RMC Rehman Medical College

Roll No: 19-045
Date: 04/12/2024

MBBS 5th Prof.
Block-O
(CVS-3 and Respiration -3)

MCQs

Time: 120 min Marks: 120

- Write your Roll No. on Scoring sheet & Question Paper.
- Select the best answer from given choices by filling the circle in Scoring sheet as ●

1. A 60 year old lady presented to clinic with shortness of breath on lying flat. She is diabetic and has a history of MI 3 years back. She admitted that she had stopped taking her medication for few weeks. On examination she is having a regular pulse of 84/min with blood pressure of 130/90.she has pedal edema, raised JVP and bilateral basal crepitation in chest. Which investigations you would like to confirm your diagnosis?
   a. ECG
   b. ECHO
   c. CHEST X-RAY
   d. TSH
   e. None of the above
2. All the following medicines are used for heart failure except:
   a. Metoprolol
   b. Ramipril
   c. Spironolactone
   d. Nifedipine
   e. valsartan
3. All the following are precipitating factor for heart failure except:
   a. Ischemia
   b. Poor drug compliance
   c. Smoking
   d. Infection
   e. Myocardial infraction
4. Of the following are risk factors for coronary artery disease except :
   a. Smoking
   b. Hyperlipidemia
   c. Fasting
   d. Hypertension
   e. Diabetes
5. A 58 years old diabetic patient presented with severe central chest pain for the last 4 hours. ECG showed ST Elevation in V_1, V_2, V_3 and V_4.What is the best treatment option?
   a. Morphine
   b. Angiography
   c. Streptokinase
   d. Metoprolol
   e. Oxygen
6. A 65 years old patient having history of ischemic heart disease presented with palpitation and drowsiness. On examination he is tachycardia and having BP of 70/50.ECG showed atrial fibrillation with fast ventricular rate. What is best treatment option?
   a. DC Cardio version
   b. Metoprolol
   c. Amiodarone
   d. Diltiazim
   e. Digoxin

hemodynamically unstable

7. A 23 years old primigravida presented with palpitation in clinic. She is hemodynamically stable with heart rate of 168/ min. ECG done showing supraventricular tachycardia. What is the first line treatment?
   a. Metoprolol
   b. Amiodarone
   c. Adenosine
   d. Verapamil
   e. Amiodarone
8. A 23 years female presented with shortness of breath. She is married and given birth to a male baby 2 months ago. On examination she has a week pulse with BP of 100/70. She has generalized swelling, raised JVP and bilateral crepitation up to mid zone of chest. What is the most likely diagnosis?
   a. Acute exacerbation of asthma
   b. Cor pulmonale
   c. Pulmonary embolism
   d. Peri partum cardiomyopathy
   e. Pneumonia
9. A 70 years old Diabetic, Post CABG patient came to HEART FAILURE Clinic for follow up. According to him, he perform his daily activities comfortably but feels breathlessness whenever he do exertion more than ordinary activities. His medical record showed that he has LV Ejection fraction of 36%. What is functional class of this patient according to NYHA Classification?
   a. NYHA I
   b. NYHA II
   c. NYHA III
   d. NYHA IV
   e. None of the above

10. Which is not a major criteria according to modified jones criteria for acute rheumatic fever?
    a. Migratory polyarthritis
    b. Fever
    c. Chorea
    d. Subcutaneous nodules
    e. caditis
11. Normal PR interval in Electrocardiogram?
    a. 100 – 120 msec
    b. less than 120 msec
    c. 180 – 220 msec
    d. less than 200 msec
    e. None of the above
12. Standard calibration (setting) for electrocardiogram is?
    a. Speed 15 mm/sec voltage 05 mm/mV
    b. Speed 20 mm/sec voltage 10 mm/mV
    c. Speed 25 mm/sec voltage 10 mm/mV
    d. Speed 25 mm/sec voltage 05 mm/mV
    e. Speed 15 mm/sec voltage 10 mm/mV
13. The diagnostic investigation of choice for Acute Rheumatic fever is ?
    a. RA factor level
    b. Anti CCP
    c. ESR
    d. None of above
    e. All of the above
14. All of the following are complications of uncontrolled blood pressure except
    a. Cerebrovascular accident
    b. Encephalopathy
    c. Meningitis
    d. Intracerebral bleed
    e. All of above
15. Target blood pressure for a coronary artery disease patient?
    a. 120/80
    b. 130/80
    c. 140/90
    d. 150/90
    e. None of above
16. Drug of choice for uncontrolled blood pressure during pregnancy is :
    a. Nifedipine
    b. Methyl dopa
    c. Labetalol
    d. Valsartan
    e. None of above
17. A 40 years old diabetic patient presented with severe central chest pain in emergency. ECG done showing ST depression in inferior leads. Lab investigations showed raised troponin level. What is the diagnosis?
    a. ST elevation MI (STEMI)
    b. Non-ST elevation MI (NSTEMI)
    c. UNSTABLE ANGINA
    d. NONE OFABOVE
18. Which is true regarding causes of severe chest pain
    a. Anterior wall MI
    b. Aortic dissection
    c. Pulmonary infarction
    d. Sable Angina
    e. All of the above
19. All of the following are the causes of pericardial effusion except
    a. Tuberculosis
    b. Brucellosis
    c. Dressler syndrome
    d. Malignant tumors
    e. Systemic lupus erythematosus
20. All of the following are common complication of myocardial infarction except
    a. Ventricular septal defect
    b. Mitral regurgitation
    c. Heart block
    d. Aortic regurgitation
    e. Ventricular free wall rapture
21. Which of the following form the major criteria for diagnosis of Acute Rheumatic Fever
    a. Arthralgia
    b. Previous history of RF
    c. Increased ESR/CRP
    d. Fever
    e. None of the above
    Polyarthritis in Acute Rheumatic Fever
    a. 80%
    b. 40 %
    c. 20-30 %
    d. 5-10 %
    e. 10-20%

