WMC BLOCK P 2025

1. A 25 year old male after head injury secondary to RTA which was managed by neurosurgeon. On third day of admission his electrolytes report Sodium: 125mmol/L Potassium: 3.8mmol/L calcium: 98 mmol/L What could be most likely cause of Hyponatremia:

a. Cerebral Metastasis
b. Hypoxemia
c. SIADH
d. Pulmonary infection
e. Hypothyroidism

2. A 70 year old diagnosed patient of DM/CKD presents with vomiting & drowsiness. Investigations: Potassium level 7.0 mmol/L What will be the immediate step of management of Hyperkalemia in this patient:

a. Send the patient for hemodialysis
b. Give i/V insulin + 5 % dextrose
c. G ive Sodium Polystyrene
d. Im mediate nebulization with salbutamol
e. IV Calcium gluconate

3. A 14 year old boy with no previous co-morbidities presented to the emergency department with dyspnea, vomiting and drowsiness. On examination there is usuall breathing.Her ABGs results are as follows. PH=7.25(7.35-7.45), PO2=85 (80-110), PCO2=30 (35-45), HCO2=18 (22-28) What is the underline acid-base disorder in this patient:

a. DKA
b. Metabolic Acidosis and Respiratory Alkalosis
c. Metabolic Acidosis
d. Metabolic Alkalosis
e. Respiratory Alkalosis

4. A 16 years old patient of type I DM presented with cellulitis of right leg, his sugar is well controlled with s/c insulin. Now presented with SOB, decrease BP & palpitation. On examination dehydrated, BP 80/50, TLC = 28000/cmm. What is the most likely diagnosis:

a. HONK
b. Acute Cholecystitis
c. Septicemic shock
d. Lactic Acidosis
e. Aspirin Toxicity

5. A 50-year-old male with a history of diabetes and hypertension presents to the emergency department with severe shortness of breath and peripheral edema. His blood pressure is 190/110 mmHg, and he is found to have crackles throughout his lung fields. Laboratory results show serum creatinine of 7.2 mg/dL, potassium of 6.5 mEq/L, and bicarbonate of 15 mEq/L. Despite aggressive medical management, his condition continues to deteriorate. Which of the following is the most appropriate next step in management:

a. Increase the dose of loop diuretics
b. Start sodium polystyrene sulfonate (Kayexalate) for hyperkalemia
c. Initiate continuous renal replacement therapy (CRRT)
d. Administer intravenous sodium bicarbonate
e. Start oral potassium binders

6. A 68-year-old man with stage 3 chronic kidney disease secondary to long-standing hypertension presents to your clinic for a follow-up. His blood pressure is 150/95 mmHg, and his recent laboratory results show an estimated glomerular filtration rate (eGFR) of 45mL/min/1.73m2, microalbuminuria, and **hyperkalemia. He is currently on an ACE inhibitor**

and a thiazide diuretic. What is the most appropriate modification to his current treatment plan:
a. Discontinue the ACE inhibitor and start a calcium channel blocker
b. Increase the dose of the thiazide diuretic
c. Add a potassium-sparing diuretic to control blood pressure
d. Initiate dietary potassium restriction and monitor closely
e. Start a low-protein diet to slow the progression of CKD

7. A 48-year-old diabetic man with CKD is being evaluated for proteinuria. His lab shows eGFR 50mL/min/1.73 m² and urine albumin-to-creatinine ratio (ACR) of 200 mg/g. Which medication is most appropriate to reduce proteinuria and slow progression:
a. Hydrochlorothiazide
b. Furosemide c. Amlodipine
d. Lisinopril e. Spironolactone

8. A 58-year-old male with CKD presents with generalized pruritus, nausea, and a metallic taste. His eGFR is 13 mL/min/1.73 m² and potassium is 6.3mEq/L. What is the most appropriate next step in management:
a. Prescribe antiemetics and monitor
b. Begin hemodialysis
c. Increase fluid intake
d. Refer for kidney transplant evaluation only
e. Stop all antihypertensives

9. A 58-year-old man with a history of hypertension and type 2 diabetes mellitus presents for routine follow-up. His eGFR is 48 mL/min/1.73 m² and urine albumin-to-creatinine ratio (ACR) is 400 mg/g. He has no current symptoms. Which of the following best describes his CKD stage:
a. Stage 1 b. Stage 2 c. Stage 3a d. Stage 3b
e. Stage 4

10. A 52-year-old woman is given IV contrast for a CT scan. 36 hours later, her creatinine rises from 1.2 to 2.8 mg/dL. Urine sodium is >40 mEq/L and urine is muddy brown. What is the most likely cause of her AKI:
a. Prerenal AKI
b. Postrenal obstruction
c. Acute tubular necrosis
d. Acute interstitial nephritis
e. Glomerulonephritis

11. A 45-year-old alcoholic man is found unconscious and brought to the ER. Investigations:creatinine 3.5 mg/dL, potassium 6.0 mEq/L, CPK 18,000 IU/L, and tea-colored urine positive for blood but no RBCs on microscopy. What is the most likely cause of his AKI:
a. Prerenal azotemia
b. Myoglobin-induced ATN
c. IgA nephropathy
d. Uric acid nephropathy
e. Hemolytic uremic syndrome

