

**GO THE EXTRA MILE  
WITH ARISE**



**MOCK EXAM - 2**  
**QUESTIONS & EXPLANATIONS**  
**FMGE SIMULATOR - DEC 2019**

*Rise With Arise*

# A Message From Our Director, Dr Khaleel MD RADIOLOGY

To The Students, Who Are Preparing  
For Upcoming  
Exam On December 20th, 2019.



1. Remember we are never fully ready for the exam, it's ok to have such feelings but trust me if you keep fighting till the 300th question of your exam you will surely do well
2. Revise the topics and subjects which you have already completed. Memorizing new topics, extra stuff at this time is not a good idea. Revise, Rerevise & Rerevise. If you haven't done few short subjects, please do retrograde MCQs or tables. Don't leave subjects completely
3. Solve 100 questions everyday without fail.
4. Keep the last week reserved to revise just the tables, mnemonics and learn to flip through your notes fast to gain confidence, you may not be able to read completely but just flip through.
5. Regulate your sleep cycle for the final day of exam. Sleep on time and for 6-7 hours daily.
6. Keep yourself healthy with a good diet so that your performance is not compromised in these last 30 days.
7. Don't lose hope and keep going on. Warriors show their true power in the final rounds.

“Be a warrior not a worrier”

All The Best !



## MOCK EXAM 2 – FMGE SIMULATOR DECEMBER 2019-10-28

## 1. The movements which are lost in C5-C6 nerve injury are all except;

- Extension
- Abduction
- External rotation
- Supination of forearm

Ans. A

**Erb's palsy:**

- Upper trunk C5, C6 of brachial plexus is called as Erb's point, where "SIX" nerves meet.
- Injury at this point causes Erb's paralysis, which may be seen in birth injury, fall on shoulder & during anesthesia
- **FABER'S are lost in Erb's**, i.e. Flexion, Abduction, External rotation and Supination of forearm.
- **Forearm will be extended and pronated. This deformity is called as "policeman's tip hand" or "porter's tip hand"**
- **C5 > C6 (C5 is main, because its root is involved)**

**Klumpke's paralysis: T1 > C8**

- Site of injury: lower trunk of brachial plexus.
- Nerve roots involved: Mainly T1 and partly C8

## 2. What is true about the content of ions in extracellular fluid?

- $\text{Cl}^- < \text{Ca}^{2+}$
- $\text{HCO}_3^- > \text{Ca}^{2+}$
- $\text{K}^+ > \text{Mg}^{2+}$
- $\text{Na}^+ < \text{Cl}^-$

Ans. B

**Predominant ion in intracellular fluid (ICF):**  $\text{K} > \text{Mg} > \text{organic anion (protein)}$ **Predominant ion in extracellular fluid (ECF):**  $\text{Na} > \text{Cl} > \text{HCO}_3^- > \text{Ca}^{2+}$ 

## 3. The eye structure which is derived from neural crest cells is;

- Vitreous
- Choroid
- Extraocular muscles
- Descemet's membrane

Ans. D

**Eye structures derived from neural crest cells;**

- Stroma, descemet's membrane and endothelium of the cornea
- Angle of anterior chamber
- Stroma of the iris
- Ciliary body and choroid
- Primary vitreous

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**Eye structures derived from Surface ectoderm:**

- Epithelium of conjunctiva
- Epithelium of cornea
- Lens
- Lacrimal glands
- Skin of eyelids

**Eye structures derived from Mesoderm:**

- Sclera
- Walls of the orbit
- Extraocular muscles
- Connective tissue of the orbit
- Eyelids

**Eye structures derived from Neuroectoderm:**

- Optic nerve
- Retina including the retinal pigment epithelium
- Epithelium of ciliary body
- Epithelium of iris
- Sphincter and dilator papillae muscles
- Ciliary zonules
- Secondary and tertiary vitreous

**4. Which of the following is the vascular structure of scalp?**

- a. Skin
- b. Pericranium
- c. Superficial fascia
- d. Aponeurosis

**Ans. C****Scalp:** soft tissue which covers the calvaria of skull.

It consists of 5 layers: SCALP

- Skin
- Close network of connective tissue (superficial fascia) - contains large blood vessels & nerves of scalp
- Aponeurosis (galea aponeurotica) with occipitofrontalis muscle
- Loose areolar (subaponeurotic) tissue – This is dangerous area of scalp because emissary veins can spread infection to intra-cranial venous sinuses.
- Pericranium (outer periosteum of skull)

**5. Growth hormone receptor is which type of enzyme linked receptor?**

- a. Tyrosine Kinase
- b. Serine/threonine kinase
- c. Guanylyl cyclase linked receptor
- d. Janus kinase

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Ans. D

**Examples of Enzyme linked receptors:**

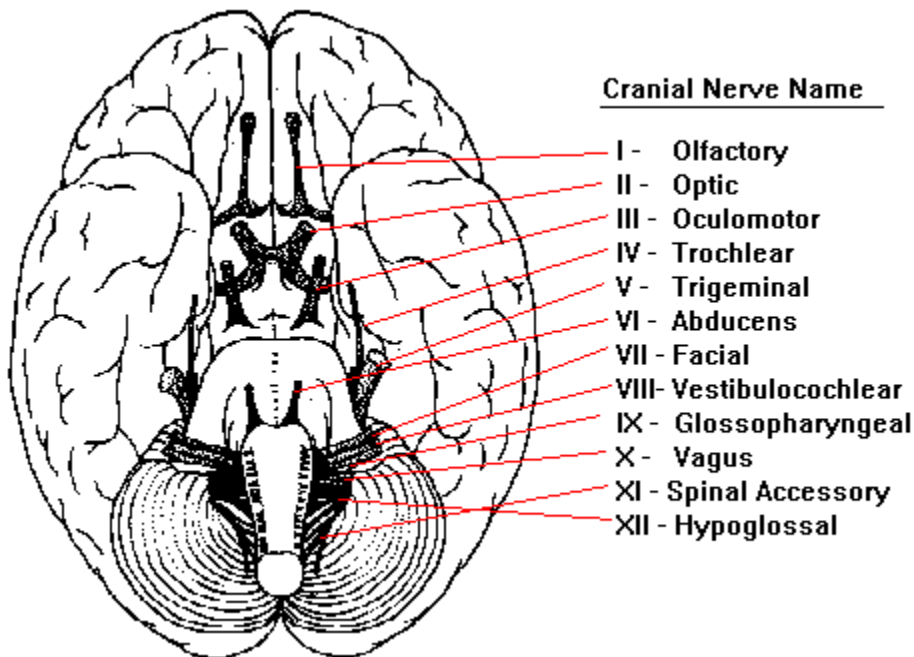
Tyrosine Kinase Receptors	EGFR, VEGFR, Her-2, Insulin & toll like receptors
Serine/Threonine kinase receptors	TGFR
Janus Kinase	Cytokine receptor, <b>Growth Hormone receptor</b> , Prolactin receptor
Guanylyl cyclase linked receptor	Receptor of ANP & BNP

**6. Which of the following cranial nerve is a pure motor nerve?**

- Spinal accessory
- Glossopharyngeal
- Vestibulocochlear
- Optic

Ans. A

Cranial Nerves:

**Pure sensory** – 1,2,8**Pure motor** – 3,4,6,11,12**Mixed** – 5,7,9,10**ARISE – HYDERABAD****Contact:**

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7. Which fatty acid among the following belongs to  $\omega$ -9 series of fatty acids?

- Arachidonic acid
- Timnodonic acid
- Elaidic acid
- Cervonic acid

Ans. C

**Omega classification of fatty acid:**

**$\omega$ 3 series:**  $\alpha$  Linolenic acid

Timnodonic acid (Eicosa pentaenoic acid)

Cervonic acid (DHA)

**$\omega$ 6 series:** Linolenic acid

$\gamma$  Linolenic acid (GLA)

Arachidonic acid

**$\omega$ 9 series:** Oleic acid

Elaidic acid

Nervonic acid

8. Which among the following are the functions of macula densa in nephron?

- Renin secretion
- Regulation of vasoconstriction/vasodilation of arterioles
- To sense blood pressure
- To sense changes in the solute concentration & flow rate of filtrate

Ans. D

**Juxtaglomerular apparatus (JGA):**

- It is a specialized region of a nephron where the afferent arteriole & DCT come in direct contact with each other.
  1. **JG cells** (modified smooth muscle cells of afferent arteriole)
- Synthesizes and **stores rennin**
- Function as mechanoreceptors **to sense blood pressure**
  2. **Macula densa** ( $\text{Na}^+$  sensors) of DCT
- Function as chemoreceptors to sense changes in the solute concentration & flow rate of filtrate.
  3. **JG/Extraglomerular mesangial cells (Lacis cells)**
- Allow for selective vasoconstriction/vasodilation of the renal afferent & efferent arterioles with mesangial cell contraction.

9. What is the chemical nature of amyloid in familial amyloidotic neuropathies?

- Normal transthyretin
- Abnormal transthyretin
- $\text{A}\beta$
- $\text{A}\beta$ -2

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Ans. B

**Systemic Amyloidosis:**

**Primary amyloidosis** – B Cell neoplasm; AL

**Secondary amyloidosis** – Chronic inflammation: AA

**Chronic renal failure:** A $\beta$ 2

**Alzheimer** – A $\beta$

**Familial Mediterranean fever:** AA; involvement of pyrin

**Systemic senile amyloidosis** – normal TTR (transthyretin)

**Familial amyloidotic neuropathies** – **abnormal TTR**

**Localized Amyloidosis:**

Alzheimer – A $\beta$

Down syndrome – A $\beta$

Medullary Thyroid cancer - ACal

Type II DM- AIAPP

Prion disease – AprP

**10. Which of the following is a nucleoside?**

- Adenine
- Adenosine
- Ribose
- Adenosine monophosphate

Ans. B

**Nucleoside** = Nitrogen base + Pentose sugar

**Nucleotide** = Nucleoside + Phosphate group

Nitrogen base = Adenine

Nucleoside = Adenosine

Nucleotide = AMP (adenosine monophosphate)

Pentose sugar – Ribose

**11. Which of the following hormones affects the K<sup>+</sup> ion concentration?**

- Growth hormone
- Insulin
- Thyroxine
- Oxytocin

Ans. B

**Potassium homeostasis:**

SHIFTING K <sup>+</sup> INTO CELLS	SHIFTING K <sup>+</sup> OUT OF CELLS
Insulin	Insulin deficiency
Aldosterone	Aldosterone deficiency
Beta adrenergic agonists	Beta adrenergic blockade
Alkalosis	Acidosis Cell lysis Strenuous exercise Increased ECF osmolarity

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**12. A patient of rheumatoid arthritis is taking NSAIDs, steroids and methotrexate since 4 months, but activity of disease progression is same. What should be the next probable step?**

- Continue methotrexate & steroids
- Start parenteral methotrexate
- Add Sulfasalazine
- Start monotherapy with Anti-TNF alpha drugs

**Ans. C**

- Current recommendation is to start DMARDs as soon as the diagnosis of rheumatoid arthritis is confirmed.
  - Methotrexate is the DMARD of first choice for initial treatment of moderate to severe RA.
  - Failure to achieve adequate improvement with methotrexate therapy calls for a transition to effective combination therapy.
  - Effective combination include: methotrexate, sulfasalazine & hydroxychloroquine (Oral triple therapy); Methotrexate & Leflunomide; and methotrexate plus a biological.
- NSAIDs are used to provide symptomatic relief; they have no effect on the progression of the disease.

**13. Phage mediated transfer of DNA is seen in which micro-organism?**

- Shiga A toxin
- Neisseria
- E. Coli
- Streptococcus pneumonia

**Ans. A**

**Transduction:** bacteriophage mediated gene transfer

Eg: Shiga A toxin

Botulinum toxin

Cholera toxin

Diphtheria toxin

Erythrogenic toxin (Strep. Pyogenes)

**Transformation:** ability to take up naked DNA from environment.

Eg. S.pneumonia

Hib

Neisseria

**14. Which of the following is the large subunit of eukaryotic ribosome?**

- 5s, 23s
- 16s
- 5s, 5.8s, 28s
- 18s

**Ans. C**

TYPE	SIZE	LARGE SUBUNIT	SMALL SUBUNIT
PROKARYOTE	70s	50s (5s, 23s)	30s (16s)
EUKARYOTE	80s	60s (5s, 5.8s, 28s)	40s (18s)

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15. All of the following are capsulated micro-organisms except;

- Cryptococcus neoformans
- Bacillus anthracis
- Neisseria gonococcus
- Klebsiella pneumonia

Ans. C

**CAPSULATED BACTERIA:**

- Pneumococcus
- N. Meningococcus
- H. Influenza
- Klebsiella pneumonia
- Pseudomonas aeruginosa
- Bacillus anthracis

**CAPSULATED FUNGUS**

- Cryptococcus

16. Which lipoprotein among the following has minimum protein content?

- HDL
- LDL
- VLDL
- Chylomicrons

Ans. D

Maximum lipid content overall – Chylomicrons

Minimum lipid content overall – HDL

Maximum triglyceride (TG) content overall – Chylomicrons

Maximum exogenous (dietary) TG content – Chylomicrons

Maximum endogenous TG content – VLDL

Minimum TG content – HDL

Minimum cholesterol content - chylomicrons

Maximum cholesterol – LDL

Maximum phospholipid content – HDL

Minimum phospholipid content – chylomicrons

Lipoprotein with lowest density – Chylomicrons

Lipoprotein with maximum density – HDL

**Lipoprotein with minimum protein content – Chylomicrons**

Lipoprotein with maximum protein content – HDL

Lipoprotein with largest size – chylomicrons

Lipoprotein with smallest size - HDL

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17. What is the function of prostaglandin I<sub>2</sub>?

1. Aggregant
2. Antiaggregant
3. Vasodilator
4. Vasoconstrictor
- a. Only 1
- b. Only 2
- c. 2 & 3
- d. 2 & 4

Ans. C

**PgE1:**

- Vasodilation
- Gastroprotective
- Ductus arteriosus patency

**PgE2:**

- Uterine contraction

**PgF2α:**

- Uterine contraction
- Increase uveoscleral outflow of aqueous humor

**PgI2:**

- Antiaggregant
- Vasodilation

**TXA<sub>2</sub>** (thromboxane A<sub>2</sub>) – aggregation

18. The protein which seals the single strand nick between the nascent chain and okazaki fragments on lagging strand;

- a. DNA helicase
- b. DNA primase
- c. DNA Topoisomerase
- d. DNA ligase

Ans. D

PROTEIN	FUNCTION
DNA polymerase	Deoxynucleotide polymerization
Helicases	Processing unwinding of DNA
Topoisomerases	Relieve torsional strain that results from helicase inducing unwinding
DNA primase	Initiates synthesis of RNA primers
DNA ligase	Seals the single strand nick between the nascent chain and okazaki fragments on lagging strand

19. Inhibition of calcium channel opening is the function of which of the following GPCR?

- a. Gi
- b. Go
- c. Gs
- d. Gq

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**Ans. B**

Effects of GPCRs:

Gs	Increase in Cyc AMP Calcium channel opening
Gq	Increase in calcium Stimulation of membrane protein kinase
Gi	Decrease in Cyc AMP Opening of K channel
Go	Opening of K channel <b>Inhibition of calcium channel</b>
G12/13	Rho kinase stimulation

**20. Which of the following is not a criterion of systemic inflammatory response syndrome in a patient?**

- a. Heart beat 55/minute
- b. Breathing 32/minute
- c. WBC – 15,000/ $\mu$ l
- d. WBC - 2000/ $\mu$ l

**Ans. A**Bradycardia is not a criterion of **SIRS** (systemic Inflammatory response Syndrome)**Criteria of SIRS:** 2 or more of the following conditions;

- Hyperthermia (fever) or hypothermia
- Tachypnea (>24 breaths per minute)
- Tachycardia (>90 beats/minute)
- Leucocytosis (>12,000/ $\mu$ l), leucopenia (<4000/ $\mu$ l) or >10% bands

**21. All are features of nephrotic syndrome in children except;**

- a. Lipiduria
- b. Hypoalbuminemia
- c. Hypolipidemia
- d. Proteinuria

**Ans. C****Nephrotic syndrome:**

- Proteinuria (>3.5 gm/day)
- Hypoalbuminemia
- **Hyperlipidemia**
- Lipiduria
- Edema
- Hypercoagulability

**22. Cardiac output per minute per square meter of body surface area is known as;**

- a. Stroke volume
- b. Cardiac output
- c. Cardiac index
- d. Ejection fraction

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Ans. C

**Cardiac index** is defined as cardiac output per minute per square meter of body surface area.

Average cardiac index is about **3.2 L/min/m**

**Cardiac index = Cardiac output/body surface area**

**Cardiac output (CO)** = stroke volume \* heart rate

**Stroke volume** = CO/HR

**Ejection fraction** = stroke volume/End-diastolic ventricular volume \* 100

**23. Which of the following neurotransmitters is released by inner hair cells during depolarization?**

- a. GABA
- b. Glutamate
- c. Glycine
- d. Acetylcholine

Ans. B

Depolarization of hair cells release a neurotransmitter glutamate, which initiates depolarization of neighboring afferent neurons.

**24. Which of the following is the most specific test for the given condition?**

- a. Rheumatoid factor
- b. Anti IgA antibody
- c. Anti CCP antibody
- d. Anti IgG antibody



Ans. C

Given picture shows **Rheumatoid arthritis**.

Rheumatoid factor is an IgM antibody reactive with the Fc portions of the patient's own IgG. It is not so specific as it can be seen in many diseases.

Anti Cyclic citrullinated peptide antibody (**anti CCP antibody**) is more specific than rheumatoid factor for diagnosis.

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**25. What is the pathology of Chediak – Higashi syndrome?**

- a. Defective Defect in NADPH
- b. Defective chemotaxis
- c. Integrin defects
- a. Defectice opsonisation

**Ans. B**

**Defective opsonization** – Bruton's disease (defect in the maturation of B cells)

**Defect in NADPH oxidase** – CGD (Chronic granulomatous disease)

**Defective chemotaxis** – Chediak-Higashi syndrome (phagolysosome formation)

**Integrin defects** – LAD 1 (leukocyte adhesion defects)- recurrent infection and delayed separation of umbilical cord stump

**Selectin defects** - LAD 2 – recurrent infections, Bombay blood group and mental retardation

**26. A patient of thrombosis of veins has been receiving warfarin therapy for three years. He is asymptomatic with INR 8. What shall be done to reverse the condition?**

- a. Protamine injection
- b. Fibrinogen infusion
- c. Vitamin K injection
- d. Whole blood transfusion

**Ans. C**

**Management of warfarin toxicity:**

INR < 5 (asymptomatic)	Discontinue warfarin & resume once INR is normal
INR > 5 (asymptomatic)	Vitamin K
INR > 20 or symptomatic	FFP

**27. Which of the following antiemetic drugs can cause the side effect as shown in photo?**

- a. Ondansatron
- b. Domperidone
- c. Aprepitant
- d. Dronabinol



**Ans. D**

Cannabinoid receptor agonists like **dronabinol** and **nabilone** can cause conjunctival congestion known as **blood shot eyes**.

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**28. One of the following is incorrect about the inheritance pattern of autosomal recessive diseases;**

- Mutant genes express themselves only in homozygous state
- Defect in the synthesis of an enzyme protein
- Reduced penetrance is seen
- Both parents must have mutant gene

**Ans. C**

**Autosomal Recessive Inheritance Diseases pattern:**

- Both parents must have mutant gene
- Mutant genes express themselves only in homozygous state
- Usually cause defect in the synthesis of an enzyme protein
- **Complete penetrance is seen**
- They have early uniform onset (usually in childhood)

**Features of AUTOSOMAL DOMINANT DISORDERS:**

- variable age of onset
- Reduced penetrance
- Variable expressibility

**29. XDR-TB is defined as;**

- Resistance isoniazid and rifampicin + quinolone
- Resistance isoniazid and rifampicin and quinilone + injectable aminoglycoside
- Resistance isoniazid + quinolone + injectable aminoglycoside
- Resistance rifampicin + quinolone + injectable aminoglycoside anti-viral

**Ans. B**

**MDR-TB:** strain resistant to isoniazid & rifampicin

**XDR-TB:** Resistance isoniazid and rifampicin and quinilone + injectable aminoglycoside

**30. Maximum pressure in left ventricle is seen in which phase of cardiac cycle?**

- Isovolumetric contraction
- Protodiastole
- Rapid ventricular filling
- Ventricular ejection

**Ans. D**

Maximum ventricular pressure around 140 mmHg is achieved during rapid ejection phase.

**31. All of the non-nucleoside reverse transcriptase inhibitors are enzyme inducers, except;**

- Efavirenz
- Delavirdine
- Nevirapine
- Etravirine

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**Ans. B**Non-nucleoside reverse transcriptase inhibitors (**NNRTI**): NEED

- Nevirapine
- Efavirenz
- Etravirine
- Delavirdine

**Only delavirdine is enzyme inhibitor and others are enzyme inducers.**

The NNRTI are non-competitive inhibitor of HIV-1 reverse transcriptase &amp; hence these drugs are not effective for treatment of HIV-2.