23. All are true about erythema marginatum in Rheumatic Fever except
    a. Bathing suit distribution
    b. Early manifestation
    c. Pruritic lesion
    d. seen rarely
    e. Major criteria for diagnosing RF
24. Best drug for prophylaxis for Rheumatic Fever
    a. Benzathine penicillin
    b. Erythromycin
    c. Gentamycin
    d. Dexamethasone
    e. Omeprazole
25. All are true for Arthritis in Acute Rheumatic Fever except
    a. Non deforming
    b. Associated with raised ASO titer
    c. Lasts for 3-6 weeks in untreated cases
    d. Small joint in involvement is usual
    e. Migratory Arthritis
26. All of the following are true for chorea in Rheumatic Fever except
    a. Emotional lability is usually present
    b. Self limiting
    c. Cranial nerve palsy , sensory changes may be present
    d. Treated with haloperidol
    e. Major criteria for diagnosing RF
27. All of the following drugs have mortality benefit in heart failure patients except
    a. Metoprolol
    b. Enalapril
    c. Spironolactone
    d. Verapamil
    e. Bisoprolol
28. All of the following investigations are done in patient presented with chest pain except
    a. ECG
    b. Troponin levels
    c. Chest x ray
    d. TSH
    e. CK-MB
29. All of the following are signs of heart failure except
    a. Dyspnea
    b. Swelling of feet
    c. Raised JVP
    d. Clubbing of nails
    e. Gallop Rhythm on Assuculation
30. Which of the following is the sign of infective endocarditis
    a. Arthralgia
    b. erythema marginatum
    c. cyanosis
    d. janeway lesions
    e. Wheezy Chest
31. All of the following are the common signs of infective endocarditis except
    a. Splinter hemorrhages
    b. Splenomegaly
    c. Retinal detachment
    d. Osler nodes
    e. clubing
32. All of the following are the common signs of Rheumatic fever except
    a. chorea
    b. splenomegaly
    c. Migratory Arthritis
    d. Carditis
    e. erythema marginatum
33. Target blood pressure for a Chronic Kidney disease patient?
    a. 120/80
    b. 130/80
    c. 140/90
    d. 140/80
    e. None of above
34. A 40 years old diabetic patient presented with severe central chest pain for the last 6 hours in emergency. ECG is normal. Which investigation you would like to do:
    a. repeat ECG after 30 minutes
    b. ECHO
    c. Troponin I
    d. Angiography
    e. None of above
35. Which is true regarding causes of Heart Failure
    a. Coronary artery disease
    b. Diabetes
    c. Old age
    d. Only a is true
    e. Both a and b are true

