

# GOMAL MEDICAL COLLEGE, MTI, D.I.KHAN

MCQs Written Test Final YEAR MBBS (Block-P)

Name of Student: \_\_\_\_\_

Please encircle the correct answer with blue/black pen

Date: 15<sup>th</sup> September, 2025

Roll No. \_\_\_\_\_

Paper ID: **GREEN**

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:** A 30 year old woman develops goiter for the last 15 days that is associated with mild discomfort. The antithyroid antibodies is detected on investigations, however her thyroid function tests are normal. What is the most likely cause:

- a) Graves' disease
- b) Riedel's thyroiditis
- c) Hashimoto's disease
- d) de Quervain's thyroiditis
- e) Lymphoma

**Q#2:** During a workup for infertility, a 34 year old man is noted to have a solid tumor in the anterior aspect of his right testis. What is the most likely diagnosis?

- a) Torsion of the testis
- b) Cyst of the epididymis
- c) Lipoma of the cord
- d) Cancer of the testis
- e) Epididymo-orchitis

**Q#3:** The most common ECG abnormality in a patient hyperthyroidism is?

- a) Atrial flutter
- b) Atrial fibrillation
- c) Sinus tachycardia
- d) Right bundle branch block
- e) Left bundle branch block

**Q#4:** The preferred treatment of thyrotoxicosis during 1<sup>st</sup> trimester of pregnancy is?

- a) Surgery
- b) Radioactive Iodine
- c) Gradual dose titration of anti-thyroid drugs
- d) Block and replace regimen
- e) Beta blockers only

**Q#5:** Goitre can occur with:

- a) Hyperthyroidism
- b) Hypothyroidism
- c) Euthyroidism
- d) Thyroiditis
- e) All of the above

**Q#6:** Regarding hypothyroidism all the following are correct except?

- a) It is more common in the females
- b) Can present with normocytic anemia
- c) Can present with microcytic anemia
- d) Can be affected by non-thyroid illness
- e) Raised levels stimulate prolactin secretion

**Q#7:** Regarding TSH levels all the following are correct except:

- a) Are raised in primary hypothyroidism
- b) Are raised in secondary hypothyroidism
- c) Can be checked during any time of the day
- d) Can be effected by non-thyroid illness
- e) Raised levels stimulate prolactin secretion

**Q#8:** All the following are components of MEN1 syndrome except:

- a) Parathyroid adenoma
- b) Gastrinoma
- c) Medullary carcinoma of thyroid
- d) Insulinoma
- e) Glucagonoma

**Q#9:** Hungry bones syndrome is seen after:

- a) Thyroidectomy
- b) Parathyroidectomy
- c) Adrenalectomy
- d) Hypophysectomy
- e) None of the above

**Q#10:** Hyperpigmentation occurs in:

- a) Addison's Disease
- b) Cushing's Disease
- c) Nelson syndrome
- d) Ectopic ACTH secretion
- e) ALL of the above

**Q#11:** Pain associated with a stone in the ureter is the result of:

- a) Obstruction of urine flow with distention of the renal capsule.
- b) Irritation of the ureteral mucosa by the stone.
- c) Excessive ureteral peristalsis in response to the obstructing stone.
- d) Irritation of the intramural ureter.
- e) Urinary extravasation from a ruptured calyceal fornix



Q#12: With which of the following diseases is priapism most commonly associated?

- a) Peyronie disease
- b) Sick cell anemia
- c) Parkinson disease
- d) Organic depression
- e) Leukemia

Q#13: Glucose will be detected in the urine when the serum level is above:

- a) 75 mg/dL
- b) 100 mg/dL
- c) 150 mg/dL
- d) 180 mg/dL
- e) 225 mg/dL

Q#14: Which of the following disorders may commonly lead to irritative voiding symptoms?

- a) Parkinson disease
- b) Renal cell carcinoma
- c) Bladder diverticula
- d) Prostate cancer
- e) Testicular torsion

Q#15: The female urethra is approximately \_\_\_\_ cm long?

- a) 04
- b) 06
- c) 08
- d) 10
- e) None

Q#16: Suprapubic catheter placement with a guide wire is the \_\_\_\_\_ technique?

- a) Cystotomy
- b) Seldinger
- c) Lowsley
- d) Trocar
- e) None of the above

Q#17: At what gestational time point does the metanephros development begin?

- a) 2 weeks
- b) 3 weeks
- c) 4 weeks
- d) 5 weeks
- e) None of the above

Q#18: Lower urinary tract (LUT) dysfunction is associated with which of the following?

- a) Constipation
- b) Neuropsychiatric issues
- c) UTIs
- d) VUR
- e) All of the above

Q#19: Terminal hematuria (at the end of the urinary stream) is usually due to:

- a) Bladder neck or prostatic inflammation.
- b) Bladder cancer.
- c) Kidney stones.
- d) Bladder calculi.
- e) Urethral stricture disease.

