NEET PG 2023 Question Paper

128 recall questions with answers and explanations.

Recall honesty note: NBEMS does not release official papers, so these are memory-based recall questions, not official papers. Image-based questions are excluded for now because the bank's images are currently unavailable.

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Question 1. A patient presents with progressively increasing pain associated with a swelling located below the ear lobule. Involvement of which of the following anatomical structures is responsible for this pain?

A. Facial nerve

B. Auriculotemporal nerve

C. Great auricular nerve

D. Deep cervical fascia

Correct answer: C

The swelling described is located in the parotid gland region. The gland is enclosed by a tough, inelastic capsule formed by the investing layer of the deep cervical fascia. When the gland swells, this capsule stretches, causing intense pain. The sensory innervation for the parotid capsule and the overlying skin is provided by the great auricular nerve, a branch of the cervical plexus (C2, C3). Therefore, it is the nerve responsible for transmitting the pain sensation. The auriculotemporal nerve (B) carries secretomotor fibers to the gland. The facial nerve (A) provides motor supply to the muscles of facial expression and passes through the gland but does not convey pain sensation from it. While the deep cervical fascia (D) is the structure being stretched, the question implicitly asks for the neurological structure responsible for perceiving the pain, making the great auricular nerve the most accurate answer.

Question 2. A 5-year-old child with features of acute tonsillitis complains of ear pain. Which nerve is responsible for this referred ear pain?

A. Greater auricular nerve

B. Tympanic branch of glossopharyngeal nerve

C. Auricular branch of vagus

D. Mandibular nerve

Correct answer: B

This clinical scenario is a classic example of referred pain. The palatine tonsils are primarily

Question 3. In a patient of liver cirrhosis anastomotic blood flow increase in

A. Left gastric vein & esophageal veins

B. Middle colic vein & left colic vein

C. Sigmoidal & superior rectal vein

D. Superior & inferior phrenic vein

Correct answer: A

Liver cirrhosis leads to portal hypertension, which forces blood from the high-pressure portal system into the low-pressure systemic venous system through sites of portosystemic anastomosis. One of the most critical of these sites is at the gastroesophageal junction. Here, blood from the left gastric vein (a tributary of the portal vein) is shunted into the esophageal veins (which drain into the systemic azygos vein). The resulting massive increase in blood flow through this connection causes the veins to dilate, forming esophageal varices. These varices are prone to rupture and can cause life-threatening upper gastrointestinal bleeding, a major complication of cirrhosis. The other options do not represent major portosystemic anastomoses; they are either connections within the portal system or entirely within the systemic circulation.

Question 4. In a 35-year-old patient with intravascular hemolysis, the serum potassium level rises to 5.5 mEq/L. What effect will this have on the resting membrane potential in this patient?

A. More positive

B. More negative

C. Remain unchanged

D. Zero

Correct answer: A

The resting membrane potential (RMP) is primarily established by the potassium (K+) concentration gradient across the cell membrane, with a higher concentration inside the cell. The RMP is negative due to the constant efflux of positive K+ ions. Intravascular hemolysis releases K+ from red blood cells, causing hyperkalemia (increased extracellular K+). This reduces the concentration gradient between the intracellular and extracellular compartments. According to the Nernst and Goldman-Hodgkin-Katz equations, a smaller K+ gradient reduces the driving force for K+ to exit the cell. With less positive charge leaving the cell, the interior becomes less negative, meaning the RMP shifts to a more positive value (e.g., from -70mV to -60mV). This depolarization moves the RMP closer to the threshold for firing an action potential, initially increasing excitability.

Question 5. In cases of infant respiratory distress syndrome (IRDS), there is a deficiency of which specific lipid?

A. Lecithin

B. Sphingomyelin

C. Phosphatidylserine

D. Phosphatidylethanolamine

Correct answer: A

Infant respiratory distress syndrome (IRDS) is caused by a deficiency of pulmonary surfactant in the lungs of premature newborns. Surfactant is a complex that reduces alveolar surface tension, preventing the air sacs from collapsing at the end of expiration. The most crucial component of surfactant is a phospholipid called dipalmitoylphosphatidylcholine (DPPC). DPPC is a specific type of lecithin, which is a general term for any phosphatidylcholine. The maturity of fetal lungs is often assessed by the lecithin-to-sphingomyelin (L/S) ratio in amniotic fluid; a ratio above 2 indicates sufficient surfactant production and lung maturity. In IRDS, the production of lecithin is inadequate, leading to respiratory failure. The other lipids listed are not the primary deficient components.

Question 6. If the dorsal column of the spinal cord is compressed or injured from the lateral side, which of the following nerve fibers would be affected first?

A. Cervical

B. Sacral

C. Thoracic

D. Lumbar

Correct answer: A

The dorsal columns of the spinal cord, which convey sensations of fine touch and proprioception, exhibit a distinct somatotopic organization. Sensory fibers from the lower body (sacral, lumbar) enter the cord first and are positioned medially. As the tract ascends, fibers from higher levels (thoracic, cervical) are added progressively to the lateral aspect. Therefore, the sacral fibers are the most medial, followed by lumbar and thoracic fibers, with the cervical fibers being the most lateral. Consequently, an injury impacting the dorsal column from the

Question 7. Vitamin K dependent clotting factor

A. Factor I

B. Factor II

C. Factor III

D. Factor IV

Correct answer: B

Vitamin K is a vital cofactor for the hepatic enzyme gamma-glutamyl carboxylase. This enzyme is responsible for the post-translational carboxylation of glutamate residues on several key proteins of the coagulation cascade. This carboxylation step is essential for these factors to bind calcium and phospholipids, thereby becoming functionally active. The clotting factors that depend on this vitamin K-mediated step are Factors II (prothrombin), VII, IX, and X, as well as the anticoagulant proteins C and S. From the options provided, Factor II is the correct vitamin K-dependent factor. Factor I is fibrinogen, Factor III is tissue factor, and Factor IV is calcium ions; none of these require vitamin K for their synthesis or function.

Question 8. A family that predominantly consumes polished rice presents with signs of a vitamin deficiency. Which vitamin deficiency is likely, and which investigation is used to detect it?

A. Riboflavin with Glutathione reductase

B. Pyridoxine with Xanthurenic acid

C. Riboflavin with Transketolase

D. Thiamine with Transketolase

Correct answer: D

Polished rice is rice that has had its outer bran and germ layers removed. These layers are the primary dietary source of Thiamine (Vitamin B1). A diet heavily reliant on polished rice is a classic cause of thiamine deficiency, which leads to the condition known as beriberi. The functional status of thiamine in the body is biochemically assessed by measuring the activity of the enzyme transketolase in red blood cells. Transketolase, an enzyme in the pentose phosphate pathway, requires thiamine pyrophosphate (TPP) as a cofactor. In a thiamine-deficient state, the enzymes baseline activity is low, but it increases significantly when TPP is added to the test tube, confirming the deficiency.

Question 9. When the insulin-to-glucagon ratio is low, which of the following enzymes is stimulated?

