

WMC BLOCK Q 2025

1. A 27 years old male patient present in orthopedics OPD complaining of low back pain, radiating to the right leg, SLR 20° left side 45°. X-rays lumbosacral spines are normal. Most probable diagnosis is

- a. Tuberculosis of spine
- b. Spinal Tumor
- c. Disc Herniation
- d. Fracture L2 Vertebra
- e. Muscular weakness

2. A 15 years old girl comes to orthopedics OPD complaining of deformity of spine. X-ray of thoracolumbar vertebrae shows thoracolumbar curve of 90°. The best treatment option is;

- a. Brace
- b. Observation
- c. Surgical Stabilization
- d. Minerva Jacket
- e. Skillful neglect

3. You are asked to counsel a woman who is planning to have another baby after her first baby was born with spina bifida. Which one preconception management options is most likely to reduce the risk

- a. Sodium Valproate b. Thiamine c. Folic acid
- d. Ultrasound screening e. Vitamin B12

4. In meningocele there are _____% chances of developing hydrocephalus

- a. 10%
- b. 20%
- c. 30%
- d. 80%
- e. 100%

5. A 70 years old male admitted in the ward with right sided hemiparesis associated with focal fits. MRI showed Left Parietal contrast enhancing lesion with dural tail. The lesion is most probably,

- a. Glioma b. Brain abscess
- c. Meningioma d. Ischemic Infarct
- e. Cerebromalacia

6. The brain tumor having the most high recurrence rate is;

- a. Meningioma
- b. Oligodendroglioma
- c. Medulloblastoma
- d. Glioblastoma multiforme
- e. Colloid Cyst

7. A 30 years old lady presented with neck pain with bilateral brachialgia. On examination she has suspended anesthesia at C6-7 level with upper motor neuron signs. The probable diagnosis is

- a. Syringomyelia
- b. Cervical disc prolapse
- c. C 6-7 dislocation
- d. Diabetic neuropathy
- e. Potts disease

8. A young man came to OPD with severe Right leg pain for 1 week associated with numbness of dorsum of the foot. On examination his SLR is 30° and decreases sensation and weak dorsiflexion. The ideal investigation for this patient is

- a. X-Ray L/S spine
- b. NCS right leg
- c. Doppler's ultrasound
- d. MRI L/S spine
- e. CT Scan whole leg

9. What is the most common cause of obstructive jaundice?

- a. Gallstones
- b. Pancreatic cancer
- c. Cholangiocarcinoma
- d. Benign biliary stricture
- e. HCC

10. A 45-year-old male presents with severe upper abdominal pain radiating to the back. The pain is described as sharp and stabbing and relieves on leaning forward. Which of the following is the most likely diagnosis?

- a. Acute Appendicitis
- b. Acute Pancreatitis
- c. Acute Cholecystitis
- d. Gastro Esophageal Reflux Disease (GERD)
- e. None of these

11. A 25-year-old female presents with lower abdominal pain, fever, and vaginal discharge. She is married and has three kids. Ultrasound showed fluid in cul de sac and blind ending tubular structure having diameter of 5.0 mm. Which of the following is the most likely diagnosis?

- a. Appendicitis
- b. Pelvic inflammatory disease (PID)
- c. Ovarian cyst
- d. Ectopic pregnancy
- e. Mesenteric adenitis

12. A 40-year-old woman complains of difficulty passing stools, straining during bowel movements, and hard stools. Which of the following is a common cause of constipation?

- a. Low fiber diet
- b. High fiber diet
- c. Excessive exercise
- d. High water intake
- e. All of the these

13. Which of the following is a risk factor for developing colorectal cancer?

- a. Family history of colorectal cancer
- b. High-fiber diet
- c. Regular exercise
- d. Young age
- e. None of these

14. A 65-year-old woman presents with abdominal pain, vomiting and constipation. Imaging reveals dilated loops of small intestine with air-fluid levels. Which of the following is the most likely diagnosis?

- a. Intestinal obstruction
- b. Gastroenteritis
- c. Irritable bowel syndrome (IBS)
- d. Inflammatory bowel disease (IBD)
- e. Gastric outlet obstruction

15. What is the primary patho physiological mechanism underlying Hirschsprung's disease?

- a. Overgrowth of intestinal mucosa
- b. Absence of ganglion cells in the distal bowel
- c. Increased intestinal motility
- d. Inflammation of the intestinal wall
- e. Presence of multiple polyps

16. What is the typical presentation of Hirschsprung's disease in neonates?

- a. Diarrhea and abdominal pain
- b. Failure to pass meconium and intestinal obstruction
- c. Vomiting and weight gain
- d. Abdominal distension and bloody stools
- e. None Of these

17. A patient presents with night blindness, dry skin, and impaired immune function. Which vitamin deficiency is most likely?