These drugs also do not block human DNA polymerase gamma &amp; hence related side effects are not seen.

**32. What is the mechanism of action of dantrolene?**

- a. Inhibiting calcium release from smooth muscle cells
- b. Inhibiting sodium release from smooth muscle cells
- c. Inhibiting potassium release from smooth muscle cells
- d. Increase calcium release from smooth muscle cells

**Ans. A****Dantrolene:** acts by inhibiting calcium release from smooth muscle cells.Dantrolene is also used to prevent muscle stiffness and spasms caused by malignant hyperthermia (a rapid rise in body temperature and severe muscle contractions) that can occur during surgery with certain types of anesthesia**33. True about Cryoglobulin vasculitis is;**

- a. Large vessel vasculitis
- b. Medium vessel vasculitis
- c. Small vessel vasculitis – immune complex mediate
- d. Small vessel vasculitis – paucity of immune complex

**Ans. C**

Large vessel vasculitis	Medium vessel vasculitis
Giant cell (temporal) arteritis	Classic PAN
Takayasu arteritis	Kawasaki's disease
	Buerger's disease

Small Vessel Vasculitis;	
Immune complex mediated	Paucity of immune complex
SLE	Wegener's granulomatosis
HSP	Microscopic polyangitis
<b>Cryoglobulin vasculitis</b>	Churg-Strauss syndrome
Goodpasture syndrome	

**34. Which of the following mucopolysaccharides determines the charge selectiveness of renal glomerular membrane?**

- a. Hyaluronic acid
- b. Keratan sulphate
- c. Chondroitin sulphate
- d. Heparan sulphate

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Ans. D

GAG (**Glycosaminoglycans**) or mucopolysachharides: carry large number of negative charges, so they tend to repel each other.

Hence slippery consistency of mucous secretion and synovial fluid

- GAG with no uronic acid – keratin sulfate
- GAG with no sulfate group - Hyaluronic acid
- GAG not covalently linked to protein - Hyaluronic acid
- **GAG found in bacteria** – Hyaluronic acid
- GAG which is an anticoagulant - Heparin
- Most abundant GAG – chondroitin sulfate
- Site of synthesis of GAG - endoplasmic reticulum and golgi
- **GAG that helps in cell migration** – Hyaluronic acid
- **GAG that play role in corneal transparency** - Keratan sulfate I and dermatan sulfate
- GAG that have a role in compressibility of cartilage in weight bearing – Hyaluronic acid and chondroitin sulfate
- GAGs that determine charge selectiveness of renal glomerular membrane – **Heparan sulfate**

35. DNA fingerprinting is based on possessing in DNA of;

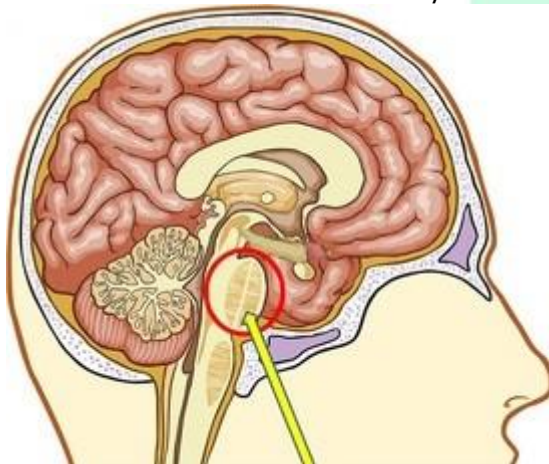
- a. Constant tandem repeat
- b. Intron in eukaryotrd
- c. Variable number tandem repeats (VNTR)
- d. Non-repetitive sequence

Ans. C

Variable number of tandem (one after another) repeats (VNTR), is unique for any individual & therefore serves as molecular DNA fingerprint.

VNTR may be short tandem (microsatellite) or large tandem (minisatellite) repeats.

36. Which of the cranial nerve nuclei is/are located at the marked organ?



- a. VI, VII
- b. III, IV
- c. IV
- d. IX, X

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Ans. A

Marked organ is PONS.

Location of cranial nerve nuclei:

III	Superior colliculus (midbrain)
IV	Inferior colliculus (midbrain)
V, VI, VII, VIII	Pons
IX, X, XI, XII	Medulla

37. What is the significance of positive froment sign in a nerve injury?

- Loss of abduction and adduction of fingers
- Loss of adduction of thumb
- Inability to adduct the small finger in against the ring finger
- Index finger fails to flex on clasping hand

Ans. B

Loss of abduction and adduction of fingers – **CARD TEST POSITIVE** (ulnar nerve injury)

Loss of adduction of thumb – **FROMENT SIGN POSITIVE** (ulnar nerve injury)

Inability to adduct the small finger in against the ring finger - **WARTENBERG'S SIGN** (ulnar nerve injury)

Index finger fails to flex on clasping hand – **PINTING INDEX or OSCHNER'S CLASP TEST** (median nerve injury)

38. The physiological change that will be seen in a patient whose diet has been low in calcium for 8 weeks;

- Increased phosphate levels
- Raised calcitonin levels
- Activation of 24-25 dihydrocholecalciferol
- Increased parathormone secretions

Ans. D

**Hypocalcemia** is the most important stimulus for **parathormone secretion**.

39. According to myogenic hypothesis of renal autoregulation, the afferent arterioles contract in response to stretch induced by;

- NO release
- Opening of calcium channels
- Noradrenaline release
- Adenosine release

Ans. B

**Myogenic autoregulation** – through opening of calcium channels

**Tubuloglomerular feedback** – through release of adenosine

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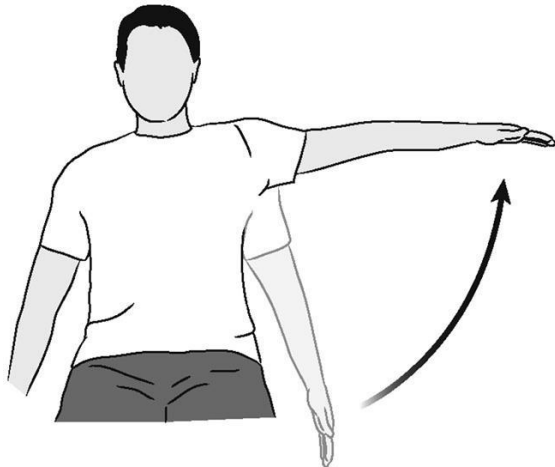
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40. Which of the following muscles carries out the shown movement from 15-90 degrees?



- a. Supraspinatus
- b. Trapezius
- c. Deltoid
- d. Serratus anterior

Ans. C

Shown movement is **SHOULDER ABDUCTION**

DEGREE OF ABDUCTION	MUSCLES INVOLVED	NERVE
Initiation (upto 15°)	Supraspinatus	Suprascapular
15°-90°	Deltoid (Middle Fibres)	Axillary
Overhead (>90°)	Trapezius, Serratus anterior	Accessory, Long thoracic

41. Barr body is found in which phase of cell cycle?

- a. G1 phase
- b. Telophase
- c. Metaphase
- d. Interphase

Ans. D

**BARR Body ( Sex-Chromatin):**

- It is densely staining inactivated condensed 'X' chromosome that is present in each somatic cells of female.
- It is found in the nucleus
- It is used as a test of genetic femaleness
- It is derived from one of the two X-chromosomes which become inactivated.
- The number of barr body is thus one less than the number of X-chromosomes.

**It is particularly visible when the cell is in interphase, meaning it is not currently undergoing cell division.**

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**42. Melioidosis is caused by which of the following micro-organism?**

- Burkholderia pseudomallei
- Burkholderia mallei
- Bacillus cereus
- Borrelia Burgdorferi

**Ans. A**

Burkholderia pseudomallei - melioidosis  
Burkholderia mallei – Glander's disease  
Borrelia Burgdorferi – Lyme disease

**43. What is the mechanism of action of exotoxin-A of pseudomonas?**

- Activation of guanylyl cyclase
- Activation of adenylyl cyclase
- ADP ribosylation
- Inhibition of protein synthesis

**Ans. D**

Exotoxins and their mechanisms of action:

TOXINS (EXOTOXINS)	MECHANISM
Enterotoxin & TSST of S. Aureus, Streptococcal pyrogenic exotoxin	Act as superantigen; stimulate T cell non-specifically, to release large amount of cytokines
Diphtheria toxin & <b>Exotoxin-A of pseudomonas</b>	Inhibits protein synthesis (by inhibiting elongation factor-2)
Anthrax toxin	Increase cAMP in target cell, edema
$\alpha$ toxin of Clostridium perfringens	Lecithinase & phospholipase activity – causes myonecrosis
Tetanus toxin (tetanospasmin)	Decrease in neurotransmitter (GABA & glycine) release from the inhibitory neurons – <b>SPASTIC PARALYSIS</b>
Botulinum toxin	Decrease in neurotransmitter (acetylcholine) release from the neurons – <b>FLACCID PARALYSIS</b>
Heat labile toxin of ETEC & cholera toxin (V. Cholera)	Activation of adenylate cyclase - Increase cAMP in target cell – secretory diarrhea
Heat stable toxin	Increase cGMP in target cell – secretory diarrhea
Verocytotoxin (EHEC) & Shiga toxin (shigella dysenteriae type-1)	Inhibit protein synthesis (by inhibiting ribosome)

**44. Which among the following is the linking amino acid in urea cycle and Krebs cycle?**

- Arginine
- Fumarate
- Alanine
- Aspartate

**Ans. B**

Fumarate is released during urea cycle, which is an intermediate of kreb's cycle – Thus linking urea cycle and Krebs cycle

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45. Deficiency of the complements factors which cause collagen vascular diseases is/are;

- C1, 2, 4
- C5-C8
- CD 59
- C1 esterase inhibitor

Ans. A

Deficiency of complement component	Diseases
C1, C2, C4	SLE & collagen vascular disorders
C5 – C8	Bacterial infections with Nisseria and toxoplasmosis
C1 esterase inhibitor	Hereditary angioneurotic edema. It is non-pitting edema and it responds to drug DANAZOL.
C3b and C3b inactivator	Recurrent pyogenic infections
DAF and CD59	PNH
C9	No particular disease

46. Recrudescence is seen in which of the following plasmodium species?

- P. Falciparum and P. Vivax
- P. Vivax and P. Ovale
- P. Falciparum and P. Malariae
- P. Falciparum and P. Vivax

Ans. C

**Recrudescence** is seen in P. falciparum & P. malariae

**Relapse** is seen in P. Vivax & P. ovale

47. Which of the following is known as Chicago disease?

- Histoplasmosis
- Coccidioidomycosis
- Paracoccidioidomycosis
- Blastomycosis

Ans. D

**Histoplasmosis** – darling's disease

**Coccidioidomycosis** – California fever/valley fever/desert rheumatism

**Paracoccidioidomycosis** – South American blastomycosis/Lutz-splendorede Almeida disease

**Blastomycosis** – a/c North America blastomycosis/Gilchrist's disease/Chicago disease

48. Which drug is used in severe hypertension emergencies, is very short acting & must be given by intravenous route?

- Labetalol
- Nitropruside
- Hydralazine
- Diazoxide

Ans. B

Nitropruside is a very short & fast acting drug as the effect is seen within 30 seconds & terminates 3 minutes after infusion is stopped.

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49. Which of the following conditions is caused by the vagal stimulation of heart?

- Increased heart rate
- Increased cardiac output
- Increased force of contraction
- Increased RR interval in ECG

Ans. D

Vagal stimulation of heart decreases conduction, heart rate & contraction.

A decrease in heart rate manifests in ECG as increased RR interval & decreased conduction through AV node as a prolonged PR interval.

50. Clonidine acts on;

- Sympathetic nerve
- Autonomic ganglia
- Vasomotor center
- Vascular smooth muscle

Ans. C

Clonidine is  $\alpha_2$  agonist which decreases NE release in the CVS centre in CNS & thus are known as central sympatholytics.

Oral clonidine is the drug of choice for treatment of hypertensive urgency & tics associated with Tourette's syndrome.

51. All are the features of corticospinal tract involvement except;

- Spasticity
- Cogwheel rigidity
- Plantar extensor response
- Exaggerated deep tendon reflex

Ans. B

Cogwheel rigidity is an extra pyramidal tract lesion symptom

52. Contralateral loss of crude touch and pressure is seen due to injury of;

- Anterior spinothalamic tract
- Lateral spinothalamic tract
- Fasciculus gracilis
- Fasciculus cuneatus

Ans. A

Ascending tracts in spinal tract:

TRACT	FUNCTION
Lateral spinothalamic tract	Pain and temperature – <b>opposite side</b>
Anterior spinothalamic tract	Crude touch, pressure – <b>opposite side</b>
Spinocerebellar tracts	Unconscious proprioception – <b>opposite side</b>
Fasciculus gracilis and Fasciculus cuneatus	Conscious proprioception, vibration, Fine touch, Two-point discrimination, stereognosis – <b>Same side</b>

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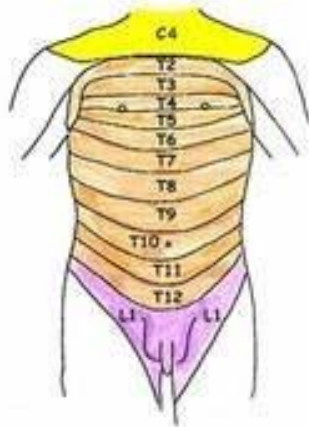
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53. The dermatome which supplies the umbilicus;

- a. T8
- b. T9
- c. T10
- d. T11

Ans. C

DERMATOMES OF THORAX AND ABDOMEN



54. Which of the vitamins has teratogenic effect?

- a. Ascorbic acid
- b. Retinol
- c. Cyanocobalamine
- d. Thiamine

Ans. B

Exposure to retinoic acid during pregnancy causes cleft lip & palate.

55. Which of the following methods destroys all microbes except the spores?

- a. Sterilization
- b. Disinfection
- c. Asepsis
- d. Decontamination

Ans. B

Sterilization – destroys all microbes including spore

Disinfection - destroys all microbes except spore

Asepsis – chemical agents applied to body surface

Decontamination or sanitization – makes items safe to handle

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56. Lancefield grouping of streptococci is done by using;

- M protein
- Group C peptidoglycan cell wall
- Group C carbohydrate antigen
- Staining properties

Ans. C

- Beta hemolytic streptococcus is classified to group A-V based on carbohydrate antigen (**Lancefield classification**)
- M protein is used to further classify group A streptococcus (**Griffith classification**)

57. The only drug approved for amyotrophic lateral sclerosis (ALS) is;

- Amantidine
- Donepezil
- Fingolimod
- Riluzole

Ans. D

**Riluzole:** is the only drug approved by FDA for ALS is the **drug of choice**.

- It acts by inhibiting glutamate release as well as by antagonizing NMDA & kainite receptors.
- It inhibits neurodegeneration by inhibiting glutamate induced oxidative damage & prolongs survival.

58. A 45 years old male is presented with carcinoma lung with a past history of lung disease. Which of the following drugs should not be given to this patient?

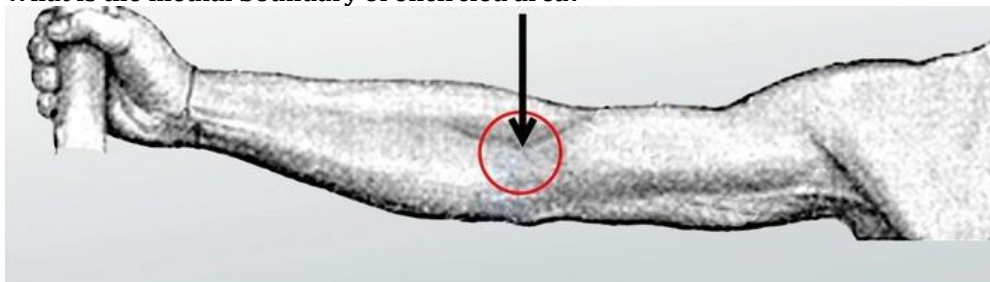
- Adriamycin
- Bleomycin
- Mithramycin
- Vinblastine

Ans. B

**Anticancer drugs causing pulmonary fibrosis are;**

- Bleomycin
- Busulfan
- Other alkylating agents like temozolomide

59. What is the medial boundary of encircled area?



- Brachioradialis
- Supinator
- Pronator teres
- Triceps

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Ans. C

Show image is CUBITAL FOSSA

Lateral boundary	Brachioradialis
Medial Boundary	Pronator teres
Base	Line joining the two epicondyles of humerus
Apex	Point joining lateral and medial boundaries
Floor	Brachialis, supinator
Roof	Skin, superficial fascia, deep fascia, bicipital aponeurosis
<b>CONTENTS</b> (from Lateral to Medial)	Radial nerve, Biceps brachii tendon, Brachial artery bifurcating into radial and ulnar artery, Median Nerve

60. Which of the following is the immediate source of energy during muscle contraction?

- Glucose
- Creatine phosphate
- Glycogen
- Fatty acid

Ans. B

Energy source for muscle contraction:

Immediate energy system	Anaerobic glycolytic system	Oxidative (Aerobic) system
ATP, creatine phosphate	Glucose or Glycogen	Glucose or Glycogen, fatty acids
Peak at 0-30 seconds	20-180 seconds	>3 minute

61. What is the end product in catecholamine metabolism?

- Metanephrine
- Normetanephrine
- Dihydroxyphenyl glycol
- Vanillylmandelic acid

Ans. D

End products in epinephrine &amp; Norepinephrine – VMA (vanillyl mandelic acid)

In dopamine – HVA (homovanillic acid)

End products VMA &amp; HVA are excreted in urine

62. Which of the following is a good media to use for diagnosis of Legionnaires disease?

- BYCE agar
- Chocolate agar
- Thayer Martin media
- Bordet Gengou media

Ans. A

BYCE media: buffered charcoal yeast extract with cysteine &amp; antibiotics

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**63. Coomb's test is;**

- a. Slide flocculation test
- b. Tube flocculation test
- c. Tube agglutination test
- d. Heterophile agglutination test

**Ans. C**

**Slide Agglutination test:** To confirm the identification and serotyping of bacterial colonies growth in culture.

**Tube Agglutination** is routinely used for;

- Typhoid fever – Widal test
- Acute brucellosis (Standard agglutination test)
- Blood grouping (ABO & Rh grouping)
- **Coombs test or Antiglobulin test:** detects incomplete Rh antibodies.
  1. **Direct coombs test:** Detects bound Rh antibodies in fetus/baby's serum
  2. **Indirect Coombs test:** Detects free Rh antibodies present in maternal serum.

**64. Insulin of choice in diabetec ketoacidosis is;**

- a. Glargine
- b. Lispro
- c. NPH
- d. Regular

**Ans. D**

Regular human insulin is short acting with onset of action after 60 minutes, which persists for 6 hours. In DKA, regular insulin is preferred.

**65. Which of the following is a branch of splenic artery?**

- a. Right gastroepiploic artery
- b. Sigmoid artery
- c. Left gastroepiploic artery
- d. Right gastric artery

**Ans. C**

Branches of SPLENIC ARTERY:

- Pancreatic branches
- Short gastric arteries
- Left gastroepiploic artery

Right gastroepiploic artery is branch of GASTRODUODENAL ARTERY.

Sigmoid artery is branch of Inferior Mesenteric artery

Right gastric artery is branch of hepatic artery

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66. Which joint is involved in movement of head from right to left side?

- Atlanto-occipital
- Atlanto-axial
- C3-C4
- C2-C3

Ans. B

Craniovertebral Junction Joints:

JOINT	MOVEMENTS PERMITTED
Atlanto-Occipital joint	Nodding (Flexion and extension of head) Bending of neck ( Lateral flexion)
Atlanto-Axial joint	Side to side rotation of head (looking towards left or right)

67. All of the following are anti-TNF drugs used in rheumatoid arthritis except;

- Golimumab
- Etanercept
- Anakinra
- Certolizumab

Ans. C

Anakinra is an IL-1 antagonist used in Rheumatoid Arthritis(RA).

Anti- TNF drugs used in RA:

- Golimumab
- Certolizumab
- Infliximab
- Adalimumab
- Etanercept

Anti- TNF drugs are used in RA as first line drugs along with methotrexate.

68. All of the following take place during acclimatization to high altitude except;

- Increase in minute ventilation
- Increase in the sensitivity of central chemoreceptors
- Shift in the oxygen dissociation curve to the left
- Increase in the sensitivity of carotid body to hypoxia

Ans. D

Shift in the oxygen dissociation curve to the right occurs in high altitude because of hypoxia

69. Which of the following is true about caisson's disease?

- CO<sub>2</sub> release from tissues
- N<sub>2</sub> release from tissues
- O<sub>2</sub> release from tissues
- H<sub>2</sub> release from tissues

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**Ans. B**

**Caisson's disease:** Also called as Decompression sickness/Dysbarism/Diver's palsy/the bends/compressed air sickness

- It is commonly seen when the individual ascends rapidly to the sea level - Nitrogen gets decompressed and released out as bubbles causing gas or air embolism.

