

## Women Medical College, Abbottabad

#### BLOCK-Q.KEY 2024

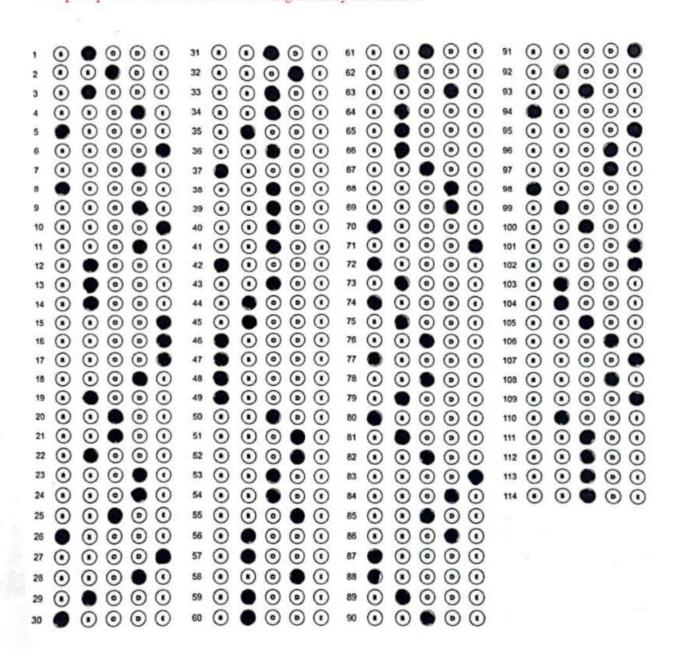
Dated: 27, November 2024

#### MAKE DARK MARKS



**Note:** In case of any discrepancies or issues with the key, please report them to controller of Examination within 48 working hours of its upload. Your prompt feedback is crucial for ensuring accuracy and fairness.

Controller Examination



- 1. Minor risk factors for recurrence of febrile seizure include the following EXCEPT
- Complex febrile seizure
- b. Age <1 yr
- c. Family history of febrile seizures
- d. Male gender
- e. Lower serum sodium
- 2. Gingival hyperplasia coarsening, of the hirsutism, cerebellovestibular symptoms (nystagmus and ataxia) are adverse effects of
- a. Carbamazepine
- b. Lamotrigine
- Phenytoin
- d. Valproic acid
- e. Succinimides
- 3. Rickets is a potential side effect from all the following EXCEPT
- Phenytoin a.
- Valproate
- c. Phenobarbital
- d. Primidone
- Carbamazepine e.
- The most common cause of neonatal seizures is
  - a. Vascular events X
  - b Intracranial infections
- Brain malformations
- d. Hypoxic-ischemic encephalopathy
- Metabolic disturbances
- HBV is present in high concentrations in
- Serous exudates
- b. Saliva X
- c. Vaginal fluid
- Semen
- e. Urine X
- 6. Risk factors for HBV infection in adolescents and children acquisition by the following EXCEPT
- Intravenous drug
- Contaminated needles
- Sexual contact
- d. Intimate contact with carriers
- Sharing toys
- One of the following rules out biliary atresia

- a. History of prematurity
- b. Normal size of liver
- c. Normal consistency of liver
- d Consistently pigmented stools
- e. No familial incidence
- 8. Zinc supplementation in children with diarrhea in developing countries leads to the following EXCEPT
  - a. Decreased use of ORS
  - b. Reduced duration of diarrhea
    - c. Reduced severity of diarrhea
    - d. Reduced hospital admission
    - e. Improving diarrhea recovery rates
- 9. Guillain-Barre syndrome can be a sequel in the following foodborne bacterial illness
  - a. Bacillus anthracis
  - b. Bacillus cereus
  - c. Brucelia abortus
  - d Campylobacter jejuni
  - e. Clostridium botulinum
- with 10. Risks associated dehydration that might necessitate intravenous resuscitation include
  - a. Age <9 mo
  - b. Postmaturity
  - c. Fever >38°C if 3-36 mo of age
  - d. Secretary diarrhea
  - Depressed level of consciousness
- 11. The following conditions can be associated with celiac disease EXCEPT
  - a. Williams syndrome
  - b. Down syndrome
  - c. Turner syndrome
  - d. klinefilter syndrome
  - e: Sjogren syndrome
- 12. Acute diarrhea in infancy is commonly caused by
  - Primary disaccharidase deficiency
  - b. Overfeeding
  - c. Hirschsprung toxic colitis
  - d. Adrenagenital syndrome
  - e. Neonatal opiate withdrawal
- reflux 13. Gastroesophageal (GERD) is the common esophageal disorder in children of all ages of following, the MOST common symptom in infants is
  - a. Excessive crying