12. A 50-year-old woman was hospitalized for pneumonia and started on vancomycin and piperacillin-tazobactam. Four days later, creatinine rises from 0.9 to 2.7 mg/dL. She has fever, rash, and eosinophils in urine. What is the most likely cause of AKI:
a. Acute tubular necrosis b. Prerenal azotemia
c. Acute interstitial nephritis
d. Glomerulonephritis
e. Contrast nephropathy

13. A 25-year-old man presents with a sore throat for 8 days followed by dark urine and edema. BP is 160/95 mmHg. Creatinine is 2.4 mg/dL, urinalysis shows RBC casts and proteinuria.What is the most likely diagnosis:
a. Acute interstitial nephritis
b. Post-infectious glomerulonephritis
c. Rhabdomyolysis d. Prerenal AKI
e. Drug-induced nephritis

14. A 62-year-old man is admitted with vomiting and diarrhea for 5 days.BP: 90/60 mmHg, HR: 110. Labs: BUN 52 mg/dL, creatinine 2.4 mg/dL (baseline 1.0), urine sodium <10 mEq/L, urine osmolality 500 mOsm/kg. What is the most likely type of AKI:
a. Acute tubular necrosis
b. Prerenal azotemia
c. Postrenal obstruction
d. Glomerulonephritis
e. Contrast-induced nephropathy

15. Which of the following sexually transmitted disease is caused by a bacterium and is known for its potential to progress through primary , secondary and tertiary stages:
a. herpes simplex virus
b. human papillomavirus
c. treponema pallidum
d. trichomas vaginalis
e. nisseria gonorrhea

16. Which of the following sexually transmitted diseases is most commonly asymptomatic in both men and women but can lead to pelvic inflammatory disease and infertility in females:
A .gonorrhea
b. chalymadia
c. syphilis
d. HIV
e. hepatitis B

17. A 20 year old man was referred for pink discoloration of his urine.3 days ago he complained of a sore throat and is taking a course of amoxicillin and ibuprofen by the doctor. Urine dipstick showed blood ++, Protein +,nitrites negative. What is the most likely diagnosis:
a. Crescentic glomerulonephritis
b. Wegener's granulomatosis
c. IgA nephropathy
d. Post streptococcal glomerulonephritis
e. Good pastures syndrome

18. A 46 years old male patient presented with recurrent hemoptysis. There is a history of frequent antibiotic use during the last six months for sinusitis. On examination he is tachypneic, has nasal crusting and a right foot drop. Labs Hb 10.5, TLC 11000, PLT 350000 ESR 80mm in 1st hour, Urea 11 Creatinine 3.5mg/dl Chest xray – cavitary lesion in the right middle zone Urinalysis. RBCs +++ Proteins ++ What is the likely diagnosis:
a. Polyarteritis nodosa
b. Churg strauss syndrome
c. Microscopic polyangitis
d. Wegners granulomatosis
e. Good pastures syndrome

19. A 14 years old boy presented with a three day history of abdominal pain, rash on the trunk, buttocks and legs. His blood pressure is 140/90. labs are as follows: Hb 12 g/dl TLC 9000/mol PLT 320000 RBS 120mg/dl, ANF –ive Urea 110 mg/dl Creatinine 2 mg/dl Chest Xray – normal, Urinalysis: RBCs ++ Proteins ++ Pus cells 2-4 /hpf What is the diagnosis:
a. Immune thrombocytopenic purpura
b. Thrombotic thrombocytopenic purpura
c. Churg strauss syndrome
d. Henoch schonlein syndrome
e. Polyarteritis nodosa

20. A 45-year-old male patient presents to the emergency department with a 2-week history of worsening asthma symptoms, fever, and purpuric rash on his legs. He has a history of asthma for 10 years and has been on inhalers. Recently, he has been experiencing increasing shortness of breath, coughing, and wheezing. He also complains of fatigue, weight loss, and arthralglas. Physical Examination: Temperature 99°C, Blood Pressure 120/80 mmHg, Pulse 100/min, Respiratory Rate 24/min Respiratory: Wheezing and crackles in both lungs Skin: Purpuric rash on both legs Investigations: CBC: Eosinophilia (20%) p-ANCA: Positive ESR: 60

mm/hr Chest X-ray: Bilateral infiltrates What is the likely diagnosis:

a. Polyarteritis nodosa b. Churg strauss syndrome
c. Microscopic polyangitis d. Wegners granulomatosis
e. Good pastures syndrome

21. A 25-year-old female patient presents with a 1-week history of nausea, vomiting, and decreased urine output. Her serum creatinine has increased from 1.2 mg/dL to 5.5 mg/dL over the past 3 days. Kidney biopsy shows crescentic glomerulonephritis with ANCA positivity. What is the most likely diagnosis:

a. IgA Nephropathy
b. Post-infectious Glomerulonephritis
c. Minimal Change Disease
d. Rapidly Progressive Glomerulonephritis
e. Membranoproliferative Glomerulonephritis