- a. Vitamin A b. Vitamin D
- c. Vitamin E d. Vitamin K e. Vitamin C

18. Regarding hernia which of the following statement is NOT true

- a. Direct hernial sac comes out through a deep ring.
- b. Not all hernias require surgical repair
- c. Small hernias can be more dangerous than large
- d. Pain, tenderness & skin colour changes imply high risk of strangulation
- e. Femoral hernia should always be repaired

19. All are contents of spermatic cord except

- a. Testicular artery
- b. Pampiniform venous plexus
- c. Vas deferens
- d. Lymph node of Cloquet
- e. Ilioinguinal nerve

20. Deep ring (internal ring) occlusion test is done for diagnosis of;

- a. Femoral hernia
- b. Incisional hernia
- c. Epigastric hernia
- d. Direct & Indirect Inguinal hernia
- e. Paraumbilical hernia

21. A 40 years male patient was admitted as a case of acute intestinal obstruction. Which one of the following causes not included as intraluminal cause;

- a. Faecal impaction
- b. Foreign bodies
- c. Volvulus
- d. Gall stones
- e. Ascaris lumbricoides

22. A 30 year old female patient admitted as a case of an acute intestinal obstruction. Which one is not the cardinal feature of acute intestinal obstruction;

- a. Abdominal Pain
- b. Murphy's sign
- c. Abdominal Distension
- d. Vomiting
- e. Absolute constipation

23. A patient underwent laparotomy for intestinal obstruction. An ileostomy was done. Which one of the following is not a complication of stoma

- a. Skin excoriation
- b. Acute Pancreatitis
- c. Prolapse
- d. Retraction
- e. Stenosis

24. An elderly female patient presented in surgical OPD with a history of food sticking and weight loss for 2-3 months. Which of the following investigations to diagnose the disease;

- a. Barium swallow
- b. 24 hours pH monitoring
- c. Endoscopy
- d. CT Scan
- e. X-Ray

25. Because of the position of appendix and fallopian tube, the most common site of intra abdominal abscess is

- a. Subphrenic abscess
- b. Pelvic abscess
- c. Sub hepatic abscess
- d. Peri rectal abscess
- e. Douglas pouch abscess

26. Which of the following parts of the large gut is commonly affected by diverticular disease?

- a. Rectosigmoid
- b. Cecum
- c. Transverse colon
- d. Descending
- e. Ascending

27. A 60 years old male gives a history of early morning diarrhea, bleeding per rectum and Tenesmus. What is the next appropriate step in management of this patient?

- a. Colonoscopy
- b. Stool for occult blood
- c. MRI abdomen & pelvis
- d. CEA
- e. DRE & Proctoscopy

28. Total parenteral nutrition is provision of nutrients to patients via

- a. Orally only
- b. CVP line

- c. Via PICC (peripherally inserted central vein catheter)
- d. Orally + via PICC
- e. None of these

29. What is the imaging modality of choice for diagnosing obstructive jaundice?

- a. LFTs
- b. CT scan
- c. MRCP
- d. PET scan
- e. HIDA scan

30. Hyperemesis gravidarum is due to increased level of following hormone.

- a. Thyroid hormone
- b. Prolactin hormone
- c. B-HCG level
- d. FSH level
- e. LH level

31. Maternal risk related to obstetrics cholestasis:

- a. Vitamins D deficiency
- b. Vitamins C deficiency
- c. Vitamins K deficiency
- d. Vitamins B deficiency
- e. Normal level of bile acids

32. A 5-years old child presented with 3 episodes of absence seizures for few seconds with up rolling of eyes but no aura, Drugs according to priority?

- a. Ethosuximide > valproate > lamotrigine
- b. Ethosuximide > lamotrigine > valproate
- c. Phenytoin
- d. None of these
- e. All of these

33. A child with first episode of fits with fever

- a. Epilepsy
- b. Febrile seizures
- c. Hypocalcaemia

- d. Meningitis
- e. Hypoglycemia

34. A 2-years old little boy presents because the mother is concerned that he is having seizures. She describes that when he gets frustrated or upset, he will cry, and then turn purple in the face and lose consciousness. He has a few seconds of jerking movements after losing consciousness. He regains consciousness immediately and does not seem sleepy afterward. He never has a spell without first becoming upset and crying. What is the most likely diagnosis?

- a. Epilepsy
- b. Child abuse
- c. Gastro esophageal reflux
- d. Cardiac arrhythmia
- e. Breath-holding spell

35. A 24 hours old neonate presented with jaundice. SBR was 21 mg/dL (indirect Bilirubin was 20.5mg/dL). What action will you take?

- a. Sun exposure on daily basis
- b. Stop breast feeding
- c. To stop oily foods for mother
- d. Give phenobarbitone
- e. Arrange exchange blood transfusion

36. Antibiotic prophylaxis is not recommended to contacts for which meningitis ?

- a. H. Influenza
- b. Pneumococcal
- c. Meningococcal
- d. RSV
- e. Tuberculous

37. Infantile spasms with hypsarrhythmia on EEG, treatment?

- a. ACTH
- b. Vigabatrin
- c. Steroids

- d. Valproate
- e. None of these

38. 10 year child presented with fits and altered state of consciousness, father being treated as pulmonary TB, CSF turbid protein 1500mg/dL, glucose 35mg/dL, mostly lymphocytes ?

- a. Tuberculosis meningitis
- b. Viral meningitis
- c. Acute bacterial meningitis
- d. Malaria
- e. Encephalitis

39. What percentage of children with new-onset epilepsy will eventually be able to discontinue medication and remain seizure-free?

- a. 10% b. 30% c. 50% d. 70% e. 90%

40. A 2 years old child presents with chronic diarrhea, failure to thrive and distended abdomen since six month of age. Choose the single most likely investigation, essential for diagnosis.

- a. Upper GI endoscopy
- b. Endomysial / anti-gliadin antibodies
- c. Colonoscopy
- d. Stool culture
- e. None of these

41. A 9 years old child unvaccinated for Hepatitis B infection had a prick with used disposable syringe. What is the best treatment option for this child ?