36. Metoprolol can be in a heart failure patient except
    a. patient is diabetic
    b. patient is having heart rate more than 70/min
    c. Patient is having NYHA-4 symptoms
    d. Patient is having CKD
    e. Patient is having Hyperlipidemia
37. Spironalactone should not be used in a heart failure patient if
    a. patient is diabetic
    b. patient is having heart rate more than 70/min
    c. Patient is having systolic blood pressure less than 120 mm of Hg
    d. serum potassium level is more than 5.5 mEq/L
    e. Age more than 75 Years
38. A 48 years old diabetic patient presented with severe central chest pain in emergency. ECG done showing ST elevation in leads II,III,avF. What is the diagnosis?
    a. Acute Inferior STEMI
    b. NSTEMI
    c. Acute Anterior STEMI
    d. Acute Posterior STEMI
    e. Acute lateral STEMI
39. All of the following investigations are done routinely in patient presented with symptoms of heart failure except
    a. BNP
    b. ECG
    c. Chest x ray
    d. TSH
    e. Echo
40. All of the following are the side effects of Ramipril except
    a. cough
    b. angioedema
    c. hyperkalemia
    d. bradycardia
    e. Hypotension
41. All of the following are the side effects of Metoprolol except
    a. dizziness
    b. angioedema
    c. hypotension
    d. bradycardia
    e. Bronchoconstriction
42. All of the following are the causes of chest pain except
    a. Pulmonary Edema
    b. pulmonary Embolism
    c. Pneumothorax
    d. Aortic dissection
    e. Myocardial infraction
43. A 45 years old diabetic patient presented with severe central chest pain for the last 3 hours in emergency. ECG done showing ST elevation in leads II,III,avF. What is the best treatment option?
    a. I/V streptokinase
    b. I/V enoxaparin
    c. I/V heparin
    d. Angiography followed by PCI
    e. Asprin
44. All of the following conditions are the recognized causes of secondary hypertension except
    a. coarctation of aorta
    b. Pheochromocytoma
    c. Diabetes
    d. conn syndrome
    e. Hyperthyroidism
45. All of the following are the risk factors of Coronary Artery Disease except
    a. hyperlipidemia
    b. hypertension
    c. smoking
    d. hyperkalemia
    e. Diabetes
46. What is the most common complication of nasal foreign body?
    a. Infection
    b. Sinusitis
    c. Meningitis
    d. Bleeding
    e. Nasal septal perforation
47. A 2 years old child playing with toys suddenly developed shortness of breath and decreased air entry. The child already had fever and cough. What is the likely diagnosis?
    a. Pneumonia
    b. Foreign body aspiration
    c. Cardiac failure
    d. Asthma
    e. Pneumothorax

A toddler while playing had a sudden onset of respiratory distress. What is the next step?
a. Chest X-ray
b. Bronchoscopy
c. Cbc
d. Spirometry
e. Throat swab

49. A young child presented with flu, fever and stridor. He is otherwise active. What is the likely diagnosis?
a. Epiglottitis
b. Croup
c. Foreign body
d. Asthma
e. Pharyngitis

50. A child wakes up at midnight frightened and with barking cough. What is the most likely diagnosis?
a. Asthma
b. pasmodic Croup
c. Epiglottitis
d. Night terror
e. Pharyngitis

51. A child presented with few hours history of high grade fever, toxic look, stridor and drooling of saliva. What will be the first step of management?
a. Give I/V fluids
b. Give Paracetamol
c. Give Antibiotics
d. Secure airway
e. Throat examination

52. A child presented with few hours history of high grade fever, toxic look, stridor and drooling of saliva. How will you approach this child?
a. Throat examination
b. Chest X-ray
c. X-ray Neck
d. CBC
e. Blood culture

53. A child presented in ER with high grade fever, stridor, drooling of saliva. Xray Neck showed thumb sign. What is the most likely diagnosis?
a. Bacterial tracheitis
b. Croup
c. Epiglottitis
d. Asthma
e. Laryngitis

54. What is the most common cause of bronchiolitis?
a. Parvo Virus
b. Parainfluenza virus
c. Influenza Virus
d. Respiratory Syncytial virus
e. Adenovirus

55. A 3 months old baby presented with fever, ronchi and rales. Her father had flu few days ago. What is the most likely diagnosis?
a. Pneumonia
b. Bronchiolitis
c. Bronchitis
d. Acute respiratory distress syndrome
e. Pharyngitis

56. A 9 month old with cough and cold, having respiratory rate of 40/min. There were no subcostal or intercostal recession on examination. What will be the IMNCI classification.
a. No Pneumonia
b. Severe Pneumonia
c. Moderate Pneumonia
d. Sore throat
e. Some pneumonia

57. A 4 years old child presented with difficulty in breathing, respiratory rate 42/minute and mild subcostal recession. What will you do as per IMNCI?
a. Severe pneumonia, refer to tertiary care hospital
b. Pneumonia, refer to tertiary care hospital
c. Pneumonia, give antibiotics and follow after 2 days
d. Severe pneumonia, give antibiotics and follow after 2 days
e. Cough & cold, do nothing

