladder, rest is normal. On external genital examination he has a normal external urethral meatus and smooth urethra on palpation with no scar for previous surgery. On ultrasound examination he has 50 grams prostate and 150 ml post void residual urine. He is on medical treatment for the problem but not satisfied. The best treatment option for this patient is

A	Counsel the patient and continue medical treatment	B	Transvesical prostatectomy	C	Retropubic prostatectomy
	TURP (Transurethral resection of prostate)	E	TUIP (Transurethral incision of Prostate)		

74 A 17 years old male is brought to the Emergency after being hit on the head with a baseball bat. He only responds to painful pinch on his right calf with eyes opening, and flexing his ipsilateral knee. He also utters incomprehensible words. What is his GCS?

A	7		8	C	9
D	10	E	11		

75 A 3 weeks old neonate presents with history of non-bilious projectile vomiting for 3 days. On examination patient is dehydrated and mildly icteric. ABG'S shows metabolic alkalosis and serum electrolytes shows hyponatremia, hypokalemia and hypochloremia. Which noninvasive investigation is ideal to diagnose this condition?

	Ultrasound abdomen	B	Upper GI Barium Studies	C	Esophageal Manometry
D	Upper GI Endoscopy	E	X Ray Abdomen		

76 55 years gentle man suffers from road traffic accident.He is brought to KTH casualty department.He is in severe pain from right hip. Subtrochanteric fractures occur at which region of the femur?

A	Within 5 cm of lesser trochanter	B	Within 10 cm of lesser trochanter	C	Within 5mm of lesser trochanter
D	Within 10mm of lesser trochanter	E	None of the above		

77 A 3 years old boy presented to pediatric surgery ward in emergency with excessive crying and one episode of non-bilious vomiting. On examination, the left hemiscrotum is red and swollen. Doppler ultrasound shows absent blood flow to the left testis, how will you treat this patient?

A	No treatment required just re assure the patient	B	Admission and conservative management with IV antibiotics and pain killers	C	Treat as outpatient with oral antibiotics and pain killers.
D	Emergency surgical exploration and, if testis gangrene then orchedectomy		Emergency surgical exploration and, if testis gangrenous then orchedectomy and fixation of other testis		

78 A 50 years old lady presents to urology OPD with continuous urinary leakage and she is diaper dependent. On examination the vaginal introitus is wet and there is continuous urine flow through the vagina. She has undergone Total abdominal hysterectomy 4 months back. Cystoscopy shows a fistula between the uriary bladder and vagina. The optimal management is

A	Long term antibiotic treatment	B	Per Urethral catheterization	C	Suprapubic catheterization
	Exploration and repair of fistula	E	Wait and see		

79 A 44 year old man presents to surgical emergency with open fracture of right tibia follow road traffic accident on highway (high energy injury). There is multi-fragment but stable tibia fracture and extensive soft tissue damage involving skin, muscle and neurovascular bundle but adequate soft tissue coverage over fractured bone. The best initial management for bone stabilization in this case would be ?

A	Plate and screws	B	Intramedullary nail	C	Bone graft
D	Cast		External fixator		

80 A young boy presents to emergency department with history of head injury. On examination his GCS is 12/15. He has left black eye. How would classify his head Injury?

A	mild head injury		moderate head injury	C	severe head injury
D	diffuse axonal injury	E	None of the above		

Any corrections would be appreciated ✅

Gcs determined severity of head injury
13-15 mild
8 -12 moderate
<8 severe

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OBSTETRICS AND GYNAE

81 A 30 year old lady in her first pregnancy has come to antenatal clinic with positive urine pregnancy test. She doesnot remember the date of her last menstrual period. .What is the best possible time to perform a dating scan? **C**

A 5-8 week | B 8-14 week | C 14-20 week
D 20-22 week | E After 25 week

82 A 29 years old primi gravida presents with eclampsia. What is the loading dose of Mgso4 given in eclampsia ?

A 4gm | B 8gm | C 12gm
D 16gm | E 32 gm

83 A 30 years old diabetic pregnant lady presented to OPD. She is complaining of vaginal itching and curdy white thick discharge. What is the most likely diagnosis?