Q#20: The most common cause of gross hematuria in a patient older than 50 years is:

- a) Renal calculi.
- b) Infection.
- c) Bladder cancer
- d) Benign prostatic hyperplasia.
- e) Trauma

Q#21: Which of the following is the most common cause of acquired hypothyroidism in children?

- a) Congenital hypothyroidism
- b) Hashimoto's thyroiditis
- c) Graves' disease
- d) Thyroid carcinoma
- e) Iodine deficiency

Q#22: A child presents with symptoms of hyperactivity, weight loss, and heat intolerance. Physical examination reveals an enlarged thyroid gland. Which of the following is the most likely diagnosis?

- a) Hypothyroidism
- b) Cretinism
- c) Thyroid storm
- d) Hyperthyroidism
- e) Thyroid nodule

Q#23: Which of the following laboratory findings is consistent with hyperthyroidism in children?

- a) Elevated thyroid-stimulating hormone (TSH) levels
- b) Elevated free T4 levels
- c) Low thyroid peroxidase antibody levels
- d) Low thyroglobulin levels
- e) Low free T3 levels

Q#24: The most common symptom of congenital hypothyroidism in infants is:

- a) Hyperactivity
- b) Weight loss
- c) Jaundice
- d) Hypertension
- e) Hypotonia

Q#25: The treatment of choice for hyperthyroidism in children is:

- a) Thyroidectomy
- b) Radioactive iodine therapy
- c) Antithyroid medications
- d) Beta-blockers
- e) Levothyroxine replacement therapy



Q#26: A 18-year-girl primigravida presented in antenatal OPD first time at 34 weeks' gestation by LMP. On examination her BP is 150/95 mm Hg. Her symphysis fundal height is 33 cm. Her urine dipstick shows 1+ proteinuria. Which of the following is the most likely diagnosis?

- a) Chronic Hypertension
- b) Chronic Hypertension with superimposed preeclampsia
- c) HELLP Syndrome
- d) Mild Eclampsia
- e) Preeclampsia

Q#27: A 38-year-old primigravida at 41 weeks gestation presents for a routine antenatal visit. Her pregnancy has been uncomplicated. She reports good fetal movements. Her blood pressure is 120/80 mmHg. On abdominal examination, the symphyseal-fundal height is 38 cm. What is the most appropriate next step in managing this patient?

- a) Immediate induction of labour.
- b) Schedule a Cesarean section within 24 hours.
- c) Perform a Cardiotocography (CTG) and ultrasound for amniotic fluid index (AFI).
- d) Reassure her and ask her to return in one week.
- e) Admit for fetal blood sampling.

Q#28: A 28-year-old woman at 36 weeks gestation reports a significant reduction in fetal movements over the past 24 hours. A CTG is performed and shows a baseline of 130 bpm, good variability, and the presence of accelerations. However, no decelerations are seen. What is the most appropriate next investigation?

- a) Reassure and discharge, as the CTG is reactive.
- b) Perform a Kleihauer-Betke test.
- c) Perform an ultrasound to assess amniotic fluid volume.
- d) Admit for immediate delivery.
- e) Perform a fetal scalp blood sampling.

Q#29: In a growth scan for a 34-week fetus with suspected FGR, the Doppler ultrasound of the Umbilical Artery shows Absent End-Diastolic Flow (AEDF). The CTG is normal. What does this finding indicate and what is the management?

- a) It is a normal variant; repeat scan at 37 weeks.
- b) It indicates increased placental resistance; requires intensified monitoring and likely delivery after corticosteroid administration.
- c) It indicates fetal anemia; perform intrauterine transfusion.
- d) It indicates cord compression; deliver via emergency Cesarean section.
- e) It is a technical error; repeat the Doppler study.

Q#30: A 27-year-old woman G2P1 at 38 weeks gestation presented in ER with labor pains. She is 3 cm dilated and 80% effaced, with regular contractions every 5 minutes. Fetal heart rate are reassuring. Suddenly patient develops seizure during examination. Which of the following would be the most common warning sign/symptoms of her eclamptic seizure?

- a) Epigastric Pain.
- b) Facial and pedal edema
- c) High BP > 160/120 mm Hg
- d) Proteinuria
- e) Severe headache

Q#31: In Eclampsia, which of the following is one of several unfavorable prognostic signs?

- a) More than one but less than three convulsions
- b) Proteinuria 2+
- c) Swelling of the tongue
- d) Tachycardia
- e) Urine output greater than 100 cc/hr

Q#32: A patient at 32 weeks gestation with well-controlled Type 1 Diabetes Mellitus is undergoing a Biophysical Profile (BPP). The ultrasound reveals a pocket of amniotic fluid measuring 1.5 cm in vertical diameter, fetal breathing movements are present, and there are three discrete body/limb movements. The CTG component shows a baseline of 140 bpm, variability of 10 bpm, and no decelerations. What is the BPP score?

