

Time Allowed: 120 min.

Max. Marks: 120

Note: • Attempt all questions. Select the best answer from given choices. Handover response sheet along with question paper after attempting

- Use BLUE / BLACK ink only. Do not use RED Color. Filling of more than one option shall not be considered.
- Possession of mobile phone and other electronic accessories are strictly prohibited.

- When is it most important to assess and reflect on our clinical decision-making?
 - Before a practice inspection
 - When something has gone wrong
 - When we have an unexpected outcome
 - When deciding to buy new equipment
 - Assessment and reflection should be an ongoing process
- All of the following statements argue for evidence-based practice EXCEPT:
 - Treatment choice is now a condition of competent practice
 - Evidence-based practice guarantees a successful treatment outcome
 - Clients benefit when they are aware of theoretically sound and empirically verified diverse treatments
 - Knowledge of the matter and possible solutions add to the client's ability to make an informed decision
 - None of them
- Who is responsible for reporting a patient safety occurrence?
 - Front-line caregivers
 - Managers
 - Facility executives
 - All of the them
 - None of them
- Which of the following should never be used when breaking bad news to families?
 - Compassion.
 - Professional jargon
 - Appropriate body language.
 - Touch
 - Privacy
- You are a general practitioner caring for a hypertension patient. The patient is currently taking an ineffective medication in controlling his blood pressure. You want to find the best evidence to help your patient. Which of the following resources would be the best place to start your search for evidence?
 - A clinical practice guideline
 - A patient preference survey
 - A randomized controlled trial
 - A systematic review
 - A textbook on hypertension
- A 25 years old lady married to her 1st cousin, visits the OPD with complaint of HMB, easy fatigability and palpitations. She has family history of childhood blood transfusions. What will you tell her about the possible complications in future babies?
 - Retinopathy of prematurity
 - Anencephaly
 - Down's syndrome
 - Cardiomyopathy
 - Esophageal Amnesia
- A poorly booked 25 years old PG presented at 37 weeks gestational age with complaints of dizziness mild vaginal bleeding and abdominal pain since 3 hours. On examination, she is pale. Her blood pressure at a previous visit was 150/98mmHg but she admits to noncompliance with medication. SFH is 41cm, abdomen is tense and fetal heart sounds are absent on palpation. Mild vaginal bleeding is noted on pad. What is the likely diagnosis?
 - Placenta accrete
 - Placental abruption
 - Placenta previa
 - Uterine rupture
 - Vasa previa
- As X-rays passes through the matter its intensity
 - Increases
 - Decreases
 - Remains constant.
 - May increase or decrease depending on the object
 - None of above
- Depression is a _____ disorder.
 - Somatoform.
 - Dissociative.
 - Schizophrenic.
 - Mood
 - All of them
- Geriatric care serves the health and wellness needs of adults at the age of
 - 45 years
 - 55 years
 - 65 years
 - 75 years
 - 95 years
- Which of the following principle help in caring of older adults?
 - Many disorders need management by a single health professional.
 - Diseases often present atypically or with nonspecific symptoms.
 - All abnormalities require evaluation and treatment.
 - Complex medications & polypharmacy can easily be managed.
 - Prognosis in elderly is always good

8. As X-rays pass through the matter its intensity
a. Increases b. Decreases c. Remains constant. d. May increase or decrease depending on the object e. None of above
9. Depression is a _____ disorder.
a. Somatoform. b. Dissociative. c. Schizophrenic. ☒ d. Mood e. All of them
10. Geriatric care serves the health and wellness needs of adults at the age of
a. 45 years b. 55 years ☒ c. 65 years d. 75 years e. 95 years
11. Which of the following principles help in caring of older adults?
a. Many disorders need management by a single health professional.
b. Diseases often present atypically or with nonspecific symptoms. c. All abnormalities require evaluation and treatment.
d. Complex medications & polypharmacy can easily be managed. e. Prognosis in elderly is always good
12. A 76 years old female with metastatic breast cancer developed offensive diarrhea after a recent bout of constipation. She is being treated with paracetamol, a transdermal opiate patch for bone pain and intermittent bisphosphonate infusions for hypercalcemia. What is the most likely cause of her diarrhea?
a. Clostridium difficile b. Diverticulitis c. Drug induced colitis d. Laxative abuse **e. Overflow diarrhoea**
13. 21 years old male patient was brought to Psychiatry OPD. The patient reported he was very fearful as his paternal uncles were plotting to kill him as he argued with them 6 months back. They know of his thoughts as they have connected a wire from his brain and heart to the satellite system as one of the uncles is a science teacher. They also hear his thoughts through a radio station. The father reported his son mostly seen talking to himself and gesturing as if he is speaking to someone when he is alone in the room. What is the diagnosis?
a. Delusional disorder b. Major depressive disorder with psychosis c. Conversion disorder
☒ **d. Schizophrenia** e. Bipolar affective disorder
14. A 35 years old patient presents with disturbing recurrent thoughts of harming her 7 month old infant for the last 1 month. She imagines using a knife to stab her child but she has no desire to hurt her child. As a result of these distressing thoughts, she has removed all sharp objects from the kitchen. Because of this she has not been able to prepare meals at home and has chosen to buy fast food or take out for the family. What is the most probable diagnosis?
a. Schizophrenia b. Acute psychosis **c. Obsessive compulsive disorder**
d. Impulse control disorder e. Obsessive compulsive personality disorder.
15. A 69-year-old woman is brought to your clinic by her husband. He is concerned for the past year or so she has been less able to recall things. She used to be in charge of grocery shopping but over the past year or so she has been leaving things off the list. On several occasions when her son found her wandering outside. She is otherwise healthy. Her physical examination is unremarkable. Mental state examination reveals a healthy appearing woman who is cooperative with your question and

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laughs when she can't recall any of the three items you ask her to repeat. CT scan reveals diffuse cortical atrophy and normal ventricles. Which of the following is the most likely diagnosis?

- a. Age related cognitive decline b. Delirium **c. Alzheimer's disease** d. Pseudodementia e. Normal pressure hydrocephal

16. A 15 years old girl is admitted for anaemia work up. She does not have splenomegaly and lymphadenopathy. The mean corpuscular volume of the patients is 90 fL and the reticulocyte production index is low. Which one of the following is the most likely cause of her anaemia?

- a. Aplastic Anaemia** b. Iron deficiency Anaemia c. Siderblastic Anaemia d. Thalassemia e. Vit B12 Deficiency

17. You are doing round with your consultant. He examines a patient of Non Hodgkins Lymphoma. He asks you about international prognostic index criteria. Which one of the following is NOT in the international prognostic index for Non Hodgkins Lymphoma?