A Bacterial vaginosis | B Candidiasis | C Trichomoniasis
D Syphilis | E non specific vaginitis

84 A 19 years old PG at 36 weeks gestation with B.P 160/110,edema +2 , proteinuria +2 with blurring of vision. She is begun on magnesium sulphate for seizure prophylaxis, and induced with prostaglandin. She delivers vaginally 12 hours later. For how long is magnesium sulphate continued?

A 6-hours postpartum | B 12-hours postpartum | C 24-hours postpartum
D until blood pressure normalize | E until patient is discharged.

85 A 24-year old primigravida comes at 36 weeks of gestation. On abdominal examination, head is 3/5th palpable and clinical pelvimetry shows prominent ischial spines and interspinous distance of 10 cm. What is the most appropriate management option for this patient?

A CT pelvimetry and manage according to CT pelvimetry measurements | B Elective induction at 38 weeks | C Elective c section due to CPD at 38 weeks
D sweep the membranes weekly until 40 weeks then c section | E wait for onset of spontaneoud labour as CPD can only be diagnosed through trial of labour.

86 A 25 years old lady who delivered a healthy male baby has come to a well baby clinic 40 days post delivery and wants advice regarding breast feeding. Breast milk is deficient in which vitamin?

A Vit K | B Vit. C | C Vit. E
D Vit. B12 | E Vit A

87 A 32 year lady,in her second pregnancy, presents to labour suite at 32 weeks pregnancy with backache, pain hypogastrium and regular contractions. Her first pregnancy ended in preterm birth at 30 weeks and the baby died after a week due to respiratory distress. What treatment can be given to the mother to prevent the same complication to the baby in her present pregnancy?

A Inj. Prednisone | B Inj. Betamethasone | C In cortisone
D Inj. magnesium sulfate | E inj. Hydrocortisone

A patient presents for routine antenatal visit at 28 week pregnancy. Her pregnancy has been uncomplicated so far. Her BMI is 25. She is normotensive. Her lab tests are normal including a 75 mg OGTT. Her fundal height corresponds to 24 weeks.A bed side ultrasound shows AFI of 3. Which of the following is the most likely cause?

A Anencephaly | B Duodenal Atresia | C Gestational Diabetes
Renal Agenesis | E Twin-twin transfusion syndrome

89 A 33 -year-old woman, who is known to have amajor placenta previa, has been an inpatient since 34 weeks' gestation. She is now 36 weeks gestation and complains of a sudden onset of painless heavy vaginal bleeding.Her blood pressure is 90/60, heart rate 110bpm. respiratory rate 16/ min and temperature is 98F. Abdominal examination is soft, non tender. Fetal heart rate is 150 bpm. What is the most appropriate management?

A Administer repeat antenatal corticosteroid , as the previous course would not be effective. | B Administer tocolysis as this would help to stop the bleeding and prolong pregnancy | C A speculum examination should be performed to help find a cause for the bleeding.
D Commence blood transfusion and consider delivery if vital signs do not improve. | Delivery by emergency caesarian section and involve senior obstetric and anaesthetic staff

90 A Primigravida with 9months gestation presented to the emergency with continuous tonic clonic seizures. On exam her BP is 180/110, prominent facial edema, exaggerated reflexes. What is the first step in her management

A Catheterize | B Do baseline investigations | C Give Mgso4
D Pass iv line | Secure airway and breathing

Any corrections would be appreciated

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91 A 47-year-old woman seeks advice about continuing the combined oral contraceptive pill (COCP). She is normotensive and a non-smoker with a BMI of 25. She has no other medical history and no significant family history. She is concerned that the COCP may give her additional health risks. Which of the following malignancies would you advise she may have a small additional risk of developing due to taking the COCP?