58. A 3 years old presented with cough and mild fever. Her respiratory rate is 18/min without chest indrawing and stridor. Are antibiotics recommended?
a. Ampicillin
b. Amoxicillin
c. Co-amoxiclav
d. Azithromycin
e. Not recommended

59. What is the treatment of choice for foreign body in airway?
a. CPR
b. Bronchoscopy
c. Endoscopy
d. Steroids
e. Antibiotics

60. What is the cause of lobar pneumonia?
    a. Staph. Aureus
    b. Streptococcus Pneumonia
    c. H. Influenza
    d. Viral Pneumonia
    e. Mycobacterium tuberculosis
61. What is the most common organism causing pneumonia till 4 years of age?
    a. Staph. Aureus
    b. Mycoplasma
    c. H. influenza
    d. Pseudomonas
    e. Streptococcus Pneumonia
62. A child with chronic diarrhea and recurrent respiratory tract infections, has family history suggestive of cystic fibrosis. How will you confirm the diagnosis?
    a. Chloride test
    b. Sweat Chloride test
    c. Chest Xray
    d. HR- CT chest
    e. Bronchoscopy
63. In a case of Cystic Fibrosis during sweat chloride testing; what will be the effect on sodium and chloride values?
    a. Na increases and Cl decreases
    b. Na decreases and Cl increases
    c. Both increase
    d. Both decrease
    e. No set pattern
64. A child presented with recent history of high grade fever, cough and respiratory distress. On examination he was tachypneic with tracheal shift, decreased air entry on one side of chest and dull percussion note. Likely diagnosis?
    a. Bacterial Pleural effusion
    b. Tuberculosis pleural effusion
    c. Bacterial pneumonia
    d. Pneumothorax
    e. Foreign body aspiration
65. A child developed empyema. What is the most common organism responsible for empyema.
    a. Tuberculosis
    b. Staph. Aureus
    c. Streptococcus Pneumoniae
    d. Chlamydia
    e. RSV
66. What is the most common congenital heart defect with a left to right shunt causing congestive heart failure in the pediatric age group?
    a. Atrioseptal defect
    b. Patent ductus venousis
    c. Artrioventricular canal
    d. Ventricular septal defect
    e. Aortopulmonary window
67. A 2-year-old infant is noted to have mild cyanosis who assumes a squatting position during long walking. He is noted to have increasing fussiness followed by increasing cyanosis, limpness, and unresponsiveness. The most likely underlying lesion is
    a. Hypoplastic left heart
    b. Tetralogy of fallot
    c. Transposition of great vessels
    d. Anomalous pulmonary venous return
    e. Aspirtaion with obstruction to air passages
68. What is the most common complication of Infective endocarditis?
    a. CONGESTIVE HEART FAILURE
    b. PERICARDIAL EFFUSION
    c. SPLEENOMEGALY
    d. CEREBRAL STROKE
    e. HEMATURIA
69. Which of the following would not be an expected sign of right-sided congestive heart failure?
    a. Prominent jugular vein
    b. Pulmonary edema
    c. Hepatomegaly
    d. Right ventricular hypertrophy
    e. Pleural effusion
70. Which of the following infection is commonly associated with Rheumatic fever?
    a. Group B Streptococcus lower respiratory tract infection.
    b. Group A Streptococcus upper respiratory tract infection
    c. Streptococcus pneumoniae upper respiratory infection
    d. Adenovirus lower respiratory tract infection
    e. Staphylococcus aureus upper respiratory tract infection
71. All of the following are major criteria on the Jones Criteria for Rheumatic Fever EXCEPT which one?
    a. ERYTHEMA MARGINATUM
    b. CHOREA
    c. SUBCUTANEOUS NODULES
    d. FEVER
    e. POLYARTHRITIS

72. What types of medications are used to treat and manage rheumatic heart disease?
a. Throat examination
b. Chest X-ray
c. X-ray Neck
d. CBC
e. Blood culture

73. What happens in rheumatic fever?
a. There is no immune response and this results in an illness.
b. The immune system attacks only the bacteria.
c. The immune system mistakenly identify body proteins
d. There is an underactive immune response
e. A AND B

74. Which of the following is the primary site of infection in infective endocarditis?
a. Myocardium
b. Pericardium
c. Epicardium
d. Endocardium
e. Both d and e

75. Which of the following microorganisms is commonly associated with acute, rapidly progressing endocarditis?
a. Streptococcus viridans
b. Staphylococcus aureus
c. Enterococcus faecalis
d. Streptococcus bovis
e. SERRATIA

76. Janeway lesions, Osler's nodes, and Roth spots are clinical signs associated with:
a. INFCTIVE ENDOCARDITIS
b. ATHEROSCLEROSIS
c. MYOCARDITIS
d. PERICARDITIS
e. RHEUMATIC HEART FEVER

77. The condition associated with the highest risk of developing infective endocarditis (IE) is
a. Mitral valve prolapse with regurgitation.
b. The presence of a prosthetic heart valve.
c. Rheumatic fever without valvular defects
d. Intravenous drug abuse.
e. NONE OF THE ABOVE.