A. Lipoprotein lipase

B. Hormone sensitive lipase

C. Phosphofructokinase I

D. Glycogen synthase

Correct answer: B

A low insulin-to-glucagon ratio is the hormonal signal of the fasting state, indicating a need to mobilize stored energy. In adipose tissue, glucagon and low insulin levels lead to the activation of Hormone-Sensitive Lipase (HSL). HSL is the key intracellular enzyme that catalyzes the hydrolysis of stored triglycerides into free fatty acids and glycerol. These products are then released into the bloodstream to be used as fuel by other tissues like the liver and muscle, through processes like beta-oxidation and gluconeogenesis. In contrast, insulin (a high insulin:glucagon ratio) stimulates enzymes involved in storage, such as Lipoprotein lipase (A) for fat uptake, Phosphofructokinase I (C) for glycolysis, and Glycogen synthase (D) for glycogen synthesis.

Question 10. A 4-year-old child presents with easy fatigability. The mother reports that the child becomes very hungry between meals but recovers after eating. Liver examination shows no glycogen storage. What is the most likely diagnosis?

A. Branching enzyme

B. Debranching enzyme

C. Glucose 6 phosphatase

D. Glycogen synthase

Correct answer: D

The clinical presentation of fasting hypoglycemia (fatigue and hunger between meals) that is relieved by feeding, combined with the definitive finding of an absence of glycogen in the liver, points to a defect in glycogen synthesis. The key enzyme responsible for creating glycogen from glucose is glycogen synthase. A deficiency in this enzyme (Glycogen Storage Disease Type 0) means the liver cannot store glucose as glycogen after a meal. As a result, during a fast, the liver has no glycogen stores to break down (glycogenolysis) to maintain blood glucose levels, leading to hypoglycemia. Deficiencies in branching (A) or debranching (B) enzymes lead to abnormal glycogen structures, not absence. Glucose-6-phosphatase deficiency (C) leads to a massive accumulation of normal glycogen.

Question 11. A 4-year-old patient presents with lymphadenopathy. On examination, generalized lymphadenopathy is noted without organomegaly. Peripheral blood smear shows lymphocytosis with smudge cells. What is the next appropriate step in the diagnostic workup?

A. Lymph node biopsy

B. Flow cytometry

C. BM examination

D. Genetic analysis

Correct answer: B

This clinical presentation is highly characteristic of Chronic Lymphocytic Leukemia (CLL), a malignancy of mature B-lymphocytes. Key features include an older patient, generalized lymphadenopathy, significant lymphocytosis, and the presence of smudge cells (fragile neoplastic lymphocytes) on the peripheral smear. The gold standard and essential next step to confirm the diagnosis is immunophenotyping by flow cytometry on the peripheral blood. This test identifies a monoclonal population of B-cells expressing a unique pattern of surface markers (typically CD19, CD20-dim, CD5, and CD23). This confirms the clonality and specific cell type, establishing the diagnosis of CLL without initially needing more invasive procedures like a bone marrow (BM) examination or lymph node biopsy, which are reserved for atypical cases or staging.

Question 12. A 4-year-old man employed in the cement industry presented with a history of breathing difficulty. On examination, a chest X-ray revealed an opacity, and histological analysis confirmed the diagnosis of mesothelioma. Which of the following is the most likely causative factor?

A. Silicosis

B. Asbestosis

C. Coal

D. Iron oxide

Correct answer: B

Malignant mesothelioma, a cancer arising from the mesothelial cells lining the pleura, has an exceptionally strong and well-established causal link to asbestos exposure. Although the patient works in the cement industry, this is a known risk factor, as asbestos was frequently incorporated into cement products for many years to provide reinforcement and fire resistance. The diagnosis of mesothelioma is considered a sentinel event for prior asbestos exposure, which often occurred decades before the cancer develops. The other listed dusts are associated with different pneumoconioses: silica causes silicosis (A), coal dust causes coal workers pneumoconiosis (C), and iron oxide causes siderosis (D). None of these are known to cause mesothelioma.

Question 13. A 0-year-old patient presented with a history of pedal edema and was found to have proteinuria on investigation. Kidney biopsy revealed a characteristic spike-and-dome appearance. What is the most likely diagnosis?

A. Minimal change disease

B. Membranous glomerulonephritis

C. FSGS

D. C3 glomerulonephritis

Correct answer: B

The clinical presentation of pedal edema and proteinuria suggests a nephrotic syndrome. The key to the diagnosis is the kidney biopsy finding. A spike and dome appearance is pathognomonic for Membranous Glomerulonephritis (MGN).

Question 14. Which of the following statements are true regarding the relative risk associated with Mendelian patterns of inheritance?

A. 2/3 autosomal dominant

B. 1/4 autosomal recessive

C. 1/10 Y linked

D. 3/4 X Linked

Correct answer: B

This question asks for the correct recurrence risk for an affected child in a typical Mendelian inheritance scenario. For an autosomal recessive disorder, an affected child (genotype aa) is most commonly born to two heterozygous carrier parents (genotype Aa). In such a cross (Aa x Aa), the probability for each pregnancy is as follows: a 1 in 4 chance of having an affected child (aa), a 2 in 4 (or 1/2) chance of having an unaffected carrier child (Aa), and a 1 in 4 chance of having an unaffected, non-carrier child (AA). Therefore, the risk of having another child affected with the same autosomal recessive condition is 1/4 or 25%. The other options are incorrect for

standard Mendelian patterns.

Question 15. A 2-year-old child with a history of pyoderma two weeks earlier was evaluated and found to have hematuria with a serum creatinine level of mg%. On follow-up three weeks later, the creatinine level increased to . mg%. Which of the following electron microscopy findings is most likely in this patient?

A. Subepithelial deposit

B. Subendothelial deposit

C. Crescents

D. Intramembranous deposit MEDINK CHAPTER 04_PATHOLOGY

Correct answer: A

This clinical scenario describes an acute nephritic syndrome (hematuria, rising creatinine) following a skin infection (pyoderma), which is a classic presentation of Post-Streptococcal Glomerulonephritis (PSGN). The question asks for the finding on electron microscopy (EM). The pathognomonic ultrastructural feature of PSGN is the presence of large, discrete, hump-shaped, electron-dense immune complex deposits on the epithelial side of the glomerular basement membrane. These are referred to as subepithelial deposits or humps. While the rapidly worsening renal function suggests the development of a crescentic glomerulonephritis, crescents (C) are a finding on light microscopy, not EM. Subendothelial deposits (B) and intramembranous deposits (D) are characteristic of other types of glomerulonephritis.

Question 16. Which autopsy technique involves the en bloc removal of the thoracic, cervical, and abdominal organs together?

A. Rokitansky technique

B. Virchow technique

C. Lettuce technique

D. Ghons technique

Correct answer: C

The autopsy method that involves removing the thoracic, cervical, and abdominal organs as a single, large unit is known as the Letulle technique. This is also referred to as the en masse or en bloc method. By keeping all the organ systems connected, this technique allows for excellent examination of anatomical relationships, which is particularly useful for tracing the pathways of trauma, metastatic cancer, or complex congenital anomalies. The Virchow technique (B) involves removing organs one by one. The Rokitansky technique (A) is an in situ dissection. The Ghon technique (D) involves removal by functional blocks (e.g., thoraco-cervical block, abdominal block). Lettuce is likely a common misspelling of Letulle.