- b. Regurgitation
- Failure to thrive
- d. Abnormal posturing
- e. Sleeping disturbances
- 14. All the following are common causes of emesis in childhood EXCEPT
- a. Gastroenteritis
- b. Toxic ingestion
- c. Pertousis syndrome
- d. Peptic ulcer
- Otitis media
- 15. The most commonly used index for nutritional status is
- a. Height-for-age
- b. Weight-for-height
- Body mass index
- d. Mid-upper arm circumference
- e. Weight-for-age
- 16. Emergency treatment in severe malnutrition includes all the following EXCEPT
- a. Shock
- b. Hypoglycemia
- c. Dehydration
- d. Severe anemia
- . Infections
- 17. The following are characteristic features of acute hypervitaminosis A EXCEPT
- a. Nausea and vomiting
- b. Drowsiness
- c. Diplopia
- d. Cranial nerve palsies
- e. Seizures
- 18. Enzyme replacement is the main therapy of Hurler disease, it improve all the following EXCEPT
- a. Growth rate
- b. Joint mobility
- c. Organomegaly
- Cognition functions
- Episodes of sleep apnea
- 19. Hunter disease is characterized by all the following features EXCEPT
- a. Short stature
- b. Corneal clouding
- c. Dysostosis multiplex
- d. Intellectual disability
- Coarse facial features

- 20. All the following mucopolysaccharidoses are inherited as autosomal recessive EXCEPT
- a. Hurler disease
- Scheie disease
- . Hunter disease
- d. Moroquio disease
- e. Sanfilippo disease
- 21. All the following drugs are unsafe in acute intermittent porphyria EXCEPT
- a. Nifedipine
- b. Diclofenac
- c. Cimetidine
- d. Valproic acid
- e. Carbamazepine
- 22. You are called to evaluate the cause of hypotonia in a 1-day full-term female infant born to a 28-year old mother. The baby is alert and moves all extremities well but is hypotonic. She has upward slanting palpebral fissures, and bilateral transverse palmar creases. Karyotype is 46,XX.

What is most likely reason for this result?

- The number of chromosomes was miscounted
- b. She has a partial translocation involving chromosome 21
- c. There is no chromosomal abnormality
- d. Interference of the test by maternal-fetal blood transfusion
- e. She has turner syndrome
- 23. Patients with Down syndrome are at increased risk for which of the following?
- a. Hyperthyroidism
- b. Arthritis of the cervical spine
- c. Streak gonads
- d. Cardiac malformations
- e. Rhabdomyosarcoma
- 24. An irritable 12-month-old male has a 1-week history of high fevers and macular truncal rash. Examination reveals bulbar conjunctivitis, bright red cracked lips, and cervical adenopathy. What is the most appropriate next step?
  - a. Initiate airborne barrier precautions
  - b. Intravenous antibiotics