- a. Active vaccination for Hepatitis B
- b. Hepatitis B Immunoglobulin
- c. Hepatitis B immunoglobulin and active vaccination
- d. Wound wash
- e. None of these

42. A 14-years old girl presents with a history of intermittent right upper quadrant pain over the last 2 months. Her laboratory evaluation reveals a direct bilirubin of 2.3mg/dL. Of the following, what is the most appropriate next study?

- a. Abdominal ultrasonography
- b. Endoscopic retrograde cholangiopancreatography
- c. Hepatobiliary iminodiacetic acid scan
- d. Liver biopsy
- e. Targeted mutation analysis of the uridine

43. A previously healthy 3-years old boy presented with a 1-day history of a fever up to 39°C accompanied by bloody diarrhea. The most likely explanation of his problem is an infection with

- a. Enteric adenovirus
- b. Giardia lamblia
- c. Norovirus
- d. Rotavirus
- e. Shigella dysentery

44. Which electrolyte abnormality develops in DKA?

- a. Hypokalemia
- b. Metabolic acidosis
- c. Hypernatraemia
- d. Hyponatraemia
- e. Hyperkalemia

45. Which is not a cardiovascular complication of Kawasaki disease?

- a. Myocarditis
- b. Pericarditis
- c. Valvular heart disease
- d. Pulmonary hypertension
- e. Coronary heart disease

46. Best treatment option in Kawasaki disease is ?

- a. IVIG b. Steroids
- c. Immunosuppressive drugs
- d. Antibiotics e. None of these

47. Contraindications to performing a lumbar puncture include the following EXCEPT.

- a. Suspected mass lesion of the brain
- b. Suspected mass lesion of the spinal cord
- c. Symptoms and signs of impending cerebral herniation

- d. Skin infection at the site of the lumbar puncture
- e. Thrombocytopenia with a platelet count $<50 \times 10^9/L$

48. Xanthochromia of cerebrospinal fluid (CSF) suggests the following EXCEPT

- a. Bloody tap
- b. Subarachnoid hemorrhage
- c. Carotenemia
- d. Hyper bilirubinemia
- e. Markedly elevated CSF protein

49. The current antiepileptic drug (AEDs) of choice for primary generalized tonic-clonic seizures in children is

- a. Phenytoin
- b. Carbamazepine
- c. Phenobarbital
- d. Valproate
- e. Topiramate

50. The following are manifestations of increased pressure in an infant EXCEPT

- a. Increasing head circumference
- b. Bulging fontanel
- c. Failure to thrive
- d. Persistent vomiting
- e. Setting sun sign

51. One of following cause osmotic diarrhea

- a. Toxigenic Escherichia coli
- b. Carcinoid
- c. Neuroblastoma
- d. Glucose-galactose malabsorption
- e. Congenital chloride diarrhea

52. The most common extra intestinal manifestation of celiac disease is

- a. Osteoporosis
- b. Short stature
- c. Arthritis
- d. Iron deficiency anemia
- e. Aphthous stomatitis

53. A 6 weeks old child is very sick-looking. Bloods: $Na^+=124$, $K^+=2.8$. Dehydrated. what would you choose to resuscitate ?

- a. 0.18% NS +4% dextrose + mmol KCl
- b. 0.9 % NS
- c. 0.45% NS
- d. 0.45% NS 5% dextrose
- e. 0.45% NS 5% dextrose + 20mmol KCl

54. The correct management of gastroenteritis include all of the below EXCEPT:

- a. ORS is the preferred treatment of mild to moderate dehydration in children with acute diarrhea.
- b. ORS can successfully rehydrate most children even with vomiting.
- c. Lactose free formulae are not routinely required
- d. Anti-diarrhea drugs are strongly recommended
- e. Antibiotics are not routinely recommended

55. Which of the following abnormalities is associated with short stature ?

- a. 45XO karyotype
- b. 44XXY karyotype
- c. 47XY karyotype
- d. 46XY karyotype
- e. Fragile X syndrome

56. One of the following in NOT a characteristic feature of Down's syndrome

- a. Brushfield spots
- b. Clinodactyly
- c. Polydactyly
- d. Large gap between the first and second toe
- e. Simian crease

57. Patients with celiac disease should avoid which of the following ?

- a. Corn
- b. Barley and rye
- c. Rice and legumes
- d. Oats
- e. Potatoes and legumes

58. The most commonly used index for nutritional status is .

- a. Height-for-age b. Weight-for-height
- c. Body mass index
- d. Mid-upper arm circumference
- e. Weight-for-age

59. Recurrent infection with neutropenia are a distinctive feature of

- a. Pompe disease b. Hurler disease
- c. Gaucher disease
- d. Glycogen storage disease Ia (GSDIa)
- e. Glycogen storage disease Ib (GSDIb)

60. A 12 years old boy presented with epistaxis, mild bruising, intermittent bone pain, and massive splenomegaly. Complete blood count shows thrombocytopenia and mild anemia. Radiological study revealed lytic lesions and Erlenmeyer flask deformity of the distal femur .

- a. Gaucher disease b. Sandhoff disease
- c. Tay-Sachs disease d. Von Gierke disease
- e. Niemann-Pick disease

61. A 25 year old man present with recurring, intrusive thoughts about contamination and germs. He reports spending hours each day washing his hands & avoids touching doorknobs or shaking hands with others. According to the DSM-5, which of the following is a characteristic feature of obsessive-compulsive disorder (OCD) in this patient.