Question 17. Sec of IPC deals with

A. Criminal abortion with consent

B. Criminal abortion without consent

C. Criminal abortion leading to death of mother

D. Preventing a child from being born alive

Correct answer: C

Section 314 of the Indian Penal Code (IPC) specifically addresses the outcome of death resulting from an act performed with the intent to cause a miscarriage. The section states: Whoever, with intent to cause the miscarriage of a woman with child, does any act which causes

Question 18. During the harvest season, a farmer resting in the shade felt a sudden bite and saw the creature move away quickly. He later developed drowsiness, pain, and uncontrolled bleeding, and the bite site became red with blister formation. What is the most likely cause of these symptoms?

A. Scorpion

B. Viper

C. Wasp

D. Krait

Correct answer: B

The clinical syndrome described is classic for envenomation by a viper snake (such as a Russells viper or saw-scaled viper), which are common in agricultural areas. Viper venom is primarily hemotoxic and cytotoxic. This leads to the characteristic local signs of severe pain, redness, swelling, and blister formation. Systemically, the hemotoxin causes a profound coagulopathy by consuming clotting factors, which manifests as uncontrolled bleeding from the bite site and other areas. Drowsiness can result from systemic toxicity and hypotension. In contrast, krait venom (D) is primarily neurotoxic, causing paralysis with minimal local signs. Scorpion stings (A) and wasp stings (C) cause local pain and potential allergic reactions but do not cause this type of bleeding disorder.

Question 19. A sample collected from the perineal region of a -year-old child was tested using picric acid and showed yellow, needle-shaped crystals. Which diagnostic test is this?

A. Barberios test

B. Acid phosphatase test

C. Florence test

D. Tiechmans test

Correct answer: A

This question describes a presumptive forensic test for the identification of semen. Barberios test utilizes a saturated solution of picric acid. When this reagent is mixed with a sample containing seminal fluid, the picric acid reacts with spermine, a substance found in high concentration in semen. This chemical reaction results in the formation of spermine picrate

crystals. As described in the question, these crystals have a characteristic appearance: they are yellow and needle-shaped. The formation of these specific crystals is considered a positive result and is strong presumptive evidence for the presence of semen. The other options are different forensic tests: the Florence test (C) detects choline, the acid phosphatase test (B) detects an enzyme in semen, and the Teichmann test (D) is for blood.

Question 20. Which autopsy technique is used to minimize the risk of infection transmission in patients with HIV?

A. Rokitansky technique

B. Virchow technique

C. Letulle technique

D. Ghons technique

Correct answer: C

The Letulle technique is an autopsy method in which all thoracic, abdominal, and pelvic organs are removed together as a single organ block and then dissected outside the body. This technique minimizes repeated handling of individual organs within the body cavity and reduces the number of cuts and manipulations required during the initial stages of the autopsy. Because of this, it helps reduce the exposure of the pathologist to blood, body fluids, and potentially infectious materials.In patients with HIV, hepatitis B, hepatitis C, or other blood-borne infections, minimizing direct exposure to infected tissues is extremely important. The Letulle technique allows the organs to be examined in a controlled manner after removal, which lowers the risk of accidental injuries, splashes, and aerosol generation that could transmit infection.Other techniques are less suitable in such situations. The Virchow technique removes organs one by one, increasing handling and exposure. The Rokitansky technique involves in-situ dissection, and the Ghon technique removes organs in functional blocks but still requires more manipulation.Therefore, the Letulle technique is preferred to minimize infection transmission risk during autopsy in HIV patients.

Question 21. In a deceased individual, the body temperature was recorded as °C. What is the most likely cause of death?

A. Cyanide poisoning

B. Corrosive poisoning

C. Septicemia

D. Intra abdominal hemorrhage

Correct answer: C

Normally, a body cools after death (algor mortis). However, in certain conditions, the body temperature can remain elevated or even rise for a short period postmortem, a phenomenon called postmortem caloricity. This occurs in deaths associated with a hypermetabolic state or excessive heat production immediately prior to death. Septicemia (sepsis) is a classic cause.

The massive systemic inflammatory response

Question 22. A patient with elevated uric acid levels is receiving treatment for gout. Which of the following drugs acts by inhibiting the synthesis of uric acid?

A. Probenecid

B. Allopurinol

C. Colchicine

D. Diclofenac

Correct answer: B

Uric acid is the final product of purine metabolism. The enzyme xanthine oxidase catalyzes the last two steps of this pathway. Allopurinol is a xanthine oxidase inhibitor. By blocking this enzyme, allopurinol decreases the production of uric acid, thereby lowering serum uric acid levels and preventing gout attacks. It is a first-line medication for the chronic management of gout. In contrast, probenecid (A) is a uricosuric agent that works by increasing the excretion of uric acid by the kidneys. Colchicine (C) and diclofenac (D) are anti-inflammatory drugs used to treat the pain and inflammation of an acute gout flare, but they do not alter uric acid levels.

Question 23. A patient receiving digoxin developed toxicity, with a serum digoxin level of ng/mL. Given that digoxin has a half-life of 0 hours, how long will it take for the drug concentration to decrease to the therapeutic level of ng/mL?

A. 80 hours

B. 40 hours

C. 160 hours

D. 120 hours

Correct answer: A

No explanation is available for this recall question yet.

Question 24. A patient undergoing cancer chemotherapy developed thrombocytopenia. Which of the following drugs is used to promote recovery from chemotherapy-induced thrombocytopenia?

A. Epoetin

B. Oprelvekin

C. Filgrastim

D. Amifostine

Correct answer: B

Chemotherapy-induced thrombocytopenia (a low platelet count) can be treated with thrombopoietic growth factors that stimulate platelet production in the bone marrow. Oprelvekin is a recombinant form of interleukin-11 (IL-11), a cytokine that stimulates the proliferation of hematopoietic progenitor cells and the maturation of megakaryocytes, the cells

that produce platelets. This leads to an increase in the peripheral platelet count. Epoetin (A) is erythropoietin, which stimulates red blood cell production. Filgrastim (C) is a granulocyte colony-stimulating factor (G-CSF) that stimulates neutrophil production. Amifostine (D) is a cytoprotective agent used to reduce certain toxicities of chemotherapy but does not stimulate hematopoiesis.

Question 25. Which of the following drugs acts as both an angiotensin-converting enzyme (ACE) inhibitor and a neprilysin inhibitor?

A. Omapatrilat

B. Sacubitril

C. Enalapril

D. Candesartan

Correct answer: A

No explanation is available for this recall question yet.

Question 26. A patient with organophosphate poisoning was treated with atropine infusion and pralidoxime. Two hours later, the patient developed a high-grade fever. What is the most likely cause of this fever?

A. Side effects of oxime

B. Side effects of atropine

C. Due to OP poisoning

D. Due to increased secretions

Correct answer: B

In the treatment of organophosphate (OP) poisoning, high doses of atropine are administered to block the muscarinic effects of excess acetylcholine. A significant anticholinergic side effect of atropine is the inhibition of sweating (anhidrosis) by blocking muscarinic receptors on sweat glands. The inability to sweat severely impairs the bodys ability to dissipate heat, which can lead to a rise in core body temperature, a condition known as atropine fever. This is a direct pharmacological consequence of the high-dose atropine therapy required in this setting. The fever is not a typical effect of pralidoxime (A) or the OP poisoning itself (C), and increased secretions (D) would cause heat loss, not fever.

