

- >Q1. Depression is associated with which of the following sleep patterns
- >-decreased REM latency
 - >-decreased REM normal NREM
 - >-decreased stage 2 NREM
 - >-decreased stage 4 NREM
 - >- decreased latency REM and decreased 4 stage sleep
- >
- >Q2.What is the defense mechanism of bipolar personality disorder -Splitting
- >
- >Q3.Which one of these constitute a part of mature ego defence mechanism
- >-Humour
- >
- >Q4. What is the drug interaction of St-John`s wort with SSRI
- >-serotonin syndrome
- >
- >
- >Q5. An aged female with history of depression for two months comes to
- >psychiatrist. She admits using St John's Wort 300 mg for last 1 week in
 - >consultation with a naturopath. What should be done?
 - >-Stop using St John's Wort and add Sertraline
 - >-Increase dosage of St John's Wort to 1800 mg
 - >-Coadminister St John's wort at reduced
 - >dosage of 50% with Sertraline for its safe
 - >-give paxel
- >
- >Q6. Pt is on Lithium therapy becomes hypothyroid. What is the treatment?
- >-Reduce dose of lithium to 50%
 - >-Start levothyroxine
 - >-Stop lithium
- >
- >Q7. Pt on Lithium therapy became weak, lethargic, and Intolerant to heat.
- >What Investigation must be done?
 - >-Lithium level
 - >-Monitor TSH level
- >
- >Q8. In Autistic disorder choose the best option
- >-More common in girls
 - >-Autosomal recessive
- >
- >Q9. Handwashing ritual in 11 years old. Mother is very worried and does not
- >treatment with any medication. Which one is the best option? which
 - >psychotherapy?
 - >-Cognitive behavioral therapy /behavioural therapy
 - >-Family therapy.
 - >-biofeed-back
 - >-psychodynamic psychotherapy
 - >-relaxation therapy
- >
- >Q10. Which of the drugs cause amnesia the most?
- >-Triazolam
 - >-Diazepam
 - >-phenytoin
- >
- >-Imipramine
- >
- >Q11. A person is brought into the police station found wandering aimlessly

- >and he is unable to tell his name or any other personal information
- >regarding time and place. Which of the following would not be part of your
- >d/d?
- >-Malingering
- >-temporal lobe epilepsy
- >-dissociative fugue
- >-dissociative amnesia (amnesic disorder)
- >-factitious disorder
- >
- >Q12. Which is not a part of normal grief reaction?
- >-physical symptoms
- >-preoccupation with suicide
- >-hearing voices
- >-consider himself responsible
- >
- >Q13. Anti-depressant treatment should be carried on for how many months?
- >-2weeks
- >-6weeks
- >-2years
- >-indefinite time
- >
- >Q14. Paranoia is not seen in
- >-pernicious anemia
- >-hypothyroidism
- >-mania
- >
- >Q15. Which is true regarding suicide in adolescent?
- >-More common in summer
- >-Attempt to suicide is
- >more common in F than in M.
- >-More common in M, ratio 4:1
- >-Suicide M:F=10:1 (checked)
- >
- >Q16. question on Ego dystonic and Ego syntonic
- >(NB. Dystonic = OC Disorder D is for D, Syntonic = OC Personality)
- >
- >Q17. 8 weeks pregnant patient with depression on Sertraline wants to stop
- >medication. What will you do?
- >-do a detailed physical and mental examination
- >-continue antidepressant
- >-substitute another
- >-lower the dosage
- >
- >Q18. CBT -goal of therapy should be directed
- >
- >Q19. BPD -Valproic acid
- >
- >Q20. clozapine -CBC
- >
- >Q21. Symptoms of depression improved but mild -continue and inc. the dose
- >of flu.
- >
- >Q22. A patient with schizophrenia & is on treatment. He can not sit still
- >(akathisia symptoms). What is the best treatment?
- >-Lorazepam
- >

>Q23. Dystonia

>-More common in young male (checked)

>-more common in female

>

>

>Q24. 6 yr old child with seizure then followed by paralysis of arm along

>with confusion

>-post ictal Todd's paralysis

>

>Q25. Characteristics of panic attacks-

>-episodic and symptoms increase in intensity

>-trigger

>

>Q26. TCA side effect -hypotension

>

>Q27. Differentiation b/w Alz. N pseudodementia -MMSE

>

>Q28. Loosening of association A/W

>-schizophrenia

>-mania

>

>Q29 Somatoform disorder- multiple somatic symptoms

>

>Q30. Psycho stimulants are used in which of the following disorders?

>- Attention deficit hyperactivity disorder

>-Tic disorder

>-childhood schizophrenia

>

>Q31. Child adopted. Does not show stranger anxiety and goes off with

>strangers

>

>Q32. F, 37 years has problems at work for several months, she also has

>episodes of hyperactivity & euphoria. These were preceded by episodes of

>sadness &

>inability to cooperate with her colleagues in spite trying hard to do her

>best. What is the diagnosis?

>-Bipolar disorder

>-Dysthymia

>-Cyclothymia

>-Masked depression

>-Factitious disorder

>

>Q33. Anorexia Nervosa A/E

>-Bradycardia

>-hypertension

>-mediastinal air

>-atrophic breast

>-dental crown

>

>Q34. What is Delusion?

>-a persistent belief contradicting

>-a fixed thought

>

>Q35. Among antipsychotics what is correct?