				C	
D	Breast cancer	B	Colorectal Cancer	C	Endometrial Cancer
	Lung Cancer	E	Ovarian cancer		

92 A 40 years old grand multi para women underwent normal vaginal delivery an hour ago.She fainted while going to the toilet. on examination, she is cold and clammy with B.P of 70/50 mmHg, pulse 105 beats per minute .Per vaginally, she is passing heavy blood clots . What is the most common cause of her excessive bleeding?

A	Bleeding disorder	B	Endometritis	C	Retained products of conception
D	Trauma		Uterine atony.		

93 A 40-year-old para 3 is delivered by SVD, and oxytocin 10 IU is given intramuscularly. During cord traction the woman screams in severe pain, the uterus is no longer palpable abdominally and the uterine fundus can be felt inverted in the vagina. Help is called. What is the next immediate step that should be performed?

A	Administer tocolytic	B	Hydrostatic pressure with warm normal saline.		Immediate manual replacement and simultaneous resuscitation.
D	Immediate transfer to theatre for general anesthesia and manual replacement.	E	Verbal consent for Huntington's procedure		

94 A 14 year old post menarcheal girl is brought by her mother to opd with complaints of irregular cycle.On examination, she is pale with blood pressure of 100/60 . Her pelvic scan is unremarkable. Which one is the most likely cause of irregular menstrual bleeding?

A	Coagulopathy	B	Fibroid uterus	C	endometrial hyperplasia
	hypothalamic pituitary axis prematurity	E	polycystic ovarian syndrome		

95 A 35 years old women presented to accident and emergency in a state of shock. She has gestational amenorrhea of 2 months she is complaining of severe abdominal pain and vomiting. Upon examination she looks anxious with B.P of70/50,pulse 110beats per minute. Per abdomen, there is left sided abdominal tenderness and per vaginally, brownish vaginal discharge. What is the most likely diagnosis?

	Ectopic pregnancy.	B	Gestational trophoblastic disease	C	Placental abruption
D	Rupture uterus	E	Threatened miscarriage		

96 A 23 year old primigravida, induced with two doses of PG E 2, has been in labour for the last 12 hours. She has epidural anesthesia. After pushing for 3 hours, the fetus does not descend beyond -1 station. The fetal position is occiput anterior. What is the most appropriate next step?

A	Forceps-assisted vaginal delivery	B	Vacuum-assisted vaginal delivery	C	Forceps-assisted rotation to occiput posterior position
D	Vacuum-assisted rotation to occiput posterior position		Cesarian delivery		

97 A 26 years old primigravida has been pushing for one hour after being fully dilated and seems exhausted. The post graduate resident decides instrumental delivery. Which of the following complication is more common with forceps delivery than with vacuum assisted delivery?

A	Cephalheamatoma	B	Chignon	C	Jaundice
	Perineal trauma	E	Shoulder dystocia.		

98 A 29 years old women G2P1, 14 weeks period of gestation presented with painless genital ulcer with generalized maculopapular rash . Her 1st pregnancy ended up in still birth of the baby. What is the most probable diagnosis?

A	Rubella infection		Syphilis	C	Gestational Diabetes
D	CMV infection.	E	Herpes simplex		

99 A 25 years old lady, 2 days post c section is seen on the postnatal ward with rigors and fever of 102 F, pulse 106/min, respiratory rate 28/min.Lochia is foul smelling. Her labs show TLC of 21,000. Examination of the scar shows violet discoloration around the edges with small blisters. Which of the following organism in most commonly involved in the condition of this patient?

A	E. coli		Bacteroids fragilis	C	Proteus mirabilis
D	Staphylococcus aureus	E	Streptococci		

100 A 23 years old lady, who has been labouring for the last 12 hours, undergoes emergency c section due to brow presentation resulting in obstructed labour.What is the measurement of Brow presentation?