Question 27. What is the treatment of Aspirin overdose?

A. Naloxone

B. N-Acetylcysteine

C. Glucagon

D. IV NaHCO3

Correct answer: D

The primary goals in managing aspirin (salicylate) overdose are to correct metabolic

disturbances and enhance the drugs elimination. This is best achieved with intravenous sodium bicarbonate (IV $NaHCO_3$). Administering bicarbonate alkalinizes the urine (raises its pH). Since aspirin is a weak acid, a more alkaline urine causes the aspirin molecules to become ionized. This ion trapping prevents them from being reabsorbed across the renal tubular membranes, thereby significantly increasing their excretion. Additionally, IV bicarbonate helps to correct the severe metabolic acidosis that is a hallmark of significant salicylate

Question 28. A patient with psychosis was being treated with haloperidol but showed inadequate response. A new drug was added, after which the patient developed adverse effects such as increased salivation and dyslipidemia. Which drug is most likely to have been prescribed?

A. Risperidone

B. Ziprasidone

C. Aripiprazole

D. Clozapine

Correct answer: D

The clinical scenario describes a patient with treatment-resistant psychosis, as evidenced by the lack of response to haloperidol. Clozapine is the gold-standard antipsychotic for such cases. Furthermore, clozapine has a unique side-effect profile that matches the description perfectly. It is well-known for causing significant metabolic side effects, including weight gain and dyslipidemia. Most distinctively, unlike other antipsychotics that often cause dry mouth, clozapine frequently causes marked sialorrhea (increased salivation). This combination of use in treatment-resistant cases and the specific adverse effects of sialorrhea and dyslipidemia is highly characteristic of clozapine, making it the most likely new drug.

Question 29. A patient with bronchial asthma on inhaled corticosteroid therapy presented with oral thrush. Which antifungal drug is used for its management?

A. Terbinafine

B. Flucytosine

C. Clotrimazole

D. Griesiofulvion

Correct answer: C

Oropharyngeal candidiasis, commonly known as oral thrush, is a frequent local side effect of inhaled corticosteroids due to local immune suppression. The standard treatment for uncomplicated cases is a topical antifungal agent. Clotrimazole is an excellent choice as it is available in the form of a troche (lozenge).

Question 30. Which drug is the treatment of choice for dialysis disequilibrium syndrome?

A. Ethacrynic acid

B. Mannitol

C. Aspirin

D. Bumetanide

Correct answer: B

Dialysis Disequilibrium Syndrome (DDS) is a neurological complication resulting from cerebral edema. It occurs when hemodialysis removes urea from the blood much faster than from the brain, creating an osmotic gradient that pulls water into the brain cells. The treatment aims to counteract this osmotic shift. Mannitol is an osmotic diuretic. When administered intravenously, it increases the osmolarity of the blood, creating a reverse osmotic gradient that pulls fluid out of the brain tissue and into the vasculature, thereby reducing cerebral edema and intracranial pressure. Loop diuretics like ethacrynic acid (A) and bumetanide (D) do not address the central osmotic imbalance. Aspirin (C) has no role in this condition.

Question 31. A patient is scheduled to undergo cardiac surgery. Which antibiotic is most appropriate for preoperative prophylaxis?

A. Doxycycline

B. Cefazolin

C. Penicillin G

D. Erythromycin

Correct answer: B

No explanation is available for this recall question yet.

Question 32. A child presented with confusion and irritability, had not passed urine since morning, complained of photophobia, and had a history of eating something while playing in the field. What is the most likely type of poisoning, and what is the appropriate antidote?

A. Datura-pyridostigmine

B. Datura-physostigmine

C. Yellow oleander- pralidoxime

D. Yellow oleander- physostigmine

Correct answer: B

The combination of central nervous system effects (confusion, irritability), urinary retention, and photophobia (from mydriasis) is characteristic of an anticholinergic toxidrome. A common plant source for this poisoning is Datura (Jimsonweed). The appropriate antidote for severe anticholinergic poisoning with central effects is an acetylcholinesterase inhibitor that can cross the blood-brain barrier. Physostigmine is a tertiary amine, allowing it to penetrate the CNS and reverse both central and peripheral symptoms. Pyridostigmine (A) is a quaternary amine that does not cross the blood-brain barrier and is therefore ineffective for the CNS symptoms. Yellow

oleander (C, D) is a cardiac glycoside, and pralidoxime is an antidote for organophosphate poisoning.

Question 33. What is the mechanism of action of t PA?

A. Anti thrombin effect

B. Fibrinolytic effect

C. Inhibits clot formation

D. Anti platelet effect

Correct answer: B

t-PA stands for tissue Plasminogen Activator. It is a proteolytic enzyme that plays a crucial role in dissolving blood clots. Its mechanism of action is fibrinolytic. t-PA functions by binding to fibrin within an existing thrombus (blood clot). This binding activates t-PA, enabling it to convert plasminogen, an inactive proenzyme that is also present in the clot, into its active form, plasmin. Plasmin is a potent enzyme that directly degrades the fibrin meshwork which forms the structural integrity of the clot. This enzymatic breakdown of fibrin leads to the dissolution of the clot. t-PA does not prevent clot formation (C) or have direct anti-platelet (D) or anti-thrombin (A) effects; it actively breaks down a pre-formed clot.

Question 34. A child diagnosed with whooping cough has a total leukocyte count greater than 0,00 cells/mm³ with absolute lymphocytosis. What is the appropriate treatment?

A. Clarithromycin

B. Ampicillin

C. Cotrimoxazole

D. Azithromycin

Correct answer: D

Whooping cough (pertussis) is caused by the bacterium Bordetella pertussis. A very high total leukocyte count (TLC) with a predominance of lymphocytes is a hallmark of severe pertussis and is associated with increased

Question 35. Drug of Choice for Gonnorhea?

A. Clarithromycin

B. Ampicillin

C. Ceftriaxone

D. Azithromycin

Correct answer: C

The treatment for gonorrhea, caused by Neisseria gonorrhoeae, has been complicated by the bacteriums ability to develop widespread resistance to multiple classes of antibiotics. Due to high rates of resistance, penicillins (like ampicillin), tetracyclines, and fluoroquinolones are no

longer recommended. Current treatment guidelines from major public health bodies like the CDC recommend a single intramuscular injection of Ceftriaxone, a third-generation cephalosporin, as the primary and most reliable treatment for uncomplicated urogenital, rectal, or pharyngeal gonorrhea. For many years, it was combined with azithromycin, but due to increasing azithromycin resistance, ceftriaxone remains the cornerstone of therapy. Clarithromycin (A) is not used for treating gonorrhea.

Question 36. What is true for trichomonas?

A. Twitching motility is seen on wet mount

B. Cannot be grown in culture

C. Darting motility is seen

D. Cysts are seen on wet mount 4

Correct answer: A

Trichomonas vaginalis, the protozoan parasite responsible for trichomoniasis, exists only in a trophozoite stage and does not form cysts (D is incorrect)5. A key diagnostic feature is its appearance on a saline wet mount of vaginal or urethral discharge. Under the microscope, the pear-shaped trophozoite exhibits a characteristic and vigorous jerky or twitching motility, which is due to the rapid movement of its flagellar. This feature is highly specific and allows for a rapid diagnosis. While it can be grown in special media like Diamonds medium, this is not routine (B is incorrect)7. Darting motility (C) is a term more commonly used to describe the movement of bacteria like Vibrio cholerae, not Trichomonas. Therefore, the observation of its unique twitching movement on a wet mount is a true and classic diagnostic sign.