>-Haloperidol-

>-Olanzapine properties

- >-Risperidone causes prolactinemia and increases sexual activity
- >-clozapine properties
- >
- >Q36. 17yr old girl comes with depression. She is treated with Sertraline.
- >Then she admits abusing amphetamine. What should be done-
- >-Stop Sertraline and give paxel
- >-Give written instructions about amphetamine abuse
- >-Inform family
- >
- >Q37. Pt on carbamazepine
- >with new onset seizures, 3 attacks in last 2 weeks. Serum level of
- >Carbamazepine is normal. What to do?
- >-CT scan and EEG
- >-Give another agent- phenytoin
- >
- >Q38. 32 yrs old pt presented with decreased concentration, slowness of
- >thinking apathy, socially withdrawn, short term memory loss with difficulty
- >in learning new information then developed seizure. What is the diagnosis?
- >-AIDS-dementia complex
- >-Alzheimer's disease
- >
- >Q39. Tardive dyskinesia features on haloperidol DOC- clozapin
- >
- >Q40. Schizophrenia is most commonly associated to
- >-monozygotic twins
- >-dizygotic twins
- >-siblings
- >-family history
- >
- >Q41. A man admitted for operation present with confusion on the 5th post-Op
- >day. Which one is a feature of delirium?
- >-Depressed mood, preoccupation with suicide.
- >-thinks himself the best person and should be shifted to the best ward
- >
- >-Is upset with shadows and constantly asks what time it is
- >-Thinks of buying everybody a jacket
- >
- >Q42. Case of drug addiction with rhinorrhea, tearing, tachycardia, dilated
- >pupils & high BP. Most likely cause is:
- >-Cocaine
- >-LSD
- >-Heroin
- >-opiod withdrawl
- >-Barbiturates
- >
- >Q43. Child 9 years old studying in kindergarten is unable to read, write or
- >even to color a picture. He becomes happy when he answers simple questions.
- >What is your diagnosis?
- >-Autism
- >-Mental retardation
- >-Specific learning disability
- >-ADHD
- >
- >Q44. Paranoid ideations in substance abuse, what is the drug- choices I dnt
- >remember
- >

>Q45. A child having problem with words, cannot distinguish between turn and over. Also causes frequent grammar errors. What is the diagnosis?

>-Language disorder

>

>Q46. A 9yr old child eats glue, pencils etc. teacher

>controlled his behaviour by placing vegetables on his table he started

>eating that, this is an example of?

>-ODD

>-conduct disorder

>-autism

>-ADHD

>

>

>POPULATION HEALTH & ETHICS

>

>

>Q47. Drug compliance can be increased by

>-alcoholism

>-more no of drugs for t/t

>-fear of doctor

>-social problem

>

>Q 48. 59 year old female for PHE. What will you advise

>-self examination of breast

>-Bone scan

>

>Q 49. Which of the following has extra human host- pinworm

>

>Q 50. Question on higher socio-economic condition and effect on health care

>system

>

>Q51. A patient with history of occupational exposure 20 years back now

>presents for 6 months with cough and weight loss. CXR shows fibrosis of

>upper lobes. What is the diagnosis?

>-Tuberculosis

>-mesothelioma

>-rapidly progressive silicosis

>

>Q52. Which of the

>following CA is caused by vinyl chloride?

>-Lung CA

>-Esophagus CA

>-pharyngeal CA

>-Liver CA

>-Bladder CA

>

>Q53. What is the best way to appreciate health care quality during

>pregnancy and delivery in Canada?

>-Neonatal mortality rate

>-Perinatal mortality rate

>-Infant mortality rate

>-Maternal mortality rate

>

>Q54. Maximum radiation exposure takes from?

>-Nuclear fallout

>-natural background

>-nuclear reactor

>-X-ray

>-uranium mine

>

>Q55. In surveillance in worker for radiation hazard best will be

>-Annual PE.

>-Total body radiation count

>-CBC every 6 months

>-Chest X ray yearly

>-eye examination for cataract yearly

>

>Q56. All of the following foods can cause cancer except

>-Monosodium glutamate

>-fat

>-alcohol

>-smoking

>

>Q57. Ethics question- a man suspects to be having probable

>gonorrhoea. His wife works in lab. He doesn't want her to know his

>specimen. What to do.

>-ask him to tell his wife

>-put a code no. on the sample, not his name.

>-Don't listen to him and straight inform his wife

>-send him to another clinic

>

>Q58. Rehabilitation after a car MVA means:

>- primary prevention

>- secondary prevention

>- tertiary prevention

>

>Q59. Occupational hearing loss is characterized by

>- worst at high frequencies

>-worst at low frequencies

>-progressive even if exposure stopped

>

>Q60. ONE of the following statements is wrong

>-A layer of ozone develops near a photocopying machine in closed area

>-Ice skating rink contains higher concentration of NO₂ ??? was this choice

>here? Or was that a separate question?

>

>Q61. Proper disposal of waste- what is the best and most efficient way to

>reduce lead poisoning?

>

>-wash the hands thoroughly every time they eat.

>-use disposable outfit

>-wear masks

>

>Q62. Greatest affect on mortality -accidents

>

>Q63. MC cause of peri-natal mortality - prematurity (checked)

>

>Q64. Regarding Pancreatic cancer, which of the following is not a risk

>factor

>-caffeine

>-pancreatitis

>-alcohol

>

>Q65. Clinical scenario on silicosis. Progression of symptoms for the last 6 months to 1 year. X Ray shows upper lobe fibrosis. Past history of silica exposure 20 years back.

>-mesothelioma

>-pulmonary tuberculosis

>-rapid progression of silicosis of lung

>

>Q66. Old man with CVA requires CPR. Terminally ill. No written will. Family wants full support. What to do in case of withdrawing support?

>-apply rules and laws regarding euthanasia

>

>Q67. In periodic health checkup, a 55 yr old has come for a yearly checkup and

>has no complaints. What should you advise?