- a. Age b. LDH levels **c. Lymphocyte Count** d. Number of extra nodal sites e. Performance status

18. A 40 years old lady presented with lethargy and palor 4 months. She has no hepatosplenomegaly or lymphadenopathy or sternal tenderness. She had series of investigations done including bone marrow examination. Bone Marrow aspirate shows 15% myeloblasts and reduced erythropoiesis. What is the most likely diagnosis?

- a. Acute Myeloid Leukemia b. Acute Lymphocytic Leukemia c. Chronic Myeloid Leukemia
d. Myelodysplastic syndrome e. Myelofibrosis

19. A 33 years old drug addict is admitted to your ward. He is malnourished with Hb of 7 and MCV of 104. He had Echo done with evidence of endocarditis. B12 and folate levels sent and results awaited. What differentiates folate deficiency from B12 deficiency?

- a. Anaemia b. Glossitis c. Lethargy d. Muscle weakness **e. Neurological symptoms**

20. A 15 years old boy presented with aplastic anaemia. Most of the cases of bone marrow aplasia are idiopathic but there are some known causes. Which one of the following is a well recognised cause of aplastic anaemia?

- a. Cytomegalo virus infection b. G6PD deficiency **c. Hepatitis virus infection** d. H2 receptor blockers e. Omeprazole

21. A 31-year old male has been screened for a familial blood disorder. The results show hemoglobin of 9.5 g/dL and smear displays few target cells. Hemoglobin electrophoresis shows a mild increase in HbA2. What is the the appropriate diagnosis?

- a. Hetrozygous β -thalassemia** b. Hemozygous β thalassemia c. Normal variant d. Silent carrier α - thalassemia
e. Trait α -thalassemia

22. A 50-year-old woman presents to the doctor with a history of easy bruising and bleeding gums of 2 weeks duration. Her platelet count is 10,000/ μ L (normal range: 150,000-400,000/ μ L). Which of the following is the most likely diagnosis?

- a. Dengue fever b. Disseminated intravascular coagulation (DIC) c. Heparin-induced thrombocytopenia (HIT)
d. Idiopathic thrombocytopenic purpura (ITP) e. Thrombotic thrombocytopenic purpura (TTP)

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23. A 70-year-old woman with VWD type 1 is taking aspirin for arthritis. She presents with a history of easy bruising and prolonged bleeding after minor cuts. Which of the following is the most likely explanation for her increased bleeding tendency?
- Aspirin is causing a decrease in the number of platelets.
 - Aspirin is causing a decrease in the production of platelets.
 - Aspirin is causing a decrease in the production of VWF.
 - Aspirin is interfering with the function of VWF.
 - Aspirin is interfering with the function of platelets.
24. A 3 years old child has presented with mild pallor. Child is mildly anemic, without purpura lymphadenopathy or lymphadenopathy. He has a hemoglobin concentration of 10 gm/dL and marked microcytosis and hypochromia on peripheral smear. On Hb electrophoresis Hb A2 is 5 %; serum ferritin level is 130 ng/ml.
- Anemia due to chronic disease
 - β -thalassemia minor
 - Iron deficiency anemia
 - Sickle cell anemia
 - Sideroblastic anemia
25. An 18-year-old female presented in ER with colicky abdominal pain, diarrhea, vomiting, and frothy urine. She gives a history of knee and ankle joint pains for which she was taking NSAIDs, she also complained of a purpuric rash on buttocks and legs. On examination, her blood pressure was 140/89mmg, pulse 78/minute, respiratory rate 17/minute. Blood tests reveal elevated creatinine 1.8mg/dL and raised IgA levels. The platelet count was also raised. Biopsy shows increased IgA levels in the mesangium. What is the most likely diagnosis?
- Churg-Strauss
 - Henoch-Schoenlein purpura
 - Polyarteritis nodosa
 - Takayasu arteritis
 - Wegner's disease
26. A 45-year-old male presents to ER with weight loss, sudden loss of appetite, abdominal pain, excessive fatigue, and joint pains. He also complains about lumps on the skin as well. His blood pressure was 170/100mmg, pulse was 87/minute, temperature 38 C, and respiratory rate 20/minute. Laboratory tests revealed creatinine 2.2mg/dL, raised ESR, c-ANCA, and p-ANCA are negative. Arteriography shows microaneurysms of the renal arteries. Which of the following is the treatment in this patient?
- Aspirin
 - Cyclophosphamide+ methotrexate
 - IVIg
 - Rituximab
 - Steroids + cyclophosphamide
27. A 30 year old man presented with 3 months history of fever and weight loss. O/E there is palpable right axillary lymph nodes and hepatosplenomegaly. P/smear shows leucopenia but no blast cells. what is next best step in management?
- CT chest and abdomen
 - Lymph node biopsy
 - PET (Positron emission tomography)
 - Tuberculin skin test
 - None
28. A 18-year aged girl was brought to hospital with petechiae and non-traumatic bruises with history of polymenorrhagia. O/E there is no lymphadenopathy, no hepatosplenomegaly, no history of anticoagulants and CBC is normal. What is the most likely diagnosis?
- Haemophilia
 - Leukemia
 - Sepsis/DIC
 - Von-willibrand disease
 - All of the above
29. A 3 year boy with post-circumcision bleeding, no history of fever or anticoagulant drugs. Labs are awaited. What will be the best management after dressing and pressure packing to stop bleeding?
- Blood transfusion
 - I/V tranexamic acid
 - Factor VIII infusion
 - Factor X infusion
 - None of the above
30. A 30-year aged male was brought with non-traumatic hemarthrosis of right knee. Rest of examination is normal. Labs are CBC- normal, PT- normal, APTT- prolonged, What is the most likely diagnosis?
- Christmas disease
 - Factor VIII deficiency
 - Von-willibrand disease
 - Warfarin disease
 - None