- a) 4/10
- b) 6/10
- c) 8/10
- d) 10/10
- e) 2/10

Q#33: A 32-year-old woman with type 1 diabetes is pregnant at 14 weeks gestation. She is on insulin therapy and stable. What is the main glycemic target in pregnancy?

- a) Four-hour postprandial >7.5mmol/l
- b) One hour postprandial <7.8mmol/l
- c) Random blood glucose level <9.8mmol/l.
- d) Three Hour Postprandial <6.5mmol/l
- e) Two hours postprandial <5.3mmol/l

Q#34: A 28 year old primigravida comes for antenatal visit at 10 weeks POG having a BMI of 28kg/m2.

What is the recommended total weight gain for this patient in her current pregnancy?

- a) 3-6 kg
- b) 7-11 kg
- c) 12-14kg
- d) 15-16kg
- e) 8-12kg

Q#35: A 24 year old primigravida at 15weeks POG has arrived in antenatal OPD for general advice. On examination, her BMI is found to be 29kg/m2.

What is the right advice for optimal weight control in pregnancy for this lady?

- a) Strict dieting with snacks in between meals
- b) Eat fiber less foods more frequently
- c) Restrict intake of fried foods and edibles high in added sugar and fats
- d) Eat for two, with decreased portion size
- e) Avoid starchy fruits and vegetables

Q#36: A 36 year old G5P4 has presented at 8 weeks POG. She reports increased weight gain after her last child born. Her current weight is found to be 93 kg in OPD. What complication is reported with increased weight in her pregnancy?

- a) Small for gestational age
- b) Preterm labour
- c) Oligohydramnios
- d) Miscarriage
- e) Antepartum haemorrhage

Solved by:  
M.Nabeel



Q#37: A 30 year old P2 who has undergone cesarean section for fetal distress 3 days ago is getting discharged home. She had no other risk factors except increased BMI in her pregnancy. What is she most likely at increased risk of in her postnatal period. ?

- a) Mastitis
- b) Reduced lactation
- c) Difficult child bonding
- d) Venous thromboembolism
- e) Diabetes

Q#38: A 29 year old primigravida with a BMI of 31 kg/m<sup>2</sup> at 38 weeks wishes to have a NVD. She wants your advice regarding appropriate mode of delivery. What is the documented increased risk of shoulder dystocia in this patient compared to those with a BMI of between 20 and 30 kg/m<sup>2</sup>?

- a) 7
- b) 10
- c) 12
- d) 14
- e) 9

Q#39: A 36-week pregnant woman with placenta previa presents in labour with vaginal bleeding. What is the appropriate management?

- a) Allow vaginal delivery if bleeding stops
- b) Elective cesarean section regardless of bleeding
- c) Immediate induction with oxytocin
- d) Artificial rupture of membranes to hasten labour
- e) Use of forceps to shorten second stage

Q#40: A 33-year-old woman with a history of cesarean delivery is attempting a trial of labor after cesarean (TOLAC). During labor, she reports sudden intense abdominal pain and her contractions stop. Fetal heart monitoring shows severe bradycardia. What is the most appropriate next step in management?

- a) Perform an emergency cesarean section
- b) Administer oxytocin to restart contractions
- c) Perform immediate operative vaginal delivery
- d) Wait and observe for recovery
- e) Attempt manual reduction of fetal position

Q#41: A woman with gestational diabetes is in active labour at 38 weeks. What is the most important aspect of intrapartum management?

- a) Continuous insulin infusion with glucose monitoring
- b) No monitoring is required during labour
- c) Immediate cesarean section in all cases
- d) High-dose oxytocin to shorten labour
- e) Restrict intravenous fluids completely

Q#42: Which fetal complication is strongly associated with maternal hyperglycemia in a pregnancy complicated with gestational diabetes?

- a) Intrauterine growth restriction
- b) Fetal macrosomia
- c) (c) no increased risk for future health problems
- d) Preterm birth
- e) Congenital heart defects

Q#43: A 35 yrs G3P2AL 1 presents at 26 wks to opd, and was worried about her fetal outcome. her oral glucose tolerance test came to be impaired. what is the first line management for this pt?

- a) Multidrug oral hypoglycemic agents
- b) Intensive blood glucose monitoring, dietary modifications
- c) High dose insulin therapy
- d) Bariatric surgery
- e) None of the above

Q#44: Which of the following drugs is the most common oral antidiabetic medications currently used in the treatment of gestational diabetes?