A	9.5cm	B	13cm		12cm
D	11cm	E	6cm		

101 A 52-year-old woman complains of vaginal prolapse symptoms which interferes with sexual intercourse. She had abdominal total hysterectomy for fibroids when she was43. Vaginal examination revealed a stage 2 cystocele and stage 3 vault prolapse. She is keen to have surgical correction. What is the most appropriate surgical intervention for her?

A	Anterior and posterior repair	B	Anterior colporhapphy		Sacrocolpopexy
D	Sacrospinous fixation	E	Paravaginal repair		

Any corrections would be appreciated

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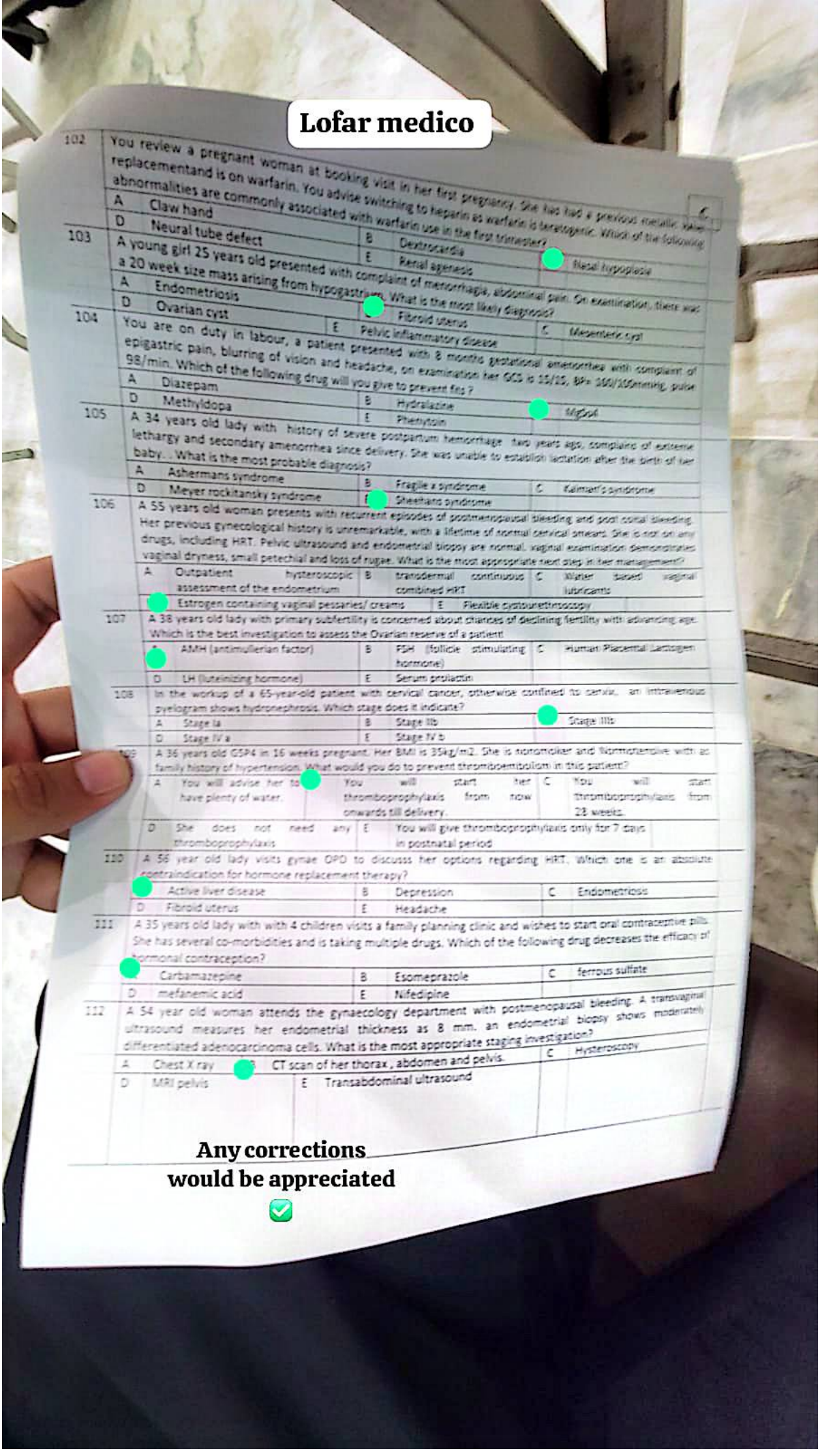
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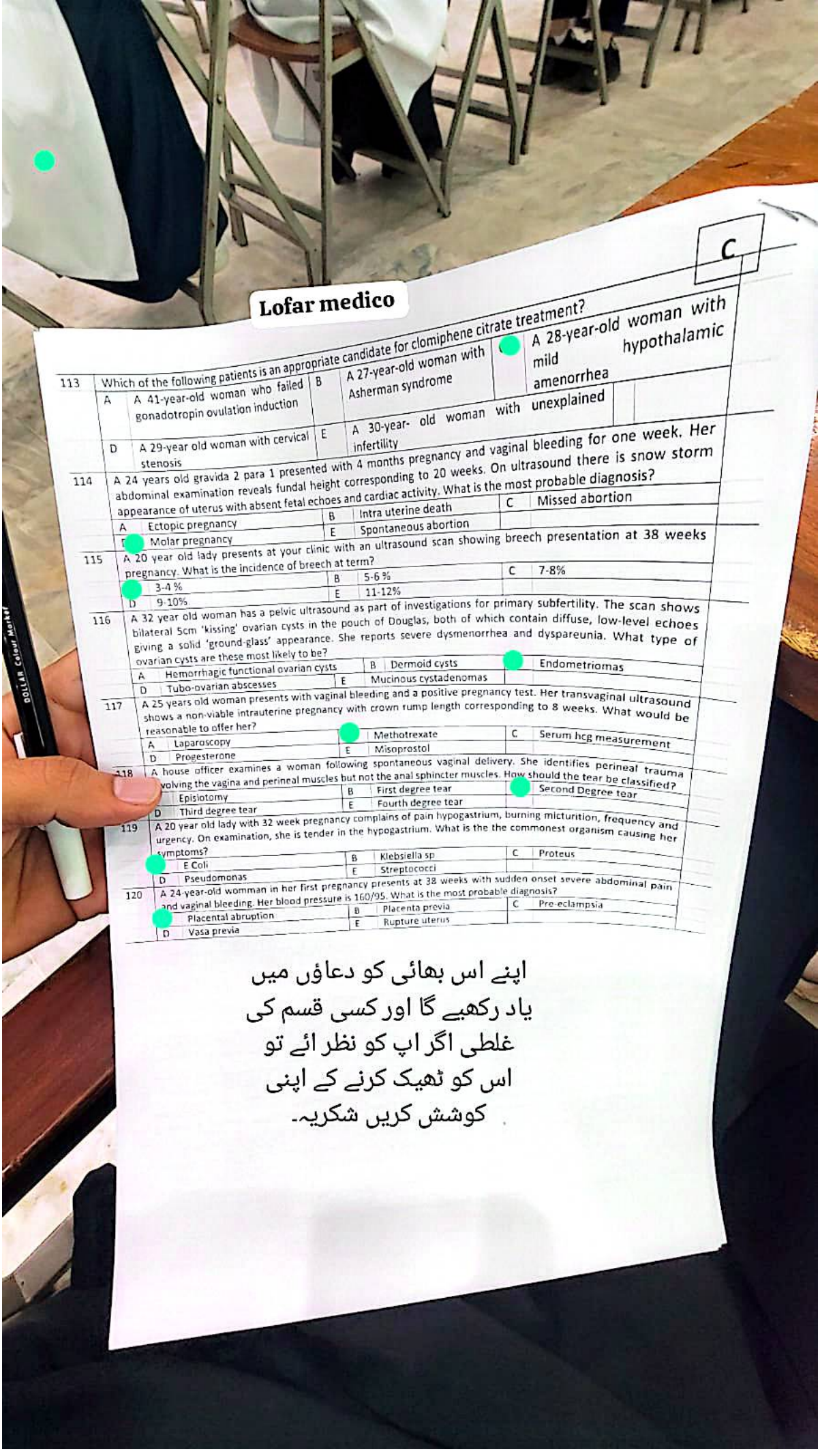
102 You review a pregnant woman at booking visit in her first pregnancy. She has had a previous metallic valve replacementand is on warfarin. You advise switching to heparin as warfarin is teratogenic. Which of the following abnormalities are commonly associated with warfarin use in the first trimester?
A Claw hand
B Dextrocardia
C Nasal hypoplasia
D Neural tube defect
E Renal agenesis
103 A young girl 25 years old presented with complaint of menorrhagia, abdominal pain. On examination, there was a 20 week size mass arising from hypogastrium. What is the most likely diagnosis?
A Endometriosis
B Fibroid uterus
C Mesenteric cyst
D Ovarian cyst
E Pelvic inflammatory disease
104 You are on duty in labour, a patient presented with 8 months gestational amenorrhea with complaint of epigastric pain, blurring of vision and headache, on examination her GCS is 15/15, BP= 160/100mmHg, pulse 98/min. Which of the following drug will you give to prevent fits ?