>-check urine glucose

>-check occult blood test

>

>Q68. The most important cause of increased complications of measles in developing countries

>-Inadequate immunization

>-Inadequate nutrition

>

>Q69. Young patient with vegetative state, no relatives, and patient is suffering from a terminal illness no chance of recovery. According to what you decide not to pull off the ventilator? Age, coma

>

>Q70. Death certificate, alcoholic, pleural effusion and died of acute respiratory failure, what is the cause of death

>-respiratory failure

>-pleural effusion

>-alcohol

>-cardiac arrest

>

>Q71. Mother goes for checkup. She mentions she is against her adolescent daughter's wishes and sternly told her not to use OCP when her daughter wanted to use them. She thinks that will help her grow promiscuous. Hearing this

>what should the physician do?

>-Inform the mother that sexual activity in this age group is normal

>-privately give OCPs to the girl without the mother's knowledge

>-

>

>Q72. Which is the least cause of HIV infection?

>-Homosexuality

>-heterosexuality

>-Prostitution

>-Drug abuse (1999)

>-Blood transfusion (1988)

>

>Q73. You gave a new drug to your patients with dementia. A new effect was noted. Those suffering from multi infarct dementia improved while that with Alzheimer's not. What should you do before prescribing this-

>-inform pharmaceutical company about possible indication of use

>-can use it in this new indication and it shows advantages

>-

- >
- >Q74. In which of the following food does botulism more common?
 - >-freeze packaging
 - >-vacuum packaging
- >
- >Q75. All are transmitted feco-orally EXCEPT:
 - >-HAV
 - >-EBV
 - >-Norwalk
 - >virus
 - >-Polio virus
- >
- >Q76. All are true regarding criteria for organ transplantation except
 - >-Absence of all spinal reflexes
 - >-Absent corneal reflex
 - >-Absent pharyngeal reflex
- >
- >Q77. Risk assessment can be done by
 - >-cohort study
 - >-case control study
 - >-none of the above
- >
- >Q78. Diabetic patient with gangrene foot refused amputate. What should the doctor do?
 - >-Force the patient undergo amputation
 - >-use other means to prevent sepsis
- >
- >Q79. Question on case control study
- >Q80. Prophylaxis of contacts of meningococcus- Rifampicin
- >
- >Q81..Define health promotion -control over health
- >
- >Q82. 45 year old male on beta blocker therapy works with wood cutting machines. Hand cyanosis occurs with working tools
 - >-give information about occupational hazard
- >
- >Q83. Competency of patient. Incompetent when?
 - >-if don't know the
 - >nature of assets
 - >-spends more than he earns
 - >-suffers from a mental disease
- >
- >Q84. Doctors note to employer regarding illness of employee. What should physician not write?
 - >-the diagnosis
 - >-make recommendations at work place
 - >-make a note on restriction of activity
 - >-give an idea of probable duration of illness
- >
- >Q86. What about smoking prevention? Question incomplete
- >
- >Q87.What measures have greatly reduced the complications of caustic ingestion in children?
 - >-Cartons are made tamper proof
 - >-esophagoscopy and early management of scars
- >

>

>MEDICINE

>

>Q88. Elderly female on Tamoxifen therapy for advanced CA breast with bone
>mets. Became thirsty and increased urination, disoriented, nausea and
>vomiting, confused and agitated

>-Hypercalcemia

>-brain metastasis

>

>Q89. Mother notices her 11 year old girls walks drooping on
>right side. What is the diagnosis?

>-idiopathic scoliosis

>

>Q90. Case of Peanut anaphylaxis. Child with urticaria and severe attack of
>dyspnea with facial edema. What is your management?

>-Cortisol I.V

>-Epinephrine SC or IM

>-Intubation

>-Antihistamine H1 & H2

>

>Q91. What happens in Organophosphate poisoning -cholinestrase inhibition

>

>Q92.question incomplete Vitamin b12 ---- cbc GIVEN SHOWING PANCYTOPENIA

>

>Q93. M. 42 years with dark skin, palpable liver. Father died of cirrhosis.

>Diagnosis ?

>-Wilson disease -Hemochromatsis

>

>Q94. 50 F years with recent operation presented with heavy wound bleeding,
>she gives you history of massive bleeding when she had a tooth extraction,
>what will you find?

>-Increased PTT + Increased BT

>-Increased PTT + decreased BT

>-Normal PTT + Increased BT (Vwd----- increase BT)

>

>Q95. vWD

>management-DDAVP

>

>Q96. Female 60 years old with constipation for many months, she has not
>passed stools for the last 3 days. On examination the abdomen is distended
>but non tender. What is your management ?

>-Laxative

>-High fiber diet

>-Mineral oil

>-Enema

>

>Q97. Huntington disease inheritance. Paternal grandmother died of it.

>Paternal uncle all had. Father died of accident at 35 yrs of age. What are

>the chances the person will have the disease (Symptoms arising from a

>typical presentation of HD usually do not develop until a person is aged 35

>years or older!)