22. A 14-year-old boy presents with periorbital swelling and proteinuria (+++ on dipstick). His blood pressure is normal, and serum creatinine is within normal range. What is the most appropriate initial investigation to confirm the diagnosis of nephrotic syndrome:

a. Serum albumin
b. Spot urine protein-to-creatinine ratio
c. Renal biopsy
d. Serum complement levels (C3, C4)
e. Anti-streptolysin O (ASO) titer

23. A young malnourished alcoholic male presented with loss of consciousness and diagnosed as a case of alcohol related hypoglycemia.What are the underlying processes for this type of hypoglycemia:

a. Increase glycogenolysis
b. Decreased gluconeogenesis
c. Increase glycogenolysis and decreased gluconeogenesis
d. Decreased glycogenolysis
e. Increased gluconeogenesis

24. A 35-year-old female presents with complaints of fatigue, muscle weakness, and weight gain over the past six months. She has a history of hypertension and is on multiple medications. mOtherwise examination is unremarkable but her heart rate is 110 beats per minute, and she complains of occasional palpitations. Her TSH is slightly elevated, but free T4 is within normal limits. Which of the following is the most appropriate interpretation of these findings:

a. Primary hypothyroidism with subclinical hyperthyroidism
b. Subclinical hyperthyroidism due to overtreatment with levothyroxine
c. Central hypothyroidism due to pituitary disease
d. Euthyroid sick syndrome
e. Subclinical hypothyroidism

25. A 45 year-old male presents with proximal muscle weakness, weight gain, and depression. Investigations: ACTH undetectable, cortisol elevated and not suppressed by dexamethasone. Which test would most likely localize the source of cortisol excess:

a. CRH stimulation test
b. Serum ACTH level
c. Abdominal CT scan
d. Brain MRI
e. Plasma metanephrines

26. A 48-year-old man presents with uncontrolled hypertension, new-onset diabetes, and skin thinning. Labs show elevated serum cortisol and ACTH, and cortisol does not suppress high-dose dexamethasone. CT scan reveals a 3 cm mass in the right lung. What is the most likely cause of his Cushing's syndrome:

a. Adrenal adenoma
b. Pituitary adenoma
c. Ecropic ACTH production
d. Exogenous steroid use
e. Adrenal carcinoma

27. A 52 year old woman presents with a long standing multinodular goiter. She is euthyroid and asymptomatic. Which investigation is most appropriate to assess the functional status of the nodules:

a. Neck xray
b. serum thyroglobulin
c. thyroid peroxidase
d. thyroid scan
e. FNA of all nodules

28. A 32 year old man presents with a history of fatigue, weight loss .He had on and off episodes of postural hypotension and sometimes diarrhea .Investigations show hyponatremia, hyperkalemia , and low cortisol level. What is the most likely diagnosis:

a. secondary adrenal insufficiency
b. Addison's disease
c. congenital adrenal hyperplasia
d. adrenal crisis
e. panhypopitutarism

29. A 52 year old female with BMI of 36kg/m2 and type 2 diabetes mellitus is unable to lose weight through lifestyle changes alone. What is the best next step in the management of this patient:

a. Recommend bariatric surgery
b. Start metformin for weight loss
c. Prescribe GLP-1 receptor agonists (e.g simaglutide)
d. D-Start insulin therapy
e. Continue lifestyle changes and observe

30. When is the treatment with levothyroxine generally recommended for subclinical hypothyroidism:

a. TSH <4.5 ml U/L
b. TSH between 4.5 and 10 mlU/L with no symptoms
c. TSH more than 10mlU/L
d. only when T3 is elevated
e.no treatment required

31. A 45 year old lady complains of a visual problem and headache. She also states that her shoe size has increased lately. She has been diagnosed as having diabetes mellitus for 2 months. On examination she has big, moist hands. She also has hirsutism and has a blood pressure of 160/120mmHg. Which of the following tests will lead to the diagnosis in this patient:

a. HbA1c b. Serum cortisol
c. MRI scan of the pituitary
d. Thyroid function tests
e. Serum ACTH

32. A 50 year old male patient being treated for TB for the last 2 months not very compliant with his treatment presented with a complaint of passing large volumes of urine. Intake output chart was maintained. Intake 7 litres output 7.5 litres Plasma osmolarity 290 mosm/l Urine osmolarity – 400 mosm/l Water deprivation test was performed PO– 310 mosm/l Urine osmolarity – 450 mosm/l Desmopressin IM was administered Urine osmolarity rose to 900 mosm/l What is the likely diagnosis:

a. Primary polydipsia
b. Central diabetes insipidus
c. Nephrogenic diabetes insipidus
d. Diabetes mellitus
e. Normal patient

33. Which of the following is a characteristic of LADA (Latent Autoimmune Diabetes in Adults):

a. Insulin resistance as the primary defect
b. Is a part of type – 2 Diabetes
c. Typically develops in children
d. Presence of autoimmune antibodies
e. Remains stable without insulin therapy

34. What is the HbA1c threshold for diagnosing Diabetes Mellitus:

a.> 5.7% b.> 6.0% c.> 6.3% d.> 6.5% e.> 6.7%

35. A 10 years old girl, with a history of two days of vomiting, fever and abdominal pain, is severely dehydrated. What is the initial investigation?
a. BSR
b. S/E
c. RFT
d. LFT
e. None of Above