A Diazepam
B Hydralazine
C Mgsul
D Methyldopa
E Phenytoin
105 A 34 years old lady with history of severe postpartum hemorrhage two years ago, complains of extreme lethargy and secondary amenorrhea since delivery. She was unable to establish lactation after the birth of her baby. . What is the most probable diagnosis?
A Ashermans syndrome
B Fragile x syndrome
C Kallmann's syndrome
D Meyer rockitansky syndrome
E Sheehans syndrome
106 A 55 years old woman presents with recurrent episodes of postmenopausal bleeding and post coital bleeding. Her previous gynecological history is unremarkable, with a lifetime of normal cervical smears. She is not on any drugs, including HRT. Pelvic ultrasound and endometrial biopsy are normal. vaginal examination demonstrates vaginal dryness, small petechial and loss of rugae. What is the most appropriate next step in her management?
A Outpatient hysteroscopic assessment of the endometrium
B transdermal continuous combined HRT
C Water based vaginal lubricants
D Estrogen containing vaginal pessaries/ creams
E Flexible cystourethroscopy
107 A 38 years old lady with primary subfertility is concerned about chances of declining fertility with advancing age. Which is the best investigation to assess the Ovarian reserve of a patient
A AMH (antimullerian factor)
B FSH (follicle stimulating hormone)
C Human Placental Lactogen
D LH (luteinizing hormone)
E Serum prolactin
108 In the workup of a 65-year-old patient with cervical cancer, otherwise confined to cervix, an intravenous pyelogram shows hydronephrosis. Which stage does it indicate?
