



WOMEN MEDICAL COLLEGE, ABBOTTABAD  
FINAL YEAR EXAM (Block O), 22-07-2024

Medicine/ Cardiology =45

1. Which biomarker is most specific for the diagnosis of myocardial infarction?  
A. C-reactive protein (CRP)  
B. Creatine kinase (CK)  
C. Troponin ✓  
D. Myoglobin  
E. Lactate dehydrogenase (LDH)
2. Which of the following is NOT a common complication of myocardial infarction?  
A. Heart failure  
B. Cardiac arrhythmias  
C. Valvular heart disease  
D. Pericarditis ✓  
E. Renal failure ✓
3. Which of the following is a risk factor for the development of ischemic heart disease?  
A. Low LDL cholesterol ✗  
B. High HDL cholesterol  
C. Physical inactivity ✓  
D. Low blood pressure ✗  
E. Young age ✗
4. Which of the following is the most common cause of ischemic heart disease?  
A. Hypertension ✓  
B. Diabetes Mellitus  
C. Coronary Artery Atherosclerosis  
D. Valvular Heart Disease  
E. Cardiomyopathy
5. Which medication is often used to relieve symptoms of acute decompensated heart failure by reducing preload?  
A. Digoxin  
B. Furosemide  
C. Metoprolol  
D. Lisinopril  
E. Spironolactone
6. Which of the following conditions is commonly associated with high-output heart failure?  
A. Anemia  
B. Myocardial infarction  
C. Hypertension  
D. Diabetes mellitus  
E. Chronic obstructive pulmonary disease (COPD)
7. Which biomarker is most commonly used to diagnose and monitor heart failure?  
A. Troponin  
B. C-reactive protein (CRP)  
C. Brain natriuretic peptide (BNP)  
D. D-dimer  
E. Myoglobin

8. Which of the following is NOT a common symptom of heart failure?  
A. Dyspnea  
B. Fatigue  
C. Chest pain  
✓ D. Weight gain  
E. Palpitations
9. Which of the following classes of drugs is considered first-line therapy in the management of chronic heart failure?  
A. Aspirin  
B. Calcium channel blockers  
C. Diuretics  
D. ACE inhibitors  
✓ E. Digoxin
10. Which of the following findings is commonly seen in a patient with right-sided heart failure?  
A. Orthopnea  
B. Paroxysmal nocturnal dyspnea  
✓ C. Hepatomegaly  
D. Pulmonary edema  
E. Rales
11. Which of the following symptoms is most characteristic of left-sided heart failure?  
A. Peripheral edema  
B. Jugular venous distension  
C. Ascites  
✓ D. Pulmonary congestion  
E. Hepatomegaly
12. Which of the following is the most common cause of heart failure in developed countries?  
A. Hypertension  
B. Valvular heart disease  
✓ C. Coronary artery disease  
D. Diabetes Mellitus  
E. Cardiomyopathy
13. In which type of atrioventricular (AV) block does the PR interval progressively lengthen until a beat is dropped?  
A. First-degree AV block  
B. Second-degree AV block, Mobitz type I (Wenckebach)  
C. Second-degree AV block, Mobitz type II  
D. Third-degree AV block  
E. Bundle branch block
14. Which of the following is the first-line treatment for symptomatic sinus bradycardia?  
A. Beta-blockers  
B. Calcium channel blockers  
C. Atropine  
D. Amiodarone  
E. Adenosine
15. Which of the following conditions is least likely to cause bradyarrhythmias?  
A. Acute myocardial infarction  
✓ B. Increased intracranial pressure  
C. Hypokalemia  
D. Hypothyroidism  
E. Sleep apnea