78. All true regarding ASD Except
a. Atrial septal defect is the second most common congenital heart defect in children and adults
b. Patients with atrial septal defects may have an embolic stroke as the initial presentation.
c. Most children with atrial septal defects are asymptomatic.
d. The most common yet least serious type of atrial septal defect is an ostium secundum defect
e. The most common yet least serious type of atrial septal defect is ostium primum defect

79. Tetralogy of Fallot is defined by which of the following lists of defects?
a. Ventricular Septal Defect, Aortic Stenosis, Over-riding aorta, Left Ventricular Hypertrophy
b. Atrial Septal Defect, Pulmonic Stenosis, Over-riding aorta, Right Ventricular Hypertrophy
c. NONE TO THESE
d. Ventricular Septal Defect, Pulmonic Stenosis, Over-riding aorta, Right Ventricular Hypertrophy
e. Ventricular Septal Defect, Pulmonic Stenosis, Over-riding aorta, Aortic Stenosis

80. Most common ASD is:
a. Ostium primum
b. Ostium secundum
c. Sinus venosus
d. All of the above
e. None of the above

81. Murmer heard in ASD :
a. Soft murmer
b. Mid diastolic murmer
c. Best heard at upper left sternal border
d. Wide and fixed splitting of s2
e. All of the above

82. PDA can cause all of the following EXCEPT:
a. EXCESS PRESSURE IN THE HEART
b. LEFT VENTRICULAR OVERLOAD
c. CONGESTIVE HEART FAILURE
d. ALL OF THE ABOVE
e. NONE OF THE ABOVE

83. As the doctor you know which statements below are correct about the ductus arteriosus?
a. The ductus arteriosus is a structure that should be present in all babies in utero."
b. The ductus arteriosus normally closes about 3 days after birth or sooner."
c. The purpose of the ductus arteriosus is to help carry blood that is entering the left side of the heart to the rest of the body, hence bypassing the lungs."
d. The ductus arteriosus connects the aorta to the pulmonary vein."
e. Both A and B

84. Which 1 of the following is cyanotic heart disease?
a. Patent ductus arteriosis
b. Ventricular septal defect
c. Tof
d. Atrial septal defect
e. None of the above

85. What is the most common cause of bronchiolitis in infants?
    a. Influenza virus
    b. Adenovirus
    c. H.influenza
    d. Respiratory syncytial virus
    e. Para-influenza virus

86. A 60-year-old male present to you in OPD with progressively increased breathlessness for the last a few months. Al so he has cough productive of white colored sputum. He smokes 10-20 cigarettes per day. On examination he is mildly tachypneic at rest. Chest examination revealed prolonged expiration with occasional wheeze. How will you assess the severity of symptoms; select one
    a. Chest x-ray
    b. CT chest
    c. Measuring FEV1/FVC ratio
    d. Measuring Arterial blood gases
    e. ECG

87. A 40 year male presented to emergency room with the history of Right sided chest pain , cough , fever and breathlessness for the last 2 days. On examination he is ill looking, tachypneic. His temperature is 100° F .He has herpes labialis He is haemodynamically stable. Chest examination revealed poor expansion of chest on the right side with impaired percussion note and bronchial breath sound. What is the likely diagnosis? choose one
    a. R sided pleural effusion
    b. R sided Pneumonia
    c. R sided pneumothorax
    d. R sided malignancy
    e. None of the above

88. A 60-year-old male who is smoker for many years ad has been getting progressively worsening breathlessness for many months, came to emergency room with increased breathlessness, cough, sputum and fever for the last 3 days. On examination he is drowsy but arousable. Has flapping tremors of the outstretched hands. His chest examination revealed expiratory wheeze. His Arterial blood gasses analysis showed hypercapnia. Which of the following treatments is not indicated in this case?
    a. B2agonist
    b. Steroids
    c. Antibiotics
    d. Anticholinergics
    e. High concentration of oxygen