Question 37. A child presented with fever, headache, and neck stiffness. Cerebrospinal fluid examination showed low glucose levels and gram-negative pleomorphic organisms. What is the characteristic feature of this organism on culture?

A. Alpha hemolysis of sheep RBC 9

B. Satellitism in presence of Staphylococcus aureus

C. Non lactose fermentation on Mc Conkey agar

D. Bacitracin sensitive

Correct answer: B

The clinical presentation of meningitis in a child, with CSF findings of low glucose and gram-negative pleomorphic rods, is highly suggestive of infection with Haemophilus influenzae. This bacterium is fastidious and requires two specific growth factors: X factor (hemin) and V factor (NAD). Standard sheep blood agar provides X factor but not V factor. However, Staphylococcus aureus produces V factor as a metabolic by product. When both organisms are plated on blood agar, H. influenzae will only grow in tiny colonies immediately surrounding the larger S. aureus colonies, which are supplying the needed V factor. This phenomenon is known

as satellitism and is a classic laboratory test for identifying H. influenzae. The other options describe different bacteria: alpha hemolysis (A) is typical of S. pneumoniae, non-lactose fermentation (C) is seen in Salmonella, and bacitracin sensitivity (D) identifies S. pyogenes.

Question 38. A patient presenting with fever and swelling tested positive for filarial antigen. What should be the next step in management?

A. DEC provocation test

B. LN biopsy

C. BM aspiration

D. Peripheral blood smear to identify microfilaria

Correct answer: D

The detection of filarial antigen in the blood is a highly sensitive and specific method for diagnosing lymphatic filariasis, particularly that caused by Wuchereria bancrofti. A positive antigen test is considered diagnostic, and in most clinical settings, treatment would be the

Question 39. A sewer worker presented with high-grade fever, jaundice, and conjunctival suffusion. What is the next most appropriate investigation to confirm the diagnosis?

A. Microscopic agglutination test

B. Paul Bunnell

C. Widal test

D. Weil Felix test

Correct answer: A

The classic triad of fever, jaundice, and conjunctival suffusion (redness of the conjunctiva without pus) in a patient with an occupational risk like being a sewer worker is highly indicative of Weils disease, the severe form of leptospirosis. This is a zoonotic infection caused by the spirochete Leptospira. The definitive and gold standard serological test for diagnosing leptospirosis is the Microscopic Agglutination Test (MAT). This complex test detects antibodies in the patients serum that react with live Leptospira serovars. A four-fold or greater rise in the MAT titer between acute and convalescent serum samples confirms the diagnosis. The other tests are for

Question 40. Boys hostel get infected as hostlers develop polymorphous rashes with fever?

A. Isolation for 6 days

B. Isolation for 6 days and give acyclovir

C. Isolation for 14 days & give IV immunoglobulin within 48 hours

D. Isolation for 6 days & give IV immunoglobulin within 72 hours

Correct answer: B

The presence of fever with polymorphous rash among boys living in a hostel strongly suggests Varicella (Chickenpox), a highly contagious viral infection caused by the Varicella-zoster virus. Chickenpox commonly spreads rapidly in crowded settings such as hostels, schools, and dormitories through respiratory droplets and direct contact with vesicular lesions.A key clinical feature of chickenpox is a polymorphous rash, meaning lesions are present in different stages simultaneously (macules, papules, vesicles, and crusts). Fever, malaise, and itching usually accompany the rash.Management focuses on preventing transmission and reducing viral replication. Patients should be isolated for about 6 days, typically until the lesions begin to crust over, as infectivity is highest from 1–2 days before rash appearance until crusting occurs.The antiviral drug Acyclovir is used to inhibit viral DNA replication. Early administration helps reduce severity, duration of fever, and formation of new lesions, especially during outbreaks in closed communities like hostels.Intravenous immunoglobulin (IVIG) is generally reserved for immuno compromised individuals or severe cases, not routine outbreaks.Therefore, the most appropriate management in this scenario is isolation for 6 days with acyclovir therapy.

Question 41. A patient presented with hepatosplenomegaly and was found to have pallor on examination. A rapid antigen test was positive for HRP-2 antigen. Which species of Plasmodium is responsible for this infection?

A. Falciparum

B. Malariae

C. Ovale

D. Vivax

Correct answer: A

Rapid diagnostic tests (RDTs) for malaria work by detecting specific antigens produced by the Plasmodium parasites. The Histidine-Rich Protein 2 (HRP-2) antigen is produced exclusively by Plasmodium falciparum. Therefore, a positive result for HRP-2 is diagnostic for an infection with P. falciparum. Other RDTs may detect different antigens, such as plasmodium lactate dehydrogenase (pLDH), which can be pan-specific (detecting all species) or specific to other species like P. vivax. However, the finding of a positive HRP-2 antigen test, as in this patient, specifically identifies the causative agent as P. falciparum. The clinical findings of hepatosplenomegaly and pallor (due to anemia from hemolysis) are also consistent with a significant malarial infection.

Question 42. A man from Bihar presented with fever and skin lesions. Microscopic examination revealed an organism containing a kinetoplast. What is the causative agent responsible for this condition?

A. Leishmania tropica

B. Toxoplasma gondii

C. Babesia microti

D. Malaria

Correct answer: A

The key to this diagnosis is the geographical location and the microscopic finding. Bihar is a well-known endemic region for visceral leishmaniasis (Kala-azar) in India. The microscopic finding of an organism with a kinetoplast is a defining characteristic of protozoa belonging to the order Kinetoplastida, which includes both Leishmania and Trypanosoma. The kinetoplast is a distinctive network of mitochondrial DNA located within a single large mitochondrion. In a patient from Bihar presenting with fever and skin lesions (which can occur in post-kala-azar dermal leishmaniasis), finding a kinetoplast-containing organism is diagnostic of Leishmania.Toxoplasma, Babesia, and Plasmodium (Malaria) are all protozoan parasites, but they do not possess a kinetoplast. Leishmania tropica is a species that causes cutaneous leishmaniasis.

Question 43. A patient with a history of multiple sexual partners presented with fever and jaundice. Laboratory investigations showed elevated SGPT levels, and both HBsAg and HBeAg were positive. Which of the following treatment options is not recommended in this condition?

A. Lamivudine

B. Peg interferon

C. Combination of peg interferon + lamivudine

D. Tenofovir >54 weeks

Correct answer: C

The patient has acute hepatitis B, indicated by fever, jaundice, and high SGPT. The serology shows HBsAg positive (infection) and HBeAg positive (high viral replication and high infectivity). Treatment for chronic hepatitis B includes nucleos(t)ide analogs like lamivudine and tenofovir, or immunomodulators like pegylated interferon. However, combination therapy with both pegylated interferon and lamivudine is generally not recommended. Clinical trials have shown that this combination does not provide a significant benefit over monotherapy with either agent alone and may increase the risk of side effects. While both

Question 44. Owl eye inclusion bodies?