- a. Preoccupation with weight & body shape
- b. Recurring panic attacks
- c. Intrusive thoughts or compulsions
- d. Avoidance of social situation
- e. Persistent feelings of sadness

62. A 3-year old child is diagnosed with Autism Spectrum Disorders (ASD) which of the following interventions is most strongly supported by evidence for improving outcomes in this child.

- a. Antipsychotic medications
- b. Applied Behavioral Analysis (ABA)

- c. Occupational therapy alone
- d. Speech therapy alone
- e. Watchful waiting

63. A 25-year old woman presents to the emergency department with a 2 day history of increased anxiety & feelings of hopelessness, insomnia, and restlessness. She reports a recent break up & has been experiencing worsening depressive symptoms over the past week. She denies any suicidal ideation but mentions she has been feeling overwhelmed. Which of the following is a Red flag that warrants immediate attention and further assessment?

- a. Increased anxiety
- b. Insomnia
- c. Feeling of hopelessness
- d. Passive suicidal thoughts
- e. Recent breakup

64. A 30-year old woman, who was involved in a severe car accident 6 months ago, presents with symptoms of intrusive memories, avoidance of driving, and hyperarousal. She also reports experiencing dissociative symptoms, such as feeling detached from her body. According to DSM-5, which of the following is a necessary criterion for diagnosing post-traumatic stress disorders (PTSD) in this patient?

- a. Symptoms lasting for at least 1 year
- b. Presence of dissociative symptoms
- c. Exposure to a traumatic event
- d. Comorbid major depressive disorder
- e. Hyperarousal symptoms

65. A 40-year old man presents with a 2-year history of persistent & distressing symptoms, including chronic headaches, abdominal pain, & fatigue. Despite numerous medical & evaluations & tests no underlying medical condition can be identified. He reports spending hours each day researching his symptoms online and seeking reassurance from

healthcare providers. What is the primary goal of treatment for this patient conditions?

- a. Cure the underlying medical conditions
- b. Reduce symptom-focused behavior
- c. Increase medication dosage
- d. Order more diagnostic tests
- e. Focus solely on pain management

66. Following an upper respiratory tract infection a young man developed lower motor neuron type weakness in both his lower limbs. There is no sensory loss. Most likely diagnosis is:

- a. Cervical myelopathy
- b. Guillain-Barre syndrome
- c. Multiple sclerosis
- d. Poliomyelitis
- e. Transverse myelitis

67. A 40 year old man presents with wasting and atrophy of muscles of upper and lower limbs, fasciculations, bilateral brisk knee jerks and up going plantars. What most likely diagnosis:

- a. Motor neuron disease
- b. Diabetic amyotrophy
- c. Multiple sclerosis
- d. Potts disease
- e. Pseudobulbar palsy

68. A 20 years old poor and malnourished patient has a 3 months history of fever, productive cough and hemoptysis. For the past six weeks he has had a backache and progressive weakness in his legs. He is febrile and has an ESR of 90 mm in the 1st hour. The T10 vertebra is prominent and tender and both planters are up. The following will be expected:

- a. absent ankle jerks
- b. brisk knee jerks
- c. complete collapse of the T10 vertebra
- d. pulmonary metastasis
- e. wasted muscles in the upper limbs

69. A 28-year-old woman presents with recurrent headaches for the past 6 months. The headaches are unilateral, pulsating, and last between 12 to 24 hours. They are often preceded by visual disturbances, such as flashing lights, and are associated with photophobia, nausea, and vomiting. She reports that sleep and lying in a dark room

relieve her symptoms. She denies any recent trauma or fever. Neurological examination is normal. Which of the following is the most appropriate next step in management:

- a. Order a non-contrast CT of the head
- b. Prescribe propranolol for prophylaxis
- c. Prescribe sumatriptan at headache onset
- d. Initiate corticosteroids to prevent progression
- e. Refer for lumbar puncture to rule out intracranial pressure changes

70. Which of the following best describes the clinical features of a patient in a coma:

- a. The patient is unresponsive but can be awakened with verbal stimuli
- b. The patient is asleep but responds to painful stimuli
- c. The patient is unconscious and cannot be aroused by any stimuli
- d. The patient is awake but has no awareness of surroundings
- e. The patient has periodic episodes of confusion and disorientation

71. Which of the following is a typical feature of migraine with aura:

- a. Bilateral, pressure-like headache without nausea
- b. Gradual visual disturbances followed by a throbbing headache
- c. Sudden severe headache with neck stiffness
- d. Continuous headache unresponsive to rest
- e. Headache only during physical exertion

72. A 34-year-old woman presents with recurrent throbbing headaches for 3 years. The headaches are unilateral, often preceded by visual zigzag lines, and associated with nausea and photophobia. She has 3–4 episodes per month, disrupting her work. Neurological exam is normal. What is the most appropriate long-term management:

- a. Acetaminophen during attacks
- b. Ergotamine daily for prevention

- c. Propranolol for migraine prophylaxis
- d. Lumbar puncture to exclude intracranial pathology
- e. CT brain for every episode

73. A 60-year-old man is brought to the ER unresponsive. GCS is 6. Pupils are equal and reactive. No signs of trauma. He has a history of diabetes and was last seen normal 4 hours ago. Blood glucose is 32 mg/dL. What is the most appropriate immediate management:

- a. CT head to rule out stroke
- b. Intravenous mannitol
- c. Administration of IV glucose
- d. Naloxone administration
- e. Intubation and observation only

74. A 26-year-old woman presents with blurred vision in her right eye and pain on eye movement for 5 days. Examination shows decreased visual acuity and a relative afferent pupillary defect (RAPD). MRI brain shows multiple periventricular hyperintense lesions. What is the most likely diagnosis:

- a. Acute angle-closure glaucoma
- b. Optic neuritis due to multiple sclerosis
- c. Central retinal artery occlusion
- d. Migraine with aura
- e. Temporal arteritis

75. A 30-year-old man presents with weakness in his legs, difficulty walking, and urinary urgency for 2 weeks. He had a similar episode of double vision 2 years ago that resolved completely. MRI spine shows demyelinating plaques in the cervical cord. Which term best describes this presentation:

- a. Clinically isolated syndrome
- b. Primary progressive MS
- c. Relapsing-remitting MS
- d. Secondary progressive MS
- e. Neuromyelitis optica

76. A 45-year-old woman suddenly develops a severe headache described as "the worst headache of my life." She also has neck stiffness and

photophobia. CT brain done within 2 hours is normal. What is the next best investigation:

- a. MRI brain with contrast
- b. EEG
- c. Lumbar puncture
- d. Cerebral angiography
- e. Carotid Doppler

77. A 29-year-old woman with multiple sclerosis presents with acute worsening of lower limb weakness and numbness. She has no fever or signs of infection. Which is the best next step in management:

- a. High-dose intravenous methylprednisolone
- b. Start interferon-beta immediately
- c. Oral prednisolone for 1 year
- d. Plasmapheresis as first-line treatment
- e. Start azathioprine immediately

78. A 50-year-old hypertensive man presents with sudden severe headache, vomiting, and loss of consciousness. On examination: neck stiffness, BP 180/100 mmHg, pulse 50/min, and irregular breathing. Which complication of SAH is most likely responsible for his bradycardia:

- a. Myocardial infarction
- b. Cushing's reflex due to raised ICP
- c. Vasospasm
- d. Hydrocephalus
- e. Hypovolemia

79. A 38-year-old man presents with progressive involuntary jerky movements of his limbs and face, with irritability and memory loss. His father had a similar illness. What is the inheritance pattern of this disorder:

- a. Autosomal recessive
- b. Autosomal dominant
- c. X-linked recessive
- d. X-linked dominant
- e. Mitochondrial

80. A 68-year-old man presents with a 2-year history of tremors and slowness of movement. His tremor is most noticeable at rest and improves with voluntary movement. On exam, he has a pill-rolling tremor, cogwheel rigidity, and shuffling gait with reduced arm swing. Which of the following is the main neurotransmitter deficiency in this condition:

- a. Acetylcholine in basal ganglia
- b. Dopamine in substantia nigra pars compacta
- c. GABA in cerebral cortex
- d. Glutamate in hippocampus
- e. Serotonin in raphe nuclei

81. A 20-year-old male patient is brought after suddenly losing consciousness. He had generalized stiffening of all limbs, followed by jerking movements for 2 minutes. He was confused for 15 minutes afterwards. What is the most appropriate first-line drug for long-term management:

- a. Carbamazepine b. Valproate
- c. Phenytoin d. Diazepam e. Lamotrigine

82. A 74 years old male patient presented with loss of balance for 1 year. He also complains of increased forgetfulness and urinary incontinence. What is the likely diagnosis:

- a. Alzheimer's Disease b. Ischemic Stroke
- c. Senile dementia d. Vascular Dementia
- e. Normal Pressure Hydrocephalus

83. A 65-year-old hypertensive man presents with sudden-onset weakness of the right arm and leg along with slurred speech for 2 hours. On examination, he is conscious but has right-sided hemiplegia and expressive aphasia. What is the most appropriate next step in management:

- a. Give aspirin immediately
- b. Start IV mannitol
- c. Give subcutaneous heparin
- d. Urgent non-contrast CT brain
- e. Start IV alteplase without imaging

84. A 59-year-old woman is brought with left-sided weakness and slurred speech for the last 2 hours. Her CT brain shows no hemorrhage. What is the best next step in management:

- a. Start aspirin immediately
- b. Start IV alteplase (tPA)
- c. Start IV mannitol
- d. Refer for carotid endarterectomy
- e. Start oral anticoagulation immediately

85. Which of the following findings is most characteristic in CSF of a patient with Guillain-Barre syndrome:

- a. high protein with normal white blood cell count
- b. high white blood cell count with low protein
- c. high glucose and low protein
- d. low glucose and low white blood cell count
- e. low glucose and low protein

86. What is the pattern of sensory loss typically seen in diabetic neuropathy:

- a. proximal to distal
- b. Dermatomal
- c. distal symmetrical (stocking and glove distribution)
- d. Random and patchy
- e. Mononeuritis multiplex

87. Which sign is commonly used to check for meningeal irritation:

- a. Babinski reflex
- b. Kernig's sign
- c. Tinel's sign
- d. Romberg test
- e. Pupillary reflex

88. A 45 year old HIV positive man presents with headache, fever and blurry vision. CSF shows high opening pressure , lymphocytic predominance and

positive india ink stain. What is the most likely diagnosis:

- a. Tuberculosis meningitis
- b. Cryptococcal meningitis
- c. HSV encephalitis
- d. CMV retinitis
- e. EBV encephalitis

89. A patient being treated for meningitis suddenly develops bradycardia, hypertension and irregular breathing (cushing's triad). What is the most likely cause:

- a. septic shock
- b. Respiratory failure
- c. Increased intracranial pressure
- d. cardiac tamponade
- e. cardiogenic shock

90. A 52-year-old man presents with bright red blood per rectum for the past 2 days. He denies any abdominal pain, weight loss, or change in bowel habits. The bleeding is noted on toilet paper and drips into the bowl after defecation. Physical examination is unremarkable except for external hemorrhoids. What is the most likely cause of his rectal bleeding:

- a. Hemorrhoids
- b. Colorectal carcinoma
- c. Ulcerative colitis
- d. Angiodysplasia of the colon
- e. Anal fissure

91. Which of the following blood tests is most specific for hepatocellular injury:

- a. Alkaline phosphatase (ALP)
- b. Gamma-glutamyl transferase (GGT)
- c. Alanine aminotransferase (ALT)
- d. Serum albumin
- e. Bilirubin

92. A 22-year-old man presents with a history of painful defecation and bright red blood seen on wiping. He denies diarrhea or systemic symptoms.

On examination, a small linear tear is seen at the posterior anal verge. What is the most likely diagnosis:

- a. Hemorrhoids
- b. Anal fissure
- c. Rectal carcinoma
- d. Crohn's disease
- e. Ischemic colitis

93. A 40 year old woman with recurrent upper abdominal pain is diagnosed with chronic pancreatitis. Which imaging modality is most sensitive for detecting early pancreatic changes:

- a. Abdominal ultrasound
- b. plain abdominal x ray
- c. CT scan abdomen with contrast
- d. Endoscopic ultrasound
- e. MRCP

94. A 45 year old man presents with 2 days of history of upper GI bleeding. He has a history of alcohol abuse for the last 10 years. Upper GI Endoscopy shows esophageal varices. What is the most appropriate treatment for him:

- a. Beta-blockers + nitrates
- b. Transjugular intrahepatic portosystemic shunt (TIPS)
- c. Sclerotherapy
- d. Endoscopic band ligation
- e. Liver transplantation

95. A 35 years old HIV positive man presents with odynophagia (painful swallowing) and retrosternal chest pain. He is not on retroviral therapy. Endoscopy reveals white plaque like lesions in the esophageal mucosa. What is the most likely cause:

- a. Eosinophilic esophagitis
- b. CMV esophagitis
- c. Candidal esophagitis
- d. Herpetic esophagitis
- e. Gastroesophageal reflux disease

96. A 42-year old male admitted in Medical Ward with one day history of Hematemesis. He has history of Rheumatoid Arthritis and on NSAIDs for the last 10 years. Upper GI Endoscopy done revealed an actively bleeding Gastric Ulcer. Which of the following endoscopic treatment is recommended for this patient:

- a. High dose PPI
- b. Band Ligation
- c. Epinephrine Injection + Sclerotherapy
- d. Epinephrine Injection + thermocoagulation
- e. Injection of Tranexamic Acid at the bleeding side

97. A 35-year-old female with FHF secondary to acute Hepatitis A is currently in the ICU. She has progressed from lethargy (Grade 2) to being mostly unresponsive but still localizing to painful stimuli (Grade 3/4). Her Glasgow Coma Scale (GCS) is 8. A critical complication to monitor and prevent in this stage of FHF, which is the leading cause of death in non acetaminophen FHF, is:

- a. Cerebral edema and intracranial hypertension
- b. Variceal hemorrhage from portal hypertension
- c. Pancreatitis due to biliary obstruction
- d. Trousseau's syndrome (Migratory thrombophlebitis)
- e. Hepatopulmonary syndrome

98. A 28-year-old woman is admitted to the emergency department with a history of intentional self-harm. She is jaundiced, agitated, and lethargic (Grade II encephalopathy). Her lab results show an international normalized ratio (INR) of 5.5, and AST/ALT are both over 8000 U/L. A toxicological screen is pending, but based on the commonest cause of FHF in the Western world, what is the most likely initial treatment to be administered immediately:

- a. Intravenous N-acetylcysteine (NAC)
- b. Urgent hemodialysis to remove toxins
- c. High-dose intravenous corticosteroids
- d. Lactulose enemas and rifaximin

e. Transjugular intrahepatic portosystemic shunt (TIPS) placement

99. A 45 years old man from southern Punjab went to Babusar top, developed a headache after one day of arrival which was persistent and not relieving with medicines, and he also has anorexia, nausea & vomiting. What is the most likely diagnosis:

- a. High altitude cerebral edema
- b. High altitude pulmonary edema
- c. Acute mountain sickness
- d. Cerebral infarction
- e. Pneumonia

100. A 22-year-old boy sustained an electrical injury. Which type of manifestations he may NOT have due to electric current injury:

- a. Cardiac Arrhythmias/Asystole
- b. Apnea/neuropathies
- c. Muscle Necrosis/fracture of bones
- d. Neutropenia
- e. Burn injuries

101. A patient is having treatment for Rheumatoid Arthritis for the last 01 year. She has developed corneal deposits, therefore one of her drug has to be stopped. Which of the following drug has been stopped:

- a. Methotrexate
- b. Hydroxychloroquine
- c. Leflunomide
- d. NSAIDs
- e. Prednisolone

102. A 22-year-old patient presents with tall stature, long limbs, hypermobile joints. There is also a family history of similar features. Which of the following connective tissue disorders is most likely to be associated with this clinical presentation:

- a. Ehlers-Danlos Syndrome
- b. Marfan Syndrome
- c. Osteogenesis Imperfecta
- d. Stickler Syndrome
- e. Loeys-Dietz Syndrome

103. Which systemic disease is most commonly associated with nephrotic syndrome due to membranous nephropathy:

- a. Diabetes mellitus
- b. Systemic lupus erythematosus (SLE)
- c. Hepatitis B infection
- d. Hypertension
- e. Sarcoidosis

104. A 25-year-old woman with known SLE presents with facial swelling and frothy urine. Lab tests show 4+ proteinuria, low C3 and C4, and elevated serum creatinine. What is the most likely renal pathology:

- a. Minimal change disease
- b. Focal segmental glomerulosclerosis
- c. Lupus nephritis
- d. Diabetic nephropathy
- e. Post-streptococcal glomerulonephritis

105. A 28-year-old farmer is brought to the emergency department with excessive salivation, sweating, pinpoint pupils, vomiting, and difficulty breathing. On examination, he has bilateral crepitations in the lungs and a pulse of 50/min. What is the most appropriate immediate treatment:

- a. Pralidoxime infusion
- b. Diazepam IV
- c. Atropine IV bolus
- d. Activated charcoal orally
- e. Mechanical ventilation only

106. A 40-year-old man presents 7 hours after accidental insecticide ingestion. He was treated with atropine in the ED and stabilized. Now, he develops muscle weakness, neck flexor weakness, and difficulty breathing, but has no excessive secretions. What is the most likely explanation for his new symptoms:

- a. Central nervous system depression due to atropine
- b. Intermediate syndrome of OP poisoning
- c. Delayed polyneuropathy due to OP compounds
- d. Recurrent cholinergic crisis
- e. Hypokalemic periodic paralysis

107. A 40-year-old man is brought to the ED after drinking illicit alcohol. He has vomiting, abdominal pain, and rapid deep breathing. On exam: BP 100/70 mmHg, pulse 110/min, RR 30/min. Labs: pH 7.15, HCO₃- 10 mmol/L, anion gap 28, osmolal gap high. Fundoscopy shows bilateral blurred disc margins. What is the most likely cause of his symptoms:

- a. Acetaldehyde toxicity
- b. Formic acid accumulation
- c. Lactic acidosis from ethanol
- d. Hypoglycemia from ethanol metabolism
- e. Uremia from acute kidney injury

108. A 35-year-old man presents after ingesting home-brewed alcohol. He is confused, tachypneic, and has blurred vision. ABG shows severe metabolic acidosis. Which of the following is the best initial antidotal therapy:

- a. Vitamin B6 (pyridoxine)
- b. Ethanol infusion
- c. Thiamine
- d. N-acetylcysteine
- e. Sodium bicarbonate infusion only

109. A 25-year-old athlete collapses during a football game on a hot summer day. He is confused, has a body temperature of 40°C (104°F), and is sweating profusely. Which of the following is the most likely diagnosis:

- a. Heat exhaustion
- b. Heat stroke
- c. Dehydration
- d. Cardiac arrest
- e. Meningitis

110. A 27-year-old man with a history of schizophrenia was recently switched from olanzapine to high-dose haloperidol one week ago. He is brought to the emergency department with confusion, severe muscle rigidity, fever, and diaphoresis. On examination, his temperature is 40.2°C, pulse 120/min, BP 170/100 mmHg, and he is profusely sweating. Neurological exam reveals generalized lead-pipe rigidity with hyporeflexia. Investigations show: WBC count: 16,000/μL CK: 18,000 U/L Creatinine: elevated Urine: positive for

myoglobin Which of the following is the most likely diagnosis:

- a. Serotonin Syndrome
- b. Neuroleptic Malignant Syndrome
- c. Malignant Hyperthermia
- d. Acute Dystonic Reaction
- e. Anticholinergic Toxicity

111. A 30-year-old man is brought to the emergency department after being found unconscious in his garage with the car engine running. On arrival, he is drowsy but arousable. His pulse is 110/min, BP 100/60 mmHg, RR 28/min, SpO₂ 99% on room air. Examination reveals headache, confusion, and cherry-red discoloration of lips and skin. Arterial blood gas (ABG) on room air: pH: 7.32 pCO₂: 32 mmHg HCO₃: 18 mmol/L PaO₂: 95 mmHg SpO₂: 99%. What is the most appropriate immediate treatment:

- a. High-flow 100% oxygen by non-rebreather mask
- b. IV sodium thiosulfate
- c. IV methylene blue
- d. Immediate intubation and ventilation with room air
- e. IV bicarbonate infusion

112. A 20-year-old farmer is brought to the emergency department after being bitten on the right foot while working in the fields. He noticed two fang marks, followed by swelling and pain at the bite site. Two hours later, he developed bleeding from gums and blood in urine. On examination: Pulse: 110/min, BP: 90/60 mmHg Local swelling with tenderness around the ankle. Bleeding from puncture site. Systemic bleeding present. Lab results: Hb: 11 g/dL Platelets: 220,000/ μ L PT/APTT: prolonged Urine: hematuria. What is the first aid at the site of bite:

- a. Incision and suction
- b. Tourniquet above bite
- c. Immobilization of limb and rapid transport to hospital
- d. Application of herbal paste

- e. Ice packing

113. A 42 year old woman with a BMI of 34kg/m² and type 2 DM wants to lose weight. Her provider starts her on semaglutide once weekly. What is the mechanism of action of semaglutide:

- a. Inhibits pancreatic lipase
- b. Increase insulin resistance
- c. GLP-1 receptor agonist
- d. Leptin receptor blocker
- e. DPP-4 inhibitors

114. A 50 years old man with diffuse cutaneous systemic sclerosis presents with progressive dysphagia and regurgitation. Which diagnostic test would best assess his esophageal motility:

- a. Upper GI endoscopy
- b. Barium swallow study
- c. Esophageal manometry
- d. chest x ray
- e. 24 hr pH monitoring

115. A 28-year-old woman with a known case of SLE is well controlled on maintenance of Hydroxychloroquine 400mg/day. She presents with a mild flare characterized by fatigue, mild-to-moderate symmetrical polyarthritis of her hands and wrists, and a new non-scarring alopecia. Laboratory workup shows stable complement levels and a slightly elevated ESR, with no evidence of organ threatening disease (normal CBC and urinalysis). What is the most appropriate initial adjustment to her current management :

- a. Discontinue hydroxychloroquine immediately and initiate cyclophosphamide.
- b. Initiate low-dose oral prednisone (e.g. 7.5 mg/day) and continue hydroxychloroquine.
- c. Increase the dose of hydroxychloroquine to 600 mg/day and add methotrexate.
- d. Initiate mycophenolate mofetil (CellCept) as a first-line treatment.
- e. Treat only with nonsteroidal anti-inflammatory drugs (NSAIDs) for the arthritis and observe,

discontinuing hydroxychloroquine to prevent retinopathy

116. A 28-year-old woman with known

Antiphospholipid Syndrome presents to the clinic upon discovering she is 6 weeks pregnant. Her history includes one prior fetal loss at 18 weeks and another at 12 weeks. She is currently asymptomatic. Which of the following is the most appropriate management regimen to prevent further pregnancy complications in this patient:

- a. No treatment is necessary if her antiphospholipid antibody titers are currently low
- b. Therapeutic unfractionated heparin (UFH) alone
- c. Warfarin throughout the pregnancy
- d. Low-dose Aspirin alone
- e. Prophylactic low molecular weight heparin (LMWH) plus low-dose Aspirin

117. A 40-year-old female presents with a 5-year history of severe Raynaud's phenomenon. She recently noted skin tightening limited to her fingers and face (sclerodactyly), small red vascular spots on her lips (telangiectasias), and chronic heartburn. Which autoantibody is most likely to be detected in her serum :

- a. Rheumatoid Factor
- b. Anti-Double-Stranded DNA (Anti-dsDNA)
- c. Anti-Centromere
- d. Anti-RNA Polymerase III
- e. Anti-Scl-70

118. A 55-year-old woman presents with a 4-month history of progressive difficulty climbing stairs, getting up from a chair, and raising her arms to comb her hair. She reports mild, dull muscle aches but no skin rash. Physical exam reveals 4/5 strength in the bilateral deltoids and hip flexors, with normal distal strength. Labs show a Creatine Kinase (CK) of 4500 U/L (reference range <200 U/L) and elevated aldolase. Which of the following is the most likely initial diagnosis:

- a. Myasthenia Gravis

- b. Lupus Myositis
- c. Polymyositis
- d. Inclusion Body Myositis
- e. Statin-induced Myopathy

119. A 55-year-old male presents to the clinic with a 3-month history of persistent, bloody nasal discharge with crusting, recurrent sinusitis that failed multiple antibiotic courses, and a new onset of cough with occasional hemoptysis. Physical exam reveals a nasal septal perforation. Laboratory workup shows an elevated creatinine and microscopic hematuria with red blood cell casts on urinalysis. Which of the following is the most likely specific serological finding in this patient's condition:

- a. Antiglomerular basement membrane (Anti-GBM) antibodies
- b. Perinuclear anti-neutrophil cytoplasmic antibodies (p- ANCA)
- c. Cytoplasmic anti-neutrophil cytoplasmic antibodies (c-ANCA)
- d. Antinuclear Antibodies (ANA)
- e. Anti-double-stranded DNA (Anti-dsDNA) antibodies

120. A 72-year-old woman presents with a 4-week history of bilateral aching and stiffness in her shoulders, neck, and hip girdle. She describes the stiffness as being so severe in the morning that it takes her over an hour to get out of bed and dress, and she has great difficulty raising her arms to comb her hair. She also reports feeling tired and has lost 3 kg unintentionally. Her physical exam is notable only for painful restriction of movement in the shoulders and hips, but muscle strength is 5/5 in all proximal and distal groups. Laboratory work-up reveals an ESR of 110. Her Anti Cyclic Citrullinated Peptide (anti-CCP) antibodies are negative, and her Creatine Kinase (CK) is normal. Which of the following is a most likely diagnosis:

- a. Myasthenia Gravis
- b. Rheumatoid Arthritis
- c. Polymyalgia Rheumatica

- d. Thyroid Myopathy
- e. Polymyositis