89. A 60 years male who is ex -smoker ,who quit smoking a year ago after having smoked for 30 years and has no other co morbidity , presented to Chest OPD with the history of exertional dyspnea , dry cough for the last few months. These symptoms are getting worse with time. No history of fever or chest pain. On examination he is breathless at rest, he is cyanosed and has clubbing of the fingers. Chest examination revealed bilateral basal crackles. His oxygen saturation was 75% at rest. Chest x-ray showed bilateral reticular shadowing in the lower lung fields. His echo was normal What is the likely diagnosis?
    a Chronic obstructive lung disease
    b. Pulmonary oedema
    c. Acute bronchitis
    d. Idiopathic Pulmonary fibrosis
    e. Pulmonary edema

90. A 70-year male presented to Emergency room with the history of breathlessness on mild exertion for the last few months. Also, he complained of cough productive of sputum and occasionally hemoptysis. He has developed hoarseness of voice and difficulty in swallowing solids. He has lost weight. On examination he is cachectic, ill looking and dyspneic at rest. He has clubbing fingers. Chest examination revealed that the trachea has shifted to the L side of the chest. He had poor expansion of the chest on the L, with impaired percussion and diminished breath sound on the L. chest x-ray showed that the trachea is shifted to the L and there was an opacity on the L upper zone. What is the likely diagnosis? Select one
    a. L sided Pneumonia
    b. L sided malignancy
    c. COPD with acute exacerbation
    d. R sided pneumothorax
    e. L sided pleural effusion

91. A 40 year old lady presented to the emergency department with the history of cough productive of purulent sputum, hemoptysis , L sided chest pain and breathlessness for the last two days. . She has no comorbidity and is nonsmoker. On examination she is ill looking , pyrexial and dyspneic at rest. She has herpes labialis. Chest examination revealed poor expansion of chest on the L sided, impaired percussion and bronchial breath sound. Chest x-ray showed patchy opacity on the L lower zone. What is usual causative organism of this condition?
    a. Mycoplasma pneumoniae
    b. Mycobacterium tuberculosis
    c. Streptococci pneumoniae
    d. Klebsiella pneumoniae
    e. Staph.aureus.

92. A 70 years female came to emergency room with the history of fever, cough, sputum, R sided chest pain and breathlessness for the last 3 days. Also, she complained about anorexia. On examination she looked ill with coated tongue, herpes labialis. BP was 80/60 and she was pyrexial. She was breathless and her respiratory rate was 30/minute. Her oxygen saturation was 80% on pulse oximetry. She was confused and restless. The chest examination revealed diminished movement of the chest on the R side, with impaired percussion note and bronchial breath sounds. Chest x-ray showed R sided consolidation. Her blood investigations revealed leukocytosis with urea of 10mmol/l. Where should this patient be managed? Select one.
    a. Can be discharged home with antibiotics
    b. Should be admitted in hospital and managed in the ward
    c. Should be admitted to ICU in hospital
    d. Should be observed in ER for 24 hours
    e. Should be referred to chest specialist in OPD.

Which is the most common lung tumor in non-smokers?
a. Adenocarcinoma
b. Squamous cell carcinoma
c. Small cell carcinoma
d. Large cell carcinoma
e. Carcinoid tumor

94. Which lung tumor is most chemo-sensitive?
a. Squamous cell carcinoma
b. Large cell carcinoma
c. Small cell carcinoma
d. Hamartoma
e. Bronchoalveolar carcinoma

95. A 65 years old smoker with 30 pack-year histories presented to the emergency department with shortness of breath and haemoptysis. He presumed the haemoptysis to be 600 ml in the last 24 hours. CT scan of the chest shows a mass in the left lower lobe. Keeping in mind the scenario which statement is correct?
a. Pulmonary arterial circulation is high-pressure low capacitance circulation
b. Bronchial circulation is high-pressure high capacitance circulation
c. Bronchial circulation constitutes 98 % of lung circulation
d. Bronchial circulation is responsible for haemoptysis in this case
e. Bronchiectasis is less common cause of massive haemoptysis

96. In COPD patients with Alpha-1 antitrypsin deficiency (AATD), which mechanism is the basis for AATD pathology?
a. Increased bacterial colonization of lung tissue
b. Unbalanced neutrophil elastase activity in lung tissues
c. Reduced recruitment of white blood cells to lung tissues
d. Enhanced cytokine production by AAT-deficient white blood cells
e. Increased hydrogen peroxide activity in lung tissue

97. A young male presented to you with dry cough and central chest pain from the last one month. You ordered an x-ray chest that showed bilateral hilar lymphadenopathy. You suspect sarcoidosis. What else in blood tests of this patient can be found to strengthen your suspicion?
a. Low calcium
b. Raised ACE level
c. Raised hemoglobin
d. High creatinine
e. High ESR

