

WMC BLOCK N 2025

Pediatrics

1. Pigmented gall stone are a feature of

- a. G6PD
- b. Spherocytosis
- c. Thalassemia
- d. Sick cell disease
- e. All of above

2. Thalassemia minor will have

- a. Gamma chains
- b. Normal chains
- c. Sigma chain
- d. Delta chain
- e. None of above

3. Which one is not true for thalassemia major

- a. Patients are well up till 3months of age
- b. There is little or no HBA
- c. There is maximum amount of HBF
- d. All of the above
- e. None of the above

4. Blood smear of thalassemic patient will not have

- a. Megaloblasts
- b. Microcytosis
- c. Nucleated RBC
- d. Reticulocytosis
- e. Anisocytosis

5. Hypertransfusion means

- a. To maintain HB above 8gm/dl
- b. To maintain HB above 10gm/dl
- c. To maintain HB above 12gm/dl
- d. All of above
- e. None of above

6. Favism is another name of

- a. Thalassemia minor
- b. Spherocytosis
- c. Sickle cell disease
- d. G6PD
- e. None of the above

7. Hypersplenism does not include

- a. Massive splenomegaly
- b. Pancytopenia
- c. Bone marrow aplasia
- d. Frequent need for transfusion
- e. None of above

8. Which vaccination is not given IM

- a. BCG
- b. Polio
- c. Pneumococcal
- d. Pentavalent
- e. None of above

9. Apgar score does not include

- a. Pulse rate
- b. Colour
- c. Resp rate
- d. Limb movements
- e. Temperature

10. First dose of Vit A should be given at

- a. 3 months of age
- b. 6 months of age
- c. 9 months of age
- d. After 1 year
- e. At any age

11. Gower's signs is pathognomonic of

- a. Myesthenia Gravis
- b. Duchenne Muscular dystrophy
- c. SLE
- d. Rheumatoid arthritis
- e. All of above

12. Juvenile rheumatoid arthritis will have

- a. ESR
- b. Anemia
- c. Leukocytosis
- d. Raised platelets
- e. None of above

13. Systemic onset disease will not have

- a. Fever
- b. Rash
- c. Hepatosplenomegaly
- d. Thyroid involvement
- e. Lymphadenopathy

14. SLE is rare under

- a. 10 years b. 12 years
- c. 5 years d. 15 years
- e. None of above

15. Clinical features of Rickets include

- a. Harrison sulcus
- b. Repeated infections
- c. Early eruption of teeth
- d. Bow legs
- e. Swollen wrists

16. Which one is not true for Rickets

- a. Serum Ca is markedly low
- b. Serum Phosphorus is markedly low
- c. Serum Phosphorus is mildly low
- d. Alkaline phosphatase is raised
- e. None of above

17. Which one is not true for Duchenne Muscular dystrophy

- a. Usually starts at birth
- b. X-linked recessive
- c. Females are carrier
- d. Males are affected
- e. None of above

18. Which of the following is the most likely cause of cerebellar ataxia?

- a. Vitamin B12 deficiency
- b. Parkinson's disease
- c. Multiple sclerosis
- d. Myasthenia gravis
- e. None of above

19. Which of the following features best distinguishes sensory ataxia from cerebellar ataxia?

- a. Presence of intention tremor
- b. Positive Romberg sign
- c. Dysdiadochokinesia
- d. Nystagmus
- e. All of above

20. Which of the following laboratory findings is most characteristic of acute leukemia?

- a. High hematocrit and low white blood cell count
- b. Thrombocytosis and neutrophilia
- c. Presence of blasts in the peripheral blood smear
- d. Elevated reticulocyte count
- e. None of above

21. Which of the following findings is more characteristic of Acute Myeloid Leukemia (AML) rather than Acute Lymphoblastic Leukemia (ALL)?

- a. Common in children under 10 years
- b. Lymphadenopathy and mediastinal mass
- c. Presence of Auer rods in myeloblasts
- d. Positive terminal deoxynucleotidyl transferase (TdT) stain
- e. All of above

22. Which of the following is the most common inherited neuropathy?

- a. Dejerine-Sottas disease
- b. Charcot-Marie-Tooth disease
- c. Friedreich ataxia
- d. Refsum disease
- e. None of above

23. Which one is not a feature of intravascular hemolysis

- a. Anemia
- b. Hemoglobinuria
- c. Hemosidrinuria
- d. Methemoglobinemia
- e. All of above

24. Which drug can increase Hb F levels

- a. Desferrioxamine
- b. Hydroxyurea
- c. Folic acid
- d. Vit c
- e. None of above