31. A 45 year old male presented with massive splenomegaly with no hepatosplenomegaly and lymphadenopathy . CBC shows Hb - 11g/dl, WBC 70000 and platelets 200,000. What is the most likely diagnosis?
- a. Chronic malaria **Chronic myeloid leukemia** c. Myelofibrosis d. Visceral leishmaniasis e. All of them
32. A 30-year-old patient presents with recurrent episodes of acute joint pain, redness, and swelling in the big toe. The pain is excruciating and often wakes the patient up at night. Laboratory tests reveal normal serum uric acid levels. Which of the following is the most likely classification for this patient's joint disease?
- Gout** b. Osteoarthritis c. Psoriatic arthritis d. Rheumatoid arthritis e. Systemic lupus erythematosus
33. A 40-year-old woman presents to the rheumatology outpatient clinic with a three- month history of stiff hands and wrists. She mentions that the pain is particularly bad first thing in the morning. On examination, the wrists, metacarpophalangeal joints and proximal interphalangeal joints are swollen and warm. A diagnosis of rheumatoid arthritis is suspected. Blood tests for rheumatoid factor return as positive. What is the most appropriate management?
- a. Non-steroidal anti-inflammatory drugs (NSAIDs)
- b. Intramuscular depot injection of methylprednisolone plus NSAIDs plus Methotrexate**
- c. Anti-TNF therapy **NSAIDs and methotrexate and sulfasalazine** e. None of them
34. A 45-year-old woman, presents with joint pain, swelling, and morning stiffness in multiple joints. She also experiences fatigue and occasional low-grade fever. Laboratory tests reveal the presence of an antibody directed against double-stranded DNA. Based on the scenario, which of the following autoimmune arthritis conditions is most likely in this patient.
- a. Ankylosing spondylitis (AS) b. Psoriatic arthritis (PsA) c. Reactive arthritis d. Rheumatoid arthritis
- Systemic lupus erythematosus (SLE)**
35. A 55-year-old man presents to his GP with a 2-week history of pain in his hands. The pain is particularly bad in his right hand. On examination, brown discoloration of the nails with onycholysis is noted and the distal interphalangeal joints are tender on palpation. What is the most likely diagnosis?
- a. Rheumatoid arthritis b. Reactive arthritis c. Osteoarthritis **Psoriatic arthritis** e. None of them
36. Mr. Farhan, a 50-year-old man with rheumatoid arthritis, has been on long-term treatment with methotrexate. He presents with shortness of breath, cough, and chest pain. Chest imaging reveals interstitial lung disease. Which of the following complications of rheumatoid arthritis is Mr. Farhan most likely experiencing?
- a. Caplan's syndrome b. Felty's syndrome **Rheumatoid lung disease**
- d. Rheumatoid vasculitis e. Sjögren's syndrome
37. A 32-year-old man presents to accident and emergency with a 1-day history of pain in the right knee. He also mentions that he has had a fever and is feeling generally unwell. On examination, the right knee is swollen, warm and extremely painful to move. What is the most appropriate next step?
- a. Empirical intravenous antibiotic treatment b. X-rays of the right knee **Aspiration of the joint and blood cultures**
- d. Referral for physiotherapy e. All of them
38. A 45-year-old man with SLE, presents with new-onset seizures and altered mental status. Imaging studies reveal multiple areas of increased signal intensity on T2-weighted MRI images. Which of the following complications, this patient most likely experiencing?
- a. Depression **Lupus cerebritis** c. Lupus Psychosis d. Toxoplasmosis e. Viral Encephalitis

- e. All of them
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- a. Depression b. Lupus cerebritis c. Lupus Psychosis d. Toxoplasmosis e. Viral Encephalitis
39. A 25-year-old female gives birth to a baby with complete heart block who subsequently requires pacemaker insertion. Which of the following antibodies is most likely to be detected in the maternal serum?
- a. Anti-double-stranded deoxyribonucleic acid (dsDNA) antibodies b. Anti-endomysial antibodies
 c. Anti-Ro/SSA antibodies d. Anti-SCL70 antibodies e. Rheumatoid factor
40. A 40-year-old man, presents with joint pain, swelling, and redness in his knee. He recently had a gastrointestinal infection. Laboratory tests reveal negative rheumatoid factor and HLA-B27 antigen. Based on the scenario, which of the following arthritic conditions is most likely in this patient?
- a. Ankylosing spondylitis (AS) b. Enteropathic arthritis c. Psoriatic arthritis (PsA)
 d. Reactive arthritis e. Rheumatoid arthritis
41. A 72-year-old man presents with an acutely painful right big toe. On examination, he had a temperature of 37°C with a hot, swollen, erythematous and tender right big toe. Of relevance amongst his investigations, was his white cell count which was $12.6 \times 10^9 /l$. Joint aspirate revealed negative birefringent crystals under light microscopy but the culture and sensitivity was negative. What is the most likely diagnosis?
- a. Gout b. Psoriatic mono-arthritis c. Pseudogout d. Reactive Arthritis e. Septic arthritis
42. A 55-year-old woman presents with a rash on her face and hands, along with weakness in her shoulder and hip muscles. She also complains of difficulty swallowing and shortness of breath. On examination, she has a heliotrope rash on her eyelids and a scaly erythematous rash on her hands. She has symmetric proximal muscle weakness, including the neck and shoulder muscles. Laboratory tests reveal an elevated creatine kinase level and positive anti-Mi-2 antibodies. What is the most likely diagnosis for this patient?
- a. Dermatomyositis b. Guillain Barre Syndrome c. Inclusion body myositis
 d. Lambert-Eaton myasthenic syndrome e. Polymyositis
43. 40 years old female patient presented to the emergency department with history of shortness of breath, dry cough and chronic fatigue. She is also complaining of painful swollen joints with conjunctival redness sometimes. On examination she has tender axillary lymph nodes with conjunctival redness. Chest X-Ray shows bilateral hilar infiltrates. Biopsy reveals non-caseating granulomas. Which of the following is the most likely diagnosis?
- a. Lymphoma b. Tuberculosis c. Sarcoidosis d. Polyarteritis Nodosa e. SLE