98. Which of the following statement is correct regarding COPD?
a. 15% of patients are non-smoker
b. Biomass burn exposure is not the causes of COPD
c. k year smoking history is strong predictor
d. ptysis is common in COPD and needs not to be investigated
e. loaters are common in emphysema
pertension is called primary pulmonary hypertension when it is caused by
c disease
kemia secondary to COPD
rent pulmonary embolism
athic
e. Granulomatous disease like sarcoidosis

100. A 70-year-old man ex-smoker presented with shortness of breath and cough from the last 6 months. On examination he is clubbed, his saturation is 93% and there are bilateral crepitations. His xrays show haziness in the lower zones. There is no other systemic disease. What can the investigation of choice in this case?
a. CT thorax with contrast
b. HRCT thorax
c. Bronchoscopy
d. Spirometry
e. VQ scan

101. A young female presented with exertional dyspnea. Her chest examination and spirometry are normal and echocardiography shows very high right ventricular systolic pressure. She underwent right heart catheterization and is diagnosed with primary pulmonary hypertension. Which of the following medication is not used to treat Pulmonary hypertension?
a. Sildenafil
b. Calcium channel blocker
c. Endothelin receptor antagonist
d. Digoxin
e. Prostacyclin

102. Cigarette smoking is most common risk factor for development of COPD. Its dose is commonly calculated in pack year. What minimum dose of smoking is considered risk factor for COPD development?
a. 5 pack year
b. 10 pack year
c. 15 pack year
d. 20 pack year
e. 25 pack year

103. A 50-year-old smoker comes to see you because he has had a cough for the last eight weeks and His weight has fallen by 5 kg. He is concerned as he notices streaks of blood in his sputum Recently. What is the most likely appropriate initial investigation?
a. Sputum AFB
b. Bronchoscopy
c. Spirometry
d. HRCT chest
e. Chest X-ray

104. A 28 years old man presents with a six-week history of a hoarse voice, weight loss, and malaise. He also has night sweats. What is the most likely diagnosis?
   a. Acute laryngitis
   b. Laryngeal tuberculosis
   c. Primary tuberculosis
   d. Laryngeal polyp
   e. Hypothyroidism

105. A 45 years chronic smoker presents to your clinic with cough, hemoptysis and shortness of Breath for the last 3 months. His chest X-ray shows What is the most likely diagnosis?
   a. Lobar Pneumonia
   b. Pulmonary edema
   c. Bronchogenic carcinoma
   d. Atypical pneumonia
   e. Pulmonary fibrosis

106. 26-year-old women with epilepsy has been diagnosed with pulmonary Tuberculosis and is about to be started on quadruple therapy. The following need to be discussed with her except.
   a. Method of contraception
   b. The need for screening for ocular complication with ethambutol
   c. Interaction with other medications
   d. Discoloration of urine due to isoniazid
   e. Compliance

107. 19-year-old woman present with fever and cough. Sputum sample are negative on microscopy for acid fast bacilli, but six weeks later M. tuberculosis is grown. She completed a course of anti TB drugs 2 month previously. Her chest radiograph is unchanged from one take at this time. Which of the following is the most likely explanation for these finding?
   a. She has HIV co infection causing increase susceptibility to mycobacteria
   b. The organism isolated is contaminant
   c. She has been re infected with a different strain of TB
   d. She has underlying IFN- G receptor deficiency causing increase susceptibility to mycobacteria
   e. She has been poorly adherent to therapy and her TB is recurred.

108. A 75-year-old man with 30 pack year cigarette smoking history complains of continuous right shoulder pain, a persistent cough and weight loss. His chest radiograph shows a right apical shadow. On examination you note that he is clubbed, has a small right pupil and right sided Ptosis. What is the most likely diagnosis?
   a. Small cell Lung cancer
   b. Squamous cell carcinoma
   c. Bronchoalveolar carcinoma of lung
   d. Adenocarcinoma of left lung
   e. Bronchial carcinoid

109. A 60-years-old patient presents to the emergency department with severe shortness of breath, His respiratory rate is more than 30, his saturations are 80% on room air. He is unable to complete sentences. He suddenly collapses. There are no relatives available for getting a collateral history. On examination, he has tar stained nails. His CXR shows hyper inflated lung fields with flat diaphragms. What is the underlying lung pathology?
   a. Atopic asthma
   b. Chronic heart failure
   c. Sarcoidosis
   d. Pulmonary hypertension
   e. Chronic obstructive airways disease