**70. Preformed toxin produces diarrhea in which of the following organism?**

- a. Vibrio cholera
- b. E. coli
- c. Salmonella
- d. Staphylococcus aureus

**Ans. D**

Preformed toxin i.e. toxin secreted in food:

- S. Aureus enterotoxin
- Bacillus cereus emetic type of enterotoxin
- Botulinum toxin

**71. Catalase negative and alpha hemolytic streptococci among the following is;**

- a. Streptococcus pyogenes
- b. Streptococcus pneumonia
- c. Streptococcus viridians
- d. Enterococcus

**Ans. B**

Streptococcus pyogenes - Catalase negative and **beta hemolytic**

Streptococcus pneumonia - Catalase negative and **alpha hemolytic**

Streptococcus viridians - Catalase negative and alpha hemolytic

Enterococcus - Catalase negative and non-hemolytic

**72. What is the mechanism of action of pulmonary surfactant?**

- a. Binds oxygen
- b. Lubricates the flow of CO<sub>2</sub> diffusion
- c. Makes the capillary surface hydrophilic
- d. Breaks the structure of water in the alveoli

**Ans. D**

Surfactant reduces the surface tension. This action prevents alveolar collapse during expiration (atelectasis) and makes alveoli more compliant.

Pulmonary surfactant dipalmitoyl Lecithine is secreted by Type II pneumocytes

**73. Transection at mid pons will result into which of the given condition?**

- a. Asphyxia
- b. Hyperventilation
- c. Apneusis
- d. Rapid and shallow breathing

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**Ans. C**

In mid pontine transaction: pneumotaxic center separated from apneustic centre

If vagus is intact: Breathing becomes slow, deep

If vagus is cut: inspiration is markedly prolonged. This breathing pattern is called **apneusis or inspiratory spasm**.

**74. Which of the following parasites does not require any intermediate host?**

- Ancylostma
- Schistosoma
- Diphyllobothrium Latum
- Toxoplasma

**Ans. A**

Among the given options, Ancylostoma duodenale do not require any intermediate host.

Human beings are the host of ancylostoma.

**75. Which of the following drugs is not used in acute bronchial asthma?**

- Salbutamol
- Formeterol
- Cortecosteroids
- Salmeterol

**Ans. D**

- Salmeterol has a slower onset of action & hence not useful in acute asthma attack.
- Formoterol & salbutamol are faster acting & hence used in acute attack as bronchodilators.
- Coretecosteroids either I/V or oral can be used in acute attack.

**76. Haemolytic uremic syndrome can be caused by which of the following anticancer drug?**

- Cisplatin
- Mitomycin
- Vincristine
- Vinblastine

**Ans. B**

Haemolytic uremic syndrome is seen with:

- Mitomycin
- Gemcitabine

**77. All of the following are tributaries of the thoracic duct except;**

- Right jugular trunk
- Left jugular trunk**
- Right lumbar trunk
- Left lumbar trunk

**Ans. A**

Right jugular trunk drains into right bronchomediastinal lymphatic trunk.

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**78. Which of the following is false about esophagus?**

- a. Abdominal part is supplied by left gastric artery
- b. Cervical part is supplied by inferior thyroid artery
- c. Lined by ciliated columnar epithelium
- d. Serosal layer is absent

**Ans. C**

Esophagus is lined by stratified squamous non-keratinized epithelium.

**79. Which of the following clostridium species is non-motile?**

- a. Clostridium tertium
- b. Clostridium difficile
- c. Clostridium perfringens
- d. Clostridium botulinum

**Ans. C**

- All Clostridia are motile except Clostridium perfringens and Clostridium tetani type IV.
- Clostridia shows spore type of motility
- All Clostridia are non-capsulated except Clostridium perfringens & Clostridium butyricum

**80. Nicotine replacement therapy is available in all forms except;**

- a. Patch
- b. Chewing gum
- c. Lozenges
- d. Tablets

**Ans. D**

**81. Which of the following is false about Bruton disease?**

- a. X-linked disease
- b. More common in females
- c. Decreased B cells
- d. T-cells reaction is normal

**Ans. B**

Bruton Disease:

- X-linked
- **More common in males**
- Decreased B cells, plasma cells and antibodies in serum
- Precursor B cells in bone marrow are normal
- T cells reaction is normal

**82. Folding of protein chain is due to;**

- a. Disulphide bond
- b. Amide bond
- c. Hydrogen bonds
- d. Phosphodiesterase bonds

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**Ans. C**

The most important bond in secondary & tertiary structure (which are folded confirmations) is hydrogen bond.

**83. Heme molecule is derived from which amino acid?**

- Histidine
- Tyrosine
- Arginine
- Glycine

**Ans. D**

AMINO ACID	METABOLIC PRODUCTS
Glycine	<ul style="list-style-type: none"> <li>- Purine</li> <li>- <b>Heme</b></li> <li>- Glutathione</li> <li>- Creatinine</li> </ul>
Tyrosine	<ul style="list-style-type: none"> <li>- Melanin</li> <li>- Catecholamines (epinephrine, norepinephrine, dopamine)</li> <li>- Thyroxine</li> </ul>
Tryptophan	<ul style="list-style-type: none"> <li>- Serotonin</li> <li>- Melatonin</li> <li>- Niacin</li> </ul>
Cysteine	<ul style="list-style-type: none"> <li>- Cystine</li> <li>- Taurine</li> <li>- Glutathione</li> <li>- Betamercaptoethanolamine</li> </ul>
Histidine	<ul style="list-style-type: none"> <li>- FIGLU</li> <li>- Histamine</li> </ul>
Aspartate	<ul style="list-style-type: none"> <li>- Purine</li> <li>- Pyrimidine</li> <li>- Urea synthesis</li> </ul>
Arginine	<ul style="list-style-type: none"> <li>- Nitric oxide</li> <li>- Arginine</li> <li>- Creatinine</li> </ul>

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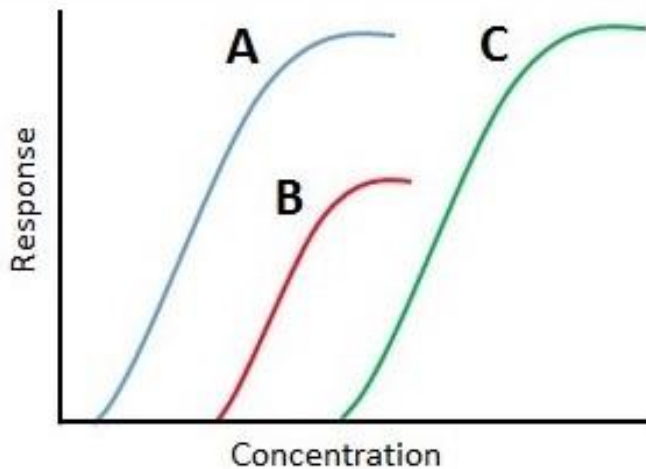
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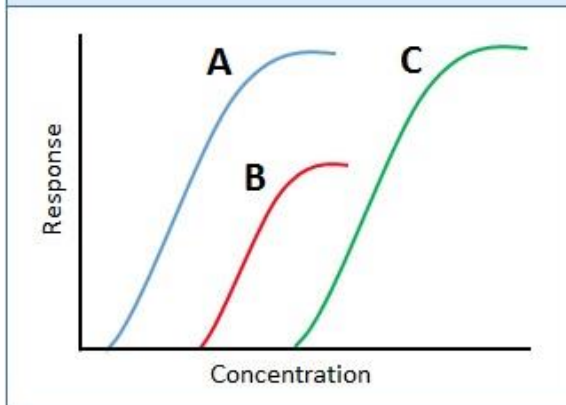
84. Which of the following is true about the shown dose response curve of drugs A, B and C?



- Drug C is more potent than drug A
- Drug A is more efficacious than Drug B
- Drug C is more efficacious than Drug A
- Drug C is more potent than Drug B

Ans. B

## 2. Comparison of dose-response curves



## 2. Comparison of dose-response curves

The pharmacologic profiles of individual drugs can be differentiated by comparing their dose-response curves.

In the graph on the left, drug **A** has greater biological activity per dosing unit and is therefore considered to be more potent than drugs **B** or **C**- shown by its left-shifted position on the x-axis. Drugs **A** and **C** have equal efficacy- indicated by their maximal attainable response (ceiling effect). Drug **B** is more potent than drug **C**, but its maximal efficacy is lower.

85. Pharmacovigilance is used;

- To check the drug costs
- To monitor unauthorized drug manufacture
- To monitor drug toxicity
- To monitor the pharmaceutical companies

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**Ans. C**

Pharmacovigilance is a continuous postmarketing monitoring system to detect the rare and long term side effects of drugs to maintain drug safety.

Sources of information for pharmacovigilance are:

- ADR reporting system
- Medical literature published worldwide
- Action taken by drug regulatory authorities in other countries.

**86. Which is the best index for burden of disease?**

- a. Crude death rate
- b. Incidence
- c. Case fatality rate
- d. Disability adjusted life years

**Ans. D**

**DALY:** Disability Adjusted Life Years, is a measure of the burden of disease in a defined population and the effectiveness of interventions.

- It expresses years lost to premature death and years lived with disability adjusted for its severity.
- DALYs can measure both mortality and disability together.

**Case Fatality Rate measures** "virulence of an organism" or "killing power of a disease"

**87. Best indicator of availability, utilization and effectiveness of health services among the following is;**

- a. Maternal mortality rate
- b. Infant mortality rate
- c. DALY
- d. Hospital bed occupancy rate

**Ans. B**

**IMR (Infant Mortality Rate):**

- Is one of the most universally accepted indicators of health status not only of infants, but also of the whole population and the socio-economic conditions under which they live.
- It is sensitive indicator of availability, utilization and effectiveness of health care, particularly perinatal care.
- It is a rate.
- It is the 2<sup>nd</sup> best indicator of socio-economic development of a country. (best indicator is U5MR)

**88. One of the following is not suggestive of domestic violence in a child;**

- a. Wormian bones
- b. Corner fractures
- c. Microfractures in the sub-epiphyseal region
- d. Bucket handle fractures of metaphyses

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**Ans. A**

Wormian bones are seen in osteogenesis imperfect and not in child abuse.

- **Battered child/ battered baby syndrome/Caffey's syndrome/Infantile whiplash syndrome**
- Mostly in age <3 years, unwanted child.
- Classical metaphyseal corner or bucket handle fracture is virtually pathognomic for abuse.
- Fractures of acromion, sternum & spinous process processes are having high specificity for child abuse

**89. All of the stains are used in tattooing except;**

- a. India ink
- b. Vermillion
- c. Osmin blue
- d. Prussian blue

**Ans. C**

Different dyes used to impart different colors:

DYE	COLOR
Indian ink, Carbon, China ink, Soot	Black
Cinnabar, Vermilion	Red
Ochre	Brown
Chromic oxide	Green
Prussian blue (Ferric ferrocyanide)	Blue
Indigo, Cobalt, Ultramarine	

**90. Which section of Indian Panel Code deals with the punishment for doctors for submitting false medical certificates?**

- a. IPC 191
- b. IPC 197
- c. IPC 193
- d. IPC 269

**Ans. B**

IPC 191 – defines perjury or hostile witness

IPC 193 – Punishment for perjury

IPC 197 - punishment for doctors for submitting false medical certificates

IPC 269 – negligent act likely to spread infection or disease dangerous to life

**91. Continuous scrutiny of factors that determine the occurrence & distribution of disease and other condition of ill health is known as;**

- a. Monitoring
- b. Disease control
- c. System analysis
- d. Surveillance

**Ans. D**

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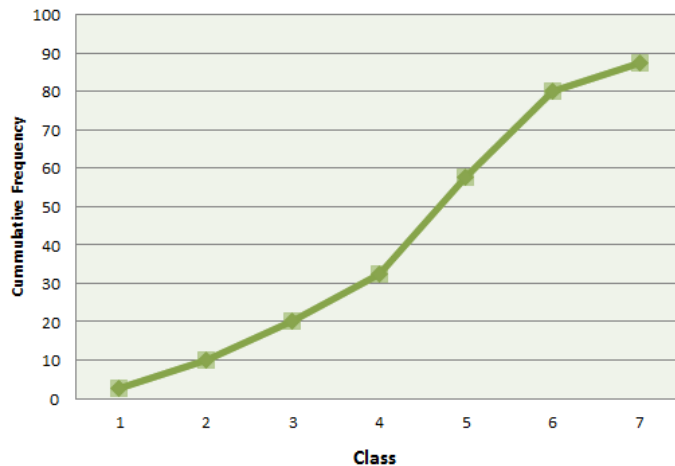
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92. The statistical data graph as shown in the image depicts;

- Line chart/graph
- Scatter diagram
- Ogive
- Frequency polygon



Ans. C

The given image shows the graph of cumulative relative frequency distribution. It is Cumulative frequency diagram (OGIVE)

93. A patient presented with a vesicle on skin. Microscopy of Tzank smear showed giant cells. Which among the following is the causative agent?

- Vaccinia virus
- Molluscum contagiosum
- Mycobacterium
- Varicella zoster

Ans. D

Giemsa staining of the scrapings from the varicella-zoster ulcer base (Tzank smear) reveals cytopathological changes similar to that of HSV infection, such as formation of multinucleated giant cells.

94. Which among the following is the most common mode of suicide in India according to National Crime Bureau?

- Poisoning
- Hanging
- Drowning
- Fall from height

Ans. B

According to national crime record bureau of india, 2014;

- Hanging – 41.8%
- Poisoning – 26%
- Self-immolation – 6.9%
- Drowning – 5.6%

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95. Which of these findings is not specific of blast injury?

- Fracture
- Bruise
- Abrasion
- Puncture Laceration

Ans. A

**Marshall's triad** is suggestive of explosive injury. It includes;

- Bruise
- Abrasion
- Puncture Laceration

96. Unlocking of knee joint is done by which muscle?

- Flexor hallucis longus
- Gastrocnemius
- Popliteus
- Plantaris

Ans. C

**Muscles of Posterior compartment of Leg (deep group)**

Popliteus	Unlocks knee joint, ;Laterally rotates femur on fixed tibia
Flexor hallucis longus	Flexes great toe
Flexor digitorum longus	Flexes digits 2-5
Tibialis posterior	Inversion and plantar flexion of foot; support of medial arch of foot during walking

97. The surface marking, sternal end of left upper 3<sup>rd</sup> costal cartilage is the auscultatory area of which valve?

- Aortic
- Pulmonary
- Mitral
- Tricuspid

Ans. B

Surface anatomy and auscultatory areas of cardiac valves:

VALVE	SURFACE MARKING	AUSCULTATORY AREA
Pulmonary	Sternal end of left 3 <sup>rd</sup> costal cartilage (upper border)	Left 2 <sup>nd</sup> intercostal space near sternum
Aortic	Sternal end of left 3 <sup>rd</sup> costal cartilage (lower border)	Right 2 <sup>nd</sup> intercostal space near sternum
Mitral	Sternal end of left 4 <sup>th</sup> costal cartilage	Cardiac apex (just medial to midclavicular line in left 5 <sup>th</sup> intercostal space)
Tricuspid	Right half of sternum along 4 <sup>th</sup> , 5 <sup>th</sup> intercostal space	Right lower end of sternum

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98. Ketosis in starvation is due to which of the given condition?

- Decreased fatty acid
- Decreased acetyl CoA
- Increased  $\beta$ -oxidation
- Decreased lipolysis

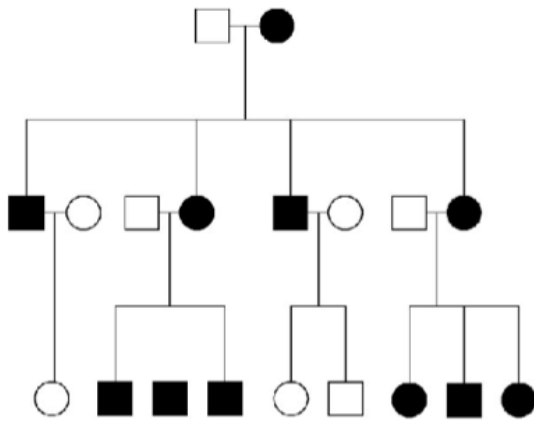
Ans. C

Starvation is characterized by decreased insulin:glucagon ratio.

This causes;

- Increased lipolysis – More FFAs for ketogenesis
- Increased beta oxidation – increased ketogenesis
- Decreased oxaloacetate – acetyl CoA is utilized in ketogenesis

99. Which of the following diseases has the similar pattern of inheritance as shown in the image?



- Hemophilia A & B
- Leigh's disease
- Alport syndrome
- Marfan syndrome

Ans. B

Given pedigree depicts MITOCHONDRIAL INHERITANCE

- Diseased female transmits the disease to all her progeny
- Diseased male does not transmit the disease to his progeny

**Examples;**

- Leber's optic neuropathy
- Leigh's disease
- MELAS
- NARP syndrome
- Pearson syndrome
- Kearns-Sayre syndrome
- Chronic progressive external ophthalmoplegia

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**100. Which type of hypersensitivity reaction is seen in arthus reaction?**

- Type I
- Type II
- Type III
- Type IV

**Ans. C**

**Type III hypersensitivity reaction** or Immune Complex Disease:

Eg:

- Serum sickness, Schick test & SLE
- Hypersensitivity pneumonitis, HSP
- Arthus reaction
- Reactive arthritis and Rheumatoid arthritis, Raji assay
- Polyarteritis nodosa (PAN) & PSGN

**101. The disease agent only multiplies in the body of vector, is which type of biological transmission of arthropod-borne diseases?**

- Propagative
- Cyclo-propagative
- Cyclo-developmental
- All of the above

**Ans. A**

Biological Transmission of Arthropod-borne diseases:

TRANSMISSION	DEFINITION	EXAMPLES
<b>Propagative</b>	Disease agent only multiplies in the body of vector	Plague bacilli in rat fleas. Yellow fever virus in aedes mosquitoes
<b>Cyclo-propagative</b>	Disease agent undergoes cyclical change and multiplies in the body of vector	Malarial parasite in anophiline mosquitoes
<b>Cyclo-developmental</b>	Disease agent undergoes only cyclical change in the body of vector	Filarial parasite in culex mosquitoes. Guineaworm embryo in Cyclops

**102. Which of the following agencies monitor the air quality in India?**

- Central research institute
- Ministry of health and family welfare
- Central pollution control board
- National environmental engineering research institute

**Ans. C**

**103. What is the upper limit of noise which people can tolerate without damage to their hearing is;**

- 45 dB
- 65 dB
- 85 dB
- 105 dB

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**Ans. C**

Daily maximum tolerable sound level to human ear (without damage to their hearing): **85-90 dB**

- Auditory fatigue appears in: 90 dB region (greatest at 4000 Hz)

**Noise levels:**

- Whisper: 20-30 dB
- Normal conversation: 60-70 dB
- Mechanical damage: 150-160 dB

**104. The E.Coli which causes infantile diarrhoea;**

- Enterotoxigenic E. Coli
- Enteropathogenic E. Coli
- Enteroinvasive E. Coli
- Enterohemorrhagic E. Coli

**Ans. B**

Enterotoxigenic E. Coli – Traveller's diarrhoea

Enteropathogenic E. Coli – **Paediatric**/infantile diarrhoea

Enteroinvasive E. Coli – Intestinal/bowel's ulceration and dysentery

Enterohemorrhagic E. Coli – hemorrhagic colitis, **HUS**

**105. A patient came to the emergency department with acute bronchial asthma after treatment of glaucoma. The probable drug which may have caused this?**

- Betaxolol
- Latanoprost
- Timolol
- Anticholinesterase

**Ans. C**

Beta blocker like TIMOLOL by blocking beta 2 receptors can precipitate bronchial asthma.

**106. NF-2 gene is located on which chromosome?**

- 22p
- 22q
- 17p
- 17q

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Ans. B

GENE	CHROMOSOME
NF-1	17q
NF-2	22q
BRCA-1	17q
BRCA-2	13q
MHC	6p
p73	1p
Neuroblastoma	1p
Retinoblastoma	13q
p53	17p
vWF	12
Fibrillin-1	15
Fibrillin-2	5

107. The guidelines according to Baby Friendly Hospital initiative include all except;

- Encouraging breast feeding on demand
- Giving newborn infants no food or drink other than breast milk
- Mothers and infants to be together for 24 hours a day
- Mother to initiate breast feeding within 4 hours of normal delivery

Ans. D

Mother to initiate breast feeding within ½ hours of normal delivery

108. Which of the following is known as 'the medical discovery of 20<sup>th</sup> century'?

- Penicillin
- ORS
- Zidovudine
- Smallpox vaccine

Ans. B

Oral rehydration therapy, a cheap and effective way to tackle mortality from diarrhea is 'the discovery of 20<sup>th</sup> century'.

109. Rigor mortis is not seen in which of the following condition?

- Infant < 7 months
- Well built female
- Well built male
- Old patient > 80 years

Ans. A

Rigor mortis may not be seen in infant < 7 months due to smaller muscle mass.