25. Henoch Schonlein purpura is associated with

- a. Jaundice
- b. Hyperglycemia
- c. Abdominal pain
- d. None of the above
- e. All of the above

26. Duration of immunity for measles vaccine

- a. 1 year
- b. Lifelong
- c. 5 years
- d. 10 years
- e. Not known

27. Which medication can cause rickets

- a. Cephalosporins
- b. NSAID
- c. Anti convulsants
- d. Anti-histamine
- e. All of above

DERMATOLOGY

28. A 27 years old male having depigmented patches in the segmental distribution and of varying sizes.

The disease has been associated with each of the following except:

- a. Peptic ulcer
- b. Pernicious anemia
- c. Thyroid dysfunction
- d. Alopecia areata
- e. Diabetes mellitus

29. A 39 years old male with a complaint of fever, enlarged inguinal lymph nodes and generalized rash involving palms and soles. He has a positive history

of sexual contact 03 months back. The causative organism of the disease is :

- a. Entamoeba histolytica
- b. Nisseria gonorrhoeae
- c. Plasmodium
- d. Treponema pallidum
- e. Trichophyton Rubrum

30. All of the following are causes of erythroderma except?

- a. Psoriasis
- b. Lichen planus
- c. Eczema
- d. Pityriasis versicolor
- e. Mycosis Fungoides

31. A 7 years old child with a dry and xerotic skin, is having positive family history of asthma. On examination there is excoriations and lichenification in cubital fossa. The condition can be best diagnosed by

- a. Clinical evaluation
- b. Patch test
- c. IgE level
- d. Skin biopsy
- e. IgG levels

32. Which condition is commonly found in atopic dermatitis?

- a. Asthma
- b. Type 2 DM
- c. Sleep apnea
- d. D.Acne vulgaris
- e. Pemphigus vulgaris

33. A 37 years old Is patient is suffering from psoriasis. The important diagnostic feature is:

- a. A.Crusting
- b. Silvery Scales
- c. Oozing
- d. Erythema
- e. Excoriation

34. A 21 year old male developed small itchy wheals after physical exertion, walking in the sun, eating hot spicy food and when she was angry. The most likely diagnoses is?

- a. Chronic ideopathic urticaria
- b. Heat urticaria
- c. Solar urticaria
- d. Cholinergic urticaria
- e. Aquagenic Urticaria

35. A 9 year old boy presenting with recurrent dry scaly macules (white, small) on face has:

- a. Leishmaniasis
- b. Pityriasis alba
- c. Early vitiligo
- d. Leprosy
- e. Mycosis fungoides

36. A 40 years old male having symmetrical erythematous plaques with silvery scales has recently developed the following associated co morbidity:

- a. Urticaria
- b. Gingivitis
- c. Conjunctivitis
- d. Arthritis
- e. Cholecystitis

37. A 37-year-old woman develops itchy, polygonal, violaceous papules on the flexor aspect of his forearms. Some of these papules have coalesced to form plaques. What is the most likely diagnosis?

- a. Lichen planus
- b. Scabies
- c. Lichen sclerosus
- d. Morphea
- e. Psoriasis

38. A 19 years old boy living in the hostel presented with a history of severe itching all over . The itching is worse at night . He has excoriated skin between

fingers and toe webs. On examination there are some itchy papules on his genitals. Based on history and clinical examination, which of the following is the diagnosis:

- a. Contact dermatitis
- b. Pidiculosis Capitus
- c. Urticaria
- d. Scabies
- e. Eczema

39. A 28 years old male presents in autumn season, with a pruritic rash all over the torso but remember an initial solitary large patch with a collarette of scales. Which of the following is the most likely cause of the rash?

- a. Secondary syphilis
- b. Lichen planus
- c. Pityriasis rosea
- d. Psoriasis

40. What is the most common causative agent of erythema multiforme (EM)?

- a. Penicillin and sulphonamides
- b. Systemic lupus erythematosus
- c. HSV infection
- d. Malignancy
- e. Pregnancy

41. A 26-year-old lady presents with an area of dermatitis on his left wrist. He thinks he may be allergic to nickel. Which one of the following is the best test to investigate this possibility?

- a. Skin patch test
- b. Radioallergosorbent test (RAST)
- c. Nickel IgG levels
- d. Skin prick test
- e. Nickel IgM levels

ORTHOPEDIC

42. A 5 year child presented to orthopedic O.P.D with deformed left leg. His Mother gave History of Flaccid paralysis with high grade fever 1 year back. What is probable diagnosis?