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44. Septic arthritis occurs most frequently in adults; however, the most serious sequelae from infection occur in children, especially if a hip joint is involved which of the following is the most common microorganism responsible for neonatal septic arthritis
- a. Haemophilus influenza b. Salmonella c. Staph aureus d. Staph epidermidis e. Streptococcus
45. Which of the following antibodies are used in the diagnosis of Systemic Sclerosis (Scleroderma)?
- a. ANA b. Anti-dsDNA c. Anti-Scl 70 (Topoisomerase-I) d. ANCA e. Anti-SS-A
46. A primigravida female presented to ER with pre-term labor at 32 weeks of gestation. She has a history of systemic lupus erythematosus and was taking medication. Which of the following is true about the treatment of SLE in pregnancy?
- a. Cyclophosphamide should be discontinued because it is teratogenic
b. Methotrexate can be given during the first trimester but not during second and third trimesters
c. Patients with SLE treated with high dose steroids should breastfeed their baby
d. Steroids should be discontinued because they are teratogenic e. Steroids has higher teratogenicity than methotrexate
47. A 70-year-old female presented to ER with swelling of knee joint and severe pain. Arthrocentesis revealed rhomboid-shaped crystals that stained deeply blue with H&E stain, and show weak positive birefringence on light microscopy. X-ray reveals chondrocalcinosis. Which of the following statements is true?
- a. The patient has monosodium urate depositions b. The patient has calcium oxalate depositions
c. The patient has calcium apatite deposition d. The patient suffers from rheumatoid arthritis
e. The patient has calcium pyrophosphate depositions
48. A 60-year-old female presents in OPD with knee joint stiffness in the morning and increases with activity and decreases on rest. She also complains about a crackling noise on joint movement. X-ray shows narrowing of the joint space and osteophytes. Which of the following treatments is recommended in this patient?
- a. Acetaminophen b. Elastic socks c. Methotrexate d. Steroids e. Surgery
49. A 50-year-old female presents to ER with dyspnea on exertion and orthopnea, red painful eyes. She complains of chronic dull pain in the gluteal region for the last 5 years and stiffness in the lower back that wakes her up in the morning. X-ray spine reveals squaring of vertebrae with bone spur formation. On MRI sacroiliitis is seen. Which of the following is the most likely diagnosis?
- a. Aortic stenosis b. Aortic regurgitation c. Mitral stenosis d. Mitral regurgitation e. Pulmonary stenosis
50. A 45-year-old male presents to ER with arthritis, fever, red teary eyes. He complains of cough as well. There are tender nodules on his shins. On examination of the eyes, uveitis is seen. Chest x-ray shows bilateral hilar lymphadenopathy. Which of the following will also be seen in this patient?
- a. Elevated PTH b. Decreased vitamin D c. Elevated ACE d. Hypocalcemia e. Hypophosphatemia
51. Which of the following is true regarding reactive arthritis?

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- a. Aortic stenosis ☒ Aortic regurgitation c. Mitral stenosis d. Mitral regurgitation e. Pulmonary stenosis
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51. Which of the following is true regarding reactive arthritis?

- a. All patients are HLA-B27 positive ☒ It is a clinical diagnosis c. It involves the joints symmetrically
d. First-line therapy is with sulfasalazine e. More frequent in the upper extremities

52. A 36-year-old woman presents to the rheumatology outpatient clinic with a two-month history of stiff hands and wrists. She mentions that the pain is particularly bad for the first few hours after waking up and is affecting her work as a dentist. On examination, the wrists, metacarpophalangeal joints and proximal interphalangeal joints are swollen and warm. What is the most likely diagnosis?

- ☒ Rheumatoid arthritis b. Osteoarthritis c. Septic arthritis d. Polymyalgia rheumatic e. None

53. Which one of the following skin manifestation is common in thyroid disease?

- a. Acanthosis Nigricans b. Pityriasis Alba c. Necrobiosis Lipoidica ☒ Myxoedema e. Vitiligo

54. A 40 Years old male patient presented in dermatology OPD with h/o salmon pink rash with silvery scales on extensor surfaces. What is your diagnosis?

- a. Eczema crusted b. Scabies ☒ Psoriasis d. Tinea e. Drug Rash

55. 9 Years old madrassa student presented with generalized itching of acute onset. Predominantly in flexural surfaces more at night. Complications of this condition may include?

- a. Secondary infections b. Secondary eczematization c. Nodules d. Ulcerated papules ☒ All of the above

56. A 33 years old homosexual male patient presented with painful grouped vesicles around lips for last 2 weeks. What is your diagnosis?

- a. Herpes zoster infection b. Shingles ☒ Herpes simplex infection d. Impetigo e. Scabies

57. A 40 years old drug abuser presented in outpatient department with generalized maculo-papular rash, fever, headache, sore throat and generalized lymphadenopathy for last 2 weeks. Which of the following is the diagnostic test for the disease he is suffering from?

- a. ELISA b. Western bolt c. Viral wad test d. Southern bolt ☒ CD 4 test

58. A 44 years old obese female presented to OPD with c/o rash in intertriginous areas O/E there was erythema, scaling with raised margins and few satellite lesions. What is the most appropriate treatment for this patients?

- a. Oral Terbinafine b. Oral Fluconazole c. Topical Steroids d. Oral Acyclovir ☒ Topical Ketoconazole

59. A 33 years old female patient presented in OPD with h/o pain and burning on right lower side of chest followed by vesicular eruption in a dermatomal distribution? Which is the first line treatment?

- a. Gemciclovir b. Valacyclovir ☒ Acyclovir d. Cedofovir e. Ribavirin

60. A 18 Years old female presented with h/o oral ulcers and blisters on trunk, which rupture easily. What is the most likely diagnosis?

- a. Bullous pemphigoid b. Toxic epidermal necrolysis ☒ Pemphigus vulgaris d. Erythema multiforme e. Chicken Pox

61. A 42 years old male presented to OPD with c/o pain less chancre on glans penis-for last 3 days. What is the 1st line treatment for the disease he is suffering from?
☒ a. Injection Benzathine penicillin b. Doxycycline c. Anti retro viral therapy d. Acyclovir e. Azithromycin
62. A 4 year old boy presented with c/o fever, sore throat and vesicular rash on trunk and limbs, giving the dew on petal appearance. What is the most likely diagnosis?
☒ a. Chicken pox ☐ b. Herpes zoster c. Impetigo d. Pemphigus vulgaris e. None of them
63. A 15 years old boy presented with c/o multiple papules, pustules and few comedones on face, upper chest and back. Which of the following is the treatment of choice?
☐ a. Doxycycline ☒ b. Isotretinoin c. Amoxicillin d. Ampicillin e. Dapsone
64. A truck driver presented with c/o urticaria, which of the following antihistamines should not be prescribed?
☐ a. Cetrizine b. Loratidine c. Fexofenadine ☒ d. Chlorpheniramine e. Desloratidine
65. A 65 years old female, known diabetic patient, presented in out patient department with multiple annular skin lesions on trunk with scaling and central clearing for last 4 weeks. What is your diagnosis?
☐ a. Tinea cruris ☒ b. Tinea corporis c. Tinea pedis d. Tinea manuum e. Tinea capitis
66. Which statement regarding psoriasis is correct?
☐ a. Psoriasis is a skin disease with no joint involvement. b. Psoriasis can not be treated.
☐ c. Psoriasis is contagious diseases. ☒ d. Psoriasis runs in families. e. Psoriasis is associated with stroke
67. A 40 years old male presented with history of open fracture of tibia, and discharge from wound for the last 5 months his x-rays shows sequestrum formation. What is your diagnosis?
☐ a. Abscess ☒ b. Osteomyelitis c. Cellulitis d. Osteochondroma e. Osteogenesis imperfecta
68. In adult spine deformities with neurological deficit the modality of choice for radiological examination is
☐ a. x-rays b. CT c. CT myelogram ☒ d. MRI e. Bone scan
69. Post polio syndrome is caused by
☐ a. Reactivation of virus b. More viral loads c. Fever d. Diabetes mellitus
- ☒ e. Aging phenomenon with more cells become inactive
70. A 65 years old patient who is diagnosed a case of Carcinoma of esophagus is planned for esophagectomy. Patient is malnourished due to dysphagia. Which of the following is the best mean to provide nutrition in this case?
☐ a. Jejunostomy feeding b. Nasogastric tube c. Peripheral parenteral nutrition
☒ d. Percutaneous endoscopic gastrostomy e. Total parenteral nutrition
71. (Post-operative recovery after surgery) protocols include all except

of osteogenesis imperfecta

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- d. Percutaneous endoscopic gastrostomy
- e. Total parenteral nutrition