A. CMV

B. Toxoplasma

C. HSV

D. EBV

Correct answer: A

The presence of owls eye inclusion bodies is a pathognomonic histological finding for infection with Cytomegalovirus (CMV), a member of the herpesvirus family. These characteristic inclusions are seen within infected cells, which become markedly enlarged (cytomegaly). The

inclusion itself is a large, basophilic, intranuclear body that is surrounded by a clear halo. This appearance, with the central dark inclusion (the pupil) and the surrounding clear zone (the iris), strikingly resembles the eye of an owl. These inclusions can be found in various tissues, including the lungs, kidneys, liver, and gastrointestinal tract, in patients with active CMV infection, particularly those who are immuno compromised. The other pathogens listed are associated with different histological findings.

Question 45. A 50-year-old man from Delhi presented with fever, headache, joint pain, petechial rash, and bleeding gums. Blood investigations revealed hemoglobin of 10 g/dL, a white blood cell count of 3,000/mm³, and a platelet count of 20,000/ mm³. What is the most likely diagnosis?

A. Dengue

B. Scrub typhus

C. Babesiosis

D. Typhoid

Correct answer: A

The combination of symptoms and laboratory findings is highly characteristic of Dengue fever, an arboviral infection endemic in areas like Delhi. The clinical features include high-grade fever, headache, and severe joint pain (myalgias and arthralgias, giving it the name break-bone fever). The presence of a petechial

Question 46. A patient presented with a painless genital ulcer accompanied by non-tender inguinal lymphadenopathy. What is the most likely diagnosis?

A. Syphilis

B. Chancroid

C. Granuloma inguinale

D. Genital TB

Correct answer: A

The classic presentation of primary syphilis, caused by the spirochete Treponema pallidum, is a single, painless ulcer (known as a chancre) at the site of inoculation. The chancre typically has a clean base and firm, indurated borders. This is often accompanied by regional non-tender inguinal lymphadenopathy. This combination of a painless ulcer and non-tender nodes is highly specific for primary syphilis. In contrast, chancroid (B), caused by Haemophilus ducreyi, typically presents with multiple, painful ulcers and tender, suppurative lymphadenopathy (buboes). Granuloma inguinale (C) causes painless, progressive, ulcerative lesions without significant lymphadenopathy.

Question 47. An HIV-positive patient presented with pneumonia. Bronchoalveolar lavage (BAL) was negative on KOH wet mount, but Gomori methenamine silver

staining revealed crescent-shaped, black-colored cysts. The organism was found to be non-cultivable. What is the most likely causative organism?

A. Cryptococcus

B. Pneumocystis

C. Coccidioides

D. Paracoccidioides

Correct answer: B

This scenario is classic for Pneumocystis pneumonia (PCP), a common opportunistic infection in patients with advanced HIV/AIDS. The organism, Pneumocystis jirovecii, is a fungus that cannot be grown in standard laboratory culture (it is non-cultivable). A KOH

Question 48. A -year-old child presented with developmental delay (mental retardation) and was found to have a cherry-red spot on retinal examination. What is the most likely diagnosis?

A. Tay sach disease

B. Hurler disease

C. Hunter disease

D. Neiman pick disease

Correct answer: A

The finding of a cherry-red spot on the retina is a classic ophthalmological sign seen in several lysosomal storage diseases. It occurs when lipids or other substances accumulate in the ganglion cells of the retina, making the surrounding macula appear pale or white. This accentuates the normal red color of the underlying choroid at the fovea, which is devoid of ganglion cells. In a child presenting with progressive neurodegeneration (mental retardation) and a cherry-red spot, the most likely diagnosis is Tay-Sachs disease, which is caused by a deficiency of the enzyme hexosaminidase A. Niemann-Pick disease (D) can also present with a cherry-red spot, but Tay-Sachs is the classic answer for this combination. Hurler and Hunter syndromes are mucopolysaccharidoses and are not typically associated with this retinal finding.

Question 49. A 5-year-old patient presented with binasal visual field loss. Imaging revealed a space-occupying lesion in the brain, for which the patient is receiving treatment. What is the most probable location of this lesion?

A. Chiasma

B. Rt. Optic tract

C. Lt. Optic tract

D. Lt. Visual cortex

Correct answer: A

The visual pathway has a precise organization. The optic chiasm is where the nerve fibers from the nasal (medial) half of each retina cross to the opposite side, while the temporal (lateral)

fibers remain uncrossed. The nasal retinal fibers are responsible for vision in the temporal visual fields. A lesion that compresses the optic chiasm from the center (like a pituitary adenoma) will damage these crossing nasal fibers from both eyes. This results in the loss of vision in both temporal fields, a defect known as bitemporal hemianopia. The question describes binasal vision loss, which is the loss of vision in the fields closest to the nose. This rare defect is caused by bilateral lesions compressing the lateral, uncrossed fibers of the optic chiasm, for example, from bilateral internal carotid artery aneurysms. However, chiasmal lesions are the only single location that can produce bilateral

Question 50. A patient with a history of dementia was noted to have a golden-yellow ring around the cornea on examination. Which of the following investigations would be most helpful in establishing the diagnosis?

A. Sr. ceruloplasmin level

B. Sr. calcium level

C. Alpha-fetoprotein level

D. Sr. iron level

Correct answer: A

The combination of neurological symptoms (dementia) and a golden yellow ring around the cornea is pathognomonic for Wilsons disease. The corneal ring is known as a Kayser-Fleischer ring, and it is caused by the deposition of copper in Descemets membrane. Wilsons disease is an autosomal recessive disorder of copper metabolism, leading to toxic accumulation of copper in various organs, primarily the liver and the brain. The diagnosis is confirmed by laboratory investigations that reflect this

Question 51. A patient presents with the following laboratory values : pH 7.2, pCO213 mmHg, / ,HCOmEq L63- Na+ 136 mEq/L, /ClmEq L110-. Which of the following is correct about this condition?

A. Nimodipine

B. Conventional angiography for aneurysm

C. Urgent surgical intervention

D. Option A and B

Correct answer: D

This patient has an aneurysmal subarachnoid hemorrhage (SAH). The management involves two immediate and critical goals. First, the most common cause of SAH is a ruptured saccular (berry) aneurysm. It is essential to identify the source of the bleeding so it can be secured to prevent a devastating re-bleed.Cerebral angiography (either conventional or CT angiography) is the next step to locate the aneurysm. Second, a major cause of delayed morbidity and mortality after SAH is cerebral vasospasm, which can lead to ischemic stroke. The calcium channel blocker nimodipine has been shown to improve outcomes by reducing the incidence and

severity of delayed cerebral ischemia and is started in all patients with aneurysmal SAH as soon as the diagnosis is made. Therefore, both starting nimodipine and performing angiography are crucial next steps.

Question 52. A 10 year old boy is admitted with features of severe dehydration nausea & vomiting. Urine sugar is 3+ & RBS=550 mg/dl. ABG shows pH of 7.1 & HCO3=7 mmol/L Line of management as per ISPAD guidelines is?