- a. Congenital Talipes Equinovarus .
- b. Congenital Talipes Valgus .
- c. Septic arthritis of leg.
- d. Post polio paralysis of leg.
- e. Congenital dislocation of foot

43. A 15 years old male come to orthopedics' OPD with pain & swelling near the knee joint. On examination temperature is normal; swelling is distal part of femur, some movements of knee joint possible. Blood count is normal. X-rays show radio destructive lesion distal femur;

- a. Septic arthritis knee
- b. Osteosarcoma
- c. Fracture distal femur
- d. Giant cell tumor
- e. Acute osteomyelitis

44. Two weeks old male child present to ortho OPD with deformity of feet. Both feet were inverted and planti flexed. Most probably diagnosis

- a. Congenital tellepes calcaneo volgus
- b. Congenital tellepes equino varus
- c. Pes plamous
- d. Post polio paralysis of feet
- e. Neurofibromatosis

45. A 1 year old female child was brought to orthopedic OPD. Parents' complaining of limping gait O/E right leg is shorter than left leg. Right hip abduction is limited. Most probably diagnosis

- a. Congenital dislocation of hip
- b. Septic arthritis of hip
- c. Fracture neck femur
- d. Post polio paralysis of right leg
- e. Tuberculosis of hip

46. A one day old female child was sent to ortho ward from labor room for orthopedic assessment of limbs. On examination Barlow's test is positive in both legs. What is the most probable diagnosis

- a. Fracture neck of femur
- b. D.D.H
- c. CTEV
- d. Proximal femoral focal defect
- e. Septic arthritis of hip

47. A one day old female child was sent to ortho ward from labor room for orthopedic assessment of limbs. On examination Barlow's test is positive in both legs. What treatment is the best

- a. Surgery
- b. Pavlick Harness
- c. Hip Spica
- d. Traction
- e. Brace

48. A two day old male child present in ortho OPD. On examination his both feet are deformed and everted with planter flexed. What will be the best treatment in this case

- a. Surgical correction of deformity
- b. Serial casting of feet
- c. Treatment should wait till child is 1 year
- d. Braces
- e. Hip spica

49. A 13 years old girl presented with deformity of spine. On examination thoracic spine are curved latterly. X-rays show scoliosis. On measurement the curve is 50°. What should be the treatment

- a. Observation
- b. Surgical Stabilization
- c. Braces
- d. None of above
- e. Physiotherapy

50. A 70 years old male presented to orthopedic OPD with severe knee joint pain. On examination, it was revealed that he has Genue Varum; knees are swollen but skin colour is normal and movements are painful. X-rays show marked reduction of joint space and osteophytes formation. What will be diagnosis;

- a. Rheumatoid arthritis
- b. Ankylosing spondylitis
- c. Osteoarthritis
- d. Fracture distal femur
- e. ACL injury

51. A 40 years old lady presented with boutonniere (Buttonhole) deformity of index finger and swan neck deformity of other fingers. Most probable diagnosis

- a. Osteoarthritis
- b. Rheumatoid arthritis
- c. SLE
- d. Osteoporosis
- e. Gout

52. A 40 years old lady presented with severe back pain for last 3 months. Pain worsens at night and not relieved with rest. On examination there is marked tenderness in lower thoracic spine slight weakness of both limbs. X-ray shows loss of disc space between T10 & T11. Most probable diagnosis

- a. Disc herniation
- b. Tuberculosis of thoracic spine
- c. Fracture of thoracic vertebra
- d. Kyphosis
- e. Acute phylogenetic infection

53. A 40 years old lady presented with severe back pain for last 3 months. Pain worsens at night and not relieved with rest. On examination there is marked tenderness in lower thoracic spine, slight weakness of both limbs. X-ray shows loss of disc space between T10 & T11. Most probable treatment in this case

- a. Spinal brace
- b. Debridement
- c. ATT with debridement
- d. Surgical stabilization
- e. Analgesics and rest

SURGERY

54. How much small intestine can be safely resected or bypass without deleterious effects

- a. 25 %
- b. 50 %
- c. 65 %
- d. 75 %
- e. 85

55. Which of the following fluids contain potassium

- a. Normal saline
- b. Ringer Lactate
- c. Dextrose saline
- d. Dextrose water
- e. None

56. A 30 years old female had 15 % burn involving both thighs. Examination revealed deep partial thickness burn. How this wound will heal if no intervention is done