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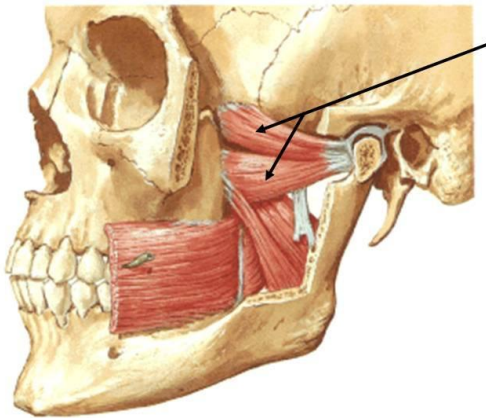
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110. What is the function of marked muscle in the movement of jaw?

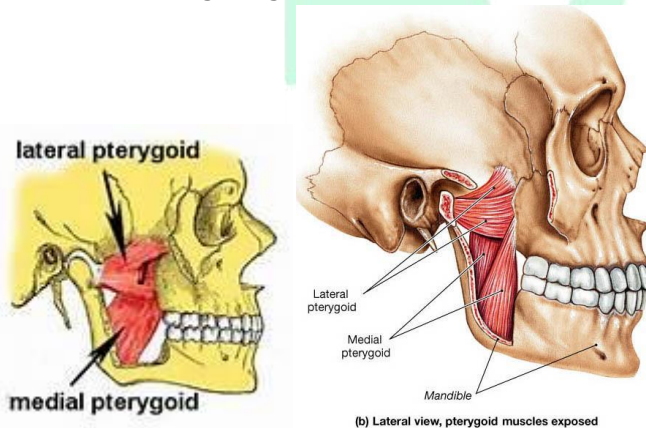


- a. Retraction
- b. Elevation
- c. Protrusion
- d. Depression

Ans. C

Marked muscle is **Lateral pterygoid**.

Protrusion of jaw is carried out by the bilateral action of lateral pterygoid muscle, originating by two heads from sphenoid bone and getting inserted at anterior surface of mandibular condyle.



111. Hexokinase is which type of enzyme?

- a. Ligase
- b. Transferase
- c. Isomerase
- d. Xidoreductase

Ans. B

All kinases (including hexokinase) are transferases

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112. Which of the following is the most sensitive index of recent malaria transmission in a community?

- Spleen rate
- Annual parasite index
- Annual blood examination rate (ABER)
- Infant parasite index

Ans. D

**Infant Parasite Index:** Percentage of infants showing parasites in blood films.

- It is most sensitive index of recent malaria transmission in a locality.

**Annual parasite index:** sophisticated measure of malaria incidence

**Spleen rate:** percentage children 2-10 years age showing enlargement of spleen.

- It is the index used for measuring endemicity of malaria in a community.

**ABER:** index of operational efficiency

113. Identify the National Health Program as depicted by the symbol;



- IDSP
- RNTCP
- NRHM
- NLEP

Ans. C

Logo depicts National Rural Health Mission (NRHM)

114. Presynaptic facilitation is caused by which of the following mechanism?

- Prolonged opening of sodium channel
- Prolonged opening of calcium channel
- Prolonged opening of chloride channel
- Prolonged opening of potassium channel

Ans. B

**Presynaptic facilitation** – produced when the action potential is prolonged and the calcium channels are open for a longer period

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**115. Which of the following conditions occurs due to lack of alpha oxidation of fatty acids?**

- Formation of propionic acid
- Formation of dicarboxylic acid
- Accumulation of phytanic acid
- Oxidation of branched chain fatty acid

**Ans. C**

Defect in alpha-oxidation results in decreased alpha oxidation and accumulation of methylated fatty acids, like phytanic acid.

**116. For a population of 10,000, sex ratio of more than 1000 means;**

- Males are less than 500
- Females are less than 500
- Males are less than 5000
- Females are less than 5000

**Ans. C**

In the given question;

- Total population is 10,000
- Also, ideal sex ratio implies 5000 females for 5000 males
- So sex ratio is more than 1000, it means females are more than 1000, per 1000 males
- Thus females are > 5000 and males are < 5000

**117. Which of the following drugs does not belong to Nitroimidazole group of drugs?**

- Metronidazole
- Benznidazole
- Tinidazole
- Mebendazole

**Ans. D**

**Benzimidazoles are Antihelminthic drugs, which act by inhibiting microtubules and contain drugs like;**

- Albendazole
- Mebendazole
- Triclabendazole

**Nitroimidazoles are anti-protozoal drugs, which contain drugs;**

- Metronidazole
- Benznidazole
- Satranidazole
- **Tinidazole**

**118. Omega oxidation of fatty acids occurs in which of the organelle?**

- Mitochondria
- Smooth endoplasmic reticulum
- Peroxisomes
- Endoplasmic reticulum and mitochondria

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Ans. B

Type of oxidation of fatty acids	Organelle involved
Beta- $\beta$	Mitochondria
Alpha- $\alpha$	ER & Mitochondria
Omega- $\omega$	Microsomal system (Smooth ER)
Beta oxidation of very long chain fatty acid	Peroxisomes

119. Which of the following is true about  $\text{Na}^+$  ion?

- Responsible for depolarization
- Responsible for donnan effect
- Responsible for resting membrane potential
- Does not help other ions in transport

Ans. A

- donnan effect: due to non-diffusible anions like proteins
- resting membrane potential – potassium ion
- option d: many substances require sodium for their transport through secondary active transport processes.

120. What is the confidence limit in 2 standard deviation?

- 66%
- 95%
- 98%
- 99%

Ans. B

- 1 SD = 68%
- 2 SD = 95%
- 3 SD = 99%

121. Which of the following is being detected by Q-test?

- Difference of means
- Difference of proportions
- Outliers
- Interquartile range

Ans. C

**Dixon's Q test:****Use** – To find out and eliminate outlier from a distribution**Method:** Measure the difference between a suspect value and next closest value, and then compare it with total range of observations

122. Which of the following injuries has associated feature like “rat hole”?

- Bomb injury
- Bullet injury
- Burn injury
- Post-mortem artefact

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**Ans. B**

Rat hole is associated BULLET INJURY

**123. The best treatment for laceration and crush injury to larynx is;**

- Bag and mask ventilation
- Cricothyroidotomy
- Low tracheostomy
- All

**Ans. C**

In crush injury to larynx since the obstruction is at the level of larynx, to maintain airway cricothyroidotomy or bag & mask ventilation will not suffice.

Here tracheostomy needs to be done. Low tracheostomy is done below T4 level & carries risk to the great vessels. Low tracheostomy is done when mid tracheostomy (T2-T4) is not possible. Eg. Laryngeal stenosis or injury extending down till upper tracheal rings.

**124. Which of the following is seen in TB larynx?**

- Turban epiglottitis
- Mamillated appearance of arytenoids
- Mouse nibbled appearance of vocal cords
- All of the above

**Ans. D**

**125. Which of the following has recently been announced to be eradicated worldwide?**

- Indigenous wild poliovirus type 2
- Indigenous wild poliovirus type 3
- Smallpox
- Neonatal tetanus

**Ans. B**

Indigenous wild **poliovirus type 3** has been eradicated worldwide.  
It was announced on 17<sup>th</sup> October, 2019

**126. Diagnostic power of the screening test is reflected by;**

- Specificity
- Sensitivity
- Population attributable risk
- Positive predictive value

**Ans. D**

- Diagnostic power of a screening test to correctly identify a disease – Positive predictive value (**PPV**)
- Diagnostic power of a screening test to correctly exclude a disease – Negative predictive value (**NPV**)

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127. Priapism is seen in poisoning due to;

- Sea snake bite
- Spanish fly
- Rattle snake bite
- Scorpion king

Ans. B

Priapism occurs in Cantharides (Spanish fly or blister needle) poisoning.

128. Which of the following conditions will be seen after occlusion of common carotid artery on both sides?

- No effect on blood pressure and heart rate
- Increase in blood pressure and decrease in heart rate
- Increase in blood pressure and heart rate
- Decrease in blood pressure and heart rate

Ans. C

Occlusion of common carotid artery on both sides reduces pressure in baroreceptors.

Their firing is reduced leading to increase in BP & HR.

129. Which of the following is synonymous with Quinsy?

- Paratonsillar abscess
- Retropharyngeal abscess
- Parapharyngeal abscess
- Peritonsillar abscess

Ans. D

There is no entity called as paratonsillar abscess.

- Quinsy is the pus collection in the loose areolar tissue just lateral to the capsule of tonsil i.e. in the space between the capsule of tonsil & superior constrictor muscle.
- This space is known as peritonsillar space

130. Haemorrhage during tonsillectomy is usually from which of the following blood vessel?

- Lingual artery
- Maxillary artery
- Paratonsillar vein
- Middle meningeal artery

Ans. C

The most common complication of tonsillectomy is haemorrhage.

- The most common site of **haemorrhage following tonsillectomy** is venous from external palatine vein i.e. the paratonsillar vein.
- **Torrential haemorrhage** occurs due to injury of tonsillar artery

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**131. What is the composition of savlon?**

- Cetrimide + cetavlon
- Cetrimide + chlorexidine
- Cetrimide + chlorhexidine + butyl alcohol
- Cetrimide + butyl alcohol

**Ans. B**

Savlon contains: Cetrimide 3% (cetavlon) + Chlorhexidine 0.3% (Hibitane)

**132. A 5 years old unimmunized boy should be given which of the following vaccines?**

- BCG + TT
- BCG + OPV + TT
- BCG + OPV + Measles + DT
- OPV + BCG + Measles + DPT

**Ans. D**

**133. Which of the following diseases is not under the surveillance in Integrated Disease Surveillance Project(P-FORM)?**

- Snake bite
- TB
- Leptospirosis
- Acute respiratory tract infections

**Ans. A**

Diseases covered under IDSP (P-FORM)

- Acute diarrhoea disease ( include acute gastroenteritis, cholera)
- Bacillary dysentery
- Viral hepatitis
- Enteric fever
- Malaria
- Dengue/DHF/DSS
- Chikungunya
- Acute encephalitis syndrome
- Meningitis
- Measles
- Diphtheria
- Pertussis
- Chicken pox
- Fever of unknown reason
- Acute respiratory infection
- Pneumonia
- Leptospirosis
- Acute flaccid paralysis < 15 year of age
- Anthrax
- Plague
- Any other state specific disease
- Unusual syndromes not covered above

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134. Blood smear must be made at night for which of the following disease?

- a. Leprosy
- b. Malaria
- c. Filari
- d. Onchocercosis

Ans. C

135. Pars flaccida of tympanic membrane is also called as;

- a. Shrapnell's membrane
- b. Basilar membrane
- c. Reissner's membrane
- d. Secondary tympanic membrane

Ans. A

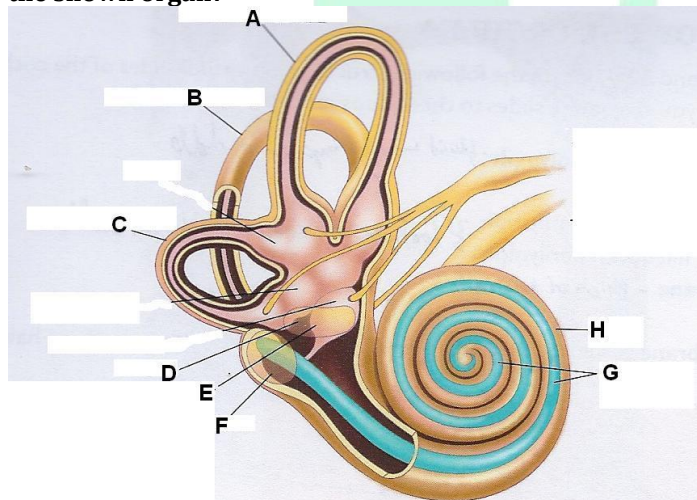
**Sharpnell's membrane:** pars flaccid of tympanic membrane

**Reissner's membrane:** separates scala media from scala vestibule in the inner ear.

**Basilar membrane:** separates scala media or cochlear duct from scala tympani in the inner ear. The organ of corti rests on the basilar membrane.

**Secondary TM:** overlies the round window in the middle ear

136. Organ of corti which is responsible for sensing high frequency sounds is located at which part of the shown organ?



- a. G
- b. H
- c. B
- d. F

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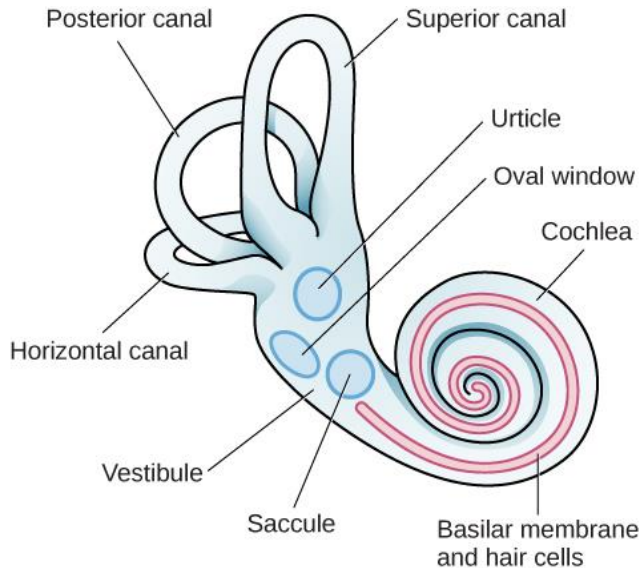
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Ans. B

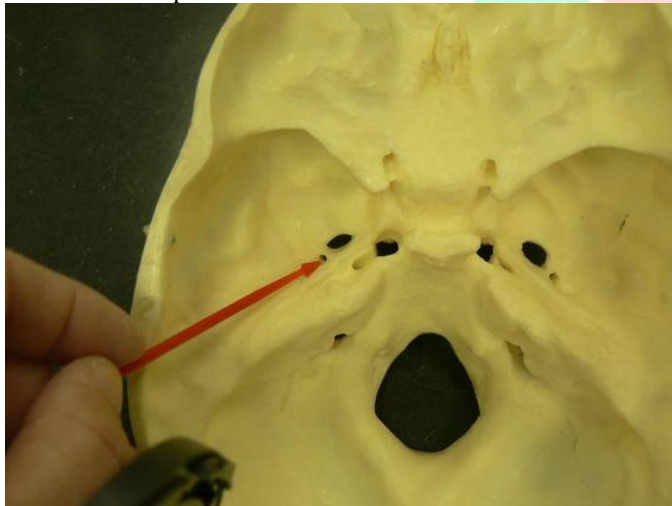
In the image, H represents **basal turn of membranous cochlea**

- The organ of corti situated in the **basal turn of membranous cochlea** is responsible for sensing **high frequency sounds** whereas the organ of corti in apical turn is responsible for sensing low frequency sounds



137. Identify the foramen of skull as marked in the photo;

- Foramen magnum
- Foramen ovale
- Internal acoustic media
- Foramen spinosum



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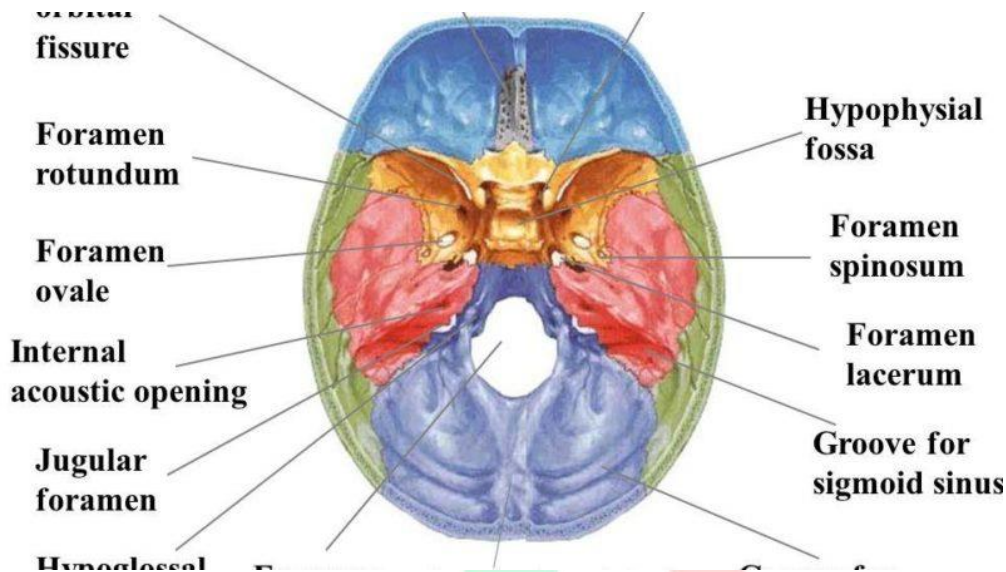
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Ans. D



138. The enzyme deficiency which causes galactosemia is;

- Galactose-1 phosphatase
- Galactose-1 phosphate uridyl transferase
- Glucose-1 phosphatase
- Glucose-6 phosphatase

Ans. B

Galactosemia is due to deficiency of;

- Galactose-1 phosphate uridyl transferase (most commonly)
- Galactokinase
- UDP-galactose-4-epimerase

139. Which of the following enzymes is involved in Porphyria cutanea tarda?

- Ferrochelatase
- Protoporphyrinogen oxidase
- Uroporphyrinogen decarboxylase
- Uroporphyrinogen-I synthase

Ans. C

**Porphyria Cutanea tarda (PCT):** is due to Uroporphyrinogen Decarboxylase Defect.

- This is the most common porphyria.

Aggravating factors for PCT are;

- Hepatitis C, HIV
- Excess alcohol
- Excess iron
- Estrogen

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**140. In which phase, a patient will not shed the organisms?**

- Carrier state
- Convalescence
- Latent infection
- Incubation period

**Ans. C**

**141. Low stationary phase corresponds to which stage of demographic cycle?**

- 1<sup>st</sup>
- 2<sup>nd</sup>
- 3<sup>rd</sup>
- 4<sup>th</sup>

**Ans. D**

**DEMOGRAPHIC CYCLE:**

STAGES	PHASE
I	High stationary
II	Early expanding
III	Late expanding
IV	Low stationary
V	Declining

**142. Minimum amount of sunlight exposure necessary for adequate synthesis of Vitamin D in the human body is;**

- 5 minute
- 30 minute
- 2 hours
- 5 hours

**Ans. A**

- Simple exposure of sunlight for 5 minutes per day is adequate for Vit. D synthesis in the body.
- Vit D is synthesized in sunlight when "7-dehydrocholesterol (present in abundance in skin) is converted to cholecalciferol.

**143. A family where all of its members are playing a part in its management is known as;**

- Elementary family
- Communal family
- New family
- Nuclear family

**Ans. B**

Communal family:

- Is a family where all of its members are playing a part in its management.
- It is a good example of division of labour, an important function of a family.

**Nuclear family/Elementary family:** consists of a married couple and their children while they are still regarded as dependents.

New family: a family of less than 10 years duration and consists of parents and children.

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**144. According to casper's dictum, decomposition of body is fastest in;**

- Soil
- Water
- Air
- Earth

**Ans. C**

**Casper's dictum:**

One week of putrefaction in air is equivalent to two weeks in water, which is equivalent to eight weeks buried in soil, given the same environmental temperature.

**145. The sexual perversion, in which sexual gratification is obtained by suffering of pain is called as;**

- Sadism
- Masochism
- Fetishism
- Eonism

**Ans. B**

**Masochism:** The sexual perversion, in which sexual gratification is obtained by suffering of pain

**Saddism:** The sexual perversion, in which sexual gratification is obtained by hurting the partner.

**146. Pure motor palsy is seen in which poisoning?**

- Cocaine
- Arsenic
- Cannabis
- Lead

**Ans. D**

**147. Which is not visualized on posterior rhinoscopy?**

- Inferior meatus
- Middle meatus
- Eustachian tube
- Superior concha

**Ans. D**

Posterior rhinoscopy is done to examine the post nasal space and nasopharynx.

Structures visualized on Posterior rhinoscopy are;

- Adenoids in the posterior wall of nasopharynx
- Eustachian tube openings, torus tubaris and fossa of rosenmuller in the lateral wall of nasopharynx on both sides
- Choanae with posterior border of nasal septum and posterior ends of inferior and middle turbinates
- **Superior conchae or turbinates can be visualized only on nasal endoscopy**

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**148. Most reliable evidence of fecal contamination of water is provided by;**

- a. St. Fecalis
- b. Cl. Welchi
- c. Cl. Perfringes
- d. Coliform bacteria

**Ans. D**

**Coliform organisms are the primary and most reliable bacterial indicator for water quality. E.coli is most important coliform indicator.**

**149. How much is the approximate hearing loss in complete obstruction of ear canal?**

- a. 50 dB
- b. 60 dB
- c. 30 dB
- d. 54 dB

**Ans. C**

<b>PATHOLOGY</b>	<b>APPROXIMATE HEARING LOSS</b>
Complete obstruction of th ear canal	30 dB
Perforation of tympanic membrane™	10-40 dB
Ossicular interruption with intact TM	54 dB
Ossicular interruption with perforated TM	38 dB
Complete fixation of foot plate	60 dB

**150. In the right middle ear pathology, weber's test will be;**

- a. Lateralized to right side
- b. Lateralized to left side
- c. Centralized
- d. Normal

**Ans. A**

Middle ear pathology indicates conductive deafness so Weber will be lateralized to the right side in the right ear pathology i.e. towards the worst side.