36. Most common causes of goiter?
a. Hashimoto thyroiditis
b. Iodine deficiency
c. Vitamin A deficiency
d. Graves' Disease
e. None

37. Neonate diagnosed with hypothyroidism, Thyroxine was started. How to follow the first 6 months of life?
a. Every week
b. Every 2 weeks
c. Every month
d. Second monthly
e. Third monthly

38. Investigation for screening of congenital hypothyroidism?
a. TSH
b. T3
c. T4
d. All of above
e. None

39. On USG right sided hydrometer and hydronephrosis, investigation of choice?
a. IVU
b. MCUG
c. DTPA
d. DMSA
e. None of above

40. 8 year old child with Nocturnal enuresis, which of the following is important in diagnosis?
a. UTI b. Family history c. MCUG
d. MRI brain e. All of above

41. Boys with Hematuria. Which test is used to localize the Origin of hematuria?
a. DMSA scan b. Urinary cast c. ASO titer
d. X-ray chest e. All of above

42. Second line drug for steroid dependent nephrotic syndrome?
a. Penicillin b. Albumin c. Cyclophosphamide
d. Steroid e. None of above

43. Best approach for VUR in less than four years is:
a. Chemoprophylaxis b. Observation
c. Surgery
d. Urine culture and sensitivity
e. All of above

44. During the delivery room resuscitation of a vigorous term newborn, which of the following:
a. The airway is clear, dry, and stimulates the infant.
b. Verify heart rate by auscultation.
c. Breath sound should be auscultated
d. The mouth and trachea should be suctioned.
e. Assess color and administer oxygen if necessary.

45. A 45-year-old female presents with fever, flank pain, and malaise. Urine culture grows Proteus mirabilis. Imaging reveals a large branching calculus filling the renal pelvis and calyces (staghorn calculus). Serum creatinine is normal. What is the most appropriate definitive management?
a. Oral antibiotics and observation
b. Percutaneous nephrolithotomy (PCNL)
c. Ureteroscopy with laser lithotripsy
d. Shock wave lithotripsy (SWL)
e. Radical nephrectomy

46. A 30-year-old man presents to the emergency department with a sudden onset of severe right-sided flank pain radiating to the groin. He is restless and vomiting. Vitals are stable. Urinalysis shows microscopic hematuria. A non-contrast CT KUB reveals a 6 mm stone in the distal right ureter with no signs of hydronephrosis. What is the best initial management?

a. Emergency ureteroscopy
b. Percutaneous nephrolithotomy (PCNL)
c. IV fluids and analgesia, with medical expulsive therapy
d. Extracorporeal shock wave lithotripsy (ESWL)
e. Open ureterolithotomy

47. A 52-year-old male from a rural area in Egypt presents with haematuria and irritative lower urinary tract symptoms. He has a history of chronic schistosomiasis. Cystoscopy reveals a mass on the bladder base. Biopsy shows squamous cell carcinoma of the bladder. Which etiological factor is most strongly associated with this patient's bladder cancer?

a. Smoking
b. Occupational exposure to dyes
c. Schistosoma haematobium infection
d. Chronic catheterization
e. Pelvic radiation

48. A 58-year-old man is diagnosed with muscle-invasive urothelial carcinoma of the bladder (T2NOMO) following TURBT and histopathology. His renal function is normal and he has no metastases on imaging. What is the standard of care for this stage?

a. Intravesical BCG therapy
b. Radical cystectomy with urinary diversion
c. Repeat TURBT
d.Chemotherapy alone
e.Radiotherapy alone

49. A 65-year-old male, chronic smoker, presents with painless gross haematuria for the past 2 weeks. There is no history of trauma or anticoagulant use. The physical exam is unremarkable. Urinalysis confirms haematuria, and urine cytology reveals atypical urothelial cells. Ultrasound shows a mass on the posterior bladder wall. What is the next best step in management?

a. Start antibiotics and reassess in 2 weeks
b. Perform a CT KUB
c. Proceed with flexible cystoscopy
d. Do a urine culture e. Schedule radical cystectomy

50. A 24-year-old woman presents to the emergency department with left-sided flank pain, fever (38.9°C), and nausea. Examination reveals costovertebral angle tenderness. Urinalysis shows pyuria and bacteriuria. Ultrasound demonstrates gross left hydronephrosis without stones. A CT urography shows dilated left renal pelvis tapering abruptly at the PUJ with no distal obstruction. What is the most appropriate initial management?

a. Immediate open pyeloplasty
b. IV antibiotics and elective stent placement
c. Percutaneous nephrostomy and IV antibiotics
d. Start oral antibiotics and discharge
e. Diuretic renogram to assess function

51. A 3-month-old male infant is brought to the paediatric clinic for evaluation of an antenatally diagnosed left hydronephrosis. Postnatal ultrasound confirms gross left hydronephrosis with an anteroposterior pelvic diameter (APD) of 22 mm. A diuretic renal scan (MAG3) reveals a delayed washout of tracer with preserved differential renal function of 45% on the affected side. What is the next best step in management?

a. Immediate pyeloplasty
b. Repeat renal scan in 6 weeks
c. Start prophylactic antibiotics and observe
d. Insert a DJ stent
e. Percutaneous nephrostomy