- a) Glibenclamide
- b) Tolbutamide
- c) Metformin
- d) Roglitzone
- e) Amlodipine

Q#45: A 36 years old female has just given birth to a baby at 39 weeks of gestation. This patient had gestational diabetes throughout the pregnancy. Her blood glucose levels have returned to normal. What advice will you give to patient about her blood glucose testing on her discharge from hospital?

- a) 5 years postpartum
- b) 1 to 3 years
- c) 6 to 12 weeks postpartum
- d) Don't require further testing as condition resolved
- e) All of the above

Q#46: A 24-year-old primigravida at her first antenatal visit asks why repeated antenatal visits are recommended. Which of the following best describes the primary aim of antenatal care?

- a) To ensure adequate maternal weight gain only
- b) To identify high-risk pregnancies and prevent complications
- c) To prepare the mother psychologically for delivery only
- d) To provide free iron and folic acid supplements only
- e) To determine the sex of the fetus early in pregnancy

Q#47: Which of the following is not considered a routine component of focused antenatal care (FANC)?

- a) Blood pressure measurement at every visit
- b) Urinalysis for proteinuria and glycosuria
- c) Screening for anemia with hemoglobin estimation
- d) Prophylactic administration of magnesium sulfate
- e) Tetanus toxoid immunization

Q#48: At the booking visit, a 22-year-old primigravida is counseled about screening tests. Which of the following tests is recommended universally at the first antenatal visit

- a) Oral glucose tolerance test
- b) Serum alpha-fetoprotein
- c) Hemoglobin estimation and blood grouping
- d) CT scan of abdomen
- e) MRI pelvis



Q#49: A 32-year-old woman at 12 weeks gestation is counseled regarding screening for Down syndrome. Which of the following is the most appropriate first-trimester screening test?

- a) Amniocentesis
- b) Chorionic villus sampling
- c) Nuchal translucency with serum PAPP-A and free  $\beta$ -hCG
- d) Quadruple test at 16–18 weeks
- e) Cordocentesis

Q#50: A 28-year-old woman at 17 weeks gestation with a high-risk triple test result is offered invasive prenatal diagnosis. Which of the following procedures is most appropriate at this gestational age?

- a) Chorionic villus sampling
- b) Amniocentesis
- c) Cordocentesis
- d) Fetoscopy
- e) Preimplantation genetic testing

Q#51: A 30-year-old primigravida at 36 weeks gestation presents with decreased fetal movements. Ultrasound shows AFI of 4 cm. Which of the following is the most likely diagnosis?

- a) Normal liquor
- b) Oligohydramnios
- c) Polyhydramnios
- d) Preterm labor
- e) Twin pregnancy

Q#52: A 28-year-old woman, G2P1, at 34 weeks gestation presents for routine antenatal care. Ultrasound reveals AFI 5 cm with absent fetal urinary bladder filling. Which is the most likely cause?

- a) Maternal dehydration
- b) Multiple pregnancy
- c) Placental abruption
- d) Polyhydramnios
- e) Renal agenesis

Q#53: A 26-year-old primigravida at 32 weeks gestation presents with abdominal distension and shortness of breath. Ultrasound shows AFI of 28 cm. Which of the following is the most likely diagnosis?

- a) Ascites
- b) Multiple pregnancy
- c) Normal liquor
- d) Oligohydramnios
- e) Polyhydramnios

Q#54: A 29-year-old pregnant woman, G2P1, at 30 weeks gestation is diagnosed with polyhydramnios on ultrasound. Which of the following fetal anomalies is most commonly associated with this condition?

- a) Cleft palate
- b) Esophageal atresia
- c) Renal agenesis
- d) Spina bifida
- e) Ventricular septal defect

Q#55: A 24-year-old primigravida at 20 weeks gestation presents with fever and a maculopapular rash. Her fetus is later found to have intrauterine growth restriction and microcephaly. Which infection is most likely responsible?

- a) Cytomegalovirus
- b) Rubella
- c) Syphilis
- d) Toxoplasmosis
- e) Varicella

Q#56: A 22-year-old pregnant woman at 16 weeks gestation develops low-grade fever, lymphadenopathy, and mild arthralgia. Ultrasound shows fetal cataracts and congenital heart disease. Which is the most likely maternal infection?

- a) Cytomegalovirus
- b) Herpes simplex
- c) Parvovirus B19
- d) Rubella
- e) Toxoplasmosis

Q#57: A 35 year old women para 4, post operatively developed sudden shortness of breath, pleuritic chest pain and tachycardia. on examination: bp 100/65 mmhg, pulse 120 b/min, respiratory rate 28 br/minutes, oxygen saturation 85 % saturation with no wheeze and calf is swollen and tender. What is the most appropriate next step in her management?