71. Regarding ERAS (Enhance recovery after surgery) protocols include all except

- a. Inimal invasive surgery
- b. No or minimal N/G tube, drain
- c. Opioids sparing analgesic.
- d. Preoperative fasting more than 06 hours
- e. Pre-op optimizations

72. All of the following sutures are used for internal viscera repair except

- a. Catgut
- b. Prolene
- c. Silk
- d. Vicryl
- e. PDS

73. Which of the following is an ABSOLUTE contraindication to parenteral nutrition?

- a. Active Infection
- b. Diarrhea
- c. Osteoporosis
- d. Liver cirrhosis
- e. Malignancy

74. A 5-year-old girl presented to the emergency department with history of acute painful swelling of her left knee. Past medical history is insignificant and there is no history of trauma. What is the most likely cause of her underlying symptoms?

- a. Hemophilia
- b. Malignancy
- c. Juvenile idiopathic arthritis
- d. Septic arthritis
- e. Tuberculosis

75. A middle-aged female is expected to get admitted for a planned surgery. You are expected to report to the consultant surgeon once the patient is fully prepared and ready to undergo surgery. Your unit policy includes DVT prophylaxis in cases where DVT risk is high. From the list below, select the surgery in which you will advise DVT prophylaxis

- a. Planned Cholecystectomy
- b. Sub-total Thyroidectomy
- c. Left Mastectomy and Axillary Clearance
- d. Open Para-Umbilical Hernia Repair with Mesh placement
- e. Knee Joint Replacement

76. A 26 years old lady sustained posterior shoulder dislocation after an electric shock. Why are posterior shoulder dislocations more common than anterior dislocations after electrocution and seizural activities?

- a. The glenoid is retroverted
- b. The humeral head is retroverted.
- c. The internal rotators of the shoulder are stronger than the external rotators.

☒ The external rotators of the shoulder are stronger than the internal rotators.

e. The adductors are more strong than abductor.

77. A college football lineman sustains a non-displaced fracture of the fifth metatarsal at the metaphyseal diaphyseal junction during training camp. Treatment should consist of which of the following?

- a. Immobilization in a short-leg cast
- b. Immobilization in a short leg cast with an external bone stimulator
- c. Open reduction and internal fixation with autograft
- d. Open reduction and internal fixation with compression plating
- e. Open reduction and internal fixation with intramedullary screw fixation

73. Which of the following is an ABSOLUTE contraindication to parenteral nutrition?

- ☒ a. Active Infection b. Diarrhea c. Osteoporosis d. Liver cirrhosis e. Malignancy

74. A 5-year-old girl presented to the emergency department with history of acute painful swelling of her left knee. Past medical history is insignificant and there is no history of trauma. What is the most likely cause of her underlying symptoms?

- ☒ a. Hemophilia b. Malignancy c. Juvenile idiopathic arthritis ☒ d. Septic arthritis e. Tuberculosis

75. A middle-aged female is expected to get admitted for a planned surgery. You are expected to report to the consultant surgeon once the patient is fully prepared and ready to undergo surgery. Your unit policy includes DVT prophylaxis in cases where DVT risk is high. From the list below, select the surgery in which you will advise DVT prophylaxis

- a. Planned Cholecystectomy b. Sub-total Thyroidectomy c. Left Mastectomy and Axillary Clearance
d. Open Para-Umbilical Hernia Repair with Mesh placement ☒ e. Knee Joint Replacement

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78. A 27-year-old woman is thrown from a horse and sustains a transverse mid humerus fracture. She is unable to actively extend wrist or index/long fingers or thumb and notes numbness in her first dorsal web space. What is the most likely cause of her condition?

- a. upper brachial plexus injury b. lower brachial plexus injury c. median nerve injury
d. Ulnar nerve injury ☒ e. **Radial nerve injury**

79. A 65 years old lady had a slip in washroom and she complained of severe pain in left hip. She was unable to move. She was brought to the hospital. On examination, her left lower limb was externally rotated and was shortened as compared to right lower limb. A diagnosis of neck of femur was made. What definitive management would you recommend?

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- a. Application of plaster b. Partial hip replacement c. Total hip replacement d. Screw fixation
e. Send home on pain killers and calcium supplements

80. A 22 years old soccer player had injury during a tackle and he heard a pop in his right knee. He was unable to stand and was in severe pain. He was taken to hospital where first aid and pop back slab was given. What investigation would you advice to confirm the diagnosis?

- a. MRI of the affected knee after 4 weeks b. X Rays of the affected knee c. Ultrasonography of affected knee
d. CT scan of the affected knee e. Bone Scan of the affected knees

81. Low perioperative urine output?

- a. Is a sign of developing renal failure and is best treated with aggressive fluid boluses
b. Is strongly predictive of a rise in postoperative creatinine
c. Should be tolerated in the absence of other concerns, as it is not a reliable indicator of volume status
d. Is a reliable indicator of intravascular hypovolemia e. As an indicator of drug toxicity

82. Which of the following is cause of Pott's paraplegia?

- a. Damage to the cord by collapse vertebra b. Damage to cauda equina after a fall
c. Fracture dislocation of cervical vertebrae d. Hematomyelia following trauma

83. Tuberculous pus and angulation in tuberculosis of the spine

83. A nurse who is part of the surgical team is involved in setting up the sterile tables. The nurse is functioning in which role?
a. Anesthetist b. Registered nurse first assistant c. Scrub role d. Circulating nurse e. First assistant

84. A nurse is giving medication to a patient. Which of the following is the most important step to take to prevent medication errors?

- a. Administer the medication by the correct route. b. Check the patient's identification bracelet twice.
c. Confirm the medication order with the prescriber. d. Document the medication administration accurately.
e. Rinse the patient's mouth with water after administering the medication

85. A 35 year old man sustains a gunshot injury for which he undergoes an exploratory laparotomy with gut resection for multiple perforations in his small bowel. Postoperatively he develops short bowel syndrome. What would be the remaining length of the small intestines by definition for him to develop this syndrome?