Weber is lateralized to the **Worst** ear in a **Conductive** hearing loss and **Better** ear in **Sensorineural** hearing loss. (Mnemonic: We Create-Better Students)

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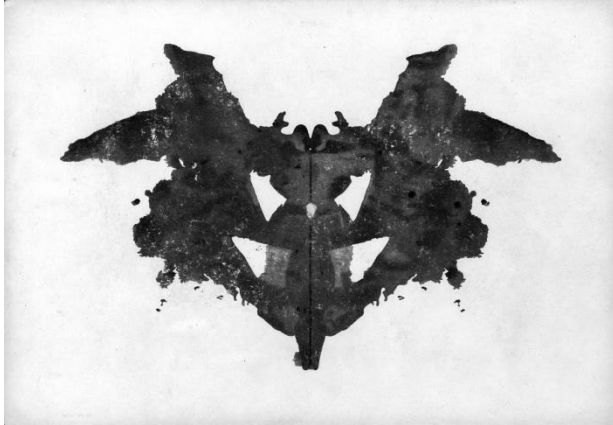
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151. The neuropsychological test shown in photo is used to measure;



- a. Intelligence
- b. Neuriticism
- c. Delirium
- d. Personality

Ans. D

Given image shows Rorschach test, a projective test for personality assessment.

152. A 16 year old student reports with multiple hypopigmented macules on trunk and limbs. All of the following tests are useful in making a diagnosis of leprosy except;

- a. Sensation testing
- b. Lepromin test
- c. Skin smears
- d. Skin biopsy

Ans. B

Multiple hypopigmented lesions suggest BL.

Sensory testing would show hypoesthesia.

SSS is positive. Biopsy would show few tuberculoid granulomas and plenty of foam cells.

**Lepromin is prognostic test, not useful for diagnosis.**

153. Lipogranulomatous inflammation is seen in which of the following ophthalmological condition?

- a. Fungal infection
- b. Chalazion
- c. Viral infection
- d. Trichiasis

Ans. B

**Chalazion** is a chronic granulomatous inflammation of the meibomian gland. It presents as painless lid swelling.  
**External hordeolum or Stye:** This is an acute suppurative inflammation of the gland of Zeis, caused mainly by *S. aureus*.

**Internal Hordeolum:** This is an acute suppurative inflammation of the gland of the Meibomian gland, caused mainly by *S. aureus*.

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**154. Which of the following is an ultrashort acting anesthetic agent?**

- a. Midazolam
- b. Thiopentone
- c. Succinyl choline
- d. Propofol

**Ans. D**

Propofol has a very short duration of action due to its high lipid solubility, which causes high redistribution.

**155. What is the concentration of bupivacaine used in spinal anesthesia?**

- a. 0.5%
- b. 2%
- c. 4%
- d. 5%

**Ans. A**

Duration of procedure	Local Anesthesia of choice	Dextrose concentration
Short	Lidocaine 0.5% or 5%	7.5%
Intermediate to long	Bupivacaine 0.5% or 0.75%	8.25%
Long	Tetracaine 0.25% or 1%	5%
Diagnostic block	Procaine 10%	5%

**156. A 30 years old female thinks that her nose is ugly. Her idea is fixed and is not shared by anyone else. Whenever she goes out of the home, she hides her face. She visits a surgeon for plastic surgery. What should be the next appropriate step in the management?**

- a. Immediate surgery
- b. Investigate and then operate
- c. Refer to a psychiatrist
- d. Reassure the patient

**Ans. C**

The case seems to be delusional disorder, somatic type.

**157. One of the following is not a feature of lichen planus;**

- a. Hyperkeratosis
- b. Acanthosis
- c. Pigment lesions
- d. Neutrophils in stratum corneum

**Ans. D**

Neutrophils in cornea (Munro microabscesses) are typical of psoriasis.

Basal cell damage leads to "incontinence" of melanin into the papillary dermis and is seen in lichen planus.

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**158. A 25 year old patient presents with painless red eye with an IOP of 60 mmHg. What is the most likely diagnosis?**

- Acute anterior uveitis
- Glaucomatocyclitic crisis
- Chronic papilloedema
- Acute angle closure glaucoma

**Ans. B**

**Inflammatory glaucoma/ Uveitic glaucoma:** Glaucoma may be seen in acute or chronic uveitis especially uveitic syndromes like Fuch's heterochromic iridocyclitis and Posner-Schlossman syndrome. In these conditions, the inflammation is relatively mild but rise of IOP is high. This is called as **Glaucomatocyclitic crisis**. Treatment is steroids and IOP lowering drugs.

**159. Which test is used to diagnose ovulation on day 21 in a 28 day menstrual cycle?**

- Serum estrogen
- Serum FSH
- Serum progesterone
- Serum prolactin

**Ans. C**

- First evidence of ovulation (progesterone action in the endometrium) = sub nuclear vacuolation.
- Effect of progesterone is seen on day 15-28 (Secretory phase)

**160. Ferning of cervical mucus disappears after which days of menstrual cycle?**

- 7<sup>th</sup>
- 15<sup>th</sup>
- 18<sup>th</sup>
- 21<sup>st</sup>

**Ans. D**

- The cervical mucus undergoes definitive changes under the effect of hormones.
- Mogissi divided the changes occurring in the cervical mucus during menstrual cycle into 3 phases:

1 <sup>st</sup> phase	2 <sup>nd</sup> phase	3 <sup>rd</sup> phase
From Day 1 to 7	From day 8 to 21	From day 21 till the onset of next menstruation
Very little cervical mucus No ferning	Secretion is profuse Ferning is present	Ferning disappears and this coincides with the maximum production of progesterone

- The disappearance of ferning is on the day of maximum progesterone production – **day 21**

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161. Best day to get the reading in the given test is;



- a. Day 0
- b. Day 2
- c. Day 4
- d. Day 7

Ans. C

Given test is PATCH TEST:

- Confirmatory test for allergic contact dermatitis
- Three readings are taken: Immediately after removal of patch (i.e. on 2 days), next at 4 day (best reading time) and day 7 for late reactions (for metals, PPD and neomycin).

162. What is the mechanism of action of local anesthesia?

- a. Inhibit the efflux of sodium from neurons
- b. Block the influx of sodium into the cell
- c. Block the release of neurotransmitters
- d. Increase the release of inhibitory neurotransmitters

Ans. B

Local anesthetics inhibit voltage gated sodium channels and hence block influx of sodium into the neurons.

163. A person is not able to explain his emotions to his family members. Which of the following disturbances describe his condition?

- a. Anhedonia
- b. Labile mood
- c. Affective flattening
- d. Alexithymia

Ans. D

**Anhedonia:** Loss of capacity to experience the pleasure

**Alexythymia:** inability to understand and express emotions of self.

In affective flattening, emotions are absent.

In alexythymia, there is lack of words to describe the emotions

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**164. A young patient of choriocarcinoma on methotrexate therapy develops jaundice. Which alternate drugs should be given to her?**

- Cisplatin
- Bleomycin
- Actinomycin D
- Cyclophosphamide

**Ans. C**

Methotrexate is DOC for choriocarcinoma.

In case of liver problems, Actinomycin D should be given.

**165. A 32 years old, fourth gravid at 37 weeks of gestation is brought to emergency department with history of bleeding per vagina for two hours. On examination, she is pale. What should be the next step in management?**

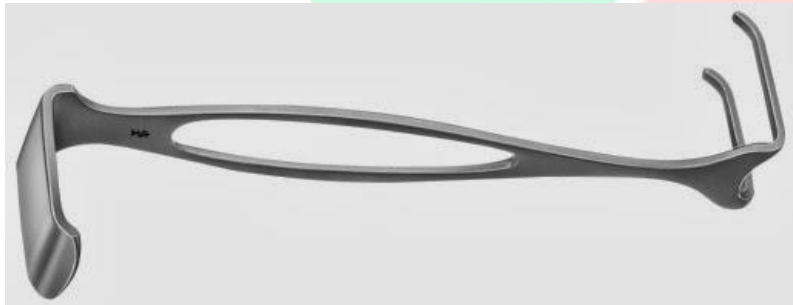
- Immediate C-section
- Sedation and blood transfusion
- P/V in operation room and rupture of membranes
- Ultrasound examination to localize placenta

**Ans. D**

In the given scenario, USG should be done next to localize the placenta to rule out the causes of bleeding.

**166. What is the name of given instrument?**

- Cusco speculum
- Czerny retractor
- Babcock's forceps
- Weitlaner retractor



**Ans. B**

- Instrument is CZERNY RETRACTOR
- The Czerny retractor is a double-ended superficial retractor that is used in general surgical procedures like hernias and laparotomies. It is especially useful during surgical closures, as the central biconvex handle and its central oval fenestration allows the bleeders in the underlying tissues to be visualized and cauterized

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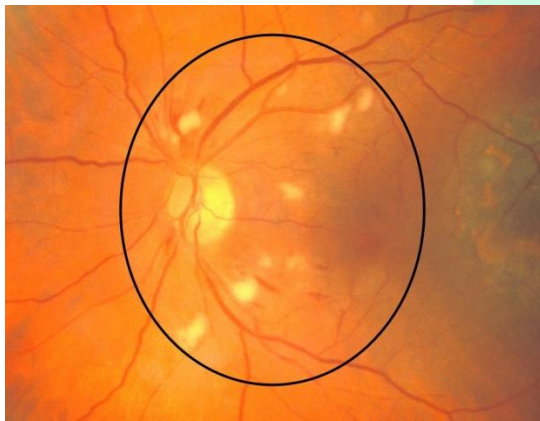
167. In case of antepartum hemorrhage, maternal blood loss is seen in all of the following conditions except;

- Placenta previa
- Abruption placenta
- Vasa previa
- Cervical tear

Ans. C

- Vasa praevia is a condition in which fetal blood vessels cross or run near the internal opening of the uterus.
- Blood is from fetal origin in vasa previa.

168. This is the fundus photo of a 50 year old patient with history of diabetes mellitus for the past 8 years. The fundus in both eyes shows diabetic retinopathy. What are the features highlighted in encircled area?



- Hard exudates
- Microaneurysm
- Neovascularisation
- Cotton wool spots

Ans. D

The image shows diabetic retinopathy with intra-retinal haemorrhages, hard exudates and the small, well circumscribed white dots which are COTTON WOOL SPOTS.

169. The dye is injected into which of the following vessels for fluorescein angiography of retina?

- Femoral artery
- Antecubital vein
- Ophthalmic artery
- Internal carotid artery

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Ans. B

**Fundus Fluorescein angiography (FFA):** it is used to study the normal physiology of retinal and choroidal circulation.

5 ml of 10% solution of sodium fluorescein dye is injected in the antecubital vein. And then serial fundus pictures are taken.

170. **Cutaneous tuberculosis secondary to underlying tissue is called as;**

- a. Lupus vulgaris
- b. TB chancre
- c. Scrofuloderma
- d. Tuberculous verrucosa cutis

Ans. C

**Scrofuloderma** is endogenous variety of skin TB.

- Direct extension from an underlying focus of infection, eg; over infected cervical lymph nodes, over bone or around joints.

171. **All of the following are included in the initial management of cord prolapse except;**

- a. Nasal oxygen
- b. Emptying the bladder
- c. Knee chest position
- d. Replace the cord into vagina

Ans. B

**First aid measures in the management of cord prolapse:**

- Trendelenberg's position
- Knee chest position
- **Full bladder**
- Replace the cord into the vagina
- Pack the vagina with sterile gauze
- I/V fluids
- Nasal O<sub>2</sub>

172. **Bragg's peak effect is seen in;**

- a. X-rays
- b. Protons
- c. Neutrons
- d. Electrons

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**Ans. B**

Dose-depth curve in radiotherapy:

- **Electron beam:** deposit most of radiation dose in superficial tissue – used in cutaneous T cell Lymphoma (mycosis fungoides); Eyelids and Lips tumors; intra-operative radiotherapy
- **Proton beam:** deposit most of dose deep in tissue peaking suddenly – **bragg's peak** – used in deep seated brain tumor, skull base chordoma.
- **X-rays/gamma rays:** High entry dose and low exit dose
- Most common method of intra-operative radiotherapy – **Electron beam**
- Most common method of radiotherapy – **X-rays**

**173. What is/are the mode of administration of radioactive iodine?**

- a. Subcutaneous
- b. Intravenous
- c. Oral
- d. All of the above

**Ans. D**

Radioactive iodine is administered orally as well as parentally i.e. I/V, S/C & IM.

Although most commonly it is administered orally in the form of a solution or rarely as capsule.

**174. Breast milk protects from infections as it contains all of the following except;**

- a. Lactoferrin
- b. IgE
- c. PABA
- d. Bifidus factor

**Ans. B**

**Breast milk contains several anti-infective factors:**

Antibodies secretory IgA, IgM, Lysozyme, Antistaphylococcal factor, Lactoferrin (inhibits growth of E.coli), Bifidus factor (inhibits growth of E.coli), PABA (paramino-benzoic acid) provides protection against malaria.

**175. All of the following are interpreted in APGAR score, except;**

- a. Skin colour
- b. Muscle tone
- c. Blood pressure
- d. Reflex irritability

**Ans. C**

**APGAR stands for:**

Appearance (skin colour)

Pulse (heart rate)

Grimace (Reflex irritability)

Activity (muscle tone)

Respiration

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Interpretation of test: this test is generally done at 1 and 5 minutes after birth and may be repeated later if the score remains low.

- Score 7 and above – Normal
- Score 4-6 – fairly low
- Score 3 and below – critically low and need for immediate resuscitation

**176. All of the following are risk factors of endometrial carcinoma except;**

- a. Tamoxifen
- b. Smoking
- c. Postmenopausal HRT
- d. Granulosa cell tumor

**Ans. B**

- Smoking is a protective factor against endometrial Ca, as it decreases estrogen.

**Risk factors for Endometrial cancer:**

Exogenous	Endogenous
<ol style="list-style-type: none"> <li>1. HRT</li> <li>2. Tamoxifen for Ca Breast</li> </ol>	<ol style="list-style-type: none"> <li>1. PCOS</li> <li>2. Infertility</li> <li>3. Early menarche, late menopause</li> <li>4. Fibroids</li> <li>5. Feminising ovarian tumors</li> </ol>

**177. A 25 year old nulliparous female has undergone laparoscopic ovarian cystectomy. Histopathological exam shows serous cystadenocarcinoma. What is the next step in management?**

- a. Chemotherapy
- b. Hysterectomy and salpingoophorectomy
- c. Hysterectomy and radiotherapy
- d. Regular CA 125 and follow up

**Ans. D**

Both chemotherapy and radiotherapy would damage the normal ovaries. Since the patient is nulliparous, the best management would be to follow CA 125 levels after cystectomy

**178. In a 3 minute born infant, where to look for pre-ductal O2 saturation in PDA?**

- a. Right upper limb
- b. Left upper limb
- c. Right lower limb
- d. Left lower limb

**Ans. A**

Oximetry screening of a newborn: If the infant has a normal clinical examination and no more three percent difference between **pre-ductal (right hand)** and post-ductal (foot) oxygen saturations, a repeat saturation is performed three hours later.

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**179. Physiological jaundice is seen at which age of a newborn?**

- At birth
- One week
- One month
- One year

**Ans. B**

**Criteria for physiological jaundice:**

- Clinical jaundice appears after 24 hours of age
- Total bilirubin rises by  $<5\text{mg/dL}$  per day (no sudden rise)
- Peak bilirubin occurs at 3-5 days of age, with a total bilirubin of no more than  $15\text{ mg/dL}$
- Clinical jaundice is resolved by 1 week in term infants and 2 weeks in preterm infants.

**180. Which of the following investigations is used to assess the corneal endothelium?**

- Perimetry
- Keratometry
- Specular microscopy
- Gonioscopy

**Ans. C**

**Important investigations related to cornea:**

- **Pachymetry:** to measure corneal thickness
- **Keratometry:** to measure the corneal curvature
- **Corneal topography:** to measure corneal curvature, shape and thickness
- **Specular microscope:** to assess the corneal endothelium
- **AS-OCT** (anterior segment Ocular Coherence Tomography): to assess different corneal layers

**181. Bitot's spots are seen on;**

- Cornea
- Conjunctiva
- Vitreous humor
- Retina

**Ans. B**

Bitot's spots are triangular, foamy, grey, sharply demarcated patch seen on conjunctiva in xerophthalmia.

**182. By what age a child knows his full name and gender?**

- 1 year
- 2 year
- 3 year
- 4 year

**Ans. C**

AGE	MILESTONES
2 year	Asks for food, drink, toilet
3 year	Shares toys, knows full name and gender
4 years	Plays cooperatively in group, goes to toilet alone

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**183. All of the following are seen in bacterial vaginosis except;**

- Clue cells
- pH = 4.5
- creamy vaginal discharge with fishy smell
- plenty of lactobacillus

**Ans. D**

Bacterial vaginosis:

- Decrease in lactobacilli and increase in gardenella vaginalis

**AMSEL's criteria:**

- Homogenous vaginal discharge
- Vaginal pH > 4.5
- Amine like odour on adding KOH (Whiff test)
- Clue cells

**184. What is the pathology of Halban's disease?**

- Due to deficient corpus luteal activity
- Due to persistence of corpus luteal activity
- Due to PCOD
- Due to depleted ovarian follicles

**Ans. B**

**Halban's disease** is due to irregular shedding of endometrium

- This is due to persistence of corpus luteal activity.
- The menstrual bleeding comes on time, there is no delay in the onset of bleeding
- The bleeding is prolonged but not heavy.

**185. Which of the following terms describes the condition of infrequent cycles with normal bleeding in a 23year old female?**

- Menorrhagia
- Polymenorrhoea
- Hypomenorrhoea
- Oligomenorrhoea

**Ans. D**

**Basic Terminologies:**

<b>Menorrhagia</b>	Regular cycles, prolonged or heavy bleeding
<b>Polymenorrhoea</b>	Frequent cycles, normal bleeding
<b>Polymenorrhagia</b>	Frequent cycles, heavy bleeding
<b>Metrorrhagia</b>	Intermenstrual bleeding
<b>Oligomenorrhoea</b>	Infrequent cycles, normal bleeding
<b>Hypomenorrhoea</b>	Regular cycles, light bleeding

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186. A surgeon decides to do a thyroidectomy. You have been instructed to prepare the parts of the patient for surgery. What will you do?

- Clean and drape from the chin to nipple
- Clean and drape from chin to umbilicus
- Clean and drape from Chin to nipple with shoulder & axilla
- Clean and drape from forehead to knee

Ans. C

Cranial surgeries	Depends upon surgeon
Thyroid or neck surgery	Chin to nipple with shoulder & axilla
Eye surgery	Cut eyelashes of affected eye
Nasal surgery	No shaving unless with moustache
Ear surgery	Two & half inches around ear
Chest surgery	Base of neck to waist, axilla & inner arm
Abdominal & Pelvic surgery	Nipple to symphysis pubis, vulva, perineum & thigh
Kindney anterior	Nipple to perineum, side to side; supra scapular region to buttocks
Vaginal, scrotal, rectal surgeries	Waist to perineum + anterior & inner aspect of thigh & 6 inches from groin, posterior entire buttocks and anus
Lower extremities	Digits 2 inches above knee, entire extremity & groin
Upper extremities	Distal arm 2 inches above elbow, elbow upto axilla.

187. A male patient present with history of hypermature cataract, presents with sudden onset pain, redness, photophobia in the right eye. On examination, there is a deep anterior chamber with raised intra-ocular pressure. What is the most likely diagnosis?

- Phacotoxic glaucoma
- Phacomorphic glaucoma
- Phacolytic glaucoma
- Phacoanaphylactic uveitis

Ans. C

Cataract with glaucoma with shallow anterior chamber: **Phacomorphic glaucoma**

Cataract with glaucoma with normal or deep anterior chamber: **Phacolytic glaucoma**

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**188. First symptom to appear in alcohol withdrawal is;**

- Tremors
- Delirium
- Sleep disturbance
- Visual hallucinations

**Ans. A**

Tremors usually appear after 6-8 hours after last alcohol intake

**189. Nikolsky sign is positive in all of the following except;**

- SSSS
- Pemphigus
- Bullous pemphigoid
- Toxic epidermal necrolysis

**Ans. C**

**Bullous pemphigoid:** Tense blisters and subepidermal with eosinophils and neutrophils.

- Nikolsky sign - negative
- Bulla-spread sign (Asboe-Hansen sign) - positive
- IDF - Linear IgG and C3 along DEJ

**190. Which of the following conditions cannot be diagnosed by laparoscopy?**

- Bicornuate uterus
- Septate uterus
- Rudimentary horn
- Unicornuate uterus

**Ans. B**

Septum is inside the uterine cavity & cannot be diagnosed by laparoscopy.

The septum can be diagnosed by USG, MRI and hysteroscopy.