52. A 22-year-old male previously managed conservatively for a Grade IV left renal laceration presents 2 weeks later with fever, flank pain, and rising creatinine. CT shows a perinephric fluid collection suggestive of a urinoma. What is the most appropriate next step in management?

a. Start broad-spectrum IV antibiotics
b. Percutaneous drainage of the urinoma
c. Emergency nephrectomy
d. Diuretic therapy
e. Foley catheter replacement

53. A 32-year-old male construction worker falls from a scaffolding approximately 10 feet high. He presents with right-sided abdominal and flank pain. He is conscious, BP 110/70 mmHg, HR 102/min. On examination, there is flank ecchymosis and tenderness. Gross haematuria is noted. FAST scan is inconclusive. What is the next best step in the evaluation of this patient?

a. Retrograde urethrogram
b. Immediate exploratory laparotomy
c. Non-contrast CT scan of the abdomen
d. Contrast-enhanced CT scan (CECT) of the abdomen and pelvis
e. MRI abdomen

54. A 26-year-old male presents to the Emergency Department following a high-speed road traffic accident. He was wearing a seatbelt and had no loss of consciousness. On examination, he is hemodynamically stable with a blood pressure of 120/80 mmHg and heart rate of 96 bpm. He complains of left flank pain and has gross haematuria on catheterization. There is tenderness and ecchymosis over the left flank. FAST scan is negative for free fluid, but a contrast-enhanced CT scan reveals a deep laceration of the left kidney without urinary extravasation or vascular injury. What is the most appropriate initial management for this patient?

a.Immediate surgical exploration of the kidney
b. Angioembolization of the renal artery
c. Observation with bed rest and serial haematocrit monitoring
d. Nephrectomy
e. Insertion of percutaneous nephrostomy

55. A 24 years old woman attends her first antenatal visit. The doctor explains that antenatal care helps reduce maternal and perinatal morbidity and mortality. This highlights which main aim of antenatal care?

a. Early detection of fetal gender
b. Early detection of twin pregnancy
c. Identification of danger signs
d. Improving nutrition only
e. Promotion of normal delivery

56. A 25 years old woman at 10 weeks' gestation is advised to take iron and folic acid tablets daily. This is an example of which component of antenatal care?

a. Diagnosis of abnormalities
b. Health promotion and disease prevention
c. Postpartum counseling
d. Emergency management
e. Pain control in labor

57. A neonate born to an obese mother develops transient tachypnea and hypoglycemia after birth. Which maternal condition is most likely related?

a. Maternal asthma b. Maternal anemia
c. Maternal GDM d. Placental abruption
e. Maternal epilepsy

58. Obesity in pregnancy increases the risk of which surgical complication?

a. Precipitous labor
b. Shoulder dystocia
c. Cesarean wound infection
d. Vaginal hematoma
e. Retained placenta

59. A 28 years old woman with a BMI of 34 presents for antenatal care. Which of the following maternal complications is she most at risk for?
a. Hyperemesis gravidarum
b. Preeclampsia
c. Oligohydramnios
d. Anemia
e. Placenta previa

60. Preterm labor defined as?
a. Labor after 40 weeks of gestation
b. Delivery before 20 weeks of gestation
c. Onset of labor before 28 weeks
d. Onset of regular uterine contractions and cervical changes before 37 completed weeks
e. Spontaneous abortion

61. The most significant risk factor for spontaneous preterm labor is?
a. Material age < 18
b. Obesity
c. History of previous preterm birth
d. First pregnancy
e. Multifetal reduction

62. Which medication is used to delay preterm labor as a tocolytic agent?
a. Oxytocin
b. Nifedipine
c. Ergometrine
d. Propranolol
e. Carboprost

63. The purpose of administering corticosteroids in preterm labor is?
a. Prevent maternal hypertension
b. Suppress uterine contractions
c. Improve fetal brain development
d. Promote fetal lung maturity
e. Prevent infection

64. Which test helps assess the risk of imminent preterm delivery?
a. Papanicolaou test
b. Triple marker screening
c. Fetal fibronectin test
d. Biophysical profile
e. Cervical culture

65. Premature rupture of membranes (prePROM) defined as?
a. Rupture of membranes after 37 weeks before labor
b. Rupture of membranes before 20 weeks
c. Rupture of membranes before 37 weeks and before onset of labor
d. Rupture of membranes during labor at term
e. Rupture of membranes after delivery

66. Then the most common maternal complication of prePROM is?
a. Postpartum hemorrhage
b. Pulmonary embolism
c. Chorioamnioniti
d. Cervical incompetence
e. Placental abruption

67. Which test combination is most appropriate to confirm prePROM at bedside?
a. Serum AFP and estriol
b. Nitrazine test and fern test
c. Urine dipstick and culture
d. Pap smear and cervical swab
e. Cervical length by ultrasound

68. Which antibiotics are recommended to prolong latency in prePROM before 34 weeks?
a. Amoxicillin and metronidazole
b. Ceftriaxone and azithromycin
c. Ampicillin and erythromycin
d. Clindamycin and gentamicin
e. Doxycycline and cefixime

69. The best management for prePROM at 32 weeks without signs of infection or fetal distress is?
a. Immediate cesarean delivery
b. Tocolytics and expectant management
c. Induction of labor immediately
d. Expectant management with corticosteroids and antibiotics
e. Surgical closure of the membranes