- a. < 25 cm b. <50 cm c. <100 cm d. <150 cm e. <150 inches

86. A 45 years old man with severe necrotising pancreatitis is started on total parenteral nutrition through a central line. Soon after placement of the central venous line he starts complaining of shortness of breath. What is the most likely cause?

- a. Pneumothorax b. Asthma c. Pneumonia d. Fat Embolism e. Pleural effusion

87. What is the primary purpose of the WHO Surgical Safety Checklist in the operating room?

- a. To eliminate the need for pre-operative patient assessments
b. To ensure the surgical procedure is performed by a senior surgeon.
c. To expedite surgical procedures by skipping certain safety steps
d. To improve communication and teamwork among surgical teams e. To reduce the need for post-operative monitoring

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88. Almost 90% of patients experience some degree of pain after surgery. How many patients have moderate-to-extreme pain in the immediate postoperative period?
 a. 25% b. 50% c. 75% d. 100% e. 60%
89. An adult sustains a burn that involve the entire head entire torso and both upper limb, sparing lower limbs from groin downwards. Which of the following numbers most closely describes the extent of burn injury according to the rule of 9s?
 a. 36-43% b. 44-50% c. 51-97% d. 58-65% e. 90-95%
90. A 30-year-old sustains a 25% TBSA (Total Burns Surface Area) burn injury. According to the Parkland formula, what should be the initial IV fluid used for resuscitation therapy?
 a. 5% Dextrose Water b. Colloids c. Hypotonic Saline d. Normal Saline e. Ringer's Lactate
91. 14 years aged girl got 10% total body surface area deep partial thickness burns and was kept on dressing for 3 weeks but wasn't able to heal in this time frame. What will you plan for her now?
 a. Change of dressing only b. Tangential excision only c. Tangential excision and skin grafting
 d. Wait for spontaneous healing e. Wound wash only
92. 2 years aged child got hand burns after holding bare electric wire, parents were reluctant for skin grafting and the patient was kept on dressing. What is long term complication?
 a. Delayed wound healing b. Fingers necrosis c. Post burn contracture d. Wound infection e. Ugly scar
93. A 22-year-old patient with a thermal injury is referred to you. The referring unit described the injury as a second degree burn. Which one of the following is correct regarding second-degree burns?
 a. Blistering is usually present b. Capillary refill is rarely present c. Sensation is usually absent.
 d. The entire dermis is normally involved. e. The skin appendages are completely destroyed
94. A 12-month-old girl appears pale and less active. CBC reveals hemoglobin 9, hematocrit 27, MCV 63, WBC count 8,500, polymorphs 45%, lymphocytes 55%, and platelet 216,000. Hemoglobin electrophoresis reveals; hemoglobin A 97%, hemoglobin A2 2.7%, hemoglobin F 0.3%, hemoglobin S 0%. Which of the following is the most likely diagnosis?
 a. Iron deficiency anemia b. Normal c. Thalassemia minor (beta) d. Thalassemia trait (alpha) e. Sickle cell trait
95. A seven years old boy presented to ER with history of fever, pallor and nose bleeding, 4 weeks duration. On examination:

... the following numbers most closely describes the extent of burn injury according to the rule of 9s?

- a. 30-43% b. 44-50% c. 51-97% ☒ d. 58-65% e. 90-95%

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95. A seven years old boy presented to ER with history of fever, pallor and nose bleeding, 4 weeks duration. On examination: febrile, pale, hepatosplenomegaly

CBC: WBC 50,000, HB 3 g/dL, Platelet 15,000 Blast 80%. Which of the following is the most likely diagnosis?

- ☒ a. B cell ALL b. Early pre B ALL c. Neuroblastoma stage IV d. Pre B ALL e. T cell ALL

96. A 10 months old infant's mother main concern is that she cannot hold her neck as yet. On examination she is floppy, poor neck hold, cannot bear weight, and cannot raise her head when lying prone. Her knee jerk is elicitable. What content of your

history would help you the most in reaching to the diagnosis in this infant?

- a. Developmental, immunization and social history b. Developmental, immunization and nutritional history
 c. Prenatal, birth and developmental history d. Prenatal, birth and immunization history
 e. Prenatal, birth and nutritional history.

97. A 4 year old boy brought to OPD is diagnosed as a case Cerebral Palsy. The child can't speak any word, but can recognize mother. He can sit and crawl but cannot stand even with support. What is his developmental age?

- a. 6 months b. 10 months c. 1 Year d. 1.5 Year e. 2 Years

98. An 8 month old male child is brought with history of progressive pallor for the last two months. He is product of consanguineous marriage. On examination, the child is markedly pale and spleen is palpable 2cm below the costal margin. There is history of blood transfusions in elder sib. Peripheral smear shows Hb: 3.8 g/dl, TLC: 16000/cmm, platelets: 175000/cmm. MCV:72 fl. Peripheral smear shows microcytosis, hypochromia and nucleated RBC's. What next investigation should be performed to diagnose the patient?

- a. Bone marrow aspiration b. Chromosomal breakage studies c. Coombs Test d. Hb electrophoresis e. Serum ferritin

99. A malnourished child was brought to out-patient department of Paediatric. The age of the child is 2 years weight is 6 kg. on Z-score he is -3. While taking history what will help you the most to reach to a conclusion about his current dietary status or routine food intake.

- a. Amount of weaning diet b. 24 hour dietary recall c. Content of weaning diet
 d. Timings and number of servings e. Weaning age of the child

100. An 8 months old male child is brought for evaluation with history of excessive bleeding from the circumcision site. On examination, the child appeared pale and was not febrile. Past history was significant for death of elder brother due to similar illness. Investigations showed CBC: Hb: 6 g/dl, TLC: 9000/cmm, Platelets: 170000/cmm. BT was normal. PT was 12 sec and APTT was 82 sec. The inheritance pattern of the underlying disease is

- a. Autosomal Recessive b. Autosomal Dominant c. Sporadic d. X Linked Dominant e. X Linked recessive

101. A 7 years old boy presented to OPD with high grade fever for the last 10 days. He had been feeling unwell for the last 3 months and used multiple medications. O/E He is pale, ill looking boy, with Temp 101* F. There is petechial rash on his body. There is hepatosplenomegaly but no blood transfusion history. What initial investigation will you do to help you in making diagnosis?

- a. APTT b. Hb Electrophoresis c. PT d. Special Smear e. Bone marrow examination

102. A 4 days old newborn with home delivery, has presented with bleeding per rectum and has been labelled as hemorrhagic disease of the newborn. Which of clotting factors group is commonly affected.