- c. Intravenous antibiotics for the infant and oral antibiotics for all household members
- d. Intravenous gamma globulin
- e. Intravenous corticosteroids
- 25. Petaechial hemorrhages on the skin or seen in.
- a. Pneumococcal meningitis
- Staphylococcal meningitis
- Meningococcal meningitis
- d. Aseptic meningitis
- e. None of the above
- 26. All are true of Duchene muscular dystrophy except.
- Autosomal dominant
- b. Only boys suffer
- c. Girls can only be carriers
- d. Sex linked recessive
- e. All of the above
- 27. Gullian Barre syndrome is characterized by
- Symmetric weakness of muscles ~
- Paraesthesia
- Preceding viral illness
- No vaccination
- All of the above
- 28. A 75 year old patient presents with Rt hemiplegia and aphasia. Most likely site of lesion is in:
- a. Frontal lobe
- b. Internal capsule
- c. Basal ganglia
- Left motor cortex
- e. Medulla
- 29. 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:
- Cervical myelopathy
- b. Gullian-Barre syndrome
- c. Multiple sclerosis
- Poliomyelitis d
- e. Transverse myelitis
- 30. A 40 year old man present with wasting and atrophy of muscles of upper and lower limbs, fasciculations, bilateral brisk knee jerks and up going planters. What most likely diagnosis:

- a. Motor neuron disease
- b. Diabetic amyotrophy
- Multiple sclerosis
- d. Pots disease
- e. Pseudobulbar palsy
- 31. Which of the following medications is considered as first line treatment for acute migraine:
- a. opiods
- b. acetaminophen
- NSAIDS
- d. B-blockers
- e. Tricyclic antidepressants
- 32. Which of the following is not a common trigger for migraine:
- a. stress
- b. harmonal changes
- c. bright light .
- (d) regular sleep
- e. Certain foods
- 33. Which of the following is a key feature of tension type headache:
- nausea and vomiting
- b. pulsating quality
- bilateral pressing or lightening sensation
- dx aura
- ex Severe pain requiring emergency
- 34. Which scale is commonly used to assess the level of consciousness in a patient with a coma:
- a. APGAR score
- b. NIH stroke scale
- GCS (Glasgow coma scale )
- d. mini mental state exam
- e. Rankin scale
- 35. What is a potential complication of prolonged coma:
- a. sudden recovery
- b. pulmonary embolism
- c. increases apetite
- d. acute kidney injury
- e. rapid healing of wound
- 36. A 45-year-old male presents with sudden severe headache, vomiting, and loss of consciousness. On examination, he is afebrile, has neck stiffness and photophobia.

What is the most likely diagnosis:

- Migraine
- b. Meningitis
- Subarachnoid Hemorrhage (SAH) Intracerebral Hemorrhage
- Cervical spine injury
- 37. A patient suspected of having SAH undergoes imaging studies. Which of the following is the most sensitive imaging modality for detecting SAH:
- Non-contrast CT brain
- b. Contrast-enhanced CT brain
- c. MRI brain
- d. CT angiography
- Transcranial Doppler ultrasound
- 38. A patient with SAH due to aneurysmal rupture undergoes successful clipping. What is the most significant predictor of poor outcome:
- Age > 60 years
- b. Presence of hydrocephalus
- Initial Glasgow Coma Scale (GCS) score
- d. Aneurysm size > 1 cm
- e. Delayed surgical intervention
- 39. A 42-year-old woman presents with progressive fatigue, numbness in her legs, and difficulty maintaining her balance while walking. Her symptoms started gradually and have worsened over the past six months. Examination reveals spasticity in the lower limbs and a positive Romberg sign. MRI shows spinal cord lesions but no brain involvement. Which of the following is the most likely subtype of multiple sclerosis in this patient:
- Relapsing-remitting MS
- Secondary progressive MS
- Primary progressive MS
- d. Clinically isolated syndrome
- Benign MS
- 40. A 30-year-old male with a confirmed diagnosis relapsing-remitting multiple sclerosis (RRMS) is experiencing an acute exacerbation of symptoms, including muscle weakness blurred vision. Which of the following is the most appropriate immediate treatment to manage his symptoms:

- Methotrexate
- Oral prednisone
- Intravenous methylprednisolone
- Rituximab
- Interferon-beta
- 41. A 25-year-old woman reports a sudden episode of double vision that began two days ago. She also mentions a previous episode of numbness in her legs that lasted for a few weeks and then resolved without treatment. Examination reveals an internuclear ophthalmoplegia (INO). MRI of the brain shows demyelinating plaques in the periventricular area. Which of the following additional findings on MRI would further support the diagnosis of multiple sclerosis:
- A single lesion in the thalamus
- b. A single lesion in the frontal lobe
- C. Lesions in different brain regions with different ages (time dissemination)
- A single spinal cord lesion
- A large, enhancing lesion in the occipital
- 42. Which subtype of Guillian barre syndrome is characterized by rapid progression to respiratory failure:
- a. Acute inflammatory demylenating polyneuropathy(AIDP)
- Miller fisher syndrome b.
- Acute motor axonal neuropathy(AMAN)
- Acute motor and sensory axonal neuropathy(AMSAN)
- e. Bickerstaffs encephalitis
- 43. : Which of the following CSF findings is indicative of bacterial meningitis:
- Low glucose, low protein
- b. High glucose, low protein
- e. Low glucose, high protein
- high glucose, high protein
- Normal glucose, low protein
- 44. A 60-year-old male presents with a tremor at rest, bradykinesia, and rigidity. He has been experiencing difficulty with walking and performing daily activities. Which of the following is the most likely diagnosis:
- Essential tremor a.
- b. Parkinson's disease
- c. Dystonia
- d. Chorea

- e. Hemiballismus
- 45. A 30-year-old woman with a history of epilepsy becomes pregnant. Which of the following antiepileptic medications is considered safest in pregnancy:
- Valproate
- Lamotrigine
- c. Carbamazepine
- d. Topiramate
- e. gabapentin
- 46. A 50-year-old man with a history of epilepsy experiences a sudden increase in seizure frequency. Which of the following is the most likely cause:
- Medication non-compliance
- b. Sleep deprivation
- Alcohol withdrawal
- d. Intracranial lesion
- antibiotic use
- 47. 25 years old female with a past history of transient blindness and right arm weakness which recovered after a few days presented with lower limb weakness. Examination showed bilateral upgoing plantars with increased tone and reflexes. Fundi showed optic atrophy. What is the probable diagnosis:
- Motor neuron disease
- b. Syringomyelia
- c. Stroke
- d. Multiple sclerosis
- e. Brain tumour
- 48. A 72-year-old male presents with sudden onset of right-sided weakness, difficulty speaking, and drooping of the right side of his face. Which of the following is the most likely diagnosis:
- a. Ischemic stroke
- b. Hemorrhagic stroke
- Transient ischemic attack (TIA)
- d. Bell's palsy
- e. subarachnoid haemorrhage
- 49. What is the most common type of diabetic neuropathy:
- a. Distal symmetric polyneuropathy
- b. Autonomic neuropathy
- c. Proximal motor neuropathy
- d. Focal neuropathy

- e. Focal neuropathy
- 50. A 28 years old male with Guillian barre syndrome develops autonomic dysfunction including orthostatic hypotension and sinus tachycardia. What is the best management for his autonomic dysfunction:
- a) beta blockers
- (b) Anti cholinergic drugs
- c) Fluid replacement and vasopressors
- d) corticosteroids
- e) calcium channel blockers
- 51. A 30 years old woman presents with sudden onset of blurred vision in her right eye and reports pain with eye movement. She also mentions feeling tingling in her left arm that began a few months ago but resolved on its own. MRI brain shows lesions in the white matter. Based on these findings what is the most likely diagnosis:
- Transverse myelitis
- Stroke
- Multiple seclerosis
  - Encephalitis
- 52. What type of per rectal bleeding is most likely associated with inflammatory bowel disease:
- -d. fresh per rectal bleed
- b. malena
- c. black tarry stools
- d. mucus with blood
- e. no bleeding only mucous
- 53. In patient with per rectal bleed what is most concerning risk factor that need further workup:
- a. mild abdominal pain
- b. dark stools
- altered bowel habits
- d. weight gain
- e. occasional diarrhea
- 54. A 80 year old male presented in ER department with history of lower abdominal pain for last 1 day with history of per rectal bleed which is sudden in onset, bright red blood, there is no past history of constipation or altered bowel habits & no weight loss.