A. 10 ml per kg of iv fluids & 0.1 unit/kg/hr bolus

B. 10 ml per kg of iv fluids & after 1 hour of fluid 0.1 unit/kg/hr of insulin

C. 20 ml per kg of iv fluids & 0.1 unit/kg/hr of insulin bolus

D. 20 ml per kg of iv fluids & after 1 hour of fluid 0.1 unit/kg/hr of insulin bolus

Correct answer: B

This child is in Diabetic Ketoacidosis (DKA), evidenced by hyperglycemia (RBS 550), ketonuria (implied by urine sugar 3+), and severe metabolic acidosis (pH 7.1, HCO3 7).

Question 53. A 65-year-old patient with occasional alcohol consumption and a history of aspirin use for the past four years presented with epigastric pain, hematemesis, and melena. What is the most likely diagnosis?

A. Peptic Ulcer Disease (PUD)

B. Mallory Weiss

C. Boerhaave syndrome

D. Variceal bleed

Correct answer: A

This patient presents with an upper gastrointestinal bleed (hematemesis and melena) along with epigastric pain. A crucial part of the history is the long-term use of aspirin. Aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs) are a major cause of Peptic Ulcer Disease (PUD) because they inhibit prostaglandin synthesis, which compromises the protective mucosal barrier of the stomach and duodenum. Bleeding is a common and serious complication of PUD. While alcohol use can also contribute to gastritis, the chronic aspirin use is the most significant risk factor in this case. A Mallory-Weiss tear is typically preceded by forceful retching. Boerhaave syndrome involves esophageal rupture and is a surgical emergency. Variceal bleeding is a complication of portal hypertension, for which there is no history given.

Question 54. Which antibiotic is the drug of choice for prophylaxis in a patient scheduled for elective cardiac surgery?

A. Cefazolin

B. Penicillin G

C. Azithromycin

D. Erythromycin

Correct answer: A

Surgical site infection (SSI) after cardiac surgery can be catastrophic. Prophylactic antibiotics are given to reduce this risk. The

Question 55. An alcoholic patient presented with a painful, swollen first metatarsophalangeal (MTP) joint. Joint aspiration showed leukocyte count greater than 2,000 cells/mm³. There was no history of travel, dysuria, dysentery, or recent sexual contact. Blood urea nitrogen and serum uric acid levels were normal. What is the most likely clinical diagnosis?

A. Acute gouty arthritis

B. Septic arthritis

C. Reactive arthritis

D. Pseudogout

Correct answer: A

This presentation is the archetypal picture of acute gouty arthritis. The involvement of the first metatarsophalangeal (MTP) joint, known as podagra, is the most common initial manifestation. Alcohol consumption is a well-known trigger for acute gout flares. The joint fluid analysis showing an inflammatory picture (>2000 leukocytes/cumm) is consistent with crystal-induced arthritis. A crucial point is the normal serum uric acid level. During an acute gout attack, serum uric acid can be paradoxically normal or even low in up to 30% of patients due to inflammatory effects on renal urate handling. Therefore, a normal level does not rule out gout. The definitive diagnosis would be confirmed by identifying negatively birefringent, needle-

Question 56. A 50-year-old laborer became unconscious and was brought to the emergency room with a body temperature of 105°F and decreased skin turgor. Which of the following findings would not be expected in this condition?

A. Sweating

B. Hypotension

C. Tachypnea

D. Red & hot skin

Correct answer: A

The clinical triad of hyperthermia (temperature >40°C or 104°F), central nervous system dysfunction (unconsciousness), and anhidrosis (absence of sweating) is classic for heat stroke. In classic (non-exertional) heat stroke, the bodys thermoregulatory center in the hypothalamus fails, causing the sweating mechanism to shut down. As a result, the skin is typically hot and dry. Therefore, sweating is the sign that would most likely not be seen. The other signs are expected: hypotension (B) occurs due to profound dehydration (indicated by decreased skin turgor) and peripheral vasodilation. Tachypnea (C) is a compensatory response. The skin is red and hot (D) due to the bodys attempt to dissipate heat through peripheral vasodilation.

Question 57. A 75-year-old woman was socially withdrawn, spoke to no one, sat silently, and stared into space. On autopsy, microscopic examination of the hippocampus revealed the presence of Lewy bodies. What is the most likely diagnosis?

A. Parkinson Disease

B. Alzheimers Disease

C. Huntington chorea

D. Prion

Correct answer: A

The definitive finding in this case is the presence of Lewy bodies on microscopic examination of the brain. Lewy bodies are abnormal intracellular aggregates of the protein alpha-synuclein. They are the pathological hallmark of a spectrum of neurodegenerative disorders known as synucleinopathies, which includes

Question 58. A 75-year-old woman exhibited marked social withdrawal, remained silent, and often sat staring into space. Postmortem examination of the hippocampus revealed Lewy bodies on microscopic analysis. What is the most likely diagnosis?

A. Prefrontal cortex

B. Basal ganglia

C. Amygdala

D. Insular cortex

Correct answer: B

The clinical triad of apathy (not taking interest), resting tremors, and rigidity are classic signs of Parkinsons disease. The underlying pathology of Parkinsons disease is the progressive loss of dopamine-producing neurons in the substantia nigra pars compacta, which is a key component of the basal ganglia. The basal ganglia are a group of deep subcortical nuclei that are crucial for motor control, as well as for motivation and executive function. The depletion of dopamine in this region disrupts the normal functioning of motor circuits, leading to the characteristic motor symptoms (tremor, rigidity, bradykinesia). The disruption of non-motor circuits contributes to non-motor symptoms like apathy. The other brain regions listed are not the primary site of pathology in Parkinsons disease.

Question 59. An alcoholic patient with a history of loose stools a few days earlier now presents with pain in the right hypochondrium. Ultrasonography reveals a liver abscess with a volume of approximately 75 cc. What is the next best step in management?

A. PAIR (Percutaneous Aspiration, Infusion of drugs, and Re-aspiration)

B. Medical management Click Here to Buy book on Amazon

C. Surgical management

D. Percutaneous drainage

Correct answer: B

Medical managementThis patients presentation of right upper quadrant pain following a diarrheal illness is highly suggestive of an amebic liver abscess, caused by Entamoeba histolytica. Alcoholism is a known risk factor. The treatment of choice for an uncomplicated amebic liver abscess is medical management with a tissue amebicide, primarily metronidazole, followed by a luminal agent like paromomycin to eradicate intestinal colonization. Aspiration or drainage is generally not required for uncomplicated abscesses and is reserved for specific indications, such as very large abscesses at risk of rupture, failure of medical therapy, or if the diagnosis is uncertain and a pyogenic (bacterial) abscess cannot be ruled out. Given the size of 75 cc and the classic history, initiating medical therapy is the correct next best step.

Question 60. An AIDS patient with a CD4 count of 150 cells/mm³ presented with chest infiltrates on chest X-ray along with mediastinal lymphadenopathy. Per-abdominal examination revealed hepatosplenomegaly. Bone marrow aspiration (BMA) examination showed characteristic findings. What is the most likely diagnosis?