**191. The estrogen which is mainly seen in postmenopausal women is;**

- Estriol
- Estradiol
- Estrone
- None

**Ans. C**

<b>Estrone (E1)</b>	Seen mainly in postmenopausal women
<b>Estradiol (E2)</b>	Biologically active form
<b>Estriol (E3)</b>	Produced mainly in pregnancy

**192. Which among the following muscle relaxant is safe to use in bronchial asthmatic patient?**

- Atracurium
- Mivacurium
- Suxamethonium
- Pancuronium

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**Ans. D**

- Mivacurium and atracurium are benzylisoquinoline compounds which can cause histamine release and hence are contraindicated in bronchospastic disorders like bronchial asthma & COPD.
- Succinyl choline has been reported to cause bronchial asthma in some patients.
- Hence pancuronium is the best answer among the given options.

**193. All are the advantages of full thickness graft except;**

- a. Increased durability
- b. Increased primary contracture
- c. Cosmetic superiority to split thickness skin graft
- d. Decreased secondary contracture

**Ans. B**

**Advantages of Full thickness graft:**

- Increased durability
- Cosmetic superiority to split thickness skin graft
- Decreased secondary contracture

**Disadvantage of full thickness graft:**

- Increased primary contracture
- Limited donor sites

**194. The inner tube in intussusception is called as;**

- a. Intussusciens
- b. Intussusceptum
- c. Returning tube
- d. Lead point

**Ans. B**

**Intussusceptions:** is the telescoping of one portion of the intestine into the other. It is the most common cause of intestinal obstruction in early childhood.

**An intussusception is composed of 3 parts:**

- a. Intussusciens – sheath or outer tube
- b. Intussusceptum – inner or entering tube
- c. Returning tube - middle tube

**195. All of the following are true about Reye's syndrome except;**

- a. Prothrombin time is increased
- b. Deep jaundice is present
- c. It frequently complicates viral infections
- d. Disease may be precipitated by salicylates

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Ans. B

**Signs and symptoms of Reye's syndrome:**

- Protracted vomiting, with or without clinically significant dehydration
- Hepatomegaly in 50%
- **Minimal or absent jaundice**
- Lethargy progressing to encephalopathy, obtundation, coma, seizures and paralysis
- Notably, patients are **afebrile**.

**196. Which of the following is earliest sign in hepatic encephalopathy?**

- a. Asterixis
- b. Constructional apraxia
- c. Alternate constriction and dilated pupil
- d. Psychiatric abnormalities

Ans. D

Grading of symptoms of hepatic encephalopathy is performed according to West Haven classification system:  
**Grade 0:** Minimal hepatic encephalopathy (minimal changes in intellectual functions and memory, asterixis is absent)

**Grade I:** Trivial lack of awareness, shortened attention span, hypersomnia, insomnia, euphoria, depression, confusion

**Grade II:** lethargy or apathy, disorientation, inappropriate behaviour, slurred speech

**Grade III:** somnolent but can be aroused

**Grade IV:** Coma with or without response to painful stimuli

**197. A patient was presented with hemoptysis and persistent cough. The chest x-ray of the patient was normal. What should be the next best management?**

- a. Helical CT
- b. Bronchoscopy
- c. HRCT
- d. Angiography

Ans. C

HRCT (high resolution CT scan)

- For most patients, the 1<sup>st</sup> step in evaluation of hemoptysis is standard chest X-ray
- If a source of bleeding is not identified, then a chest CT should be obtained.

**198. Which of the following conditions does not support the diagnosis of streptococcal pharyngitis?**

- a. Fever
- b. Cough
- c. Pharyngeal exudates
- d. Tender cervical lymphadenopathy

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Ans. B

**Modified Centor Criteria for pharyngitis and Tonsillitis:**

CLINICAL FINDING	POINTS
Absence of cough	1
Age:	
- 3-14 years	1
- 15-45 years	0
- >45 years	-1
Anterior cervical lymphadenopathy	1
Fever	1
Tonsillar erythema or exudates	1

Patients with a score of 1 or less do not require further testing or treatment.

**199. After total knee replacement surgery, a 65 year old woman complains of calf pain and swelling in the leg from last 2 days. Later she complains of breathlessness and suddenly dies in the ward. What could be the most probable cause?**

- Stroke
- Myocardial infarction
- ARDS
- Pulmonary embolism

Ans. D

- Pulmonary Embolism (PE) is the most common preventable cause of death among hospitalized patients.
- PE and DVT occurring after total hip or knee replacement is currently taken as unacceptable, and steps are taken to prevent it by giving subcutaneous fondaparinux.

**200. Which of the following is the osteochondritis of highlighted bone in photo?**



- Keinbok disease
- Panners disease
- Perthes disease
- Kohler disease

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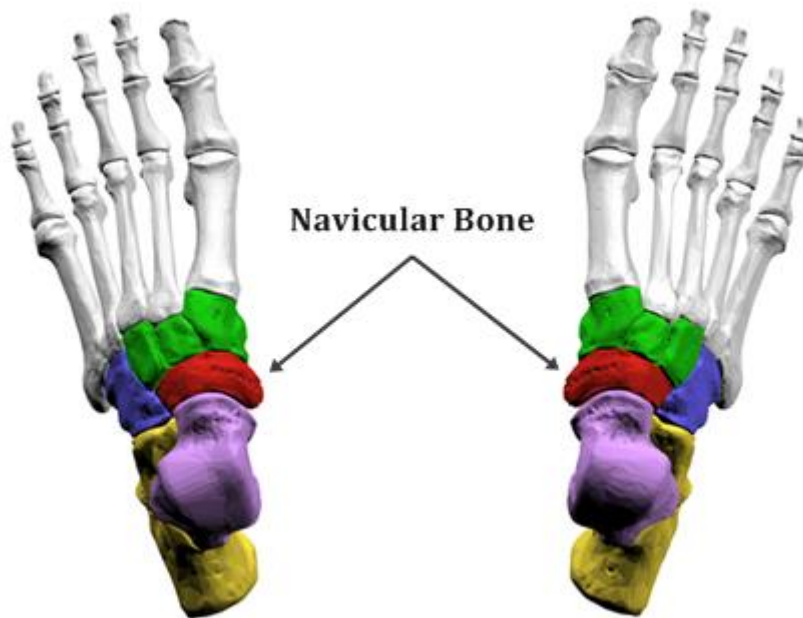
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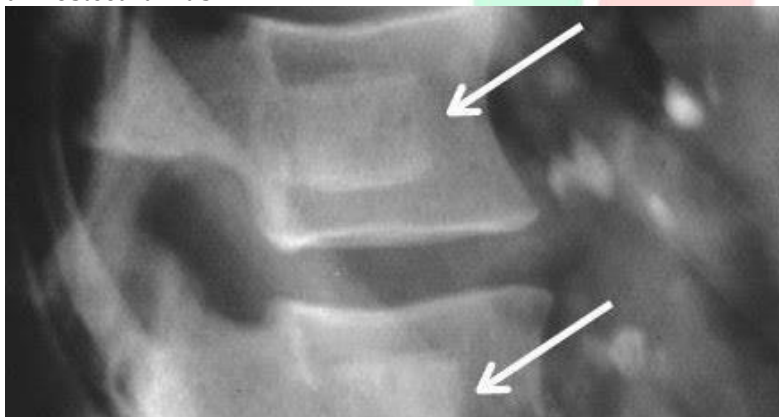
**Ans. D**

Highlighted bone is Navicular bone of foot.  
Osteochondritis of navicular is – Kohler disease



**201. The radiological appearance as shown in the X-ray is seen in which of the following condition?**

- a. Osteomalacia
- b. Osteochondroma
- c. Osteopetrosis
- d. Osteoarthritis



**Ans. C**

Image shows bone within bone appearance –seen in osteopetrosis

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202. A patient was shifted to emergency department after an RTA. On examination his BP is 90/55mmHg, Pulse rate is 150/minute, SpO2 86% and a GCS of 8. Patient had multiple injuries and FAST reveals hemorrhage in all quadrants. Minimal surgeries were done and he was shifted to ICU. After some stability, he was shifted to operation theatre again and major surgeries were performed. This type of procedure is called as;

- Abdominoplasty and primary closure of abdomen
- Damage control surgery
- Open laparotomy
- Double surgery

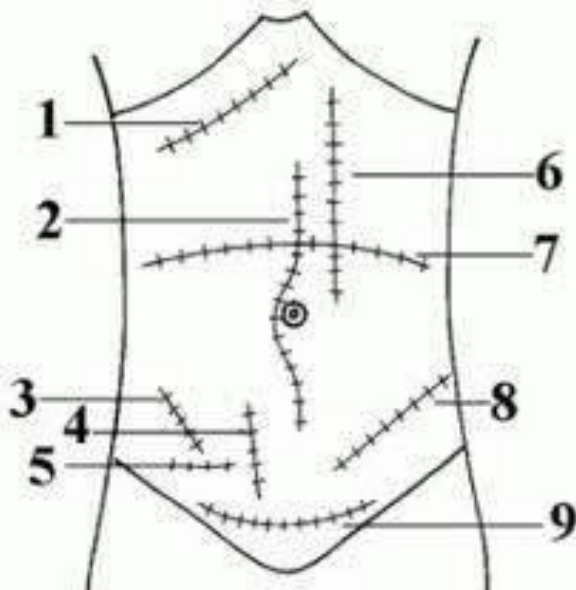
Ans. B

**DAMAGE CONTROL SURGERY:**

There are 3 phases;

- 1<sup>st</sup> phase: only abbreviated laprotomy is done for life saving measure
- 2<sup>nd</sup> phase: patient is sent to ICU for the correction of metabolic disorders
- 3<sup>rd</sup> phase: following satisfactory correction of metabolic disorders, the patient is brought again to the operating room – this time for planned definitive surgery

203. Find out the wrong match of incisions name;



- 1 – Transverse incision
- 8 – Rutherford Morrison Incision
- 4 – Battle Incision
- 9 – pfannesteil incision

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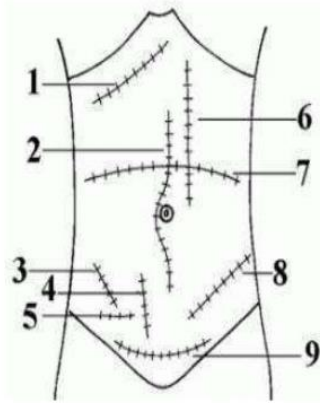
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Ans. A

## SURGICAL INCISIONS



- ▶ 1. Kocher's incision
- ▶ 2. midline incision
- ▶ 3. Gridiron muscle splitting
- ▶ 4. Battle incision
- ▶ 5. Lanz incision
- ▶ 6. paramedian
- ▶ 7. transverse
- ▶ 8. Rutherford Morrison incision
- ▶ 9. Pfannestiel

204. One of the following is not an indication of thoracotomy after the insertion of ICD (intercoastal drainage);

- a. >2000 ml blood collection
- b. >200 ml/hour in consecutive 3 hours
- c. Food particles are coming out
- d. Suspected diaphragmatic injury

Ans. A

### Indications of thoracotomy after ICD insertion:

- >1500 ml blood collection
- >200 ml/hour in consecutive 3 hours
- Food particles are coming out
- Suspected diaphragmatic injury

205. A man was shifted to emergency department with the history of blunt trauma abdomen. He has unstable vitals. What would be the next step in management?

- a. CECT
- b. Laprotomy
- c. FAST
- d. Laproscopy

Ans. C

If vitals are stable: CT scan

If unstable : USG

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**206. All of the following are indications of CT scan in head injuries except;**

- a. GCS <13
- b. Vomiting 1 episode
- c. Focal neurological deficit
- d. Head injury in patient > 65 years

**Ans. B**

**NICE guidelines for CT in head injury**

- GCS < 13
- Focal neurological deficit
- Seizure
- Vomiting > 1 episodes
- Suspected open, depressed or basal skull fracture

**Urgent CT head scan if none of the above but;**

- Age > 65
- Coagulopathy
- Dangerous mechanism of injury (CT within 8 hours)
- Anterograde amnesia > 30 min (CT within 8 hours)

**207. After the head injury in a road traffic accident, a 45 years old male was brought to emergency department. He was disoriented. On examination, his BP was 90/60mmHg and PR 120. He opened his eyes on command, using inappropriate words and was able to localize his pain. What is the glassgow coma score in this patient?**

- a. 10
- b. 9
- c. 11
- d. 8

**Ans. C**

His GCS score;

Opening eyes on command – 3

Using inappropriate words – 3

Localises pain – 5

Total – 11

**Glassgow Coma Score** is used to determine the conscious level of the patient.

Maximum GCS score – 15

Ranges from 3 to 15

A score of 7 or less is classed as coma

A score of 9 or more excludes coma

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Glasgow Coma Scale		
Eye Response	Open Spontaneously	4
	Open to Verbal command	3
	Open in response to pain	2
	No response	1
Verbal Response	Talking / Orientated	5
	Confused speech / Disorientated	4
	Inappropriate Words	3
	Incomprehensible sounds	2
	No response	1
Motor Response	Obeys commands	6
	Localizes pain	5
	Withdraws from pain	4
	Abnormal flexion	3
	Extension	2
	No response	1

208. After the severe blood loss, a patient's hemoglobin was found to be 7g/dL. 2 units of whole blood were transfused in a day. Now again his hemoglobin level was checked. What will be the count of hemoglobin post-transfusion?

- 6 g/dL
- 7 g/dL
- 8 g/dL
- 9 g/dL

Ans. D

- 1 unit of whole blood will raise the haemoglobin by **1 gm%** in an average size adults.
- 1 unit of packed cells (200 RBC's) transfusion raises hematocrit **by 2-3%** in a 70 Kg adult

209. The syndrome of inappropriate secretion of ADH secretion is characterized by the following;

- Hyponatremia and hyperkalemia
- Hypertatremia and hyperkalemia
- Hyponatremia and urine sodium excretion > 20 mEq/L
- Hypertatremia and urine sodium excretion > 20 mEq/L

Ans. C

In SIADH, the excessive retention of water expands extracellular and intracellular volume, increases glomerular filtration and atrial natriuretic hormone, suppresses plasma rennin activity & increases urinary sodium excretion. Hyponatremia and urine sodium excretion > 20 mEq/L are seen.

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**210. A male patient was found to have gynaecomastia, decreased serum testosterone and LH. What is the probable diagnosis?**

- a. Sertoli cell tumor
- b. Androgen resistant state
- c. Testicular failure
- d. Gonadotrophins

**Ans. A**

**211. Which of the following is true about obesity?**

- a. Smoking is a risk factor
- b. No genetic predisposition
- c. Seen mostly in females
- d. Prevalence decrease upto 40 years of age

**Ans. A**

- Prevalence of obesity is same for men and women at 36%
- Prevalence increases with age
- Genetic pre-disposition plays an important role.

**212. Which among the following is not a feature of peripheral arterial occlusion?**

- a. Pain
- b. Shock
- c. Pallor
- d. Pulselessness

**Ans. B**

**213. Tram track appearance on CT scan of head is seen in;**

- a. VHL syndrome
- b. Neurofibroma
- c. Tuberous sclerosis
- d. Sturge weber syndrome

**Ans. D**

**214. A 17 year old girl with normal pubic hair and breast presented with primary amenorrhoea. Ovaries were present on USG. On examination, there was blind vagina and absent uterus. What is the probable diagnosis?**

- a. Turner's syndrome
- b. Mullerian agenesis
- c. Androgen insensitivity syndrome
- d. Gonadal dysgenesis

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Ans. B

**Mullerian agenesis: Mayor Rokitansky Kuster Hauser Syndrome (MRKH):**

<b>Chromosomal pattern</b>	46 XX
<b>Gonads</b>	Normal ovaries
<b>Internal genitalia</b>	Failure of development of mullerian duct Absent uterus, cervix, upper vagina Tubes are present
<b>External genitalia</b>	Normal female external genitalia With lower vagina (blind vagina)
<b>Secondary sexual characters</b>	Normal

**215. What is the true statement about androgen insensitivity syndrome?**

- Occurs only in female
- Predominantly ovarian component in gonads
- Phenotype is completely female
- Formation of testis is abnormal and receptors are normal

Ans. C

**Androgen insensitivity syndrome/testicular feminization Syndrome:**

- This is a unique combination of perfectly normal male genotype and perfectly normal female phenotype.
- It come under male pseudohermaphroditism (testes + female genitalia)

**216. Identify the deformity as shown in the image;**

- Mallet finger
- Swan neck deformity
- Duputyren's contracture
- Boutonniere deformity

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Ans. D



217. A 45 years old female patient presents with red rashes over her neck as shown in the photo. Her investigations reveal presence of anti-Mi-2 antibody. What is the likely diagnosis?

- a. SLE
- b. Pyomyositis
- c. Dermatomyositis
- d. Inclusion body myositis



Ans. C

Image shows shawl sign/V sign, which is erythematous rash seen over sun exposed part of the neck & seen in patients with dermatomyositis.

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218. An ANA positive patient has rashes over her face as shown in the photo. These rashes will involve all except;



- a. Nasolabial folds
- b. Bridge of nose
- c. Cheeks
- d. Lower eyelids

**Ans. A**

Given image is of Malar rashes, seen in SLE. It will spare nasolabial fold.

219. All of the following are associated with sarcoidosis except;

- a. Panda sign
- b. Egg shell calcification
- c. Cavity
- d. Hilar lymphadenopathy

**Ans. C**

- In sarcoidosis, chest X-ray shows bilateral hilar lymphadenopathy with pulmonary infiltrates. But cavity is rarely seen.
- Panda sign is a gallium -67 citrate scan finding. It is due to bilateral involvement of parotid and lacrimal glands in sarcoidosis, superimposed on the normal uptake in the nasopharyngeal mucosa.
- Eggshell calcification refers to fine calcification seen at the periphery of a mass, usually relates to lymph node calcification.

220. Which of the following poly-arthritic conditions is not common in males?

- a. Psoriatic arthritis
- b. Gout
- c. Ankylosing spondylitis
- d. SLE

**Ans. D**

- SLE >90% occur in women.
- Female to male ratio peaks at 11:1 during the childbearing years.

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**221. Which type of anemia is seen in rheumatoid arthritis?**

- a. Normocytic, normochromic
- b. Hyperchromic, leucopenia
- c. Hypochromic, Normocytic
- d. Hyperchromic, Normocytic

**Ans. A**

- Anemia of chronic illness traditionally encompasses any inflammatory, infectious or malignant disease of a long standing nature. These include RA, severe trauma, heart disease or DM.
- In these conditions, there is primarily a decreased availability of iron, relatively decreased levels of erythropoietin and a mild decrease in the lifespan of RBCs to 70-80 days.
- Early onset rheumatoid arthritis(RA) with +ve rheumatoid factor is more likely to have normo-cytic normochromic anemia.

**222. A 2 year old child presents with shock and circulatory collapse. Intravenous access is not possible in this patient. What should be done next to maintain the circulation?**

- a. Intracardiac infusion
- b. Intraosseous cannulation
- c. Thoracotomy
- d. Cardio Pulmonary Resuscitation

**Ans. B**

- If peripheral intravenous catheter insertion is difficult in infants, then an **intraosseous line** is as efficient as an intravenous route.
- The marrow of long bones has a rich network of vessels that drain into a central venous canal, emissary veins and ultimately the central circulation.

**223. Which of the following structures is repaired first during the reconstruction of an amputated limb?**

- a. Artery repair
- b. Bone repair
- c. Nerve anastomosis
- d. Venous repair

**Ans. B**

**Order of fixation:**

- Bones
- Extensor tendons
- Flexor tendons
- Arteries
- Nerves
- Veins

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224. Biopsy should be considered at which stage of BI-RADS assessment?

- BI-RADS 2
- BI-RADS 3
- BI-RADS 4
- BI-RADS 5

Ans. C

**BI-RADS** (Breast Imaging- Reporting and Data System)

- BI-RADS 0: Incomplete assessment
- BI-RADS 1: Negative
- BI-RADS 2: benign findings
- BI-RADS 3: probably benign finding
- BI-RADS 4: Suspicious abnormality - **biopsy should be considered**
- BI-RADS 5: Highly suggestive of malignancy – **appropriate actions should be taken**
- BI-RADS 6: Biopsy proven malignancy
- **PI-RADS** – Prostate Imaging- Reporting and Data System – to evaluate prostate cancer
- **TI-RADS** – Thyroid Imaging- Reporting and Data System - to evaluate the thyroid cancer.

225. Liver transplantation is an example of:

- Heterotopic graft
- Orthotopic graft
- Xenograft
- None of the above

Ans. B

**Orthotopic graft:** transplantation of organ at same anatomical place. Eg. Liver, cornea

**Heterotopic graft:** transplantation of organ at different anatomical place. Eg: pancreas, kidney

226. A 37 years old primigravida with 19 weeks of gestation, came to surgery OPD with a lump in left breast. The next investigation of choice will be;

- FNAC
- Mammography
- USG
- MRI

Ans. C

**Imaging investigations in symptomatic breast:**

**Mammography:** >35 years

**USG:** <35 years

**MRI:** scarred breast, implants and borderline lesions

In given scenario, patient is 37 years old and pregnant. Hence USG is the investigation of choice.