16. Which of the following is a distinguishing feature of sick sinus syndrome?  
A. Persistent tachycardia  
✓ B. Intermittent episodes of bradycardia and tachycardia  
C. Constant bradycardia  
D. Absence of P waves  
E. Regular R-R intervals
17. Which of the following is a common cause of bradyarrhythmias in athletes?  
A. Dehydration ✗  
B. Overtraining ✓  
C. Enhanced vagal tone  
D. Electrolyte imbalance ✗  
E. Anemia ✗
18. Which of the following is true regarding third-degree (complete) heart block?  
A. There is a constant PR interval  
✓ B. There is no association between P waves and QRS complexes  
C. The QRS complexes are always narrow  
D. It is always symptomatic  
E. It is the same as Mobitz type II block
19. Which of the following conditions is most likely to cause ventricular tachycardia?  
✓ A. Hyperthyroidism  
B. Myocardial infarction ?  
C. Pulmonary embolism  
D. Anemia  
E. Hypothermia
20. Which medication is commonly used for the acute management of supraventricular tachycardia (SVT)?  
✓ A. Metoprolol  
B. Amiodarone ✗  
C. Digoxin  
D. Adenosine  
E. Furosemide
21. Which of the following is a distinguishing feature of ventricular fibrillation?  
A. Regular QRS complexes  
B. Regular rhythm  
C. Absence of P waves  
✓ D. Narrow QRS complexes  
E. Organized atrial activity
22. Which lifestyle modification is recommended for patients with Tachyarrhythmias?  
A. High caffeine intake  
B. Smoking cessation ✓  
C. Increased alcohol consumption  
D. 30 min walk 5 days a week  
E. High-sodium diet
23. Which of the following is a distinguishing feature of pericardial effusion on physical examination?  
A. Loud S1 and S2 heart sounds  
✓ B. Pulsus paradoxus  
C. Decrease breath sounds  
D. Rales  
E. Bradycardia

24. Which of the following conditions is a potential cause of constrictive pericarditis?

- ☒ A. Rheumatic fever
- B. Tuberculosis
- C. Sarcoidosis
- D. Hypertension
- E. Hypercholesterolemia

25. Which of the following is NOT a typical symptom of cardiac tamponade?

- A. Hypotension
- B. Muffled heart sounds
- ☒ C. Distended neck veins
- D. Hypertension
- E. Tachycardia

26. Which of the following is the most appropriate management for recurrent pericarditis?

- A. Long-term antibiotic therapy
- B. Increased physical activity
- ☒ C. NSAIDs and colchicine
- D. Beta-blockers and ACE inhibitors
- E. Immediate surgical intervention

27. Which of the following is the most common ECG finding in acute pericarditis?

- ☒ A. Concave ST-segment elevation in all leads with PR depression
- B. Convex ST-segment elevation in all leads with PR depression
- C. T wave inversion in leads I and AVL
- D. Prolonged PR interval
- E. Concave ST-segment elevation in all leads with PR elevation

28. Which of the following interventions is recommended for patients with recurrent DVT despite adequate anticoagulation?

- A. Discontinuation of anticoagulation
- B. Placement of an inferior vena cava (IVC) filter
- C. Decreasing dietary sodium intake
- D. Long-term use of beta-blockers
- E. Routine use of diuretics

29. Which laboratory test is often used to rule out DVT in patients with a low clinical probability?

- A. Complete blood count (CBC)
- B. Erythrocyte sedimentation rate (ESR)
- ☒ C. D-dimer test
- D. Serum electrolytes
- E. Liver function tests

30. Which of the following is a long-term complication of DVT?

- A. Chronic obstructive pulmonary disease (COPD)
- B. Post-thrombotic syndrome
- ☒ C. Myocardial infarction
- D. Hypertensive emergency
- E. Endocarditis

31. Which of the following is NOT a common risk factor for developing DVT?

- A. Prolonged immobility
- B. Recent surgery
- C. Pregnancy
- ☒ D. Hypertension
- E. Oral contraceptive use