>-50%

>-100%

>-0%

>-25%

>

- >Q98. A couple comes for counseling. Brother of the lady has the disease-
 - >Achondroplasia. What are the chances the offspring will have the disease
 - >-25%
 - >-50%
 - >-100%
- >
- >Q99. Which has the best prognosis among skin cancers?
 - >Basal cell carcinoma
 - >
 - >-malignant melanoma
 - >-junctional naevus
- >
- >Q100. Question on old age risk factor on living alone, regular tx visits
 - >osteoporosis, which factor is the most risk for fractures? question
 - >incomplete
- >
- >Q101. Clinical scenario with BP low, CVP low, and PCWP=4. What is the management?
 - >-give ringers lactate
 - >-give inotrope
- >
- >Q 102. Multiple black warty lesions on the back with stuck on appearance
 - >-Seb keratosis
 - >-melanoma
- >
- >Q103. Clinical scene with H/O syncope, B.P=110/90. Systolic murmur to carotid
 - >-Aortic stenosis
 - >-Aortic sclerosis
 - >-AR
 - >-MR
- >
- >Q104. Management of DVT
 - >-give heparin
 - >-give warfarin
 - >-IVC filter
- >
- >Q105. Diabetic with sudden heaviness of left arm and face(jaw). What needs to be done immediately?
 - >-ECG
 - >-CT scan
- >
- >Q106. question on chronic stable angina- heparin
- >
- >Q107. Case of
 - >occipital headache- no loss of consciousness and dilatation of right pupil.
 - >What is the diagnosis?
 - >-basillar migraine
 - >-atlanto occipital joint affection
- >
- >Q108. Portal hypertension with variceal bleeding and hypotension. What to do? -vasopressin
- >
- >Q109. Desensitisation is useful in which of the following?
 - >-Isolated allergy to cats
 - >-food allergy

- >-asthma
- >
- >Q 110. Acute asthma not given
- >-antibiotic
- >-sodium cromolyn
- >-theophylline
- >-salmeterol
- >-steroid
- >
- >Q 111 Pica,constip, cramps -lead poisoning
- >
- >Q112. Pyelonephritis causative organism -E.coli
- >
- >Q113. Lung abcess t/t - cloxacillin
- >
- >Q114. Features of mycoplasma 20y old with fever with history of non productive cough but clinically well .. C-X ray shows bilateral basal Infiltration. Drug of Choice?
- >-Erythromycin
- >
- >Q115. Cerebellar signs- nystagmus
- >
- >
- >Q116. Signs of lacunar infarct-
- >UM signs- clonus and Babinski
- >LM signs- fasciculations
- >
- >Q117. Non obese patient feels drowsy in the morning. Wife complains of snoring at night and waking up many times (features consistent with Sleep apnea syndrome)
- >-sleep study and pulse oximetry 9polysomnography)
- >-ENT consultation
- >
- >Q118. Rheumatoid arthritis patient develops sudden pain and swelling left calf and ankle. Thigh is normal. Cause?
- >-DVT
- >-Rupture of popliteal cyst
- >
- >Q119. Which of following is the most important for preventing CVA?
- >-Hypertension control
- >-smoking cessation
- >-lipid lowering agent
- >-aspirin
- >
- >Q120. A group of people returning from Rocky Mountains developed diarrhea.
- >Cause
- >-Rocky Mountain spotted fever
- >-giardiasis
- >
- >Q121. Dull on percussion -Pleural effusion
- >Q122. An alcoholic man presented to ER poor controlled diabetes. Urine ketone negative. Blood values- HCO₃ very low. serum osmolaity 307.
- >-Lactic acidosis
- >-Methanol poisoning
- >-ketoacidosis

- >-nonketotic hyperosmolar
- >
- >Q123. Drug of choice for obese diabetic type 2
- >-Acarbose
- >-metformin
- >-troglitazone
- >-Glyburide
- >
- >Q124. A type 1 diabetic on insulin therapy taking both regular insulin and
- >PHI
- >8am 16:30pm
- >Regular 4U 8U
- >PHI 24U 10 U
- >Hypoglycemia at 15:30pm. What to do?
- >-decrease PHI at 8 am
- >-Substitute PHI with ultra lente
- >-Reduce the dosage of regular insulin
- >
- >Q125. Which of the following is true regarding Chromoglycate ?
- >-Contraindicated with steroids
- >-Necessary in acute attack of asthma
- >-Prevent binding of IgE with cells
- >-Prevents histamin from synthesized cells
- >
- >Q126. What are the beneficial effects with cromolyn
- >-helps
- >in reducing the dosage of steroids
- >
- >Q127. Definitive test for chronic pancreatitis is
- >-CT
- >-ERCP
- >-MRI
- >
- >Q128. A 74 yr old male with platelet count of 350,000 to 400,000. What to
- >do?
- >-ASA
- >-Warfarin
- >
- >Q129. After airplane travel complains vertigo, tinnitus, moderate hearing
- >loss snhl, is hypertensive, Diagnosis?
- >-Miners disease
- >-Acoustic neuroma
- >-Barotaruma
- >-Meniere;|s ds
- >
- >Q130. Nomocytic anemia -not seen improvement wit vit.b12
- >
- >Q131. Clinical scenario of pseudogout ;|VNSAID
- >
- >Q132. Osteoarthritis
- >-Acetaminophen
- >-ASA
- >-celecoxib
- >
- >Q133. Facial edema, increase JVP, plethora inv (consistent with SVC
- >syndrome) -CXR(not sure)