- a) Low molecular weight heparin immediately
- b) Ct pulmonary angiogram before treatment
- c) Give thrombolysis
- d) Start warfarin
- e) Observe and repeat oxygen saturation after 6 hrs

Q#58: A 25 year old primigravida presented with the complaint of 25 week gestation easy bruising and bleeding from gum. She has no history of hypertension. she had an episode of thrombocytopenia 3 years back which was treated with steroids. Her hemoglobin is 12.2 g/dl, platelets 45000 and coagulation profile liver function test and renal function tests are normal. What is the most likely diagnosis?

- a) Gestational thrombocytopenia
- b) Hellp syndrome
- c) Immune thrombocytopenic purpura
- d) Thrombotic thrombocytopenic purpura
- e) Aplastic anemia

Q#59: A 20 year old primigravida presented at her 40 weeks of pregnancy she has a known case of von Willebrand disease. she complains of recurrent episodes of nose bleeding. otherwise she is well with no active complaints. what is the most important consideration in her intrapartum management?

- a) Avoid epidural unless coagulation status is normal
- b) Active management of 3<sup>rd</sup> stage of labour
- c) Vaginal birth is contraindicated.
- d) Desmopressin is contraindicated
- e) Platelets transfusion is required

Q#60: A 28 year old G3P2 presented at 25 week of gestation with fever, chest pain and shortness of breath. On examination, she is tachypneic, febrile with SpO<sub>2</sub> 80%. What is the immediate management?

- a) Start hydroxyurea to reduce sickling
- b) Urgent blood transfusion and iv antibiotics
- c) Elective caesarean section at 28 weeks
- d) High dose iron therapy to improve anemia
- e) Withhold oxygen it may worsen sickle cell anemia



Q#61: A 35 year old with history of systemic lupus erythematosus presented at 10 week gestation. she's currently on hydrochloroquine. her bp is 120/75 mmHg, no proteinuria, ana positive, anti ro antibodies positive. What is the most important risk to fetus?

- a) Neural tube defect
- b) Congenital heart block
- c) Cleft lip and palate
- d) Fetal macrosomia
- e) Down syndrome

Q#62: Which of the following is the most appropriate method to monitor progress in the first stage of labour?

- a) Continuous CTG monitoring for all women
- b) Half-hourly vaginal examinations
- c) Use of a partograph with 4-hrly vaginal examinations
- d) Routine amniotomy every 2 hours
- e) Immediate oxytocin infusion in latent phase

Q#63: Which of the following is considered the most effective analgesia in normal labour?

- a) Oral paracetamol
- b) Pethidine intramuscular injection
- c) Epidural analgesia
- d) Inhalational Entonox (nitrous oxide + oxygen)
- e) Warm compresses

Q#64: What is the maximum expected duration of the second stage of labour in a primigravida with epidural analgesia?

- a) 30 minutes
- b) 1 hour
- c) 2 hours
- d) 3 hours
- e) 4 hours

Q#65: A 26-year-old woman with one previous lower segment cesarean section (LSCS) is in spontaneous labour at 39 weeks. Which is the correct management?

- a) Allow trial of labour in a centre with facilities for emergency C-section
- b) Elective induction with prostaglandin E2
- c) Immediate elective repeat LSCS at 39 weeks
- d) Trial of labour at home with close monitoring
- e) Use misoprostol for induction of labour

Q#66: At 39 weeks, a primigravida presents in labour with a frank breech. What is the best management?

- a) Planned elective cesarean section
- b) External cephalic version during labour
- c) Oxytocin augmentation to speed up labour
- d) Vaginal breech delivery for all primigravidas
- e) Forceps rotation to cephalic presentation

Q#67: During vaginal delivery of a 4.2 kg baby, the head delivers but the shoulders are stuck. What is the first step in management?

- a) Apply fundal pressure
- b) Perform McRoberts maneuver
- c) Rotate baby with forceps
- d) Perform elective cesarean section
- e) Deliver posterior arm immediately

Q#68: A multiparous woman presents after 20 hours of labour with Bandl's ring visible, fetal head high, severe dehydration. What is the correct management?

- a) Trial of forceps delivery
- b) Immediate cesarean section with resuscitation
- c) Continue oxytocin augmentation
- d) Destructive operation if fetus alive
- e) Vaginal breech extraction

Q#69: A 28-year-old woman in the 2nd stage of labour, fully dilated cervix, vertex at +2 station, contractions are strong, and mother is pushing well. Fetal heart rate is 135 bpm. What should you do?

- a) Encourage to bear down
- b) Instrumental delivery
- c) Oxytocin
- d) Prepare for C-section
- e) Perform episiotomy immediately

Q#70: A 22-year-old in her first pregnancy presented in labour room with the baby has been delivered at home, placenta inside and patient has mild per vaginal bleeding. What is the next step in management?

- a) Remove placenta by controlled cord traction
- b) Give oxytocin infusion and remove placenta by controlled cord traction
- c) Manual removal of placenta
- d) Wait for spontaneous expulsion of placenta
- e) Uterine massage only

Q#71: A 30-year-old at 32 weeks presents with painful contractions every 5 minutes, cervix 3 cm dilated. What is the first step in management?