32. Which diagnostic test is considered the gold standard for confirming the diagnosis of DVT?
- ☒ A. D-dimer test
  - ☒ B. Duplex ultrasonography ✓ C
  - ☒ C. Venography
  - D. CT scan
  - E. MRI
33. Which medication is commonly used for initial anticoagulation in patients with DVT?
- A. Warfarin
  - B. Aspirin
  - ☒ C. Heparin ✓ C
  - D. Clopidogrel
  - E. Dabigatran
34. Which of the following conditions is associated with an increased risk of DVT?
- A. Hyperthyroidism
  - B. Hypothyroidism
  - ☒ C. Factor V Leiden mutation ✓ C
  - D. Addison's disease
  - E. Pheochromocytoma
35. Which of the following is a common finding on an ECG in a patient with severe aortic stenosis?
- A. Left ventricular hypertrophy ✓ A
  - B. Right atrial enlargement
  - C. Prolonged PR interval
  - D. ST-segment elevation
  - ☒ E. Wide QRS complex
36. Which of the following is a characteristic physical examination finding in aortic stenosis?
- A. Holosystolic murmur at the apex
  - B. Diastolic murmur at the left sternal border
  - ☒ C. Ejection Systolic murmur at the right upper sternal border ✓ C
  - D. Continuous murmur over the clavicle
  - E. Early diastolic murmur at the left lower sternal border
37. Which physical sign is associated with mitral stenosis?
- ☒ A. Pulsus paradoxus ✓ e
  - B. Pulsus bisferiens
  - C. Pulsus alternans
  - D. Loud S3 heart sound
  - E. Diastolic rumble at the apex
38. Which of the following is the most common cause of aortic stenosis in the elderly?
- A. Bicuspid aortic valve
  - B. Rheumatic fever
  - ☒ C. Senile calcific degeneration ✓ C
  - D. Infective endocarditis
  - E. Marfan syndrome
39. Which physical examination finding is characteristic of mitral stenosis?
- A. Systolic ejection murmur at the right upper sternal border
  - B. Mid-systolic click
  - C. High-pitched blowing holosystolic murmur at the apex
  - ☒ D. Loud S1 and opening snap with mid diastolic rumble ✓ d
  - E. Pulsus paradoxus ✓

40. Which of the following is the most common cause of chronic aortic regurgitation in developed countries?

- ☒ A. Rheumatic fever
- ☐ B. Bicuspid aortic valve
- ☐ C. Infective endocarditis
- ☐ D. Aortic dissection
- ☐ E. Marfan syndrome

41. Which physical examination finding is characteristic of chronic severe aortic regurgitation?

- ☐ A. Systolic ejection murmur at the right upper sternal border
- ☐ B. Mid-systolic click
- ☒ C. High-pitched blowing diastolic murmur at the left sternal border
- ☐ D. Pulsus paradoxus
- ☐ E. Pericardial friction rub

42. Which of the following conditions is a common cause of acute aortic regurgitation?

- ☐ A. Aortic dissection
- ☒ B. Bicuspid aortic valve
- ☒ C. Rheumatic fever
- ☐ D. Myocardial infarction
- ☐ E. Congenital heart defects

43. Which physical sign is associated with chronic severe aortic regurgitation?

- ☐ A. Fixed splitting of the second heart sound
- ☐ B. Pulsus paradoxus
- ☐ C. Pulsus bisferiens
- ☐ D. Loud S3 heart sound
- ☒ E. Water-hammer pulse

44. Which physical examination finding is characteristic of chronic severe mitral regurgitation?

- ☐ A. Systolic ejection murmur at the right upper sternal border
- ☐ B. Mid-systolic click
- ☒ C. High-pitched blowing holosystolic murmur at the apex
- ☐ D. Pulsus paradoxus
- ☐ E. S4 heart sound

45. Which of the following is the most common cause of mitral stenosis worldwide?

- ☒ A. Rheumatic fever
- ☐ B. Congenital mitral valve anomaly
- ☐ C. Infective endocarditis
- ☐ D. Marfan syndrome
- ☐ E. Coronary artery disease

Medicine/ Pulmonology = 25

46. Which of the following statement regarding Bronchogenic Carcinoma is True

- ☒ A. The commonest bronchogenic carcinoma is small-cell carcinoma.
- ☐ B. Myasthenia syndrome associated with bronchogenic carcinoma improves with exercise.
- ☐ C. Small cell carcinoma is treated with surgery.
- ☐ D. Incidence of Carcinoma is associated with no of cigarette
- ☐ E. Alveolar cell carcinoma type of Adeno Carcinoma