What is the most common cause of per rectal bleeding in this patient:

- hemorroids
- b. anal fissure
- diverticular bleed
  - d. ca rectun
  - e. Peptic ulcer disease
- 55. A 40-year-old woman with Fulminant Hepatic Failure due to autoimmune hepatitis has failed to response to steroid therapy. She has elevated bilirubin levels (10 mg/dL) and requires urgent treatment:

#### What is the most appropriate management:

- a. Increase steroid dose
- b. Add azathioprine
- Plasmapheresis -
- Emergency liver transplantation
- e. Supportive care
- 56. A 25-year-old woman presents with one week history of jaundice, confusion, coagulopathy (INR 3.5) and elevated liver enzymes (AST 1000 U/L, ALT 1500 U/L). There is no past history of disease: What is the most likely diagnosis:
- a) Acute Hepatitis
- b). Fulminant Hepatic Failure
- c) Fatty liver disease
- Liver Cirrhosis
- Hepatocellular Carcinoma
- 57. A 50-year-old man presents with 05 days history of hematemesis and melena. On examination he is pale, pulse 130/ min & hypotensive (BP 90/60 CBC: WBC 5.4, HB 7.2, PLT 250

What is the initial management for

him:

- a Immediate Endoscopy
- b. IV fluids + blood transfusion
- c. Proton pump inhibitors (PPIs)
- d. Nasogastric lavage
- Surgery
- 58. A 40-year-old man presents with 2 days history of upper GI bleeding. He has history of alcohol abuse for the last 10 years. Upper GI Endoscopy shows What is the esophageal varices most appropriate treatment for him:

- a Beta-blockers + nitrates
- b. Transjugular intrahepatic portosystemic shunt (TIPS)
- C Sclerotherapy
- Endoscopic band ligation Liver transplantation
- 59. A 60 years old male presented with 4 days history of abdominal distention and pain. He is a known patient of chronic hepatitis C. On examination abdomen was distended with positive shifting dullness. Ascitic tap was done. Which of the following findings is indicative of portal hypertension ascites:
- Low SAAG, high protein
- b. High SAAG, low protein
- c. Low SAAG, low protein
- d. High SAAG, high protein
- e. low SAAG ,normal protein
- 60. A patient with cirrhosis and portal hypertension is being evaluated for secondary prevention of esophageal variceal bleeding after an initial episode. Which medication is most appropriate for long term prevention of rebleeding:
  - a. proton pump inhibitor
  - b. Non selective beta blockers
  - c. ACE inhibitors
  - d. diuretics
  - e Calcium channel blockers
  - 61. A 45 years old man from southern Punjab went to Narran for tour, developed headache after one day of arrival which was persistent and not reliving 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
  - 62. A 20-year-old patient presents with tall stature, long limbs, hypermobile joints, and a positive thumb sign and wrist sign. 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
- 63. A 22-year-old boy sustained an electrical injury. Which of the following manifestations is NOT due to electric current injury:
- a. Cardiac Arrythmias/Asystally
- Apnea/neuropathies
- c. Muscle Necrosis/fracture of bones
- d Neutropenia
- e. Burn injuries
- 64. Which of the following lab findings is most indicative of renal involvement in SLE:
- a. elevates creatinine with normal urinanlysis
- b. hematuria and protinuria
- c. Hypoalbuminuria
- d. hyperurocemia
- e. increases calcium
- 65. Which autoimmune diseaseis characterised by the presence of antiglomular basement membrane antibodies leading to rapidly progressive glomerulonephritis:
- a. wegneres grabulomatosis
- b. Goodpasture syndrome
- c. lupus nephritis
- d. anklyosying spomdylitis
- e. dermatomyositis
- 66. A patient presents with agitation, confusion, and paranoia after methamphetamine use. What is the initial treatment:
- a. Haloperidol
- b. Lorazepam
- Dantrolene
  - d. Acetaminophen
- Fluid resuscitation
- 67. What is the toxic dose of acetaminophen in adults:
- · a. 5g
- b. 7.5 g
- c. 10 g
- d. 15 g
- e. 20 g