- a. Normal healing
- b. No scarring
- c. Hypertrophic scarring
- d. Keloid formation
- e. Atrophic scar

57. A 30 years old female had 15 % burn involving both thighs. Examination revealed deep partial thickness burn. In how much time this wound will heal spontaneously

- a. 1-2 WEEK
- b. 2 WEEKS
- c. 3-4 WEEKS
- d. 6-8 WEEKS
- e. >8 WEEKS

58. A 35 years old male was operated for incision biopsy of right axillary lymph node. The procedure was uneventful, after 10 hours of procedure he developed bleeding from incision site. What is likely cause of this complication

- a. 1° hemorrhage
- b. 2° hemorrhage
- c. Reactionary hemorrhage
- d. Non surgical hemorrhage
- e. Tertiary hemorrhage

59. A patient of 30 years female was operated for lap-Cholecystectomy in morning elective list. After 6 hours of surgery patient deteriorated vitally with pallor, pulse 130/min weak, BP- 80 systolic. What is the next step of management;

- a. Reassurance of patient
- b. FAST Scan c. MRI
- d. ERCP e. Blood CBC

60. Informed consent must always be taken by;

- a. Staff Nurse
- b. House Officer
- c. Surgeon Operating on Patient
- d. Medical Officer
- e. Anesthetist

61. The maximum pressure for pneumoperitoneum during laparoscopic Cholecystectomy is

- a. 10 mmHg
- b. 15 mmHg
- c. 20 mmHg
- d. 25 mmHg
- e. 30 mmHg

62. During laparoscopy which of the following gas is used to create pneumoperitoneum a. Air

- a. CO₂
- b. Oxygen
- c. Nitrous oxide
- d. Halothane

63. A 30 years old female operated for Para umbilical hernia on elective list. A Redivac drain was placed for any collection. When this drain should be removed a. After 24 hrs

- a. 02 Days
- b. 05 Days
- c. 07 Days
- d. No use of drain

64. A 20 years old female underwent excision biopsy for 2x2 cm left breast lump. Wound is stitched with proline O and stitch is removed on day 7. This wound is healed by

- a. 1° intension
- b. 2° intension
- c. Skin grafting
- d. Tertiary intension
- e. Flap application

65. An elderly male who is diagnosed a case of carcinoma of prostate with painful bony metastasis admitted indoor for pain management. Which of the following is more likely to help this patient?

- a. NSAIDs
- b. Paracetamol
- c. Tricyclic drugs
- d. Codein
- e. Morphine

66. Which of the following is good indicator of tissue perfusion?

- a. pulse
- b. blood pressure
- c. urine output
- d. CVP
- e. GCS

67. A 25 years old female presented with history of flame burn 2 hrs ago. Examination revealed burned area involving both upper arms, front of chest, abdomen and head & neck. What is total body surface area involved

- a. 35 %
- b. 45 %
- c. 55 %
- d. 25 %
- e. 65 %

68. A 40 years old female having second degree burn brought to emergency room. Which of the following formula is used for fluid resuscitation

- a. Curie
- b. Barclays
- c. Parkland
- d. Wallace
- e. Lund & Browder

MEDICINE

69. What is the primary goal of Palliative care:

- a. to care the underlying disease
- b. to manage symptoms & improve quality of life
- c. to prolong life expectancy
- d. to reduce healthcare costs
- e. to improve mental health

70. In palliative care, Hospice is a program:

- a. that provides only the medical treatment to the patients
- b. that provides counseling & spiritual therapy only
- c. that has no effect on the patient management
- d. that gives care to the people who are near the end of life & have stopped treatment
- e. that provides only the dietary support to the serious patients

71. What is the purpose of assessing a patient's functional capacity during preoperative assessment:

- a. To determine the need for postoperative physical therapy
- b. To evaluate the patient's risk for cardiac complications
- c. To predict postoperative pulmonary complications
- d. To determine the need for intraoperative monitoring
- e. To assess the patient's ability to perform daily activities

72. A 40 year old female presented with one month history of lethargy. There is no history of weight loss or indigestion. ON EXAMINATION: She has glossitis, and anemia. No other abnormality found on examination. Her peripheral blood smear showed microcytosis, anisocytosis, poikilocytosis and hypochromia. What is the most likely diagnosis:

- a. Thalassemia
- b. Sideroblastic anemia
- c. Iron deficiency Anemia
- d. Anemia of chronic disease
- e. Sickle cell Anemia

73. A 35yr old male presented with jaundice and anemia. On work up Hb is 4.5g/dl, with increase in bilirubin & reticulocytes count of 9%. Smear shows polychromasia. What test should be done to diagnose the underlying condition:

- a. Transferrin saturation
- b. Ultrasound Abdomen
- c. Coomb's test
- d. Bone marrow biopsy
- e. Serum ferritin

74. A 32 years old female is known case of thalassemia trait. Which portion of hemoglobin is expected to be raised on HB electrophoresis:

- a. Hb A2
- b. Hb A
- c. Hb F
- d. Hb S
- e. Hb Bart

75. A 45-year-old man with a history of chronic diarrhea complains of weakness, tingling in his extremities, and difficulty in walking. His complete blood count reveals a macrocytic anemia. What is the most likely cause of his anemia:

- a. Iron-deficiency anemia
- b. Sickle cell anemia
- c. Vitamin B12 deficiency anemia
- d. Thalassemia
- e. Anemia of Chronic Disease

76. A 45 years old male undergoing chemotherapy for lymphoma presents with fever and a total leucocyte count of 1200/ul. Which of the following is the most appropriate immediate management step:

- a. start broad spectrum antibiotics
- b. administer granulocyte macrophage colony stimulating factor
- c. order bone marrow transplant
- d. transfuse whole blood
- e. isolate the patient and observe

77. Which hematological condition often presents with massive splenomegaly:

- a. iron deficiency anemia
- b. chronic myeloid leukemia
- c. hemophilia
- d. thalassemia minor
- e. aplastic anemia

78. A 25-year-old male presents to the hospital with sudden onset of severe abdominal pain and distension. He denies any trauma. His vital signs show hypotension (BP: 90/60 mmHg) and tachycardia (HR: 115 bpm). He has pallor and mild scleral icterus. On abdominal examination, there is diffuse tenderness with guarding. His past medical history includes multiple hospitalizations for joint swelling since childhood, but he was non-compliant with follow-up care. He has no history of liver disease or anticoagulant use. Labs show:

Hemoglobin: 7.8 g/dL Platelet count: 220,000 /mm³
 PT: 12 sec (normal) APTT: 72 sec INR: 1.0 Factor VIII activity: <1% Abdominal ultrasound: free fluid in the peritoneal cavity with no solid organ injury

Diagnostic peritoneal tap: grossly bloody fluid

What is the most likely diagnosis:

- a. acquired hemophilia due to an autoimmune disorder
- b. hemophilia A – severe with spontaneous intra-abdominal bleed
- c. hemophilia B – severe
- d. ruptured abdominal aortic aneurysm
- e. von Willebrand Disease

79. A 14-year-old girl is brought to the clinic because of frequent nose bleeds and easy bruising since childhood. Her mother also reports that she has very heavy menstrual bleeding each month. There is a family history of similar symptoms in her mother and aunt. She never had any joint pain or swelling.

Initial labs show:

Platelet count: Normal

PT: Normal

APTT: Slightly prolonged

Bleeding time: Prolonged

What is the most likely diagnosis:

- a. hemophilia A
- b. von Willebrand Disease
- c. idiopathic thrombocytopenic purpura (ITP)
- d. glanzmann thrombasthenia
- e. vitamin K deficiency

80. A 32-year-old woman is admitted to the ICU with high-grade fever, hypotension, and altered mental status. She was diagnosed with a severe gram-negative bacterial sepsis two days ago. On examination, she has multiple ecchymosis over her arms and legs, bleeding from venipuncture sites, and cold, mottled extremities.

Lab investigations reveal:

Platelet count: 45,000 /mm³ PT: 20 seconds (elevated) APTT: 55 seconds (prolonged)

D-dimer: Markedly elevated Fibrinogen: 90 mg/dL (low) Peripheral smear: Schistocytes

What is the most likely diagnosis:

- a. thrombotic Thrombocytopenic Purpura (TTP)
- b. acute Leukemia
- c. hemolytic Uremic Syndrome (HUS)
- d. disseminated Intravascular Coagulation (DIC)
- e. immune Thrombocytopenic Purpura (ITP)

81. A 28-year-old woman presents to the outpatient clinic with a 2-week history of easy bruising and petechiae on her lower limbs. She denies any recent infections or use of new medications. She has no significant past medical history. On examination, she appears well, with no hepatosplenomegaly or lymphadenopathy. Laboratory investigations reveal the following:

Hemoglobin: 13.2 g/dL White blood cell count: 6,500/µL Platelet count: 18,000/µL Peripheral smear: normal RBC morphology, reduced platelet count, no blasts Coagulation profile: normal PT and APTT