- a) Immediate induction of labour
- b) Corticosteroids for fetal lung maturity
- c) Elective cesarean section
- d) Amniotomy and oxytocin infusion
- e) Vacuum delivery

Q#72: A 28-year-old G2P1 at 32 weeks presents with leakage of fluid for 6 hours. Speculum confirms liquor, cervix is closed, no signs of chorioamnionitis. What is the most appropriate management?

- a) Immediate induction of labour
- b) Tocolysis + steroids + antibiotics with expectant management
- c) Emergency cesarean section
- d) Send home with advice to return in labour
- e) Magnesium sulphate for tocolysis only

Q#73: A 28-year-old lady with twin pregnancy delivers the first baby vaginally. Uterus well contracted, 2nd twin transverse, FHR 140 bpm with intact membranes. Next step?

- a) Artificial rupture of membranes
- b) C-section
- c) External cephalic version
- d) Internal podalic inversion
- e) Wait for spontaneous labor

Q#74: A 29-year-old woman with severe asthma develops atonic PPH unresponsive to oxytocin. Which uterotonic should NOT be given?

- a) Ergometrine
- b) Carboprost (PGF2α)
- c) Misoprostol
- d) Oxytocin
- e) Tranexamic acid



Q#75: A 28-year-old with atonic PPH continues to bleed despite uterotonics and balloon tamponade. What is the next surgical step before hysterectomy?

- a) Cesarean section
- b) Internal iliac artery ligation
- c) B-Lynch compression suture
- d) Uterine curettage
- e) Fundal pressure

Q#76: A 25-year-old woman, 4 days after normal vaginal delivery, reports vaginal bleeding. The discharge is reddish-brown, non-offensive. She is otherwise well. What is the most likely diagnosis?

- a) Secondary PPH
- b) Endometritis
- c) Normal lochia serosa
- d) Retained products of conception
- e) Subinvolution of uterus

Q#77: A 30-year-old, 7 days post C-section, presents with fever (38.5°C), abdominal pain, and offensive lochia. On exam: tender subinvolved uterus. Best management?

- a) Reassure and discharge
- b) Broad-spectrum IV antibiotics
- c) Oral antibiotics and home care
- d) Immediate hysterectomy
- e) High vaginal swab only

Q#78: A 29-year-old, 2 weeks postpartum, is found disoriented, agitated, and talking irrelevantly. She refuses to feed the baby and has delusions. What is the most likely diagnosis?

- a) Postpartum blues
- b) Postpartum depression
- c) Puerperal psychosis
- d) Eclampsia
- e) Sepsis with delirium

Q#79: A 22-year-old woman presents at 9 weeks of pregnancy. She has no medical comorbidities. What is the recommended dose of folic acid during early pregnancy?

- a) 0.4 mg daily
- b) 1 mg daily
- c) 5 mg daily
- d) 10 mg daily
- e) Only after 20 weeks

Q#80: A 30-year-old G2P1 with epidural analgesia is in 2nd stage, fully dilated, vertex at +1, contractions adequate, but mother cannot push effectively. Next step?

- a) C-section
- b) Vaginal examination after 2 hours
- c) Vaginal examination after 4 hours
- d) Vacuum delivery
- e) Start oxytocin

Q#81: A 30-year-old G3P2 at 32 weeks presents with painless, recurrent, bright red vaginal bleeding. Uterus is soft and non-tender, fetal heart sounds are normal. What is the most likely diagnosis?

- a) Placenta previa
- b) Placental abruption
- c) Vasa previa
- d) Uterine rupture
- e) Cervical polyp

Q#82: A 35-year-old multigravida with history of two previous cesarean sections presents with antepartum hemorrhage at 30 weeks. Which risk factor is most strongly associated with placenta previa?

- a) Hypertension
- b) Previous cesarean section
- c) Primigravida
- d) Smoking
- e) Pre-eclampsia

Q#83: Which of the following is the most common cause of Addison's disease worldwide?

- a) Autoimmune adrenalitis
- b) Tuberculosis
- c) Adrenal hemorrhage
- d) Metastatic carcinoma
- e) Congenital adrenal hypoplasia

Q#84: A 35-year-old woman presents with weight loss, hyperpigmentation, and hypotension. Which electrolyte abnormality is most likely?

- a) Hypernatremia, hypokalemia
- b) Hyponatremia, hyperkalemia
- c) Hypernatremia, hyperkalemia
- d) Hyponatremia, hypokalemia
- e) Normal electrolytes

Q#85: The classic skin manifestation of Addison's disease is due to which mechanism?