- 68. A patient with methamphetamine. induced psychosis requires long-term management. What is the primary therapeutic goal:
- a. Reducing dopamine levels
- b. Increasing serotonin levels
- Enhancing cognitive function
- d. Improving impulse controle. Supporting behavioral therapy
- 69. A 30-year-old female presents to the emergency department 2 hours after ingesting 20 tablets of alprazolam (Xanax) 2mg each. She is somnolent, confused, and has a respiratory rate of 10 breaths/minute What is the most appropriate initial treatment:
- a. Activated charcoal
- b. Flumazenil
- Gastric lavage
- d. Supportive care with monitoring
- e. Mechanical ventilation
- 70. A 25-year-old woman with Antiphospholipid Syndrome plans for pregnancy. What is the recommended management for her:
- Low dose aspirin + low-molecular-weight heparin (LMWH)
  - b. Warfarin + corticosteroids
  - c. Rivaroxaban + corticosteroids
  - d. Close monitoring without anticoagulation
  - e. Advise her not to conceive
  - 71. A 50-year-old woman with dermatomyositis is treated with Prednisone 60 mg/day & Methotrexate 10 mg/week. After 6 months, her muscle strength improves, CK levels normalize & skin rash resolved. What is the next best step:
    - a. Increase methotrexate dose
    - b. Add rituximab
    - c. Switch to azathioprine
    - d. Maintain current treatment
    - e. Gradually taper prednisone
    - 72. A 40-year-old man presents with recurrent sinusitis, hemoptysis, renal impairment (GFR 40 mL/min) & Positive c-ANCA. What is the most likely diagnosis:

- Wegener's Granulomatosis (GPA)
- b. Microscopic Polyangiitis (MPA)
- c. Polyarteritis Nodosa (PAN)
- d. Churg-Strauss Syndrome (EGPA)
- e. Goodpasture's Syndrome
- 73. A 40-year-old woman Polyarteritis Nodosa develops one week history of gastrointestinal bleeding and abdominal pain. What is the most likely cause:
- Mesenteric artery aneurysm
- b. Intestinal ischemia
- Gastrointestinal ulceration
- d. Inflammatory bowel disease
- e. Diverticulitis
- 74. A 70-year-old woman presents with visual sudden-onset headache, scalp disturbances (diplopia), tenderness and elevated ESR (70 mm/h).

#### What is the most likely diagnosis:

- Giant Cell Arteritis (GCA)
- b. Temporal Arteritis
- Polymyalgia Rheumatica (PMR)
- d. Migraine
- Stroke
- 75. A 50-year-old man arrives at the emergency department after accidental exposure to a pesticide while spraying his crops. He reports nausea, sweating, and muscle twitching. His vital signs show bradycardia and low blood pressure. Which of the following would be the most appropriate antidotal treatment:
- Administer intravenous naloxone
  - Start atropine and pralidoxime therapy
- Give intravenous bicarbonate
- Administer activated charcoal
- Induce vomiting with ipecac
- 76. A 60-year-old woman is brought to the department overdose of sedative pills. She is unresponsive, has a respiratory rate of 6 breaths per minute, and her blood pressure is 80/50 mmHg. What is the most important initial step in managing this patient:
  - Start intravenous fluids
- Administer activated charcoal

- e Perform endotracheal intubation and ventilation
- d. Induce vomiting with ipecac
- e. Start a naloxone infusion
- 77. A 25-year-old woman presents to the emergency room with confusion, vomiting, and difficulty walking after a night of heavy drinking. Her blood tests show hypoglycemia and an elevated blood alcohol concentration. Which of the following is the most appropriate initial treatment:
- Administer thiamine followed by dextrose
- b. Administer intravenous naloxone
- c. Perform gastric lavage
- d. Start hemodialysis
- e. Give intravenous bicarbonate
- 78. What is the primary treatment for Raynauds phenomenon in Scleroderma:
  - a. Beta blockers
  - b. Vasodilators
  - c. Calcium channel blockers
  - d. Corticosteroids
  - e. Immunosuppressants
- 79. 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
  - 80. A 35-year-old male patient taking haloperidol for schizophrenia develops a fever, rigidity, and altered mental status. Which of the following is the most likely diagnosis:
    - Neuroleptic malignant syndrome (NMS)
    - Serotonin syndrome
    - c. Malignant hyperthermia
    - d. Parkinsonian crisis
    - bacterial meningitis
    - 81. Which of the following medications is most commonly associated with NMS:
    - Selective serotonin reuptake inhibitors (SSRIs)
    - b. Typical antipsychotics (e.g., haloperidol)