Which of the following is the most likely diagnosis:

- a. Acute leukemia
- b. Thrombotic thrombocytopenic purpura (TTP)
- c. Idiopathic thrombocytopenic purpura (ITP)
- d. Disseminated intravascular coagulation (DIC)
- e. Aplastic anemia

82. Which of the following cytogenetic abnormalities is most commonly associated with chronic myeloid leukemia (CML):

- a. t(15;17)
- b. t(9;22)
- c. t(8;14)
- d. t(12;21)
- e. t(11;22)

83. Auer rods are characteristically seen in which type of leukemia:

- a. Chronic lymphocytic leukemia (CLL)
- b. Acute lymphoblastic leukemia (ALL)
- c. Acute myeloid leukemia (AML)
- d. Chronic myeloid leukemia (CML)
- e. Myelodysplastic syndrome (MDS)

84. The most common leukemia in adults over 60 years of age is:

- a. Acute myeloid leukemia
- b. Acute lymphoblastic leukemia
- c. Chronic myeloid leukemia
- d. Chronic lymphocytic leukemia
- e. Myelodysplastic syndrome (MDS)

85. Which of the following is a complication of tumor lysis syndrome in leukemia treatment:

- a. Hypercalcemia
- b. Hypokalemia
- c. Hyperuricemia
- d. Hypophosphatemia
- e. Hyperphosphatemia

86. Which tumor marker is most specific for B-cell lineage in acute lymphoblastic leukemia (ALL):

- a. CD3
- b. CD10
- c. CD19
- d. CD5
- e. CD33

87. Which of the following is a characteristic finding in peripheral blood smear of CLL:

- a. Blast cells
- b. Smudge cells
- c. Auer rods
- d. Pelger-Huet anomaly
- e. Howell-Jolly bodies

88. A 20-year-old female patient with SLE is being evaluated for renal involvement. She has hypertension and her urine analysis shows proteinuria and hematuria. Which of the following tests is most important for assessing her disease activity:

- a. Serum creatinine
- b. Anti-double stranded DNA antibody titers
- c. Complement levels (C3, C4)
- d. Anti-Smith antibody
- e. Urine protein/creatinine ratio

89. A 26-year-old female presents with history of fever & polyarthralgia for 02 months. On examination she has oral ulcers, Raynaud's phenomena, anemia & mild splenomegaly. Which of the following tests can be performed to confirm the diagnosis:

- a. Anti CCP
- b. RA factor
- c. ANF
- d. Anti SCL 70
- e. Anti Jo antibodies

90. A 42-year-old woman presents with progressive difficulty climbing stairs, getting up from a seated position, and lifting objects overhead for the past 3 months. She denies any joint pain, rash, or visual symptoms. On examination, she has symmetric proximal muscle weakness in both upper and lower limbs, but no muscle tenderness. Reflexes and sensation are intact.

Lab results:

Creatine kinase (CK): 3,800 U/L (elevated)

ESR: 65 mm/hr

ANA: Positive

Anti-Jo-1 antibodies: Positive

EMG: Myopathic changes

Muscle biopsy: Endomysial infiltration with CD8+ T cells

What is the most likely diagnosis:

- a. Dermatomyositis
- b. Polymyositis
- c. Myasthenia Gravis
- d. Multiple Sclerosis
- e. Inclusion Body Myositis

91. A 62-year-old man presents with muscle aches and weakness that started a few weeks ago. He describes dull, aching pain in his thighs and shoulders, along with difficulty getting up from a chair. He was recently started on a medication for hyperlipidemia 2 months ago. He has no fever, rash, or joint pain. On examination he has tenderness in proximal muscles but no atrophy. Reflexes and sensation are normal. Labs reveal:

Creatine kinase (CK): 1,500 U/L (elevated)

Liver enzymes: mildly elevated

TSH: normal

Which of the following is the most likely diagnosis:

- a. Statin-induced myopathy
- b. Polymyositis
- c. Myasthenia gravis
- d. Rheumatoid arthritis
- e. Fibromyalgia

92. What is the common indication for steroids in Rheumatoid Arthritis (RA):

- a. Long-term management of mild RA
- b. Acute flare-ups or exacerbations of RA
- c. Maintenance therapy for RA remission
- d. Initial treatment for newly diagnosed RA
- e. Alternative to DMARDs

93. Which of the following medicines is commonly used as a first-line treatment for Rheumatoid Arthritis:

- a. Methotrexate
- b. Prednisone
- c. NSAIDs
- d. Sulphasalazine
- e. Infliximab