- a) Increased cortisol
- b) Decreased renin
- c) Excess ACTH and MSH stimulation
- d) Increased aldosterone
- e) Decreased insulin sensitivity

Q#86: Which test is considered the gold standard for diagnosing primary adrenal insufficiency?

- a) Random plasma cortisol
- b) ACTH stimulation test (Synacthen test)
- c) 24-hour urinary free cortisol
- d) Plasma renin activity
- e) Overnight dexamethasone suppression test

Q#87: In Addisonian crisis, the most appropriate initial management is:

- a) Oral hydrocortisone and fluid restriction
- b) IV dexamethasone and insulin infusion
- c) IV hydrocortisone and IV normal saline
- d) Oral prednisolone and salt tablets
- e) IV fludrocortisone and glucose restriction

Q#88: Which hormone replacement is usually NOT needed in secondary adrenal insufficiency?

- a) Cortisol (hydrocortisone)
- b) Aldosterone (fludrocortisone)
- c) Prednisolone
- d) Dexamethasone
- e) Cortisone acetate



Q#89: The most common cause of Cushing syndrome overall is:

- a) Pituitary adenoma (Cushing's disease)
- b) Adrenal adenoma
- c) Adrenal carcinoma
- d) Exogenous glucocorticoid therapy
- e) Ectopic ACTH secretion

Q#90: A 40-year-old female presents with central obesity, purple striae, and hypertension. Which lab finding is most consistent with Cushing syndrome?

- a) Low cortisol, low ACTH
- b) High cortisol, low ACTH
- c) High cortisol, high ACTH
- d) Low cortisol, high ACTH
- e) Normal cortisol, normal ACTH

Q#91: Which of the following is a feature that helps distinguish Cushing syndrome from simple obesity?

- a) Hypertension
- b) Central fat distribution
- c) Purple abdominal striae
- d) Diabetes mellitus
- e) Dyslipidemia

Q#92: The overnight dexamethasone suppression test is used to:

- a) Distinguish Cushing syndrome from Addison's disease
- b) Confirm Cushing syndrome
- c) Differentiate b/w adrenal and pituitary causes
- d) Diagnose adrenal crisis
- e) Assess mineralocorticoid deficiency

Q#93: Which imaging modality is most useful to confirm pituitary adenoma in suspected Cushing's disease?

- a) CT abdomen
- b) MRI pituitary
- c) PET scan
- d) Ultrasound adrenal glands
- e) Plain skull X-ray

Q#94: A patient with ectopic ACTH syndrome will typically present with which clinical picture?

- a) Gradual weight gain, moon face, hirsutism
- b) Rapid onset severe hypercortisolism with hypokalemic alkalosis
- c) Hyperpigmentation with low cortisol
- d) Normal potassium with mild hypertension
- e) Recurrent Addisonian crises

Q#95: When progressive enlargement of a multinodular goiter causes symptomatic tracheal compression, the preferred management in otherwise good-risk patients is:

- a) Iodine treatment
- b) Thyroid hormone treatment
- c) Surgical resection of the abnormal thyroid
- d) Radioactive iodine
- e) Isthmusectomy

Q#96: A patient is suspected to have primary hyperparathyroidism. Which of the following is investigation of first choice to identify the cause in parathyroid glands?

- a) Ultrasound
- b) MIBG scan
- c) Sestamibi scan
- d) MRCP
- e) SPECT

Q#97: A 25 year old female presents with pheochromocytoma. On examination he has multiple neuromas on the lips, tongue, and oral mucosa. He is most likely suffering from:

- a) MEN 2 A
- b) MEN 2 B
- c) Von Hippel Lindau Disease
- d) Adrenal tumor
- e) Nelson's syndrome

Q#98: A 40 year old man is admitted with a thyroid swelling that has been increasing in size over the past 6 months. He has a lymph node removed from right side of his neck that reveals adenocarcinoma with psammoma bodies. What is the primary lesion?

- a) Papillary carcinoma
- b) Follicular carcinoma
- c) Medullary carcinoma
- d) Anaplastic carcinoma
- e) Lymphoma

Q#99: A 46 year old man has a swelling in the scrotum. It shows clear transillumination anterior to the testis when light is applied to the scrotum in a dark room. What is the most likely diagnosis:

- a) Indirect inguinal hernia
- b) Direct inguinal hernia
- c) Hydrocele
- d) Cyst of the epididymis
- e) Sebaceous cyst

Q#100: A 45 year old woman presents with multiple fractures. During history taking she reveals that these fractures developed on different occasions following trivial trauma. How would you investigate her to reach diagnosis:

- a) Serum calcium
- b) Serum TSH and Thyroxine
- c) Parathormone
- d) Serum calcium and Parathormone
- e) Serum calcium and Serum Phosphate

Q#101: Which of the following is NOT a common cause of short stature in children?