- >
- >Q134. Not seen with Solvents -Pulmonary fibrosis(checked)
- >
- >Q135. M. 72 years present with one year history of Cough n pulmonary
>infiltrate X Ray shows middle lobe
>infiltration of the lung. Diagnosis?
 - >-abscess
 - >-aspiration
 - >-Bronchiectasis
 - >-chronic bronchitis
- >
- >Q136. question on anion gap. Values of sodium, bicarbonate and chloride
>given. $Na - (HCO_3 + Cl) = AG$
 - >-20
 - >-25
- >
- >Q137. Old man with chronic bronchitis, known smoker, stays alone. Recent
>aggravation of cough. Having asterixis
 - >-CO2 narcosis
 - >-hepatic encephalopathy
 - >-uremia
- >
- >
- >PEDIATRICS
- >
- >Q138. Child 6 years old brought by his mother with otitis media then
>hepatosplenomegaly and lymphadenopathy at all sites along with fever. His
>blood investigation showed Hb=85g/l, and low platelets. The family history
>is noncontributory. Diagnosis
 - >-Acute leukemia
 - >-Infectious mononucleosis
 - >-Kawasaki disease
- >
- >Q139. which of the following is not used in JRA?
 - >-methotrexate
 - >-steroids
 - >-physiotherapy
 - >-multivitamins
- >
- >-analgesics
- >
- >Q140. Mother worried about her child because of history of myopathy in
>family. What Investigation to be done 1st ?
 - >-CPK
 - >-Muscle biopsy
 - >-Nerve biopsy
 - >-EMG
- >
- >Q141. 3 yr old child presents with stridor and drooling features of
>Epiglottitis. Management?
 - >-intubation
 - >-antibiotics
 - >-tracheostomy
 - >-xray
- >
- >Q142. Newborn with small head, small palpebral fissure, small philtrium &

- >small eyes & flattened meat facial area. Diagnosis?
- >-Fetal alcohol synd.
- >-cocaine
- >-intrauterine infection
- >
- >Q143.child born with petechiae, hearing loss and intracranial
- >calcification-
- >-congenital viral infection CMV
- >
- >Q144. A child 3 years has BP 138/95. He has a systolic murmur right 2nd
- >space, femoral pulse not palpable. Born premature. Diagnosis?
- >-coarctation
- >-PDA
- >
- >Q145. 4 years African boy on
- >trimethoprim/sulfamethoxazole for tonsillitis presented with Jaundice ,
- >Investigations : Hb. 9.8 gm % , reticulocytes count 8 % . what is the most
- >likely diagnosis ?
- >-Sickle cell anemia
- >-Thalassemia
- >-Spherocytosis
- >-G6PD deficiency
- >
- >Q146. I am not sure this was there!!!!
- >A 9-year-old boy has been referred to you for evaluation of bedwetting. He
- >is dry during the day but wets every night. His physical examination and
- >urinalysis are normal. Which one of the following is the most appropriate
- >method for managing this child?
- >-An alarm system that rings when the bed gets wet and teaches the child to
- >respond to
- >bladder sensations at night.
- >-desmopressin (DDAVP)
- >-psychiatric counseling before all
- >
- >Q147. Child 8-11yrs old with bitemporal hemianopia. Diagnosis
- >-Craniopharyngoma
- >
- >Q148. Asymptomatic girl, 2/6 systolic murmur on pulmonary,
- >fixed splitting of S2
- >-ASD
- >
- >Q149. Growth delay. Which one is of less importance?
- >-H/O parents growth
- >-
- >
- >Q150. Baby 2 or 4 months of age. Microcytic hypochromic anemia. What is the
- >cause?
- >-Breast feed only
- >-mother did not take adequate iron supplementation during pregnancy.
- >-Prematurity
- >
- >Q151. What is true regarding congenital pyloric stenosis?
- >-Commonly present at 3 months
- >-Associated with metabolic acidosis due to vomiting
- >-Visible peristalsis is seen in abdomen
- >

>Q152. A child presented with fever & small white lesion on the mucous
>membrane of the mouth followed by generalized maculo-papular rash. What is
>the management?

- >-Give ASA to decrease fever
- >-Give gamma Immunoglobulin.
- >-Notify the public health unit
- >-Isolation of the family member
- >-acyclovir

>

>Q153. 1 week passing hard stool every 2-3 day

>

- >- tell the way to relieve colic.
- >-rectal biopsy
- >-sweat chloride test

>Q154. 4month old----- check weight and height charts

>

>Q155. A baby with birth wt.3.5kg now 4 weeks weighs 3.6 kg. Mother worried
>not drinking enough milk. What will you advise?

- >-Tell her that nothing to worry, as some kids don't gain much weight in
>the first month
- >-start formula feeding
- >-investigate the kid

>

>Q156. Homeless mother with one month child ----- assess the wt change in
>one month

>

>Q157. Baby's development milestone not correct

- >-4 month not rolling
- >-no social smile at 2 months

>

>Q158. Baby normal after birth. When feeding started, immediate choking and
>aspiration

- >-Esophageal atresia

>

>Q159. Symptoms of meningitis----- Streptococcus pneumoniae

>

>Q160. Baby cyanosed after birth no improvement with oxygen. PaO₂=27mmHg.

- >What is the
>diagnosis?

- >-TOGV
- >-VSD

>

>Q161. Which one of the following is not indicative of sexual abuse in a
>child?

- >-Gonorrhea culture
- >-HSV
- >-HPV
- >-vaginal hematoma
- >-vulvar laceration

>

>Q162. Impetigo in child

- >-oral TMP
- >-oral penicillin
- >-cefuroxime

>

>Q163. Baby with PDA

>-continuous murmur

>

>Q164. Case of infectious mono

>

>Q165. Celiac disease ideal diet - rice and corn flour

>

>Q166. All the following neonates are prone to hypoglycemia EXCEPT:

>-IUGR

>-Diabetic mother

>-Normal infant born at 36 wks

>-Hypothermia

>-Non of the above

>

>Q167. What is true about 11 y.o weight>120% of ideal?

>-Hypotension

>-Exercise, increase physical activity (checked from T.N.)

>-High density lipoproteins is increased

>-endocrinologist referral

>-diet reduced to 30% less calories

>

>Q168. A child with

>acute otitis media. Treated with antibiotics. 2 episodes in last 3 months.

>What to do?

>-another course of antibiotics broad spectrum

>-myringostomy with insertion of vent

>-myringoplasty

>

>Q169. A child with pyloric stenosis. What is correct regarding his condition?