70. The hallmark feature of preeclampsia is defined as?
a. Proteinuria after 20 weeks with hypotension
b. Seizures with no proteinuria
c. Hypertension with proteinuria after 20 weeks of gestation
d. Chronic hypertension before 20 weeks
e. Thrombocytopenia and bleeding

71. Which of the following blood pressure readings defines severe preeclampsia?
a.≥140/90 mmHg
b.≥150/95 mmHg
c.≥160/100 mmHg
d.≥160/110 mmHg
e.≥170/100 mmHg

72. Which of the following is the drug of choice to prevent seizures in eclampsia?
a. Diazepam
b. Labetalol
c. Nifedipine
d. Magnesium sulfate
e. Hydralazine

73. Which of the following is NOT a diagnostic criterion for HELLP syndrome?
a. Hemolysis
b. Elevated liver enzymes
c. Low platelet count
d. Proteinuria
e. Right upper quadrant pain

74. Which antihypertensive is considered safe and commonly used in pregnancy?
a. Enalapril
b. Lisinopril
c. Methyldopa
d. Losartan
e. Atenolol

75. A pregnant woman presents with flu-like symptoms and is diagnosed with primary CMV infection. What is the most effective preventive strategy to reduce fetal transmission?
a. Immediate C- section
b. Antiviral therapy
c. No intervention
d. Intravenous immunoglobulin (IVIG)
e. None of the above

76. A newborn is diagnosed with congenital syphilis. Which maternal screening test could have prevented this outcome?
a. Group B streptococcus (GBS) culture
b. HIV ELISA test
c. Rapid plasma reagin (RPR) or VDRL
d. Urine culture
e. Pelvic ultrasound

77. Which strategy is most effective in reducing perinatal? HIV transmission.
a. Deleting breast feeding until 6 months
b. Elective cesarean delivery alone
c. Exclusive formula feeding
d. Maternal anti-retroviral therapy (ART) + infant prophylaxis
e. Exclusive breast feeding

78. Which maternal infection is associated with hydrops fetalis?
a. Candida albican
b. Hepatitis
c. Gonorrhea
d. Parvovirus B19
e. trichomoniasis

79. A neonate born to an Hbs Ag positive mother with high viral load (> 200,000 IU/ml) develops Jaundice at days 3. The most effective strategy to prevent chronic hepatitis B in this neonate is.
a. Administer HBIG alone within 12 hrs.
b. Hepatitis B Vaccine + HBIG within 12 hrs.
c. Start tenofovir in the neonate
d. Delay vaccination until jaundice resolves.
e. Exclusive breast feeding for 6 months.

80. A 26-year-old primigravida at 35wks. Present in early labour. Over 12 hours, she reports mild contractions every 4-6 minutes but on a vaginal examination. She is 2cm dilated and cervix is <80% effaced.What is most likely diagnosis?
a. Arrest of decent b. False labour
c. Protected active phase
d. Prolonged latent phase
e. Secondary arrest

81. A 28-year-old woman G2P1 at 38wks of gestation now in second stage. On per vaginal examination. She is Fully dilated & head is at +1 station which fails to descend for 2 hours despite good effort. The patient has epidural analgesia in situ.What is most appropriate management is this patient.
a. Wait for 1 hour b. Forcep delivery
c. Vacuum extraction d. Caesarean section
e. IV syntocinon

82. A 30 years old woman, G2P2, delivers a healthy baby vaginally after an uncomplicated labor. Ten minutes after delivery of the placenta, she begins to bleed heavily. On examination, the uterus feels soft and boggy. Immediate uterine massage is initiated, but the bleeding persists. Her vitals are: pulse 108 bpm, blood pressure 100/70 mmHg. Which of the following is the most appropriate first-line uterotonic to administer in this situation
a. Carboprost b. Ergometrine
c. Misoprostol d. Oxytocin
e. Tranexamic acid

83. A 28-year-old lady GuP3 at 39wk of gestation came to the labour ward with spontaneous rupture of membrane with breech presentation. On examination a 1oop of cord is visible in vagina. What is the most appropriate immediate step?
a. Apply oxygen
b. Elevate presenting part + immediate caserean section
c. Push Umbilical cord back + wait for spontaneous delivery
d. Forceps delivery
e. Vacuum delivery

84. A 30-year-old lady PG at 40 weeks gestation with labour pain with fully dilated cervix and fetal. Head at +1 station on CTG. She shows persistent late deceleration with reduced variability. What is best management for the patient?
a. Emergency cesarean section.
b. Immediate instrumental delivery
c. Observe for 30 minutes
d. Oxytocin infusion
e. Vacuum extraction

85. A 28-year-old primigravida woman at 38+5 wks. gestation presents to the labor ward in spontaneous labour. On per abdominal examination, the baby is breech and on per vaginal examination, She is 5cm dilated, soft and membrane intact & ultrasound confirms frank breech. What is most appropriate next step is management
a. Emergency cesarean section
b. Allow trial of vaginal breech delivery
c. Attempt ECV
d. Augment labour with oxytocin
e. Perform symphysiotomy