- c. Atypical antipsychotics (e.g., clozapine)
- d. Benzodiazepines
- Metoclopramide
- 82. A patient with SLE is planning pregnancy. Which of the following would be an important pre conception counselling point for her:
- Discontinue all medications immediately
- b. Avoid pregnancy as SLE patients cannot safely carry a pregnancy
- Control disease activity before conception and continue pregnancy safe medications
- d. Plan for early delivery to avoid complications
- e. Terminate pregnancy immediately if it
- 83. A Patient was having inguinoscrotal swelling that reaches base of scrotum, it is reducible with positive cough impulse. What is diagnosis?
- 'a- Inguinal Hernia
- b- Incomplete, inguinal Hernia
- c- Complete ,inguinal Hernia
- d- Complete, direct inguinal Hernia
- e- Complete ,reducible inguinal Hernia
- 84. Which of the following is not related to blood supply of testis?
- a- Testicular Artery
- b- Artery to vas deferens
- c- Cremasteric artery
- d- Internal pudendal
- 85. Which of the following inguinal hernia surgery have minimum recurrence rates.
- a- Bassinis
- b- Shouldice
- c- Lichensteins Repair
- Darning Repair
  - e- Mayos Repair
- 86. All are contents of spermatic cord except;
- a. Testicular artery
- b Pampaniform venous plexes
  - c. Vas deferens
  - d. Lymph node of cloquet
- 87. A 50 year old Female having history of open Cholecystectomy presented in emergency with pain abdomen and She also have relative distension. constipation. What is likely diagnosis.

- Subaente intestinal obstruction.
- Acute Intestinal obstruction
- c- Peritonitis
- d- Cholecystitis.
- e- None
- 88. A 50 years old patient is suffering from ulcerative colitis. Which one is not extra intestinal manifestations of ulcerative colitis;
- Chronic supportive ottitis media
- b. Arthritis
- c. Sclerosing cholangitis
- d. Erythema nodosum
- Pyoderma gangronsum
- 89. Regarding carcinoma of the rectum, which one of the following is not included in Duke's staging;
- Duke's A
- b. Duke's G
- c. Duke's B
- d. Duke's C Duke's D
- 90. An elderly female patient presented in surgical OPD with history of food sticking and weight loss for 2-3 months. Which of the following investigations to diagnose the disease;
- Barium swallowing
- b. 24 hours PH monitoring
- C Endoscopy
- d. CT Scan
- X-Ray
- 91. After the Cholecystectomy, a patient develops jaundice. The ultrasound showed dilatation of upper biliary tract and suggest the stricture of the bile duct. Which of the following should be done?
- a. HIDA Scan
- b. CT Scan
- S. PTC
- d. X-Rays
- e. ERCP
- 92. 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
- 93. An elderly female presented in surgical OPD having anemia and gradually increasing mass right iliac fossa for few weeks. What diagnosis comes to your
- ILeocecal TB
- Amoeboma
- Carcinoma of cecum
- d. Crohn's disease
- Appendicular mass
- 94. Which of the following part of large gut is commonly affected by diverticular disease?
- a. Recto sigmoid
  - b. Cecum
  - c. Transverse colon
  - d. Descending
  - Ascending
  - 95. A 60 years old male gives history of early morning diarrhea, bleeding per rectum and Tenesmus. What is next appropriate step in management of this patient?
  - Colonoscopy
    - b. Stool for occult blood
    - c. MRI abdomen & pelvis
    - d. CEA
  - DRE & Proctoscopy
    - 96. Which of the following test is used as screening to detect recurrence of patient who is operated for colorectal carcinoma?
    - CT Scan
    - b. Proctoscopy
    - Colonoscopy
    - d. CEA
    - CXR
    - 97. A 40 years old male patient presented with pain abdomen, vomiting and abdominal distension. On examination there is tender lump in the Right groin which is irreducible. Name the diagnosis
    - Hydrocele
    - b. Varicocele
    - c. Epididmo-orchitis
    - d. Obstructed inguinal hernia
    - Incisional hernia