>- it peaks at 3 months of age

>-visible peristalsis

>-x-ray should be done

>-develop metabolic acidosis

>

>Q170. 3month infant anemia cause - Prematurity

>

>Q171. Hearing deficit in newborn not associated with -delayed speech in sibling

>

>Q172. In bleeding from vitamin K deficiency in newborn which investigation is helpful?

>-P TIME / INR,

>-APTT

>-Bleeding Time

>

>

>OBS & GYN

>

>Q173. A 19 yr old at 10 week of gestation comes with complaint of intractable vomiting for one week. most appropriate investigation will be?

>-beta-hcg

>-serum electrolytes

>

>-Blood Glucose

>-NST

>

- >Q174. Which one of these is a/w human papilloma virus?
 - >-Condyloma acuminata
 - >-Condyloma lata
 - >-umbilicated lesion
- >
- >Q175. Labour pain in 36 weeks primi. P/V reveals long cervix. Appropriate management will be
 - >-give diazepam
 - >-give morphine
 - >-give epidural
 - >-observe and reassure
- >
- >Q176. Lady after a prolonged labor she delivered a 4 kg baby. She is not able to urinate. Diagnosis?
 - >-Urethral trauma
 - >-Maternal dehydration
 - >-Uterine atony
 - >-Bladder atony
- >
- >Q177. varicella-----immunise and advice contraception for 3 mnths
- >
- >Q178. 19 week gestation delivery, cervix open. Product extruded is of weight 300gms with normal features. -incomptent cervix
- >
- >Q179. Pap smear showing atypia. Patient asymptomatic. No clearcut lesion visible. What will be the next step?
 - >-repeat pap smear in 3-6 months
- >
- >-colposcopy directed biopsy
- >
- >Q180. When to give antibiotics in CS
 - >-1 hr before
 - >-after delivery of baby
 - >-after separation of cord
- >
- >Q181. Pap smear collection method -Rotate spatula 360 degrees
- >
- >Q182. NO flow with estrogen n prog. Challenge -Asherman syndrome
- >
- >Q183. TSS -cervico vaginal secretion and cloxacillin
- >
- >Q184. Oligohydrmnios is seen in -RENAL agensis
- >
- >Q185. What is not recommended screening test in pregnancy?
 - >- routine urine culture is not necessary during 2nd trimester (?)
- >
- >Q186. Foul smelling vaginal discharge
 - >-Candida
 - >-Bacterial vaginosis
- >
- >Q187. What`s the most worrisome in 42w gestation?
 - >-Non reactive NST (?)
 - >-decreased fetal movement
 - >-polyhydramnios
- >
- >Q188. Type1 DM-Gestational DM, drug contraindicated - Clorpropamide

- >
- >Q189. HRT in 60 year old. Regular menses for 10 years. Then for 3 months amenorrhea.
 - >-reassure
 - >-Do endometrial biopsy
 - >-increase the progesterone component
- >
- >Q190. On HRT. Does not know whether menopausal. What to do?
 - >-Stop HRT and measure FSH and LH
 - >-give estrogen and progesterone challenge
- >
- >Q191. Cervix at the level of vaginal introitus in a 60 year old.
 - >Rectocele+cystocele. Treatment?
 - >-Abdominal hysterectomy
 - >-Vaginal hysterectomy
 - >-pelvic sling
- >
- >Q192. With copper T increased chances of infection in which of the following
 - >-Nullipara
 - >-promiscuous
 - >-PID
- >
- >Q193. Post op pt of hysterectomy. POD 7. CXR showing multiple cavities-
 - >Aspiration. Treatment
 - >-metronidazole
 - >-clindamycin
- >
- >Q194. Brow presentation, management?
 - >-Caesarian section
 - >-vaginal delivery if anterior brow
- >
- >Q195. 8cm ,Simple ovary cyst in a 58 y.o women. Management?
- >
- >Q196.
 - >Mg sulfate to mother, what not checked
 - >-serum creatinine
 - >-knee jerk
 - >-liver enzymes
 - >-respiratory rate
- >
- >Q197. Pregnancy of 12 weeks. Uterus at level of umbilicus. Beta HCG 68000.
 - >No gestational sac in uterus. What is the management
 - >-suction curettage
 - >-hysterectomy
 - >-hysterotomy
 - >-extraamniotic instillation
 - >-methotrexate
- >
- >Q198. H/O anencephaly folic acid dose
 - >- 4mg -1mg
- >
- >Q199. G2P0 Rh immunization, previous abortion
 - >-serial monthly Ab titres and serial amniocentesis
 - >-give Rhogam
- >

- >Q200. Vaginal lubrication on sexual stimulation occurs due to increased
 - >secretion from
 - >-Skenes gland
 - >-Bartholins gland
 - >-Vaginal gland
 - >-vaginal transduate
- >
- >Q201. 18yr F posted for surgery. She was given 8 ml of lidocaine 1% and
 - >diazepam for the procedure. After surgery collapses, HR=45/min,
 - >BP=80/60mmHg. What is the
 - >diagnosis?
 - >-Vasovagal shock due to hypovolemia
 - >-diazepam allergy
 - >-lidocaine toxicity
- >
- >Q202.Which of the following is normally seen in pregnancy- fetal heart
 - >sound auscultation at 22 weeks
- >
- >Q203. Endometriosis diagnosed by
 - >-Laparoscopy
 - >-US
- >
- >Q204. Female with incontinence with hissing sound of tap water and during
 - >straining while laughing or sneezing
 - >-Stress incontinence
 - >-detrusor instability
- >
- >Q205. Ovarian cyst in pregnancy of 8 weeks of 6 cm in size. What to do?
 - >-laparotomy
 - >-observation
- >
- >Q206. Pruritus and erythematous lesion on vulva with satellite lesions over
 - >the medial aspect of thigh and inguinal fold. what is the predisposing
 - >disease ?
 - >-DM
 - >-CA. vulva (vulvar intraepithelial neoplasia)
 - >-Lichen sclerosis
 - >-pubic lice
- >
- >Q207. PID A/E
 - >-pain adenexa
 - >- no mass? (not sure bcz everysymp.was
 - >there)
- >
- >Q208. what about 4 degree perineal tear? Question incomplete
- >
- >Q209. After vaginal delivery episiotomy wound gaping. How will you manage
 - >-resuture with absorbable suture
 - >-parenteral antibiotic and sitz bath and topical application with repair at
 - >later date
 - >-topical antibiotic only with sitz bath
- >
- >Q210. .A lady whose mother had osteoporosis wants prophylaxis for
 - >osteoporosis what to give?
 - >-Vitamin D and calcium
 - >-Exercise