47. Which of the following statement regarding Pneumothorax is true

- ☒ A. Primary spontaneous Pneumothorax is the commonest cause
- ☐ B. A small Pneumothorax in COPD patients is not the indication for Tube-Thoracostomy
- ☐ C. Tube-Thoracostomy is not indicated in hydro- Pneumothorax
- ☐ D. Secondary Pneumothorax common in COPD
- ☐ E. Catameinal Pneumothorax occur in Male

D



48. Which of the following statement regarding Pneumothorax is true

- ☐ A. 60% hospital deaths implicate pneumonia
- ☒ B. During sleep everybody aspirate even with normal cough reflex
- ☐ C. PCP (Pneomocystic Carini Pneumonia) occurs typically in neutropenic patients
- ☐ D. The most common bacteria in CAP (Community -Aquired Pneumonia) is chlamydia
- ☒ E. Streptococcus pneumonia is common Bactria in CAP

49. Patient in more prone to get pulmonary Embolism

- ☐ A. Antithrombin III deficiency
- ☒ B. Immobilisation
- ☐ C. Protein "S" Deficiency
- ☐ D. Protein "C" Deficiency
- ☒ E. All of the above

50. In Pulmonary Embolism conditions that favors pulmonary embolism are

- ☐ A. Venous stasis
- ☐ B. Injury to venous Intima
- ☐ C. Alteration in coagulations fibrinolytic system
- ☒ D. All of the above
- ☐ E. Surgery in past 4 week

51. Pulmonary TB treatment aims at

- ☐ A. Quickly make the patient Non-Infectious
- ☐ B. To prevent relapse
- ☐ C. To prevent development of resistance
- ☐ D. To prevent the spread of TB in community
- ☒ E. All of the above

52. Tuberculosis (TB) spread is

- ☒ A. Water born
- ☐ B. Vector born x
- ☐ C. Air born
- ☐ D. All of the above
- ☐ E. None of the above

53. Tuberculosis (TB) which of the following anti TB drugs kills the rapidly dividing TB Bacil

- ☒ A. Rifampicin.
- ☐ B. Streptomycin.
- ☐ C. Isoniazid.
- ☐ D. Ethambutol.
- ☒ E. Pyrazinamide.

54. The best Index of TB infection in community is

- ☐ A. Annual risk of infection rate.
- ☒ B. Prevalence rate.
- ☐ C. Death rate.
- ☐ D. Morbidity rate..
- ☐ E. Attack rat

55. Which of the following statement regarding is True

- ☐ A. 60% hospital deaths implicate pneumonia
- ☐ B. During sleep everybody aspirate even with normal cough reflex
- ☐ C. PCP (Pneomocystic Carini Pneumonia) occurs typically in neutropenic patients
- ☐ D. The most common bacteria in CAP (Community -Aquired Pneumonia) is chlamydia
- ☒ E. It is 3rd common cause of death after IHD/CUA

56. Which of the following statement regarding Pleural Effusion is True

- ☐ A. One of the causes of pleural effusion is decrease pulmonary capillary pressure
- ☐ B. Pleural effusion occurs with increased oncotic pressure
- ☒ C. Pleural fluid protein less than 25gm/dl make it Transude effusion
- ☐ D. In Pleural fluid protein less than 25gm/dl make it exudative effusion
- ☐ E. In CCF Fluid is Transcedab

57. Which of the following statement regarding Pleural Effusion is True

- A. One of the causes of pleural effusion is decrease pulmonary capillary pressure
- B. Pleural effusion occurs with increased oncotic pressure
- C. Pleural fluid protein less than 25gm/dl make it Transude effusion
- D. Pleural fluid protein less than 25gm/dl make it exudative effusion
- ☒ E. In TB pleural effusion is exudate

58. In moderate COPD FEV in less than

- A. 90%
- ☒ B. 80%
- C. 50%
- D. 30%
- E. 20%

59. FEV1/ FVC ration increased in

- A. COPD
- B. Asthma
- ☒ C. Empeysina
- D. Restrictive lung Disease
- E. Acute Bronchitis

60. Asthma following drug should not be used

- A. Sedatives
- ☒ B. Beta Bcocker
- C. Calcium Channel Bcocker
- D. Beta 2 Agonist
- E. Antibiotics

61. Diet in Asthma Should include

- ☒ A. Magnesium
- B. Lowsalt
- C. Fresh food
- D. Rice
- E. Banana

A

62. Asthma management alam include

- A. Patient Education
- B. Assess Asthma with DFT
- C. Avoid trigger's of actors
- D. Establish plan for exacerbation
- ☒ E. Regular follow- up

A

63. Which statement regarding asthma treatment is true

- ☒ A. Prevent asthma exacerbation
- B. Keep DFT to normal
- C. Avoid side effect of lung
- D. Prevent asthma mortality
- E. Control symptoms

E?