- 98. Which of the following clinical is associated with hypercalcemia:
- Malignancy
  - b. Fluid resuscitation with shock
- c. Rapid infusion of blood products
- d. Improper infusion of phosphates
- e. Acute pancreatitis
- 99. Total parenteral nutrition is provision of nutrients to patients via
- a. Orally only
- b. CVP line
- Via PICC (peripherally inserted center vein catheter)
- Orally + via PICC d.
- None e.

#### 100. What is the body mass index (BMI)

- a. A way to measure one's appetite
- b. Body weight divided by daily caloric intake
- A way of estimating body size by taking height and weight into account
- d. How we measure the effect of a large meal on body weight
- e. A way of determining how many calories of fat a person can eat and still lose weight

### 101.In order to be eligible for weight loss surgery, which criteria's must be met?

- Body weight at least 100 pound or 100 percent above ideal weight
- b. Men must be at least 500 pounds in weight. Women must be at least 400 pounds
- c. A history of obesity and failed attempts at non surgical weight loss treatment
- d. No recent or current history of substance abuse or major psychiatric disorder
- The Body Mass Index (BMI) of 40, or if co-morbidities exist, a BMI of at least 35.

### 102. Which of the following procedure is used for weight loss

- Sleeve Gastrectomy
  - b. Mini gastric bypass
  - c. Roux-Y gastric bypass
  - d. SADI-S procedure
  - All of above
- 103.A 30 year old female patient admitted as a case of a 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. Vomitting
- e. Absolute constipation
- 104.A patient underwent laparotomy for intestinal obstruction. An ilestomy was done. Which one of the following is not a complication of stoma
  - a. Skin excoriation
  - b. Acute Pancreatitis
  - Prolapse
- 105. You are asked to counsel a woman who is planning to have another baby after her first baby was born with spina bifida. Which once preconception management options is most likely to reduce the risk
  - a. Sodium Valproate
  - b. Thiamine
  - Vitamin B<sub>12</sub>
  - 4. Folic acid
  - e. Ultrasound screening
- 106.In meningomyelocele there % chances of developing hydrocephalus
  - a. 10%
  - b. 20%
  - c. 30%
  - 80%
  - e. 100%
- 107.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,
  - Glioma
  - b. Brain abscess
  - c. Ischemic Infract
  - d. Cerebromalacia
  - Meningioma
- 108. The brain tumor having the most high recurrence rate is;
  - a. Meningioma
  - b. Oligodendroglioma
  - c. Medulloblastoma
  - d. Glioblastoma multiforme

- e. Colloid Cyst
- 109.A 30 years old lady presented with neck pain with bilateral brachiailgia. On examination she has anesthesia ot C 6-7 levels with upper motor neuron signs. The probable diagnosis is;
  - a. Cervical disc prolapse
  - b. C 6-7 dislocation
  - c. Diabatic neuropathy
  - d. Pott's disease
  - e. Syringomyelia
- 110.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 decrease sensation and weak dorsi flexion. The ideal investigation for this patient is;
  - a. X-Ray L/S spine
  - ub. MRI L/S spine
  - c. NCS right leg
  - d. Doppler's ultrasound
  - e. CT Scan whole leg
- 111.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;
- Brace a.
- Observation
- Surgical Stabilization
- d. Minerva Jacket
- Skillful neglect
  - 112.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
- Tuberculosis of spine a
- b. Spinal Tumor
- É. Disc Herniation
- Fracture L2 Vertebra d.
- Muscular weakness e.
  - 113. Maternal risk related to obstetric cholestasis?
  - a. Vitamin D deficiency
  - b. Vitamin C deficiency
    - c. Vitamin K deficiency

- d. Vitamin B deficiency
- e. Normal level of bile acids

# 114. Hyperemsis graviderum is due to increased level of following hormone?

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