110. A 75-year-old male presented to the Emergency rooms with 1-week history of Dyspnoea, fever, cough and chest pain. His ECG showed irregular heart rate, chest x-ray Showed an opacity in the left middle lobe. His CRP and white cell count, urea and creatinine Levels were raised. What is the diagnosis?
   a. Infective exacerbation of COPD
   b. Infective endocarditis
   c. Acute kidney injury
   d. Community acquired pneumonia
   e. Bronchogenic carcinoma

111. A 25-year-old girl with severe difficulty in breathing presents to the emergency Department. She has had a history of asthma with two previous ICU admissions. Her peak Flow is currently 200 L/min (predicted value 350 /min). She is unable to say more than a Few Words. She was given nebulised Salbutamol and IV hydrocortisone 250mg in The emergency department. Which treatment Should she now receive?
   a. Intravenous antibiotic
   b. intubation and ventilation
   c. Intravenous magnesium 2g
   d. Intravenous salbutamol
   e. Nebulization with clinel

112. A 54-year-old man with history of Myocardial Infarction 2 years ago attends the Pulmonology clinic with the chief complaints of cough, Shortness of Breath and Orthopnoea Chest X-ray was done which revealed bibasilar Pleural effusion. Pleural fluid analysis was Performed which revealed a transudate Effusion. What is the cause of his effusion?
   a. Simple Para Pneumonic Effusion
   b. Complicated para pneumonic Effusion
   c. Lung Malignancy
   d. Pulmonary thromboembolism
   e. Congestive cardiac failure

113. A 18 years old boy presented to emergency dept. with the history of Left sided chest pain and breathless since One day. On examination he is tall and thin. He is hemodynamically stable He is anxious looking and Mildly breathless. Chest examination revealed increased resonance on the Left side of chest and decreased Cardiac dullness. The breath sound was diminished on the Left of the chest. What is the most Probable Diagnose?
   a. Pneumonia
   b. Myocarditis
   c. Left side Pneumothorax
   d. Pulmonary Embolism
   e. Right side Pneumothorax

114. A 60 years old lady who is confined to bed for the last one year because of Left sided weakness, developed chest pain, breathlessness and blood mixed sputum for the last two days. She has diabetes and hypertension. On Examination she was tachypneic and tachycardiac, On Chest Auscultation there was normal vesicular breathing. What could be the most likely Diagnosis?
   a. Aspiration Pneumonia
   b. Pulmonary TB
   c. Pulmonary Embolism
   d. Recurrent Stroke
   e. Myocardial Infarction

115. A 20-years-old student residing at a religious institute presents with Cough, Haemoptysis and weight loss. Chest X-ray reveals cavitating lesions in the right upper zones. What would be your next investigation of choice to confirm the suspected diagnosis?
   a. CT Chest with contrast
   b. BAL for cytology
   c. Sputum for fungal hyphae
   d. Sputum for Ziehl Neelsen staining
   e. Sputum for gram staining

116. A 24 years old man is brought into the emergency department after a fall from a ladder. His breathing is labored and he is cyanotic. No breath sound can be heard, even in the right lung field, which is resonant to percussion. The first step in his management should be
   a. Cricothyroidotomy
   b. Obtaining a stat chest x-ray
   c. Passing an oral endotracheal tube
   d. Starting oxygen by a valve-mask device
   e. Tube thoracostomy

117. The optimal method for managing a patient with a massive flail chest is
   a. Controlled breathing with a valve-mask device delivering pure oxygen
   b. Elevation of the flail segment with skeletal traction
   c. Endotracheal intubation and mechanical ventilation
   d. Intercostal nerve blocks and nasal oxygen
   e. Stabilization of the flail segment with sandbags

118. A 65 year old man undergoes cardiac surgery for triple vessel coronary artery disease. What can he anticipate?
   a. 95% chance his grafts will occlude after 12 months.
   b. 5% chance of living for 5 years.
   c. If the internal mammary artery is used as a conduit, patency is increased.
   d. Mortality of 10-20% in most centers.
   e. Functional improvement with the saphenous vein graft is better than internal memory artery.

119. While landing at the end of flight a young woman develops shortness of breath and right sided pressure chest pain. She is tall and thin. The pain, although less in intensity, occurs during her menstrual periods. She has not previously consulted a doctor. A chest film is likely to show?
   a. Left pleura effusion
   b. Pneumothorax
   c. Dilated stomach
   d. Widening of the mediastinum
   e. cardiomegaly

120. A patient with a moderate sized aneurysm of the descending thoracic aorta is likely to have:
   a. Back pain
   b. diaphragmatic paralysis
   c. Recurrent nerve palsy
   d. Tracheal compression
   e. No symptoms