- >-Analgesics
- >-Vitamins
- >-Estrogen
- >
- >SURGERY
- >
- >Q211. A pt. with multiple rib fracture is agitated and not allowing doing any examination in ER. What is the immediate management?
- >-Diazepam
- >-analgesic to ribs
- >-haloperidol
- >-morphine
- >-oxygen
- >
- >Q212. RTA # pelvis, prostate not palpable on DRE. Diagnosis?
- >-extraperitoneal urethra rupture
- >-bladder rupture
- >-pelvic haematoma
- >
- >
- >Q213. Pelvis #. Blood in meatus, cannot pass urine, what to do
- >-pass foley catheter
- >-suprapubic cystostomy
- >
- >Q214. Nasal intonation in voice of a 5yr old child due to
- >-nasal turbinate hypertrophy
- >-Hard palate defect
- >-a/w Cervical LN swelling
- >-thyroid enlargement
- >
- >Q215. Man suffered electrocution due to electric pole contact. Patient is unconscious and clinging to the electric wire. What to do?
- >-Start CPR
- >-use special insulating protective gloves and extricate the patient
- >-switch off the power supply and then resuscitate
- >
- >Q216. A patient sustained electrical burn and comes to your clinic. O/E a burn area 2cm by 6 cm is noted in the forearm with fingers affected. What should be the next appropriate step?
- >-Do ECG and if found normal then discharge and advise pt for followup
- >-Do cardiac enzyme test
- >-Admit the patient
- >-and monitor ECG for 24 hrs
- >-Admit the patient and do ECG 3 times
- >-ECG must be monitored for three days
- >
- >Q217. Pt. With frost bit, best treatment is:
- >-Put hands in warm water 38-40 degrees for 30 min.
- >-IV antibiotics
- >-Escharectomy
- >-Debridment
- >-fasciatomy
- >
- >Q218. Post operative case of CA breast with modified mastectomy done and pt presently on Tamoxifen therapy. Which screening will be ideal for screening recurrence?

- >-mammography
- >-Chest X-ray
- >-Bone scan
- >
- >Q219. Effects of Vasectomy (question incomplete)
- >- Impossible to reverse fertility after 2 years
- >-No affect on BP
- >
- >Q220. Fitula-in iVano due to
- >-Ischi-rectal Abcess
- >-anal fissure
- >
- >Q221. Pt. bleeding during defecation painful not allow exam
- >-Thrombosed external piles
- >-anal fissure
- >
- >Q222. After # in forearm manipulation and plaster cast
- >done. Patient develops pain on passive extension. Diagnosis
- >-Compartment syndrome
- >
- >Q223. What is the most appropriate measure in clostridial prevention in
- >>wounds?
- >-Radical debridement of wound
- >-antibiotic
- >-give anti serum
- >-oxygen
- >
- >Q224. Ankle joint injury with laceration, no distal pulsations on
- >Examination Pain Management?
- >-Debride
- >-Manipulate and feel for pulse
- >-apply splint and immobilize
- >
- >Q225. A case of large cervical LN 3cm,,e3cm of rubbery consistency in the
- >lateral aspect of neck. What will be your next step?
- >-Abdominal US
- >-Excisional biopsy
- >-FNAC
- >
- >Q226. 50y haematuria,mass in kidney with inc. blood supply-RCC
- >
- >Q227. What is the condition most commonly mistaken for Appendicitis in
- >children
- >-mesenteric lymphadenitis
- >-Meckels diverticulum
- >
- >Q228. most common indication for surgery in
- >stone---- severe ureter colic (not sure) urosepsis?
- >
- >Q229. Flank pain. In IVU, calyses are seen blunted. Dye excretion is
- >delayed in the affected kidney. 2-3cm stone is seen in the pelvis in the
- >lower 1/3rd of the ureter. What to do?
- >-analgesics and hydration
- >-lithotripsy
- >-percutaneous stone removal
- >-Remove the stone by retrograde cystoscopy

>

>Q230. 65 years obese Pt. complains of repeated attacks of strong & sudden
>mid abdominal pain radiating to Lt. flank with pallor and diaphoresis with
>asymptomatic periods inbetween. what is your diagnosis ?

>-Acute pancreatitis

>-Cholecystitis

>-Ureteral stone

>-Mesenteric Ischemia

>-Rupture of AAA

>

>Q231. 74y old underwent TURP. Specimen shows low grade carcinoma in 5% of
>the specimen

>-observation

>-Radical prostatectomy

>-hormone therapy

>-radiation

>(checked T.N. old age if T1-

>then observe)

>

>Q232. Prostate a1 adenocar.----- RT+PROSTECTOMY

>

>Q233. H/O prostate cancer showing nodule----- USG guided biopsy

>

>Q234. Man 56 years. Father died of prostate ca. o/e a small nodule right
>lobe. PSA= 2.2. What advice

>-follow up in 6 months DRE and PSA

>-follow up in 3 months PSA

>-us guided Biopsy now

>

>Q235. Old lady with ankle edema at the right medial malleolus, with
>superficial ulcer & surrounding scar. Diagnosis. ?