64. In very severe Asthma FEV 1 is less than

- A. 80%
- B. 60%
- ☒ C. 50%
- D. 30%
- E. Normal



## 65. Regarding ILD(IDF)

- A. IDF is not Common ILD D
- B. 60 % people are above age 60 There's no inflammation, only fibrosis in IPF hence, not option E
- C. It effect 1 out of 200
- ☒ D. Cigaritti implicated in its development
- E. Classically fibrosis inflammation occurs

## 66. Treatment of IDE

- ☒ A. Steroids
- B. N- Acetye cystion
- C. Perfini done
- ☒ D. Methotrexate
- E. Inter from

## 67. IDF Management include

- A. IPE Nurse
- ☒ B. Symptomatic
- C. Stop Un- necessary
- D. Antibiotics
- E. Lung Transplant B/E

## 68. Pirfenidone side effect include

- ☒ A. Nausea
- B. Joint Pain
- C. Heart Failure
- D. Rush A
- E. Heart block

## 69. Virchow's Triad include

- ☒ A. Hyper congulability
- B. Venous Stasis
- C. Endothelial damage A,B,C all are part of the triad. Question is incorrect
- D. Hypertension
- E. Asthma

## 70. In well score pulmonary embolism in likely if score is

- A. More than 2
- B. > than 3
- ☒ C. > than 4
- D. > than 1
- E. None

Pediatrics = 4571. Which system is not affected in Rheumatic fever 42

- A. Blood vessels
- B. Spleen
- C. Joints
- ☒ D. CNS
- E. Subcutaneous tissue

## 72. Which one is not a risk factor for Rheumatic fever

- A. Age 5-15 years
- ☒ B. Age Birth to 1 year
- C. Over crowding
- D. Winter and spring
- E. Poor sanitation

73. Which one is not a clinical sign of chorea

- ☒ A. Fits
- B. Jack in the box sign
- C. Pronator sign
- D. Milking sign
- ☒ E. Grimacing of face

74. Which one is diagnostic of Rheumatic fever

- A. Two major and 1 minor criteria
- B. Two major and two minor criteria
- ☒ C. One major and two minor criteria
- D. 5 minor criteria's
- E. All of above

75. Rheumatic fever with carditis and residual heart disease should get prophylaxis till

- A. 10 years
- B. 18 years of age
- C. 25 years
- ☒ D. Life long
- E. None of above

76. Infective Endarteritis involve

- ☒ A. Aorta
- B. Sup vena cava
- C. Aneurysms
- D. A.V shunts
- E. All of above

77. Which one is not causative organisms of infective endocarditis

- A. H.influnzae type B
- B. Streptococcus viridans
- ☒ C. Staph aureus
- D. Pseudomonas
- E. None of above

78. Which one is not high risk factor for infective endocarditis

- A. Prosthetic valve
- ☒ B. Complex cyanotic heart disease
- C. Central catheter
- D. Previous coronary bypass surgery
- E. Injection drug user

79. How many blood samples should be taken for blood culture

- ☒ A. One
- B. 2
- C. 3-5
- D. All of above
- E. None of above

3 samples are taken



80. Duke's criteria includes ( for definite infective endocarditis )

- A. One major
- B. 3 minor
- C. 4 minor
- D. 5 minor
- ☒ E. All of above

81. Which one is not acyanotic congenital heart disease

- A. PDA
- B. VSD
- C. ASD
- D. Coarctation of aorta
- ☒ E. Transposition of great arteries

82. Hypoxemic spells are managed with

- A. Morphine
- B. Beta Blockers
- C. O<sub>2</sub>
- D. Knee chest position
- ☒ E. All of above