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**227. In post operative room after thyroid surgery, patient developed sudden respiratory distress, dressing was removed and it was found to be slightly blood stained and wound was bulging. What shall be the first thing to be done?**

- Tracheostomy
- Cricothyroidotomy
- Remove the stitch and take the patient to operation theatre
- Intubation

**Ans. C**

- The patient has developed tension hematoma, a common complication of thyroid surgery.
- Management: immediate evacuation of hematoma by opening the wound

**228. Correct statements regarding varicocle;**

- Bag of worms like feel on palpation
  - Most common cause of male infertility worldwide
  - It may be secondary to renal cell carcinoma
  - Mostly occurs on right side.
- 1 and 4 are correct
  - 1,2,3 are correct
  - 2,3,4 are correct
  - All are correct

**Ans. B**

Varicocele occurs 95% times on left side.

**229. An old man developed altered sensorium after he went through the TURP for benign hyperplasia of prostate. What can be the cause?**

- Hypokalemia
- Hyponatremia
- Hypertatremia
- Hypomagnesemia

**Ans. B**

- Water intoxication is an important complication of TURP(Transurethral Resection of Prostate).
- The absorption of water into the circulation at the time of TURP can give rise to congestive cardiac failure, **hyponatremia** and frequently confusion and other cerebral events often mimicking a stroke.

**230. What should be the management of choice in a 38 weeks primigravida who presented to the casualty in early labor with transverse lie?**

- LSCS
- Forceps delivery
- Allow for cervical dilatation
- Internal podalic version

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Ans. A

**Management of transverse lie at term:**

- External cephalic version
- ECV in transverse lie is possible only when membranes are unruptured.
- If ECV fails, elective caesarian section

231. Which of the following conditions will have the retraction ring of bandl?

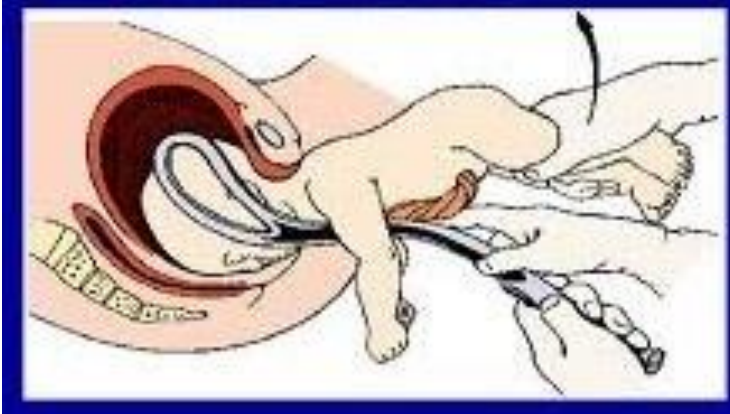
- Preterm labor
- Retained placenta
- Obstructed labor
- Atonic PPH

Ans. C

**Bandl's ring or retraction ring** is one of the features of obstructed labor.

- It can be palpated in between the upper & lower segment.
- The upper segment is tonically contracted and the lower segment is dilated.
- Bandl's ring moves progressively upwards and can be palpated per abdomen.

232. A delivery procedure is depicted by the photo. Identify the true statement regarding this delivery;



- Modified Mariceau Smillie Viet technique
- Delivery of aftercoming head in breech with Piper's forceps
- Marshall Burn's method
- Lovset's manouvre

Ans. B

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233. The given apparatus monitors;



- a. Oxygen content of blood
- b. Pulse pressure
- c. Oxygen partial pressure
- d. Oxygen saturation of haemoglobin

**Ans. D**

Apparatus is pulse oximetry, which monitors the Oxygen saturation of haemoglobin

234. In which of the given conditions, ketamine is useful as an anesthetic agent?

- a. Glaucoma
- b. Hyperactive airways
- c. Ischemic heart disease
- d. Intracranial hemorrhage

**Ans. B**

- Ketamine causes bronchodilation due to its sympathomimetic effect and hence preferred in case of reactive airway diseases for induction.
- Halothane has similar effect and is preferred for maintenance.

235. A young lady was admitted in hospital with history of taking overdosage of diazepam after her broken affair. She has history of slashing her wrist previously. Which of the following condition describes her condition?

- a. Mania
- b. Histrionic personality disorder
- c. Borderline personality disorder
- d. Delusion of persecution

**Ans. C**

The repetitive episodes of self harming behaviour after stressors is suggestive of BPD- borderline personality disorder.

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**236. A 6 years old child is presented with fever, colicky abdominal pain and non blanching purpuric rash on buttocks and back of legs. What is the most likely diagnosis?**

- a. HSP
- b. ITP
- c. TTP
- d. Wegener's granulomatosis

**Ans. A**

Combination of fever, extensor palpable purpuric rash and GIT symptoms favour the diagnosis of **HSP** (Henoch Schonlein Purpura) in a child.

- ITP is ruled out as it has non palpable purpura
- Wegener's presents with epistaxis, haematuria and haemoptysis
- Meningococemia will cause a rash on lower extremities but will not have a predilection for extensor sites.

**237. What is the most reliable investigation in amyloid disease?**

- a. USG
- b. Rectal biopsy
- c. Immunoglobulin assay
- d. Abdominal fat pad biopsy

**Ans. D**

- The best sites from which to obtain a biopsy in systemic amyloidosis are the abdominal fat pad and rectal mucosa.
- Sensitivity for abdominal fat is 90% and rectal mucosa is 73-84%.

**238. All of the following may result into polyurea except;**

- a. Hypercalcemia
- b. Hypoadrenalism
- c. Chronic renal failure
- d. Lithium carbonate therapy

**Ans. C**

**Hypoadrenalism:** Aldosterone deficiency leads to salt wasting and polyuria.

**Hypercalcemia:** it can lead to reversible renal tubular defects, increased urination.

**Lithium carbonate:** In principle cells of the collecting duct by entering through the epithelial sodium channel (ENaC) and leads to nephrogenic diabetes insipidus manifesting as polyuria and polydipsia.

**239. All of the following are the complications of hemodialysis except;**

- a. Hypertension
- b. Hypotension
- c. Peritonitis
- d. Bleeding tendency

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**Ans. C**

**Complications during Hemodialysis**

- Intradialytic Hypotension
- Muscle Cramps
- Nausea and Vomiting
- Headache
- Chest Pain and Back Pain
- Itching
- Disequilibrium Syndrome
- Dialyzer Reactions
- Hemolysis
- Air Embolism

**240. One of the following is not decreased in nephrotic syndrome;**

- a. Fibrinogen
- b. Albumin
- c. Transferring
- d. Ceruloplasmin

**Ans. A**

Nephrotic syndrome is responsible for hypercoagulable state.

The excessive urinary protein loss is associated with decreased antithrombin III, a relative excess of fibrinogen and changes in other clotting factors; all lead to a propensity to clot.

**241. Intraoperative radiotherapy is given in which of the given condition?**

- a. Ca cervix
- b. Ca Thyroid
- c. Ca Breast
- d. All

**Ans. C**

**242. Multiple lytic lesions of skull with bevelled edges are seen in which of the following disorder?**

- a. Metastases
- b. Neuroblastoma
- c. Multiple myeloma
- d. Eosinophilic granuloma

**Ans. D**

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243. This type of X-ray is mostly seen in which condition?

- a. Paget's disease
- b. Osteosarcoma
- c. Osteomalacia
- d. TB bone



Ans. B

Sunray appearance – osteosarcoma

244. What is the most common indication of liver transplantation in children?

- a. Biliary cirrhosis
- b. Biliary atresia
- c. Liver cirrhosis
- d. Hepatoblastoma

Ans. B

Children – Biliary atresia

Adults – Cirrhosis

245. Variceal formation occurs when portal pressure is;

- a. > 10 mmHg
- b. > 12 mmHg
- c. > 25 mmHg
- d. 5-10 mmHg

Ans. A

Normal portal vein pressure = 5-10 mmHg

Variceal formation occurs = >10 mmHg

Variceal bleeding = >12 mmHg

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**246. Pringle manoeuvre is to arrest haemorrhage by clamping;**

- a. Portal vein
- b. Hepatic artery
- c. Hepatic vein
- d. Hepatoduodenal ligament

**Ans. D**

**247. Which of the following is true about MRCP?**

- a. CT is used for the images
- b. It is an invasive procedure
- c. Dye has to be injected endoscopically
- d. It shows the biliary tree

**Ans. D**

**MRCP:** magnetic resonance Cholangio-pancreatography:

MRCP images are heavily T2-weighted sequences which demonstrate fluid-filled structures as areas of very high signal intensity and are very commonly used to show the biliary and pancreatic ducts in MRCP.

**248. A 1 year old infant presents with 11-12 episodes of watery stools per day for the last 8 days. Along with the zinc supplementation, what else should be prescribed to the child?**

- a. ORS only
- b. ORS + antibiotics
- c. ORS + low-lactose diet
- d. ORS + low-lactose diet + probiotics

**Ans. A**

The infant is suffering from acute diarrhea and treatment includes ORS, zinc supplementation and continued breast feeding.

**249. Human breast milk is deficient in;**

- a. Saturated fats
- b. Iron and Vitamin C
- c. Iron and Vitamin A
- d. Phosphorus and vitamin A

**Ans. B**

Human breast milk lacks;

- Vitamin D, C, K and iron

**250. All of the these are criteria for severe malnutrition in a 6 months old child except;**

- a. Weight for height
- b. Height for age
- c. Symmetrical edema
- d. Mid-upper arm circumference

**Ans. B**

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**251. What is the best time to give anti-D to a pregnant patient?**

- a. 12 weeks
- b. 28 weeks
- c. 36 weeks
- d. After delivery

**Ans. B**

Best time to give anti-D to a pregnant lady is 28 weeks.

**252. What is the approved dose of misoprostol in emergent management of postpartum hemorrhage?**

- a. 200 mcg
- b. 400 mcg
- c. 600 mcg
- d. 1000 mcg

**Ans. C**

The approved dose of misoprostol in emergent management of postpartum hemorrhage is 600 microgram.

**253. Estrogen and progesterone in the first 2 months of pregnancy are produced by;**

- a. Corpus luteum
- b. Fetal ovaries
- c. Fetal adrenal
- d. Placenta

**Ans. A**

Estrogen and progesterone in the first 2 months of pregnancy are produced by corpus Luteum.

**254. Which of the following is the diagnostic of menopause?**

- a. Serum FSH > 20
- b. Serum FSH > 40
- c. Serum FSH < 40
- d. Serum FSH < 30

**Ans. B**

Serum FSH > 40 IU/L is diagnostic of menopause.

**Criteria for menopause:**

Estrogen (E2): 10-20 pg/ml	E2/E1 < 1
Estrone (E1): 30-70 pg/ml	Urine FSH > 40 IU/L

**255. What is the most likely cause for beaded appearance of fallopian tubes with clubbed ends of fimbriae on HSG?**

- a. Endometriosis
- b. Chlamydia
- c. N. Gonorrhoea
- d. Genital TB

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**Ans. D**

HSG is contraindicated in patients of genital TB as it can lead to reactivation or spreading of disease.

If unknowingly HSG is done in patients of TB, characteristic findings are;

- Lead pipe appearance of tube
- Beaded appearance of tube
- Hydrosalpinx
- Corneal block
- Golf club tube
- Tobacco pouch appearance of fimbrial end of tube
- Uterus: honeycomb appearance due to asherman syndrome

**256. Which of the following is incorrect about Gittleman syndrome?**

- a. Hypercalciurea
- b. Mimics thiazide diuretics
- c. Hypokalemic metabolic alkalosis
- d. Generally milder clinical course

**Ans. A**

**Gittleman syndrome:**

- Is an inheritable renal disorder characterized by;
- Hypomagnesemia
- Hypokalemia
- Hypocalciuria
- Linked to the gene encoding the thiazide sensitive Na-Cl cotransporter located on chromosome 16q.

**257. All are true about renal tubular acidosis except;**

- a. High urinary pH
- b. Hyperchloremia
- c. Increased urinary anion gap
- d. Biacarbonaturia

**Ans. C**

RTA has normal anion gap.

**Causes of normal anion gap are:**

- Diarrhea (loss of carbonates)
- Recovery from DKA
- Ileostomy fluid loss
- Carbonic anhydrase inhibitors
- RTA (renal tubular acidosis)
- Arginine and lysine in parenteral nutrition
- Normal variant

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**258. Rhinitis medica mentosa is due to the repeated and prolonged use of;**

- Steroids
- Nasal decongestants
- Antihistamines
- Antibiotics

**Ans. B**

Rhinitis medicamentosa (RM), also known as rebound rhinitis or chemical rhinitis, is a condition characterized by nasal congestion without rhinorrhea or sneezing that is triggered by the use of topical vasoconstrictive medications for more than 4-6 days

**259. What are the indications of FESS (functional Endoscopic sinus Surgery)?**

- Chronic sinusitis
- Sinonasal polyposis
- Arterial ligation in epistaxis
- All

**Ans. D**

**Indications of FESS (Functional Endoscopic Sinus Surgery)**

- Chronic sinusitis
- Sinonasal polyposis
- Fronto-ethmoidal mucocoele
- Endoscopic septoplasty and turbinate reduction surgery/cauterization
- Endoscopic sphenopalatine arterial ligation in epistaxis
- Endoscopic repair of choanal atresia

**260. Samter's triad is related to which of the given condition?**

- Nasopharyngeal Ca
- Angiofibroma
- Ethmoid polyp
- Nasal glioma

**Ans. C**

Samter's triad: Allergic nasal polyposis (ethmoidal) and asthma associated with aspirin hypersensitivity.

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261. Which of the following is true about the given suture material?



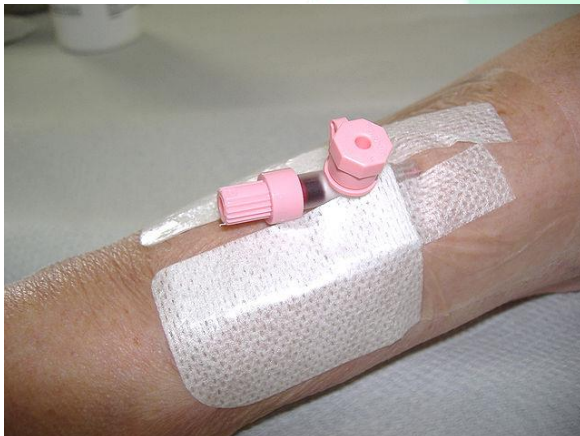
- a. Absorbable
- b. 2 knots are sufficient for knotting
- c. Used for subcuticular suturing
- d. Can be used in tendon repair

**Ans. D**

The shown suture material is Nylon:

- Monofilament
- Non-absorbable
- Monofilament
- Shiny and slippery, so 5-6 knots are required for knotting
- Good tensile strength
- Used closing incised wounds, in tendon repairs etc.

262. What is the size of intravenous cannula that has been fixed to this patient?



- a. 18 G
- b. 20 G
- c. 22 G
- d. 24 G

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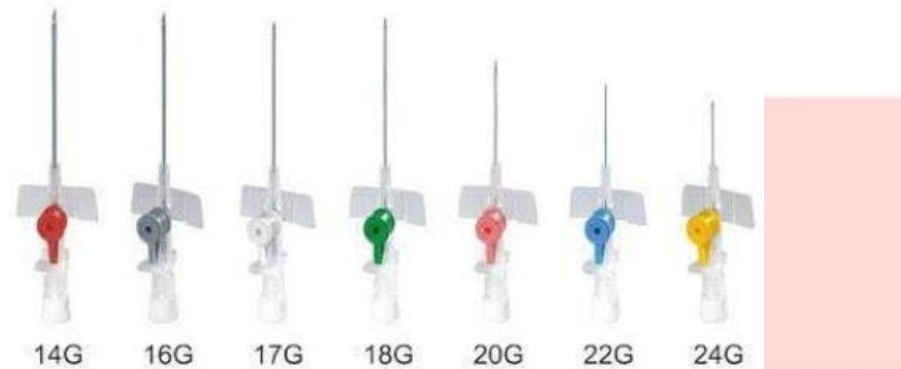
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Ans. B

Fb.com/medicalonline1 IV Cannula				
Gauge	Color code	External Diameter	Length	Flow Rate
14G	Orange	2.1 mm	45 mm	240 ml/min
16G	Grey	1.8 mm	45 mm	180 ml/min
18G	Green	1.3 mm	32/45 mm	90 ml/min
20G	Pink	1.1 mm	32 mm	60 ml/min
22G	Blue	0.9 mm	25 mm	36 ml/min
24G	Yellow	0.7 mm	19 mm	20 ml/min
26G	Violet	0.6 mm	19 mm	13 ml/min



263. A patient hears better in noise. What is this called as?

- Hpercusis
- Presbycusis
- Paracusis
- Diplacusis

Ans. C

- The patient of otosclerosis gives the typical history of hearing better in noisy surrounding which is known as **paracusis Willisii**.
- **Hyperacusis** is because of absence of stapedial reflex seen in facial nerve palsy. Here normal sounds appear abnormally loud.

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264. Which of the following is not the component of Gradenigo triad?

- a. Diplopia
- b. VII nerve palsy
- c. Retroorbital pain
- d. Profuse discharge from the ear

Ans. B

**Gradenigo triad/syndrome:** seen in petrositis

- 6<sup>th</sup> nerve palsy (diplopia)
- 5<sup>th</sup> nerve involvement (ophthalmic division) – retro-orbital pain
- Persistent ear discharge

265. Which of the following displacement is not seen in the fracture as depicted by the given X-ray?



- a. Radial tilt
- b. Volar tilt
- c. Supination
- d. Dorsal displacement

Ans. B

X-ray depicts COLLE'S FRACTURE;

**Displacements seen are;**

- Dorsal displacement
- Dorsal tilt/angulation
- Impaction (proximal shift)
- Lateral displacement
- Lateral tilt angulation
- Supination

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**266. A female got injury over her forearm due to broken bangles. Retained pieces are suspected there. What is the first investigation to be done in this patient?**

- a. MRI
- b. CECT
- c. USG
- d. Plain X-Ray

**Ans. D**

X-ray shall be done to check the foreign object in her forearm. Bangles and glasses will appear on X-ray.

**267. Which of the following is the investigation of choice for evaluation of acute head injury?**

- a. NCCT head
- b. CECT head
- c. MRI
- d. PET scan

**Ans. A**

NCCT is the investigation of choice in acute head injury.

**268. A newborn that has frothing of mouth. Cyanosis is present on day 1. What is the most probable diagnosis?**

- a. Lung hypoplasia
- b. Lung cyst
- c. Esophageal atresia
- d. Diaphragmatic hernia

**Ans. C**

- A new born who has frothing of mouth. Cyanosis is present on day one. Most probable diagnosis is esophageal atresia.
- Excessive salivation along with coughing or choking during the first oral feeding.

**269. A 2 days old premature neonate develops GTCS. What is the investigation done to diagnose the pathology?**

- a. MRI brain
- b. X-ray
- c. CT head
- d. Transcranial ultrasound

**Ans. D**

- Transcranial ultrasonography is the main imaging modality of premature neonates and well suited for the study of neonates in general.
- It is performed at the bedside and provides effective assessment of ventricular size and other fluid-containing lesions as well as effective viewing of haemorrhagic and ischaemic lesions and their evaluation.

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**270. Which type of abnormality in sexual development has the best prognosis?**

- Mixed gonadal dysgenesis
- True hermaphroditism
- Congenital adrenal hyperplasia
- Androgen insensitivity syndrome

**Ans. C**

Congenital adrenal hyperplasia(CAH):

CAH (21-Hydroxylase deficiency) is a type of abnormality in sexual development, which has best prognosis

**271. Identify the correct order of Lochia?**

- Alba, rubra, serosa
- Serosa, alba, rubra
- Rubra, serosa, alba
- Rubra, alba, serosa

**Ans. C**

**Correct order of Lochia:**

Lochia Rubra- Lochia Serosa – Lochia Alba

**272. Raised serum alkaline phosphatase is seen in all except;**

- Osteomalacia
- Multiple myeloma
- Paget's disease
- Hyperthyroidism

**Ans. B**

**273. Which of the following is an essential criteria for polycythemia vera?**

- Thrombocytosis
- Increased MCV
- Low levels of erythropoietin levels
- Tyrosine kinase JAK2 mutation

**Ans. D**

Major WHO criteria for polycythemia vera:

- Hb >18.5 g/dl in women or other evidence of increased RBC volume
- Presence of JAK2 617 VF or other functionally similar mutation, such as JAK2 exon 12 mutation.