94. Which of the following medicines is a biologic agent commonly used to treat Rheumatoid Arthritis:

- a. Etanercept
- b. Methotrexate
- c. Prednisone
- d. Hydroxychloroquine
- e. Azathioprine

95. The specificity of Anti CCP in Rheumatoid Arthritis is:

- a. 65%
- b. 75%
- c. 85%
- d. 95%
- e. 100%

96. What is the primary characteristic of Ankylosing Spondylitis:

- a. Inflammation of peripheral joints
- b. Chronic inflammation of the spine and sacroiliac joints
- c. Degenerative disc disease
- d. Osteoporosis
- e. Trauma-induced spinal injury

97. What is the role of HLA-B27 in diagnosing Ankylosing Spondylitis:

- a. It is a definitive diagnostic marker
- b. It is not relevant to diagnosis
- c. It can support the diagnosis in the presence of clinical symptoms
- d. It is used to rule out other conditions
- e. It is only used for genetic counseling

98. Which of the following group of medicines is commonly used as first-line treatment for Ankylosing Spondylitis:

- a. Biologic agents (TNF-alpha inhibitors)
- b. Nonsteroidal anti-inflammatory drugs (NSAIDs)
- c. Disease-modifying antirheumatic drugs (DMARDs)
- d. Corticosteroids
- e. Muscle relaxants

99. What is the typical trigger for Reactive Arthritis:

- a. Genetic predisposition
- b. Environmental factors
- c. Previous infection
- d. Joint trauma
- e. Autoimmune disorder

100. Which of the following is the eye inflammation that can occur in Reactive Arthritis:

- a. Episcleritis b. Uveitis c. Keratitis
- d. Iritis e. Scleritis

101. Which of the following is a common finding on physical examination of Reactive Arthritis patients:

- a. Joint deformity b. Muscle weakness
- c. Skin rashes d. Enthesitis
- e. Lymphadenopathy

102. What is the primary cause of Osteoporosis:

- a. Hormonal imbalance
- b. Vitamin D deficiency
- c. Calcium deficiency
- d. Aging and bone loss
- e. Genetic predisposition

103. What is the name of a test used to measure the bone mineral density in suspected Osteoporosis:

- a. MRI (Magnetic Resonance Imaging)
- b. CT (Computed Tomography)
- c. DXA (Dual-Energy X-ray Absorptiometry)
- d. X-ray
- e. Bone scan

104. Which of the following medicines is commonly used to treat Osteoporosis:

- a. Calcium supplements
- b. Vitamin D supplements
- c. Hormone replacement therapy
- d. Bisphosphonates
- e. Cox-2 Inhibitors

105. What is the name of the crystal deposits that form in joints and cause Gout:

- a. Calcium pyrophosphate
- b. Hydroxyapatite
- c. Monosodium urate
- d. Positively birefringent crystals
- e. Cholesterol

106. Which of the following is a characteristic of Osteoarthritis:

- a. Inflammation
- b. Autoimmune disorder
- c. Degenerative joint disease
- d. Infectious disease e. Congenital disorder

107. Which of the following medical treatment can be used in Osteoarthritis:

- a. Hydroxychloroquine
- b. Biologic agents
- c. Sulphasalazine
- d. Chondroitin sulfate & Glucosamine
- e. Tumor Necrosis factor

108. A 30-year-old woman with a diagnosis of SLE presents with fatigue, fever, and a new-onset rash. Her laboratory tests show anemia, leukopenia, and thrombocytopenia. Which of the following is the most likely explanation for these findings:

- a. Acute SLE flare
- b. Chronic SLE with stable disease
- c. Infection secondary to immunosuppression
- d. Drug-induced lupus
- e. Hematological malignancy

GYNAECOLOGY

109. What is the name of a vitamin found in green leafy vegetables and given in a dose of 400 micrograms/ day, which reduces the incidence of spinal cord defects (Neural tube defect)?