83. Which cardiomyopathy will not manifest with cardiac failure

- ☒ A. Dilated cardiomyopathy
- B. Restrictive cardiomyopathy
- C. Hypertrophic cardiomyopathy
- D. All of above
- E. None of above

84. Which one is not cause of fetal cardiac failure

- A. Anemia
- B. Gestational diabetes
- C. Hemolysis
- ☒ D. Fetal maternal transfusion
- E. None of above

85. Patent ductus arteriosus is associated with

- A. Blowing murmur
- B. Harsh murmur
- ☒ C. Machinery murmur
- D. Rumbling murmur
- E. None of above

86. Innocent murmurs are

- A. Soft
- B. Systolic
- C. Short
- D. Present in supine position
- ☒ E. All of above

87. Cyanosis is present when concentration of reduced Hb is
- ☒ A. Above 5gm% ✓
  - B. Below 5gm%
  - C. At 5gm% ✓
  - D. Not related to all
  - E. None of the above

88. Which one is not duct dependant lesion

- A. Tetralogy of fallot's
- B. Pulmonary atresia
- C. Tricuspid atresia ✓
- ☒ D. VSD ✓
- E. None of above

89. Radiofemoral delay is present in

- A. Tetralogy of fallots
- ☒ B. VSD ✓
- C. ASD
- ☒ D. Coarctation of aorta ✓
- E. None of above

90. There is left to right shunt in

- A. Coarctation of aorta
- B. Pulmonary stenosis
- C. Aortic stenosis ✓
- ☒ D. VSD ✓
- E. All of above

91. In Eisenmenger's syndrome there is

- A. Left to right shunt.
- ☒ B. Right to left shunt. ✓
- C. No shunt at all
- D. None of above
- E. Biphasic shunt.

92. Which one is not true for VSD

- A. Is most common congenital cardiac lesion
- B. Asymptomatic at birth
- C. It is acyanotic lesion. ✓
- ☒ D. Has a diastolic murmur ✓
- E. None of the above

93. Medication used in heart failure as

- A. furosemide
- B. spironolactone ✓
- C. Digoxin
- D. ACE inhibitors
- ☒ E. All of the above ✓



94. Coarctation of aorta should be surgically treated

- ☐ A. In infancy
- ☒ B. Under 2 years of age
- ☐ C. Under 5 years of age
- ☐ D. In neonatal life
- ☐ E. Before puberty

95. Which one is not a feature of tetralogy of fallot's

- ☒ A. Left ventricular hypertrophy
- ☐ B. Right ventricular hypertrophy
- ☐ C. Large VSD
- ☐ D. Overriding aorta
- ☐ E. Pulmonary stenosis

96. Acute epiglottitis is caused by

- ☒ A. Streptococcus ( beta hemolytic )
- ☐ B. Staph aureus
- ☐ C. Pneumococcus
- ☐ D. H.influnzae type b
- ☐ E. All of above

97. Clinical examination of a child with acute epiglottitis should be done in

- ☐ A. OPD
- ☐ B. Ward
- ☒ C. O.T
- ☐ D. Clinic
- ☐ E. All of above

98. Which X-ray should be requested if you suspect croup

- ☐ A. Chest X-ray
- ☒ B. X-ray of neck ( lateral view )
- ☐ C. X-ray of neck A.P view
- ☐ D. All of above
- ☐ E. None of above

99. Which one is not feature of streptococcal pharyngitis / tonsillitis

- ☐ A. Low grade fever
- ☐ B. Enlarged red tonsils
- ☒ C. Exudates
- ☐ D. Tender cervical lymphadenopathy
- ☐ E. None of above

100. Which one is not suppurative complication of streptococcal conciliates

- ☐ A. Otitis media
- ☐ B. Acute glomerulonephritis
- ☐ C. Quinsy
- ☒ D. Retropharyngeal abscess
- ☐ E. None of above

B

101. Incidence of Acute epiglottitis is markedly decreased due to

- A. Measles vaccination
- B. HIB Vaccination
- C. Hep B Vaccination
- ☒ D. Pneumococcal vaccine.
- E. None of the above.