A Stage Ia
B Stage IIb
C Stage IIIb
D Stage IV a
E Stage IV b
109 A 36 years old GSP4 in 16 weeks pregnant. Her BMI is 35kg/m2. She is nonsmoker and Normotensive with no family history of hypertension. What would you do to prevent thromboembolism in this patient?
A You will advise her to have plenty of water.
B You will start her thromboprophylaxis from now onwards till delivery.
C You will start thromboprophylaxis from 28 weeks.
D She does not need any thromboprophylaxis
E You will give thromboprophylaxis only for 7 days in postnatal period
110 A 56 year old lady visits gynae OPD to discuss her options regarding HRT. Which one is an absolute contraindication for hormone replacement therapy?
A Active liver disease
B Depression
C Endometriosis
D Fibroid uterus
E Headache
111 A 35 years old lady with with 4 children visits a family planning clinic and wishes to start oral contraceptive pills. She has several co-morbidities and is taking multiple drugs. Which of the following drug decreases the efficacy of hormonal contraception?
A Carbamazepine
B Esomeprazole
C ferrous sulfate
D mefanemic acid
E Nifedipine
112 A 54 year old woman attends the gynaecology department with postmenopausal bleeding. A transvaginal ultrasound measures her endometrial thickness as 8 mm. an endometrial biopsy shows moderately differentiated adenocarcinoma cells. What is the most appropriate staging investigation?
A Chest X ray
B CT scan of her thorax , abdomen and pelvis.
C Hysteroscopy
D MRI pelvis
E Transabdominal ultrasound
Any corrections would be appreciated