- a. Factor I, V, VIII, XI b. Factor II, VII, IX, X c. Factor III, IV, VI, XII d. Factor IV, V, VI, VIII e. Factor VIII, XI, X

103. A 13 months old child brought to OPD. The child was exclusively breast fed for 4 months. Since then he was on goat milk weaning had not been started yet. The patient was underweight and anemic. He was afebrile and has got no hepatosplenomegaly. Which type of anemia you expect in this child?

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- a. Aplastic anemia ☒ Iron deficiency anemia c. Anemia of chronic disorder
d. Microcytic anemia e. Megaloblastic anemia

104. A 3 years old female child has presented with anemia. She is stunted and hyperpigmented with multiple café au lait spots on the body. She has triphalangeal thumb on right hand. Hb=6 gm/dl, TLC=30000/cmm, Platelet count=36000/cmm. The most likely diagnosis is

- a. Bernard-Soulier Syndrome b. Congenital A megakaryocytic Thrombocytopenia ☒ Fanconi anemia
d. Glanzmann Thrombasthenia e. Thrombocytopenia with Absent Radii (TAR) Syndrome

105. 4 days old baby girl brought to the emergency department with bleeding from mouth. The antenatal history was not significant for any illness. There is no bleeding disorder history in family. The baby was born at home and had not been checked by any doctor or given any medications after birth. The baby is having OFC of 35 cm, she is anemic, afebrile and has no organomegaly. Her CBC showed Hb: 11, TLC: 12000 and Platelets: 151,000. What can be the likely cause for this bleeding?

- ☒ G6PD b. Hemophilia c. TORCH infection d. Von Willi brand Disease ☒ Vitamin K deficiency

106. A 15 months old boy was brought to OPD with pallor and Jaundice for last 2 day. He had high grade fever 7 days back for which he was given antibiotics and antimalarial. Past history is not significant. Older brother has the same history. On examination he is pale, jaundiced with no organomegaly. What can be the cause this condition?

- ☒ G6PD b. Hereditary Spherocytosis c. Sickle cell anemia d. Thalassemia e. Paroxysmal nocturnal hemoglobin

107. A 3 years old child with diagnosis Beta Thalassemia major. getting regular blood transfusions on monthly basis needs on

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- ☒ G6PD b. Hereditary Spherocytosis c. Sickle cell anemia d. Thalassemia e. Paroxysmal nocturnal hemoglobinuria

107. A 3 years old child with diagnosis Beta Thalassemia major, getting regular blood transfusions on monthly basis needs opinion on iron chelation. Iron chelation in this child should be started at serum Ferritin level of

- a. > 150 ng/ml b. ☒ 1000 ng/ml c. > 250 ng/ml d. > 550 ng/ml e. > 750 ng/ml

108. 6 days old baby girl brought to the emergency department with bleeding from mouth. The antenatal history was not significant for any illness. There is no bleeding disorder history in family. The baby is anemic, afebrile and has no organomegaly. She is diagnosed as case of Hemorrhagic Disease of Newborn. Which of the following investigation will be abnormal?

- a. aPTT Only b. CBC c. ☒ PT and aPTT d. TT Only ☒ PT Only

109. A 7 years old child has presented with pallor, fatigability. Father has history of splenectomy in childhood. There is no past history of blood transfusion or hospitalization. Urine color is normal. She is moderately anemic, mildly icteric, with splenic enlargement of 5 cm. Peripheral smear shows normocytic, normochromic anemia with retic count of 15 %. What can be the most likely diagnosis?

- ☒ Hereditary spherocytosis b. Iron deficiency anemia c. Paroxysmal Nocturnal Haemoglobinuria

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mcq111...progressive pallor plus epistaxis..so can aplastic ..so option B is appropriate..but as there is no history of recurrent infection and the pallor might be coz of epistaxes so its ITP for which option C is correct

d. Sickle cell anemia

e. Thalassemia major

110. A 3 years old child has presented with 2 weeks history of fever, 1 week history of bleeding from nose. On examination there is generalized lymphadenopathy, petechial rash. Abdominal examination shows hepatosplenomegaly. Hb = 6 g/dl, TLC = 85000/mm³, platelet count = 20,000/mm³. The most likely diagnosis is

☒ Acute Leukemia

b. ITP

c. Evan Syndrome

d. Thalassemia major

e. Infectious mononucleosis

111. A five year old well child presented with progressive pallor, epistaxis and multiple bruises on body since one week. He has no history of excessive bleeding in the past or a similar history in the family. He also has no visceromegaly or lymphadenopathy. Which of the following is the best test to confirm the diagnosis?

a. Bleeding time

☒ b. Bone Marrow Examination

☒ c. Complete Blood Count

d. Prothrombin Time and APTT

e. Vitamin K level

112. A 4 years old girl is brought with the complaints of rash on the body for the last one day. On examination, the child is active, afebrile and having multiple petechiae and bruises on the body. There is no lymphadenopathy or visceromegaly. There is a positive history of viral infection two weeks earlier. CBC shows Hb: 11g/dl, TLC: 5800/cmm, Platelets: 22000/cmm.

Which of the following is an appropriate management step in this patient?

a. Granulocyte Monocyte Colony Stimulating Factor (GM-CSF)

b. Oral eltrombopag

☒ c. Oral steroids

d. Platelet transfusion

e. Whole blood transfusion

113. A 3 year old child has history of Recurrent episodes of pain in chest legs and abdomen and recurrent pyrexia. He is pale, mildly icteric. Abdominal examination shows liver 2.5 cm, spleen not palpable. Hemoglobin = 8 g/dl; TLC = 15000/mm³; Platelet count = 400,000/mm³; Retic count 20 %. SBR is 4 mg/dl which is mostly indirect. The most likely diagnosis is

a. Acute Leukemia

b. Iron deficiency anemia

☒ c. Sickle cell anemia

d. Thalassemia major

e. Thalassemia intermedia

114. A 2 years old boy is having florid Rickets. The family history is also positive as his 2 brothers are suffering from Vit D Resistant rickets. What is the most common biochemical finding in this condition?

a. Low 25 hydroxy Vit D level

☒ b. Low 1 – 25 di Hydroxy Vit D level

☒ c. Low phosphorus level

d. Low calcium level

e. Low magnesium level

accord;parvaiz C is correct
acord;davidson; b is correct

115. An 8-year-old boy complains of severe pain in bilateral wrist and ankle joint. History is of fever, diarrhea, and abdominal pain for 5 days. A week later he developed arthralgia of the bilateral sacroiliac, wrist, and ankle joints. His temp is normal, Pulse 115, and BP 110/70. O/E swelling and tenderness of left ankle joint and, tenderness on motion and pain over the bilateral wrist and left sacroiliac joints. Hb 12.8 g/dl, WBC 21,860/mm³, PLT 573,000/mm³, ESR 74 mm/hr., CRP 3.97. ANA negative. Urinalysis revealed pyuria, but culture was negative. Aspirate revealed severe inflammation, but gram staining and culturing of this synovial fluid gave negative results. The stool culture was positive for salmonella. X ray: only soft tissue swelling. What is the most probable diagnosis?