>-Arterial insufficiency

>-perforator incompetence

>

>Q236. Stasis ulcer causing pigmented changes. What is the treatment?

>-pneumatic stocking

>- stripping saphenous vein

>

>Q237. Pneumothorax-----Chest tube

>

>Q238. In Femoral hernia what is common?

>-gut obstruction

>-medial and above the inguinal ligament

>

>Q239. Welding burn management 2nd degree in the upper limb,
>what do u do ?

>-Debrid & skin graft.

>-Debrid puncture blisters & bandage with topic cream

>-Leave the wound open & systemic antibiotic

>

>Q240. Breast ca operated, used ASA, bleeding, what to do

>-platelet transfusion

>-give desmopressin

>

>Q241. A 70-yr. old man complaining of pain in his mouth. You examine him
>and he has a flat ulcer on the gum of the lower jaw, near the molar teeth

- >area. He tells you that his denture has recently become loose and ill fitting. What is the diagnosis?
 - >-traumatic ulcer
 - >-ulcerating carcinoma of the buccal mucosa
- >
- >Q242. Post-op pt continued to bleed despite 10 units of stored blood transfusion.
 - >What is the cause of the continued bleeding?
 - >-Dilutional thrombocytopenia
 - >-Hypercalcemia
 - >-Hyperkalemia
- >
- >Q243. Young man came with history of automobile accident, multiple anterior chest fracture and hoarseness, chest x-ray shows widened mediastinum, what's your immediate management?
 - >-Pericardiocentesis
 - >-Support the anterior chest fracture
 - >-Intubation
 - >-Aortic angiogram
- >
- >Q244. 35yr old female suffering from LLQ pain with non bloody stool. Tenderness present over the area. No fever. Normal rectal examination. Diverticulum seen in a barium enema. What to do?
 - >-give antibiotic prophylaxis for 2 weeks
 - >-try high fiber diet
 - >-do colonoscopy
- >
- >Q245. Hearing loss in old age. O/E AC>BC more in left. Weber lateralizes to right. What is the most appropriate?
 - >-diagnosis of sensorineural deafness
 - >-conduction deafness
 - >-recommend using hearing aid
 - >-recommend audiometry test to be done
- >
- >Q246. Irregular and constricted pupil with reduced reaction to light in acute glaucoma acute iritis
- >
- >Q247. 70yrs M with total hip replacement complains of distention and obstipation in the post operative period. Caecal diameter found 10cm in x ray. What is your diagnosis?
 - >-Ogilvie syndrome
 - >-Caecal volvulus
 - >-sigmoid volvulus
- >
- >Q248. Man with numbness in the back of the leg and unable to dorsiflex the foot along with severe backache and stiffness & no history of urine incontinence.
 - >-OSTEOMYELITIS T12- L1
 - >-peroneal nerve injury
 - >-cauda equina syndrome.
- >
- >Q249. Thyroid swelling in a hypothyroid patient. What is to be done?
 - >-give L-thyroxine

- >-Thyroid scan
- >-FNAC
- >
- >Q250. Swelling of rt upper extremity of a female with no previous history
- >due to
- >-venous embolism
- >-lymphedema
- >Q251. Lesion on lip - Biopsy
- >
- >Q252. Renal injury bleeding- pyelogram
- >
- >Q253.
- >Pre op most worrying -H/o MI -age over 70
- >
- >Q254. A case showing symptom and signs of complicated appendicitis
- >
- >Pictures
- >
- >Q255. Basal Body temperature chart of a woman (anovulatory cycle) -short
- >luteal phase
- >
- >Q256. Vaginal lesions- diagnosis
- >-vaginal herpetic lesion
- >-moniliasis
- >
- >Q257. Picture of slide showing T. vaginalis. What is the treatment
- >-oral Metronidazole
- >-ceftriaxone
- >-doxycycline
- >-topical application.
- >
- >Q258. Picture of a child suffering from constipation showing large
- >protruding tongue. Diagnosis?
- >-hypothyroidism.
- >-Downs syndrome
- >
- >Q256. Picture of SKIN lesions involving nails and hand which are suggestive
- >of PSORIASIS . What is common?
- >-DIP involvement
- >
- >-Sacroilitis
- >
- >Q260. Picture of a child having scaling yellowish over scalp and dry face.
- >-Seborrhic Dermatitis
- >-Atopic dermatitis
- >-PSORIASIS
- >
- >Q261. ECG strip showing variability of R-R interval and RsRj| pattern in
- >lateral leads and lead I
- >-Atrial fibrillation with LBBB
- >
- >Q262. Picture of a short stature girl with no sexual development, no pubic
- >hair, no breast development (Turner syndrome). What should be done?
- >-karyotype
- >-FSH and LH
- >-TSH & GH

>

>Q263. Fetal heart rate monitoring strip (showing late decelerations?) 32

>weeks with uterine contraction. What should be done?

>-Do caesarian section

>-wait and augment

>-give tocolytics

>-give steroids.

>

>Q264. A girl with a SKIN

>lesion with irregular border and variegated appearance. Recently been

>bitten by dog in that area. Diagnosis

>-naevi

>-malignant melanoma

>

>

>Reward your sense of adventure with MSN World Tour

>

>Test your trivia skills! Play MSN World Tour today!

>