**274. Bone marrow transplantation is indicated in all except;**

- Hemochromatosis
- Beta-thalassemia
- Osteopetrosis
- Mucopolysaccharidosis

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**Ans. A**

**Conditions for BMT (Bone Marrow Transplantation):**

- **Inherited metabolic disorders:** Adrenoleuko-dystrophy, hurler syndrome, metachromatic leukodystrophy, osteopetrosis
- **Inherited red cell disorders:** Pure red cell aplasia, sickle cell disease, beta thalassemia and others.
- **Marrow failure states** like severe aplastic anemia, fanconi anemia

**275. All of the following are used for the treatment of hypernatremia except;**

- a. 5% dextrose in water
- b. N/2 in 5% dextrose
- c. Indomethacin
- d. Nil by mouth

**Ans. D**

- Hypernatremia is treated with free water intake by mouth or NG tube if patient is not obtunded.
- Dilute hypotonic fluids like 5% dextrose in water and N/2 in 5% water are given to decrease serum sodium @ 0.5 mmol/hour or 12 mmol/24 hour

**276. At what level, acute hyponatremia becomes symptomatic?**

- a. < 135 mEq
- b. <120 mEq
- c. <125 mEq
- d. <110 mEq

**Ans. C**

Hyponatremia means  $\text{Na}^+ < 135 \text{ mmol/L}$  (<135 mEq/L)

In patients with hyponatremia that develops over hours, life threatening seizures and cerebral edema may occur at values 125 mmol/L

**277. A baby can breathe and suck at the same time. This is because of;**

- a. Highly placed larynx
- b. Wide short tongue
- c. Short soft palate
- d. Short pharynx

**Ans. A**

- A baby can suck milk into mouth because of its palate in mouth is separated from its nasal cavity so while baby is sucking in milk, can also breath through nose.
- When the infant has to swallow, the soft palate rapidly moves upward to close off the back of the back of nasal air tube.
- At the same time, the epiglottis closes off the larynx and guides the milk into the esophagus.
- Because of these reasons, infant can breathe and swallow in quick succession.

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**278. What is the most accurate and safest method to diagnose the viable pregnancy at 6 weeks?**

- USG for fetal cardiac activity
- Doppler for fetal cardiac activity
- Primary Beta hCG determination
- PV examination to check uterus size of 6 weeks

**Ans. A**

- Most accurate and safest method to diagnose viable pregnancy at 6 weeks is USG for fetal cardiac activity.
- Doppler is most sensitive but not safe in early pregnancy.

**279. Which of the gynecological primary, causes intraocular metastasis in a female?**

- Ovary
- Cervix
- Breast
- Endometrium

**Ans. C**

Breast cancer is the most common tumor to metastasize to the eye followed by lung cancer.

**280. What is the investigation of choice in stress fracture?**

- X-ray
- MRI
- Bone scan
- CT scan

**Ans. B**

Investigation of choice in stress fracture – MRI

**281. In a patient with thrombocytopenia, what is the target platelet count after transfusion to perform an invasive procedure?**

- 30,000
- 40,000
- 50,000
- 60,000

**Ans. C**

In a patient with thrombocytopenia, target platelet count after transfusion to perform an invasive procedure is 50,000

BLOOD PRODUCTS	STANDARD GUIDELINES
FFP	If prothrombin time (PT) or PTT >1.5 times normal
Cryoprecipitate	If fibrinogen < 0.8 g/L
Platelets	If platelets count <50 x 10 <sup>9</sup> /ml

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**282. Which of the following is the best incision preferred for diaphragmatic surgery?**

- a. Radial
- b. Transverse
- c. Vertical
- d. Circumferential

**Ans. D**

Circumferential incision is generally taken for diaphragmatic surgery.

**DIAPHRAGMATIC INCISIONS:**

Circumferential incisions	Incisions in the central tendon	Transverse radial incision
Circumferential incisions in the periphery result in little loss of function.	Do not interrupt any major branch of the nerve itself	Made from the midaxillary line
Must be at least 5 cm lateral to the edge of the central tendon to avoid the posterolateral and anterolateral branches of the phrenic nerve.	Provide excellent visualization of the abdomen from the thorax, and vice versa.	Relatively safe
Difficult to correctly realign after a long operation	Easy to open and close	May result in segmental diaphragmatic paralysis if the incision transects the crural or posterolateral branches of the phrenic nerve
Placement of surgical clips on each side of the muscular incision can greatly facilitate the correct spatial orientation on closing		

**283. Which among the following is the best non-invasive investigation to check for viability of myocardium?**

- a. Echocardiogram
- b. Thallium scintigraphy
- c. FDG-18 PET CT
- d. MIBG scintigraphy

**Ans. C**

PET has traditionally been regarded as the gold standard technique for the assessment of myocardial activity. The positron emission tracer F-18 FDG (fluorodeoxyglucose) assesses myocardial glucose metabolism and is an indicator of myocardial viability.

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**284. Which of the following is not a component of catatonia?**

- a. Akathisia
- b. Ambivalence
- c. Akinesia
- d. Ambitendency

**Ans. A**

- Akathisia is not a part of catatonia.
- Akathisia is characterized by a subjective and objective sense of restlessness, anxiety and agitation.
- Catatonia is a clinical syndrome characterized by striking behavioural abnormalities that may include motoric immobility or excitement, profound negativism, or echolalia or echopraxia.

**285. Which of the following is the most common cause of diarrhea in AIDS patient?**

- a. Candida
- b. Isophora
- c. Cryptosporidium
- d. Salmonella typhimurium

**Ans. C**

Cryptosporidia, microsporidia and isospora belli are the most common opportunistic protozoa that infect the GI tract and cause diarrhoea in HIV-infected patients.

**286. What is the most common cause of death in diphtheria?**

- a. Sepsis
- b. Airway compromise
- c. Toxic cardiomyopathy
- d. Descending polyneuropathy

**Ans. C**

Toxic cardiomyopathy occurs in 10-25% of patients with respiratory diphtheria and is responsible for 50-60% of deaths.

**287. Which of the following measurement is applied to diagnose the obstructive disease?**

- a. Tidal volume
- b. Vital capacity
- c. Blood gas analysis
- d. Timed vital capacity

**Ans. D**

Hallmark in obstructive lung disease is expiratory flow rates.

FEV1 is markedly reduced and FVC is mildly reduced so that ratio of FEV1/FVC is highly reduced.

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**288. All of the following are true about aspirin sensitive asthma except;**

- a. Nasal polyposis
- b. Rhinosinusitis
- c. Treatment with inhaled corticosteroids
- d. Increased prostaglandins

**Ans. D**

- Aspirin sensitive asthma is associated with severe rhinosinusitis and recurrent nasal polyposis.
- The complex pathogenesis involves chronic eosinophilic inflammatory changes with evidence of increased mast cell activation.
- It is associated with more severe asthma, requires increased use of inhaled and oral corticosteroids, more presentations to hospital and a risk of life-threatening reactions with aspirin

**289. Which of the following is correct about pneumonia?**

- a. Bronchophony
- b. Shifting of trachea
- c. Decreased vocal fremitus
- d. Amphoric breathing

**Ans. A**

**Bronchophony** is the phenomenon of the patient's voice remaining loud at the periphery of the lungs or sounding louder than usual over a distinct area of consolidation, such as in pneumonia.

This is a valuable tool in physical diagnosis used by medical personnel when auscultating the chest.

**290. Epley's manoeuvre is associated with;**

- a. ASOM
- b. CSOM
- c. Otosclerosis
- d. Positional vertigo

**Ans. D**

- **Epley's manoeuvre or canalith repositioning manoeuvre:** This involves repositioning the debris from posterior semicircular canal back into the utricle by placing the patient's head in a sequence of five positions.
- This is used for BPPV (Benign Paroxysmal Positional Vertigo)

**291. Concept of multipurpose worker was given by;**

- a. Srivastava committee
- b. Kartar singh committee
- c. Mukherjee committee
- d. Mudaliar committee

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**Ans. B**

**Kartar Singh Committee:** committee on multipurpose worker

**Shrivastava committee:**

- group on medical education and support manpower
- ROME (Reorientation of medical education) scheme
- Village health Guide

**Bajaj committee:** National Medical and Health Education policy

**Bhore committee:** Health Survey and Development Committee

**Mudaliar committee:** Health Survey and Planning Committee

**Chaddah committee:** Maintenance phase of National Malaria Eradication Programme (NMEP)

**Mukherji committee:** Delink malaria activities from family planning

**Jungalwala committee:** committee on multipurpose workers under Health and Family planning.

**292. In health management, cost benefit analysis is an example of;**

- a. Critical path method
- b. Management by objectives
- c. Total quality management
- d. Program evaluation and review technique

**Ans. C**

**293. What is the significance of general fertility rate ?**

- a. It is indicator of complete family size
- b. It is not better than the crude birth rate
- c. It is the measurement of fertility
- d. All are correct

**Ans. C**

General fertility rate: annual number of live births per 1000 women of childbearing age (15-49 years old, or 15-44 years old) mid year population.

**294. Which type of scales are seen in pityriasis rosea?**

- a. Mica like
- b. Silvery
- c. Powdery
- d. Collarette like

**Ans. D**

Mica-like scale and silvery scales are seen in psoriasis.

Powdery scales are seen in pityriasis versicolor.

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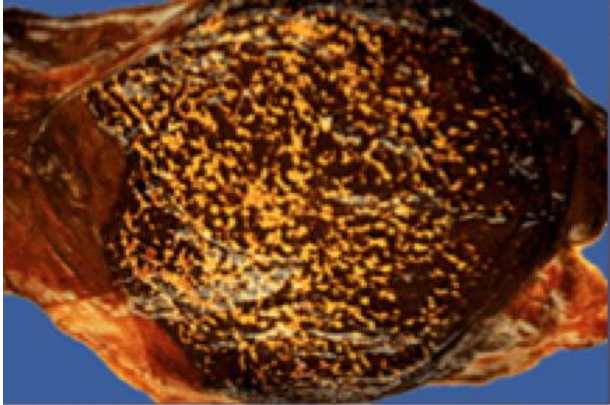
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295. A gall bladder is shown post operatively, which is characterized by the accumulation of lipids. This is called as



- a. Adenomyomatosis
- b. Gall bladder stone
- c. Cholesterolosis
- d. Emphysematous cholecystitis

**Ans. C**

Cholesterolosis: strawberry gall bladder

296. The balloons of sangstaken tube should be temporarily deflated after how many hours to prevent pre-necrosis of the esophagus?
- a. 24 hours
  - b. 12 hours
  - c. 48 hours
  - d. 1 hours

**Ans. B**

- The sangstaken tube must maintain a pressure of 40mmHg to stop bleeding from varices.
- The balloon of sangstaken balkemore tube should temporarily deflated after 12 hours to prevent pressure necrosis of the esophagus

297. Which of the following tests is recommended for neonatal screening of hearing?
- a. Evoked OAE (otoacoustic emission)
  - b. Spontaneous OAE
  - c. Automated auditory brainstem response
  - d. Distorted product OAE

**Ans. A**

- Evoked OAE (Otoacoustic emission) is recommended for neonatal screening of hearing.
- During normal hearing, OAEs originate from the hair cells in the cochlea.
- OAEs travel through the middle ear to the external auditory canal, where they can be detected using miniature microphones.

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298. Identify the deformity seen in the given photo;



- a. Cubitus valgus
- b. Hallux varus
- c. Hallux valgus
- d. Rheumatoid arthritis

Ans. C

Hallux varus



Hallux valgus (monturi)



299. Which of the following is seen in asherman syndrome?

- a. Polymenorrhea
- b. Oligomenorrhea
- c. Hypomenorrhea
- d. Metromenorrhagia

Ans. C

Asherman's syndrome is more common with secondary amenorrhea or hypomenorrhea, which may occur in patients with risk factors for endometrial or cervical scarring, such as history of uterine or cervical surgery, infections related to use of IUD and severe PID.

300. The area of colon which is least visualized by barium studies is;

- a. Cecum
- b. Sigmoid
- c. Splenic flexure
- d. Hepatic flexure

Ans. A

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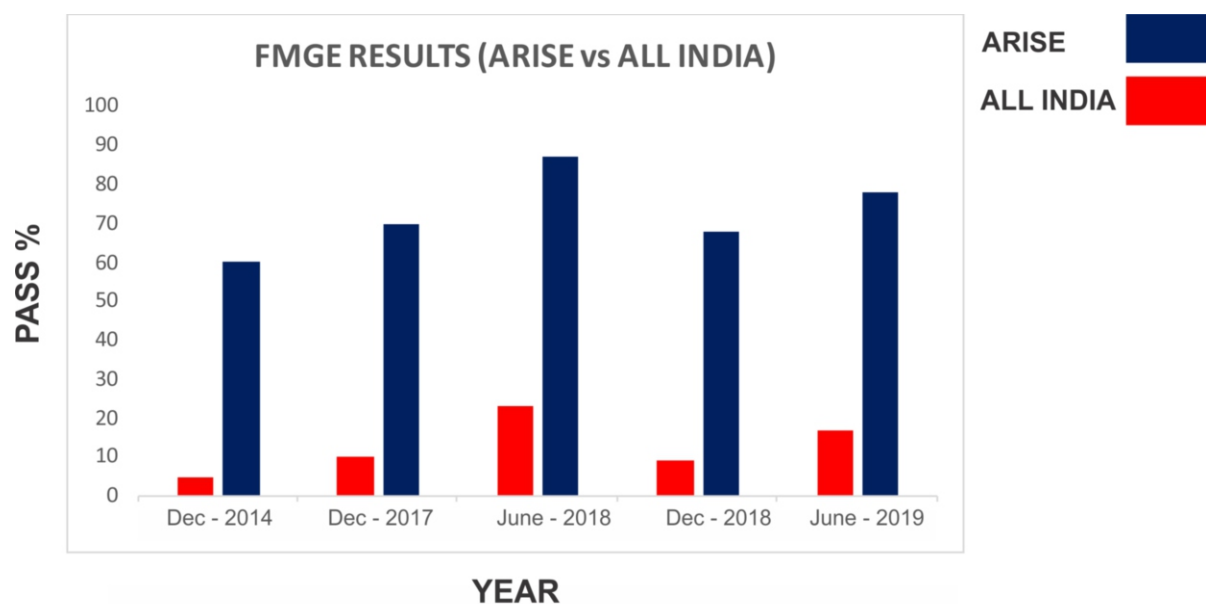
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# ARISE MEDICAL ACADEMY - AT A GLANCE

## STUDENTS COMING FROM DIFFERENT PARTS OF INDIA



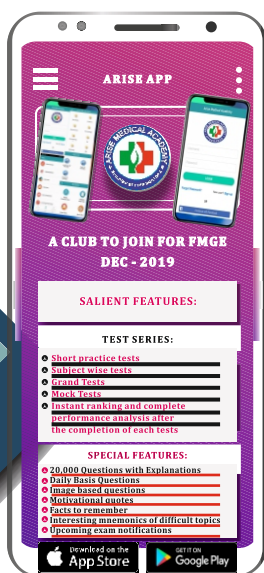
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## TESTIMONIALS FROM OUR SUCCESSFULLY STUDENTS



Name : **Dr. Madhavi Akkireddy**  
University : Spartan health sciences university

Testimonial:- Thank you" seems so inadequate, so I'm hoping to express my eternal gratitude to Arise Medical Academy Faculty and Staff, my family and friends for supporting and helping me to clear this exam.



Name : **Dr. Abhijith Sugunan**  
University : Tbilisi medical university

Testimonial:- I m writing this with immense pleasure, and at most humbleness as almighty himself has showered his blessing on me by creating such an opportunity. It's been a long journey with lots of ups and downs, hopes, friendship, nevertheless the aim was always constant .we started our journey from July 20th with lot of determination, class started in the very next day with a positive knot. as days passed, more students joined us. we became somewhat relaxed in our studies-which is bad off course! Then sir motivational speech woke up and we tried our best by covering maximum portions up to date and mcq's. As per sir's strategy we could complete our portions by October that was very much helpful for us to revise and to do mcq's as much we can. In revision part we finished small subjects first, then big and high yielding subjects which was very useful later during exam .I ABHIJITH SUGUNAN humbly dedicate this achievement to my teachers, almighty, parents and colleagues extend my gratitude to Arise medical Academy Faculty and staff, for looking after me during my extreme physical conditions, and giving me such a family environment rather than a hardcore coaching class. i once again thank sir for scolding us when we were not up to the mark and the precious pearls of wisdom you always poured on us when we were clueless about the future. I once again thank all esteemed faculty members and staffs in arise academy who supported me throughout this journey.  
"When talent doesn't work hard, hard work beats talent"



Name : **Dr. Linchu J Thomas**  
University : Tbilisi medical university

Testimonial:- Finally All thanks to almighty god , Especially Arise Medical Academy Faculty and staff ,my parents ,friends n loved ones .For being with us throughout d journey.



Name : **Dr. Harishchandrudu**  
University : Dalian medical university

Testimonial:- Finally cracked FMGE (MCI).....Special thanks to Arise Medical Academy faculty and staff for guidance and support for keeping me motivated always. Thanks to my parents, father and mother, brother for believing in me that I can do it this time. At last I can call myself as INDIAN DOCTOR.



Name : **Dr. Princy Baskar**  
University : Tbilisi state medical university

Testimonial:- All thanks to god almighty and parents, friends , loved ones. Especially to the arise medical academy. I still remember the very first day I stepped in I was terrified, and having a ten minutes talk with sir , I realized with the support of the faculty, aggressive and positive approach I will clear the exam and now I can proudly say I did indeed you people always backed us up. Words won't be enough to thank them all. Keep doing the great work! God bless u all abundantly. Thank u once again



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**Name** : Dr. Md. Dawood Ali Siddiqui  
**University** : Chongqing Medical University

**Testimonial** :- One of the most taxing times of my life , the time when I was clueless of what the future holds with so many doubts in my mind , I constantly question myself if I'm taking right steps ,this is time when I really need support to hold on and guide then arise Medical academy helps me to pass though tunnel , for which I'm very thankful. Of each n every one who supported me from faculty to friend n staff



**Name** : Dr. Ganesh Kopparapu  
**University** : International School of Medicine

**Testimonial**:- I am Dr Ganesh Kopparapu ,I cleared FMGE screening exam in June 2018 apparently happens to be my first attempt . I would like to start here expressing profound gratitude to ARISE MEDICAL ACADEMY. It is the matter of great pride & privilege to get an opportunity to speak about collective experience of the most memorable journey of FMGE . Firstly i wholeheartedly thank the man behind my and my fellow classmates success that is Dr Khaleel ahmed ,the man of inspiration , a good teacher. Sir your words building better doctors has definitely shown a strong impact on aspiring students like us and next here comes the backstage that is The faculty , who taught us medicine in a conceptual way , parallelly not missing out on the competitive exams likewise mnemonics in such a short span .The first 4 months of our FMGE coaching in arise medical academy ,were not only provided with all possible academic inputs and insights, we got the best faculty from FMGE and NEET around the nation ,those faculty made the real difference in our coaching and way of approaching being it a patient or an exam . thanks to each n every person of ARISE MEDICAL ACADEMY staff and management, they are with us right from the beginning of your journey in arise till our success . All the Best.



**Name** : Dr. Madhavi Akkireddy  
**University**: SPARTAN HEALTH SCIENCES UNIVERSITY

**Testimonial**:- Thank you" seems so inadequate, so I'm hoping to express my eternal gratitude to Arise Medical Academy Faculty and Staff, my family and friends for supporting and helping me to clear this exam.



**Name** : Dr. Y Phani Kaushik  
**University** : Zaporizhzhia State Medical University

**Testimonials** :- Hello my name is Phani Kaushik Yanamandra. I completed my graduation in Zaporozhye State Medical University, Ukraine. I would love to thank My Family and Friends, And specially My arise faculty They have been the source of guidance and motivation all through my journey of fmge examination preparation. The marks i scored reflects the amount of resources my institute provided me and also the regular examination standards which were conducted after each and every subject completion. I always remain gratified to Arise because they always kept me in race and never let my confidence down. Thank you Arise medical Academy



**Name** : Dr. Mahima Pradhan  
**University** : Tbilisi State Medical University

**Testimonials** : "Since the first moment I came to Arise Institute, I met with nothing but energy and enthusiasm. The faculty and staff at this institution is top rated. They all want their students to do well. This institution has given many opportunities for the students to get the help they need in all the ways possible, including accommodation and 24/7 library. Professors have helped me beyond words I can describe. The students are kept first and you will not be let down. I really believe and I am glad that I made the right decision to join Arise Medical Institute. It is more than just a stepping stone ahead, the coaching offered allows a person to change career fields, effortlessly with the Arise Team helping along way."



**Name** : Dr. Pujala Ajay  
**University** : Tbilisi Medical Academy

**Testimonials** : I have cleared the exam and it's all because of you and our ARISE Team. You have provided us the best faculty for each and every Subject from all over India. And the revision programme which you have provided in the last month is excellent. Daily 100 questions and mock tests are pretty much helpful in which many of those appeared in our exam. All the faculties classes and motivation boost us all the time and helped me in getting this clear with aggressive approach. Everyone in the staff also supported us like family and thanks for them too. I have already recommended my friends to join our Academy and clear them too. I could say proudly that our ARISE IS THE BEST IN INDIA.. Thank you



**Name** : Dr. Rehan Ul Haq  
**University** : Zhengzhou University

**Testimonials** :- Joining arise academy was a good decision because when I talk about the faculty , teachers are good and they taught us smart yet efficient enough . The best part of the academy was the library facilities where I could completely dedicate my time on revision and prepare for the exam .

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