86. A 32year old lady G3P2 delivered as healthy baby girl at 39+wks via span term vaginal delivery after uncomplicated labour. After 30 minutes, the placenta did not delivered despite active management of the 3rd stage of labour. What is the most appropriate next step?
a. Wait for 60 minutes
b. Administer IV syntocinon
c. Proceed with manual removal of placenta under anesthesia
d. Controlled cord traction
e. Fundal pressure

87. Which of the following is the most common cause of postpartum hemorrhage?
a. Uterine rupture
b. Uterine atomy
c. Retained placenta
d. Vaginal lacerations
e. coagulopathies

88. Eclampsia is best defined as:
a. Hypertension and proteinuria after 20 weeks gestation
b. Seizure in a hypertensive pregnant woman
c. Severe edema in pregnancy
d. Hypertensive before 20 weeks gestation
e. Proteinuria and edema

89. Which of the following is a major risk factor?
a. Diabetes mellitus
b. Smoking
c. Multiparity
d. Oligohydramnios
e. Alcohol consumption

90. The hallmark sign of placenta
a. Severe abdominal pain
b. Uterine tenderness
c. Painless vaginal bleeding
d. Decreased fetal movement
e. Loss of uterine contraction

91. Shoulder dystocia is most commonly associated with
a. Breech presentation
b. Fetal macrosomia
c. Premature rupture of membranes
d. Polyhydramnios
e. Twin Pregnancy

92. Which of the following is a diagnostic criterion for gestational hypertension?
a. Proteinuria >300mg /24 hours
b. Blood pressure >140/90 mmHg after 20 weeks gestation
c. BP>130 / 80 mmHg before 20 weeks gestation
d. Hemolysis and low platelets
e. BP > 00 / 140 mmHg before 02 weeks of gestation

93. A concealed hemorrhage is most likely in:
a. Placenta previa
b. Abruptio placentae
c. Ectopic pregnancy
d. Postpartum hemorrhage
e. Vasa Previa

94. Which of the following is a complication of polyhydramnios?
a. Fetal growth restriction
b. Premature rupture of membranes
c. Oliguria
d. Oligohydramnios
e. Fetal Tachycardia

95. A 32-weeks pregnant woman presents with sudden severe abdominal pain and a tender, rigid uterus. The most likely diagnosis is:
a. placenta borevia
b. uterine rupture
c. abruptio placentae
d. preterm labor
e. Placenta Previa

96. Which of the following is the most common cause of iron deficiency anemia worldwide?
a. Chronic kidney disease
b. Dietary deficiency
c. Chronic blood loss
d. Hemolysis
e. Thalassemia

97. Which of the following is the most significant risk factor for the development of chorioamnionitis in pregnancy?
a. Gestational diabetes
b. History of previous cesarean section
c. Maternal age greater than 35 years
d. Nulliparity
e. Prolonged rupture of membranes

98. A 35 years old woman at 34 weeks of pregnancy presents with sudden abdominal pain and vaginal bleeding. On examination, her uterus is tense and tender. What is the most likely diagnosis?
a. Placenta previa
b. Placental abruption
c. Ectopic pregnancy
d. Preterm labor e. UTI

99. A 27 years old woman at 34 weeks presents with severe headache, blurred vision, and high blood pressure (160/110mmHg). Urinalysis shows proteinuria. What is the most likely diagnosis?
a. Chronic hypertension b. Eclampsia
c. Gestational hypertension
d. HELLP syndrome e. Preeclampsia

100. A 34 years old pregnant woman at 36 weeks of gestation has a seizure during labor. What is the first step in management?
a. Administer antihypertensive medications
b. Administer magnesium sulfate
c. Begin oxygen therapy
d. Immediate cesarean section
e. Prepare for vaginal delivery

101. A 32-year-old woman at 38 weeks of gestation with a previous cesarean section presents with sudden severe abdominal pain, fetal distress, and loss of uterine tone. What is the most likely diagnosis?
a. Eclampsia
b. Placenta previa
c. Placental abruption
d. Preterm labor
e. Uterine rupture

102. A 26 years old primigravida delivers vaginally at term. Two hours postpartum, she has an estimated blood loss of 650 mL. She feels dizzy and her pulse is 110bpm. What is the most likely diagnosis?
a. Amniotic fluid embolism
b. Postpartum hemorrhage
c. Puerperal sepsis
d. Retained placenta
e. Uterine rupture

103. A 34year old woman experiences heavy bleeding after a normal vaginal delivery. Uterus is boggy. IV access is secured. What is the next most appropriate step?
a. Administer IV tranexamic acid
b. Begin manual uterine massage
c. Prepare for hysterectomy
d. Start misoprostol orally
e. Transfuse packed RBCs

104. A 32 years old G3P3 woman has profuse vaginal bleeding after delivery. On examination, the uterus feels soft and enlarged. What is the most likely cause of her bleeding?
a. Cervical tear
b. Coagulopathy
c. Retained placental tissue
d. Uterine atony
e. Uterine inversion

105. A 26 years old woman delivered vaginally 3 days ago. She presents with fever (38.8°C), lower abdominal pain, and foul-smelling lochia. On examination, her uterus is tender and not involuting as expected.What is the most likely diagnosis?