a. Juvenile idiopathic arthritis

☒ b. Reactive and post infectious arthritis

c. Rheumatic joint disease

a. Low 25 hydroxy Vit D level

b. Low 1 – 25 di Hydroxy Vit D level

c. Low phosphorus level

d. Low calcium level

e. Low magnesium level

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a. Juvenile idiopathic arthritis

b. Reactive and post infectious arthritis

c. Rheumatic joint disease

d. Septic arthritis

e. Gout

116. A newborn female baby is brought for orthopedic evaluation. The child was delivered by caesarean section performed for breech presentation. Which of the following statements is true about the orthopedic evaluation of hip joint in this baby?

a. In Barlow maneuver, we try to dislocate the femoral head

b. In Ortolani maneuver, we try to dislocate the femoral head.

c. The examiner abducts the flexed hip in Barlow maneuver.

d. The examiner adducts the flexed hip in Ortolani maneuver.

e. The Ortolani test is same as Barlow test.

117. A 2 years child with fever and refusal to walk for two days. He complains of pain and points to his right lower extremity. There is a recent history of an URTI about two weeks ago, but no recent trauma. The pain is not known to migrate. On examination Temperature 39.5, Pulse 120, Respiratory rate 18, BP 100/50, SpO₂ 100% in room air. Weight on 10th centile, height 50th centile. He is thin appearing and refuses to walk. He is not fussy and nontoxic. lying in a hospital bed with his right lower extremity externally rotated, abducted, and motionless. He has severe discomfort with minimal internal and external rotation of the right hip despite attempts to distract him. Laboratory studies: • WBC 20,000, 8% lymphocytes, 2% monos, platelet count 265,000. ESR 45. Hip radiographs show widening of the acetabular space on the right. What further investigation will you plan?

a. Arthrocentesis microscopy and culture

b. ANA

c. Blood culture sensitivity

d. CRP

e. Rheumatoid factor

118. A 10 year girl with severe pain & swelling in left knee and ankle joint she also complains of fever, low grade with no rigors, more in evening since one month. She has stiffness in these joints after inactivity and has poor sleep quality. On examination she is pale, spleen is 2cm soft non tender, liver not palpable. Left knee, left ankle, Proximal Inter-Phalangeal joint of right middle and ring finger and left middle finger were swollen. Tenderness in these joints present. Hb 9, WBC 4600, PLT 1.5 lacs, ESR 25, peripheral smear exam normal, PT/APTT normal. CRP 42, S. Ferritin 310, RF positive, ANA positive, anti dsDNA negative. The bad prognosis in this scenario is predicted by.

a. ANA

b. Anti dsDNA

c. Involvement of small joints

d. RF

e. Splenomegaly

119. A 3 years old male child is brought with the complaints of frequent falls. He also has difficulty climbing stairs and getting up from the floor. On examination, the Gowers' sign is positive. Family history is significant for the death of two maternal uncles because of a similar illness. What other clinical feature is expected in this child?

a. Calf pseudohypertrophy

b. Heliotrope rash

c. Inverted V shaped mouth

d. Stork like neck

e. Wasting of temporalis muscle

120. A 4-year-old boy is referred because he began limping yesterday and when he woke this morning, he refused to walk on his right lower extremity. He was apparently in good health until yesterday afternoon, when his mother noticed that he seemed

d. Septic arthritis e. Gout

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- c. The examiner abducts the flexed hip in Barlow maneuver.
- d. The examiner adducts the flexed hip in Ortolani maneuver.
- e. The Ortolani test is same as Barlow test.

117. A 2 years child with fever and refusal to walk for two days. He complains of pain and points to his right lower extremity. There is a recent history of an URTI about two weeks ago, but no recent trauma. The pain is not known to migrate. On examination Temperature 39.5, Pulse 120, Respiratory rate 18, BP 100/50, SpO2 100% in room air. Weight on 10th centile, height 50th centile. He is thin appearing and refuses to walk. He is not fussy and nontoxic. lying in a hospital bed with his right lower extremity externally rotated, abducted, and motionless. He has severe discomfort with minimal internal and external rotation of the right hip despite attempts to distract him. Laboratory studies: • WBC 20,000, 8% lymphocytes, 2% monos, platelet count 265,000. ESR 45. Hip radiographs show widening of the acetabular space on the right. What further investigation will you plan?

- a. Arthrocentesis microscopy and culture
- b. ANA
- c. Blood culture sensitivity
- d. CRP
- e. Rheumatoid factor

118. A 10 year girl with severe pain & swelling in left knee and ankle joint she also complains of fever, low grade with no rigors, more in evening since one month. She has stiffness in these joints after inactivity and has poor sleep quality. On examination she is pale, spleen is 2cm soft non tender, liver not palpable. Left knee, left ankle, Proximal Inter-Phalangeal joint of right middle and ring finger and left middle finger were swollen. Tenderness in these joints present. Hb 9, WBC 4600, PLT 1.5 lacs, ESR 25, peripheral smear exam normal, PT, APTT normal. CRP 42, S. Feritin 310, RF positive, ANA positive, anti dsDNA negative. The bad prognosis in this scenario is predicted by.

- a. ANA
- b. Anti dsDNA
- c. Involvement of small joints
- d. RF
- e. Splenomegaly

119. A 3 years old male child is brought with the complaints of frequent falls. He also has difficulty climbing stairs and getting up from the floor. On examination, the Gowers' sign is positive. Family history is significant for the death of two maternal uncles because of a similar illness. What other clinical feature is expected in this child?

- a. Calf pseudohypertrophy
- b. Heliotrope rash
- c. Inverted V shaped mouth
- d. Stork like neck
- e. Wasting of temporalis muscle

120. A 4-year-old boy is referred because he began limping yesterday and when he woke this morning, he refused to walk on his right lower extremity. He was apparently in good health until yesterday afternoon, when his mother noticed that he seemed to be limping on the right side at the grocery store. Later that evening, his limp became more obvious and he complained of pain in his right knee. This morning he woke complaining of right knee pain and refused to walk. They called their pediatrician who evaluated him and referred him for a possible infection in the right knee. The past history reveals that 2 weeks ago he had a fever and cough that lasted for 5 days

- a. Legg-Calvé-Perthes disease
- b. Osteomyelitis
- c. Reactive arthritis/slipped capital femoral epiphysis
- d. Septic arthritis
- e. Transient synovitis