102. Which one is not clinical feature of acute epiglottitis?

- ☒ A. Vomiting
- B. Respiratory distress
- C. Stridor
- D. Drooling of saliva
- ☒ E. All of the above

103. Barking cough is major clinical feature of

- A. Pneumonia
- ☒ B. Viral croup
- C. Asthma
- D. Acute epiglottitis
- E. None of the above

104. What is the treatment of viral croup

- A. O<sub>2</sub>
- ☒ B. Mist therapy
- C. Nebulised Adrenaline
- D. Dexamethasone
- E. All of the above

105. Sudden onset of cough without fever in a 2 year old child could be due to

- A. Asthma
- B. Pneumonia
- ☒ C. Foreign body
- D. Viral croup
- E. All of the above

106. Which one is latent, non suppurative complication of acute tonsillitis

- ☒ A. Acute glomerulonephritis
- B. Pneumonia
- C. Lung abscess
- D. Arthritis
- E. None of the above

107. Appropriate antibiotics for acute tonsillitis should be continued for

- A. 5 days
- B. 7 days
- ☒ C. 10 days
- D. 14 days
- E. None of the above



108. Fine crackles on the lung bases are feature of

- A. Asthma
- B. Bronchiectasis
- C. Upper lobar pneumonia
- ☒ D. Pulmonary Edema
- E. All of the above

109. How many vaccinations are included in EPI to prevent respiratory diseases

- A. 1
- B. 2
- ☒ C. 3
- D. 4
- E. None of the above

Tb, pertussis, diphtheria, h.influenza

110. The most common pneumonia in children is

- A. Lobar pneumonia
- B. Interstitial pneumonia
- ☒ C. Segmental pneumonia
- ☒ D. Broncho pneumonia
- E. Atypical pneumonia

111. The commonest pathogen causing pneumonia in children is:

- A. H influenza type b
- ☒ B. Streptococcus pneumonia
- C. E.coli
- D. Staphylococcus
- E. Streptococcus group B

112. Most important test for diagnosis of pneumonia is

- A. Complete blood count
- ☒ B. X ray chest
- C. CT chest
- D. Arterial blood gases
- E. Oxygen saturation

113. According to IMNCI severe pneumonia has

- A. Grunting
- B. Fast breathing
- C. Chest indrawing
- D. Fever
- ☒ E. Stridor in a calm child

114. Drug of choice for mycoplasma pneumonia is

- ☒ A. Cephalosporin
- B. Benzyl penicillin
- C. Gentamycin
- D. Clarithromycin
- E. Ciprofloxacin

115) A 30 years old female operated for Para umbilical hernia on elective list. A Redivac drain was placed for any collection. When this drain should be removed

- a. After 24 hrs
- b. 02 Days
- ☒ c. 05 Days
- d. 07 Days
- e. No use of drain

Didn't find any answer for this

116) A 20 years old female underwent excision biopsy for 2x2 cm left breast lump. Wound is stitched with proline O and stitch is removed on day 7. This wound is healed by

- a. 1° intension
- ☒ b. 2° intension
- c. Skin grafting
- d. Tertiary intension
- e. Flap application

A

117) An elderly male who is diagnosed a case of carcinoma of prostate with painful bony metastasis admitted indoor for pain management. Which of the following is more likely to help this patient?

- a) NSAIDs
- b) Paracetamol
- c) Tricyclic drugs
- d) codein
- ☒ e) Morphine

E

118) Which of the following is good indicator of tissue perfusion?

- a) pulse
- b) blood pressure
- ☒ c) urine output
- d) CVP
- e) GCS

C

119) A 25 years old female presented with history of flame burn 2 hrs ago. Examination revealed burned area involving both upper arms, front of chest, abdomen and head & neck. What is total body surface area involved

- a) 35 %
- b) 45 %
- c) 55 %
- d) 25 %
- ☒ e) 65 %

B

120) A 40 years old female having second degree burn brought to emergency room. Which of the following formula is used for fluid resuscitation?

- a) Curie
- b) Barclays
- ☒ c) Parkland
- d) Wallace
- e) Lund & Browder

Lund & Browder