a. Acute mastitis
b. Endometritis
c. Pulmonary embolism
d. Urinary tract infection
e. Wound infection

106. A 29 years old woman on postpartum day 4 reports left leg swelling and pain. Examination reveals warmth and tenderness of the left calf. She is febrile (38.1°C). Homan's sign is positive. Which investigation should be performed first?

a. Administer NSAIDs
b. Doppler ultrasound
c. Elevate limb only
d. Full blood count
e. Start antibiotics

107. A 32 years old postpartum woman presents with a painful fluctuant mass in her left breast and high-grade fever. She was previously treated with antibiotics for mastitis with partial improvement. What is the next best step in her management?

a. Antibiotics only
b. Breast massage
c. Continue breastfeeding
d. Incision and drainage
e. Warm compresses

108. A 35 years old woman, 3 weeks postpartum, reports sadness, fatigue, and loss of interest in daily activities. She feels disconnected from her baby and has trouble sleeping and eating. What is the most likely diagnosis?

a. Baby blues
b. Bipolar disorder
c. Normal emotional changes
d. Postpartum depression
e. Postpartum psychosis

109. A 27 years old woman, 12 hours after vaginal delivery with epidural anesthesia, is unable to pass urine. The bladder is palpable above the pubic symphysis and tender. What is the best immediate management?

a. Catheterization
b. Cystoscopy
c. IV fluids
d. NSAIDs
e. Pelvic ultrasound

110. A 29 years old woman with twin pregnancy and polyhydramnios delivers vaginally. Soon after,she develops heavy vaginal bleeding. Which of the following is the most likely predisposing factor?

a. Coagulopathy
b. High parity
c. Induction of labor
d. Polyhydramnios
e. Shoulder dystocia

111. A 33-year female office worker presents to the emergency department complaining of severe left-sided abdominal pain. The pain woke her early hours of the morning and has persisted throughout the day. She is unable to keep still and has vomited on 2-3 occasions. She reports no diarrhea or rectal bleeding. Previous medical history includes appendicectomy and irritable bowel syndrome. She has had a recent colonoscopy, which was normal. On examination, she has a temperature of 37 C, a blood pressure of 125/88mmHg and pulse rate of 96/min. There is left loin tenderness, but the rest of the abdomen is non tender. What is likely diagnosis

a. Renal colic
b. Constipation
c. Intestinal obstruction
d. Diverticulitis
e. IBD

112. A 71 year- old man has been referred to the urology outpatient clinic with a history of urinary frequency, nocturia and some post –micturition dribbling. He has occasional urgency. He suffers from osteoarthritis of his left hip and uses a walking stick. He has angina, hypertension and hypercholesterolemia. He is an ex-smoker and lives with his wife. His younger brother had prostate cancer and underwent a radical prostatectomy at the age of 65 years. He is anxious to get his prostate –specific antigen (PSA) tested as he is concerned about prostate cancer. Abdominal examination is unremarkable. The bladder is not palpable and the genitalia are normal with no evidence of stenosis of urethral meatus or phimosis. Digital rectal examination confirms a moderately enlarged smooth prostate gland. What should be next step in management

a. PSA b. U/S Prostate for prostate size
c. U/S prostate for pre & post void urine
d. TVP e. TURP

113. What does Cryptorchidism mean?

a. Failure of the both testes to descend into scrotum
b. Excessive production of testosterone
c. Infertility d. A type of cancer
e. Absent unilateral testis

114. Which imaging modality is the gold standard for diagnosing ureteric calculi in acute renal colic?

a. X -ray KUB b. Ultrasound Abdomen
c. Intravenous urography
d. Non contrast CT KUB e. MRI abdomen and pelvis

115. Which of the following is considered as the cause of testicular torsion in adolescent males?

a. Trauma
b. congenital absence of cremasteric reflex
c. A history of undescended testis
d. Exaggerated testicular mobility due to long spermatic cord
e. All of the above

116. A young female patient complains of severe pain on the right flank that radiates to the back for 2 hours. She also had an episode of haematuria. What is next appropriate step in management

a. Parenteral analgesic
b. Urine R/E
c. U/S KUB
d. IVU
e. CT KUB

117. A 65 years old female presents with painless haematuria. Ultrasound shows increased wall thickness at one of the walls. What is next step in management

a. Urine R/E b. IVU c. X-Ray KUB
d. Cystoscopy e. Non contrast CT

118. Sterile collection of fluid in tunica vaginalis

a. Varicocele b. Hydrocele
c. Scrotal hematoma
d. Orchitis e. Testicular Ca

119. A 50 year old male patient underwent a total thyroidectomy. Postoperatively the patient develops hoarseness. What is the likely cause?

a. Hypocalcemia
b. Superior laryngeal nerve injury
c. Recurrent laryngeal never injury
d. Hematoma formation
e. None of these

120. A 40-year old woman presents with painless thyroid swelling. Ultrasound shows a solitary hypoechoic nodule.TSH is normal FNAC reveals follicular cells but cannot confirm capsular or vascular invasion. What is the next best step?

a. Start levothyroxine therapy
b. Repeat FANC in 6 month
c. Total thyroidectomy
d. Diagnostic hemithyroidectomy
e. All of the above