- a) Familial short stature
- b) Growth hormone deficiency
- c) Celiac disease
- d) Turner syndrome
- e) Congenital hypothyroidism



102: Which of the following is a characteristic feature of constitutional delay in growth and puberty?

- a) Rapid skeletal maturation
- b) Delayed bone age
- c) Short stature with normal body proportions
- d) Elevated growth hormone levels
- e) Premature adrenarche

Q#103: Which of the following is a characteristic feature of growth hormone deficiency in children?

- a) Excessive linear growth
- b) Early closure of epiphyseal plates
- c) Delayed tooth eruption
- d) Hyperglycemia
- e) Increased muscle mass

Q#104: Which of the following is NOT a common symptom of hypothyroidism?

- a) Fatigue
- b) Weight gain
- c) Heat intolerance
- d) Cold intolerance
- e) Constipation

Q#105: Which of the following imaging studies is commonly used in the evaluation of children with short stature?

- a) Chest X-ray
- b) Magnetic resonance imaging (MRI) of the brain
- c) Abdominal ultrasound
- d) Bone age X-ray
- e) Computed tomography (CT) scan of the abdomen

Q#106: Which of the following is a common risk factor for the development of chronic kidney disease (CKD)?

- a) Hyperlipidemia
- b) Hypertension
- c) Type 2 diabetes mellitus
- d) Smoking
- e) Iron deficiency anemia

Q#107: The most common cause of chronic kidney disease in children is:

- a) Polycystic kidney disease
- b) Glomerulonephritis
- c) Congenital renal anomalies
- d) Nephrotic syndrome
- e) Urinary tract obstruction

Q#108: Which of the following is NOT a common complication of chronic kidney disease?

- a) Anemia
- b) Hyperkalemia
- c) Osteoporosis
- d) Hypertension
- e) Hypercalcemia

Q#109: The gold standard method for assessing kidney function in patients with chronic kidney disease is:

- a) Serum creatinine level
- b) Urine dipstick test
- c) Glomerular filtration rate (GFR)
- d) Blood urea nitrogen (BUN) level
- e) Urine protein-to-creatinine ratio

Q#110: Which of the following dietary modifications is recommended for patients with chronic kidney disease?

- a) High protein intake
- b) Low sodium diet
- c) Increased potassium intake
- d) High phosphorus diet
- e) Low fluid intake

Q#111: Which of the following is a common cause of acute kidney injury (AKI) in children?

- a) Urinary tract infection
- b) Nephrotic syndrome
- c) Hypertension
- d) Iron deficiency anemia
- e) Celiac disease

Q#112: The most common type of acute kidney injury in hospitalized children is:

- a) Prerenal AKI
- b) Intrinsic AKI
- c) Postrenal AKI
- d) Glomerulonephritis
- e) Hemolytic uremic syndrome

Q#113: Which of the following is a common sign of acute kidney injury in children?

- a) Polyuria
- b) Hypertension
- c) Gross hematuria
- d) Flank pain
- e) Hypoglycemia

Q#114: The diagnostic criteria for acute kidney injury in children include an increase in serum creatinine level by:

- a) 0.3 mg/dL within 48 hours
- b) 0.5 mg/dL within 7 days
- c) 1.0 mg/dL within 24 hours
- d) 1.5 times baseline within 72 hours
- e) 2 times baseline within 48 hours

Q#115: Which of the following is a treatment modality used in the management of acute kidney injury in children?

- a) Dialysis
- b) Antibiotic therapy
- c) Inhalation therapy
- d) Immunosuppressive agents
- e) Blood transfusion

Solved by:  
M.Nabeel



**Q#116:** Which of the following is an autoimmune disease that leads to the destruction of pancreatic beta cells and results in type 1 diabetes mellitus in children?

- a) Celiac disease
- b) Asthma
- c) Rheumatoid arthritis
- d) Systemic lupus erythematosus
- e) Type 2 diabetes mellitus

**Q#117:** The hallmark clinical manifestation of type 1 diabetes mellitus in children is:

- a) Hyperglycemia
- b) Hypoglycemia
- c) Polyuria
- d) Hypertension
- e) Hyperlipidemia

**Q#118:** Which of the following laboratory findings is commonly seen in children with type 1 diabetes mellitus?

- a) Low fasting blood glucose
- b) Low serum insulin levels
- c) High serum triglyceride levels
- d) High serum potassium levels
- e) High serum calcium levels

**Q#119:** The primary treatment for type 1 diabetes mellitus in children is:

- a) Oral hypoglycemic agents
- b) Diet modification
- c) Physical therapy
- d) Insulin therapy
- e) Antihypertensive medications

**Q#120:** Long-term complications of uncontrolled type 1 diabetes mellitus in children may include:

- a) Osteoporosis
- b) Asthma exacerbations
- c) Visual impairment
- d) Hypothyroidism
- e) Hepatitis C infection

Solved by: M.Nabeel