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C

113 Which of the following patients is an appropriate candidate for clomiphene citrate treatment?

A	A 41-year-old woman who failed gonadotropin ovulation induction	B	A 27-year-old woman with Asherman syndrome	C	A 28-year-old woman with mild hypothalamic amenorrhea
D	A 29-year old woman with cervical stenosis	E	A 30-year- old woman with unexplained infertility		

114 A 24 years old gravida 2 para 1 presented with 4 months pregnancy and vaginal bleeding for one week. Her abdominal examination reveals fundal height corresponding to 20 weeks. On ultrasound there is snow storm appearance of uterus with absent fetal echoes and cardiac activity. What is the most probable diagnosis?

A	Ectopic pregnancy	B	Intra uterine death	C	Missed abortion
D	Molar pregnancy	E	Spontaneous abortion		

115 A 20 year old lady presents at your clinic with an ultrasound scan showing breech presentation at 38 weeks pregnancy. What is the incidence of breech at term?

A	3-4 %	B	5-6 %	C	7-8%
D	9-10%	E	11-12%		

116 A 32 year old woman has a pelvic ultrasound as part of investigations for primary subfertility. The scan shows bilateral 5cm 'kissing' ovarian cysts in the pouch of Douglas, both of which contain diffuse, low-level echoes giving a solid 'ground-glass' appearance. She reports severe dysmenorrhea and dyspareunia. What type of ovarian cysts are these most likely to be?

A	Hemorrhagic functional ovarian cysts	B	Dermoid cysts	C	Endometriomas
D	Tubo-ovarian abscesses	E	Mucinous cystadenomas		

117 A 25 years old woman presents with vaginal bleeding and a positive pregnancy test. Her transvaginal ultrasound shows a non-viable intrauterine pregnancy with crown rump length corresponding to 8 weeks. What would be reasonable to offer her?

A	Laparoscopy	B	Methotrexate	C	Serum hcg measurement
D	Progesterone	E	Misoprostol		

118 A house officer examines a woman following spontaneous vaginal delivery. She identifies perineal trauma involving the vagina and perineal muscles but not the anal sphincter muscles. How should the tear be classified?

A	Episiotomy	B	First degree tear	C	Second Degree tear
D	Third degree tear	E	Fourth degree tear		

119 A 20 year old lady with 32 week pregnancy complains of pain hypogastrium, burning micturition, frequency and urgency. On examination, she is tender in the hypogastrium. What is the the commonest organism causing her symptoms?

A	E Coli	B	Klebsiella sp	C	Proteus
D	Pseudomonas	E	Streptococci		

120 A 24-year-old womman in her first pregnancy presents at 38 weeks with sudden onset severe abdominal pain and vaginal bleeding. Her blood pressure is 160/95. What is the most probable diagnosis?

A	Placental abruption	B	Placenta previa	C	Pre-eclampsia
D	Vasa previa	E	Rupture uterus		

اپنے اس بھائی کو دعاؤں میں
یاد رکھیے گا اور کسی قسم کی
غلطی اگر اپ کو نظر ائے تو
اس کو ٹھیک کرنے کے اپنی
کوشش کریں شکریہ۔

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