- a. Calcium
- b. Folic acid
- c. Iron
- d. Vitamin C
- e. Vitamin D

110. In patient G3P 2Ab0AI2 , known case of thalassemia red cell indices shows;

- a. Normal MCV, normal MCH, Normal MCHC
- b. ↓ed MCV, ↓ed MCH normal MCHC
- c. ↓ed MCV, ↓ed MCH ↓MCHC
- d. ↑ed MCV, ↑ed MCH ↑MCHC
- e. Normal MCV, normal MCH, ↓MCHC

RADIOLOGY

111. Ultrasound waves are produced by means of a crystal

- a. Piezoelectric
- b. Ferromagnetic
- c. Ferroelectric
- d. Paramagnetic

PRIME

112. Which of the following statements best describes Evidence-Based Medicine (EBM) and its related concepts?

- a. Evidence-Based Medicine (EBM) is the use of clinical expertise to determine the treatment for patients without considering research evidence.
- b. The steps of Evidence-Based Medicine include formulating a clinical question, searching for the best evidence, critically appraising the evidence, applying the evidence in practice, and evaluating the outcomes. (correct answer)
- c. Levels of evidence in EBM are not hierarchical and all types of evidence are considered equally reliable regardless of study design.
- d. EBM exclusively relies on randomized controlled trials (RCTs) and ignores other forms of evidence such

as cohort studies, case-control studies, and expert opinion.

- e. EBM discourages the use of patient preferences and values in clinical decision-making.

113. Which of the following statements best describes the components of clinical governance and the steps of a clinical audit?

- a. Clinical governance involves monitoring clinical performance, and clinical audit steps include setting standards and publishing results.
- b. Clinical governance focuses on financial management, and clinical audit steps are designing a study and publishing findings.
- c. Clinical governance includes risk management, clinical effectiveness, patient involvement, staff management, and information use; clinical audit steps are identifying a problem, setting criteria, collecting and analyzing data, implementing changes, and re-auditing.
- d. Clinical governance is about regulatory compliance, and clinical audit steps are formulating a hypothesis and conducting experiments.
- e. Clinical governance enhances healthcare reputation through marketing, and clinical audit steps involve conducting surveys and evaluating patient satisfaction.

114. Which of the following statements accurately describes the concepts of patient safety and the types, etiology, and prevention of medical errors?

- a. Patient safety focuses solely on preventing medical errors by individual healthcare providers, without considering systemic factors.
- b. Types of medical errors include diagnostic errors, treatment errors, preventive errors, and other errors related to communication or system failures.
- c. The etiology of medical errors is limited to human errors such as lack of knowledge or skills, and does not involve system-related issues.

- d. Prevention of medical errors involves only the implementation of electronic health records (EHRs) to ensure accurate patient information.
- e. Patient safety concepts prioritize cost reduction over the quality and safety of patient care.

115. What are the steps of the SPIKES model used for breaking bad news and counseling?

- a. Set the stage, Predict the patient's perception, Invite the patient's invitation, Know the patient's knowledge, Emphasize support, Summarize the information.
- b. Set the setting, Predict the patient's reaction, Involve the patient, Know the patient's perspective, Explore emotions, Summarize and strategize.
- c. Set the scene, Predict the patient's emotional response, Involve the patient, Know the patient's understanding, Explore emotions, Share a plan.
- d. Set the scenario, Predict the patient's expectations, Invite the patient's response, Know the patient's feelings, Explore emotions, Summarize the discussion.
- e. Stage the environment, Predict the patient's emotions, Initiate discussion, Know the patient's thoughts, Examine emotions, Summarize the plan.

116. What is the primary focus of Evidence-Based Medicine (EBM)?

- a. Relying solely on clinical experience and intuition in medical decision-making.
- b. Incorporating patient preferences and values without considering research evidence.
- c. Integrating the best available research evidence with clinical expertise and patient values to make informed healthcare decisions.
- d. Following treatment guidelines based on expert opinions regardless of research evidence.
- e. Ignoring patient values and relying exclusively on statistical data in clinical practice.

PSYCHIATRY

117. In mental state examination Mood assesment by mental health professional is called

- a. Assertive mood assessment
- b. Cognitive mood assessment
- c. C)Subjective mood assessment
- d. Decelerative mood assessment
- e. E)Objective mood assessment

118. If a patient has crystal clear understanding of his/her psychiatric illness,in mental state examination you will label his/her insight as

- a. A)Partial
- b. B) incomplete
- c. C)Present
- d. D)Absent
- e. E)impartial

119. A 70 years old male diagnosed with chronic medical illness admitted in your ward,as a caring house physician,most important point considered while breaking bad news is

- a. involve elder members of family
- b. inform government
- c. inform hospital staff
- d. inform key member of family
- e. publish case first

120. A 34 years old female presented with pain which is experienced on most days of month for last 3 years ,pain is generalized ,all tests are clear,keeping in view psychological origin,what should be provisional diagnosis?

- a. Somatization disorder
- b. Hypochondriacal disorder
- c. Somatoform autonomic dysfunction
- d. Persistent somatoform pain disorder
- e. Undifferentiated somatoform disorder