A. Visceral leishmania

B. Toxoplasmosis

C. Histoplasmosis

D. P. Jiroveci

Correct answer: C

The patient is severely immuno compromised (CD4 count 150) and presents with a disseminated illness involving the lungs (infiltrates, mediastinal adenopathy) and reticuloendothelial system (hepatosplenomegaly). This is a classic presentation of progressive disseminated histoplasmosis in an AIDS patient. The definitive diagnosis is made by identifying the organism. The bone marrow aspirate (BMA) image shows small, oval yeast forms located within the cytoplasm of macrophages. This intracellular location is a key characteristic of Histoplasma capsulatum. Leishmania (A) also presents as

Question 61. Clonorchis sinensis causes

A. Carcinoma of Bladder urinary

B. Carcinoma of Gallbladder

C. Carcinoma of Biliary tract

D. Stomach cancer

Correct answer: C

Clonorchis sinensis, the Chinese liver fluke, is a parasite that resides in the biliary ducts of its host. Chronic infection leads to persistent inflammation and proliferation of the biliary epithelium. This chronic inflammation is a major risk factor for the development of malignancy.

Clonorchis sinensis is classified as a Group 1 carcinogen by the IARC and is a well-established cause of cholangiocarcinoma, which is a carcinoma of the biliary tract. The cancer can arise from either the intrahepatic or extrahepatic bile ducts. Carcinoma of the urinary bladder (A) is associated with Schistosoma haematobium. Carcinoma of the gallbladder (B) is associated with chronic cholecystitis and gallstones, not directly with this parasite.

Question 62. A patient from Delhi presented with high-grade fever and petechiae. Laboratory investigations revealed a platelet count of 20,000/mm³ and a total leukocyte count of 3,000/mm³. What is the most likely diagnosis?

A. Malaria

B. Dengue

C. Scrub typhus

D. Typhoid

Correct answer: B

This clinical and laboratory picture is classic for Dengue fever, especially in an endemic area like Delhi. The combination of high-grade fever, hemorrhagic manifestations (petechiae), severe thrombocytopenia (platelet count of 20,000/mm³), and leukopenia (TLC of 3,000/mm³) is the hallmark of this disease. Petechiae and other bleeding signs are warning signs that can indicate progression to severe dengue. While

Question 63. A patient presented to the emergency department after ingesting 100 tablets of aspirin. What is the appropriate management for this patient?

A. Glucagon

B. N Acetyl Cysteine

C. Urinary alkalinization

D. Hydrogen Cyanide

Correct answer: C

A massive overdose of aspirin (a salicylate) is a medical emergency that causes severe metabolic acidosis and other systemic toxicities. A cornerstone of management is to enhance the elimination of the salicylate from the body. This is achieved through urinary alkalinization. By administering intravenous sodium bicarbonate, the pH of the urine is raised. Since aspirin is a weak acid, an alkaline environment causes it to become ionized. This ionized form is trapped within the renal tubules and cannot be reabsorbed, leading to significantly increased renal excretion. For severe poisoning, hemodialysis may also be required. N-Acetylcysteine (B) is the antidote for acetaminophen poisoning.

Question 64. A patient with markedly elevated urea levels underwent hemodialysis and subsequently developed seizures along with altered mental status. Which of the following should be used in the management of this condition?

A. Mannitol

B. Ethacrynic acid

C. Furosemide

D. Bumetanide

Correct answer: A

This patient is experiencing Dialysis Disequilibrium Syndrome (DDS), a neurological complication that occurs after rapid hemodialysis. It is caused by cerebral edema. Urea is cleared from the blood faster than from the brain, creating an osmotic gradient that pulls water into the brain cells. The resulting cerebral edema leads to neurological symptoms like altered mentation and seizures. The treatment of choice is intravenous mannitol. Mannitol is an osmotic agent that increases the osmolarity of the blood, creating a counter-gradient that pulls water out of the brain tissue and into the vasculature. This reduces the cerebral edema and alleviates the symptoms. Loop diuretics like

Question 65. A 30-year-old patient with chronic hepatitis B is HBeAg positive, has a viral load of 10^5 copies/mL, and shows a doubling of SGPT levels. Which treatment should be initiated for this patient?

A. Tenofovir >48 weeks

B. Lamivudine + Tenofovir >48 weeks

C. Pegylated interferon with Tenofovir for 6 months

D. Pegylated interferon with Lamivudine for 48 weeks

Correct answer: A

This patient has HBeAg-positive chronic hepatitis B in the immune-active phase, which is an indication for treatment. The criteria for treatment are met: elevated HBV DNA (viral load > 20,000 IU/mL; 10^5 copies/mL is roughly equivalent) and elevated ALT (SGPT). According to current international guidelines, the preferred first-line treatments are potent nucleos(t)ide analogs with a high barrier to resistance, such as tenofovir or entecavir, or a finite course of pegylated interferon. A long-term course (>48 weeks) of tenofovir monotherapy is a standard and highly effective first-line option. Combination therapy with two nucleos(t)ide analogs (B) is not recommended for initial treatment. Combination of interferon and a nucleoside analog (C, D) is not standard

Question 66. In which of the following conditions is bilateral hemorrhage of the temporal lobes observed?

A. HSV Encephalitis

B. Silicosis

C. Amoebic meningoencephalitis

D. None of the above

Correct answer: A

Herpes Simplex Virus (HSV) Encephalitis has a characteristic and striking predilection for the temporal lobes of the brain. Neuroimaging, such as CT or MRI, classically shows inflammation, edema, and often hemorrhage and necrosis, asymmetrically affecting the medial temporal lobes and inferior frontal lobes. The involvement is often bilateral, though typically one side is more severely affected than the other. This specific anatomical localization is a key diagnostic clue for HSV encephalitis. Silicosis (B) is a lung disease. Amoebic meningoencephalitis (C), particularly that caused by Naegleria fowleri, is a rapidly fatal infection of the brain but does not have the same specific temporal lobe tropism as HSV.

Question 67. A 25-year-old woman presented with neck swelling, tremors, and palpitations. She is a known case of asthma and was found to have a blood pressure of 180/110 mm Hg. Electrocardiography revealed atrial fibrillation. What is the appropriate management for this patient?

A. Propylthiouracil

B. Esmolol

C. Propranolol

D. Diltiazem

Correct answer: D

This patient is presenting with a thyroid storm, a life-threatening thyrotoxic state characterized by high fever, tachycardia (atrial fibrillation), hypertension, and CNS effects. A key part of management is controlling the heart rate and blood pressure. Beta-blockers are typically used for this purpose. However, this patient has a history of asthma, which is a relative contraindication to non-selective beta-blockers like propranolol (C), as they can cause bronchospasm. While a cardioselective beta-blocker like esmolol (B) might be used cautiously, the safest choice among the options to control the heart rate in a patient with thyrotoxicosis and reactive airway disease is a non-dihydropyridine calcium channel blocker, such as diltiazem. It will effectively control the ventricular rate in atrial fibrillation without the risk of precipitating an asthma attack. Propylthiouracil (A) is also essential to block thyroid hormone synthesis, but rate control is the most immediate priority.

Question 68. A patient presented with fatigue and was found to have a mid-diastolic murmur along with a prominent A wave in the jugular venous pulse. In which condition is this finding seen?

A. TS

B. MS

C. TR

D. AR

Correct answer: A

No explanation is available for this recall question yet.

Question 69. Test for diagnosis of HSV Encephalitis

A. CSF PCR Viral load

B. CSF Chick embryonal culture

C. CSF Tzanck smear

D. CSF Culture

Correct answer: A

Herpes Simplex Virus (HSV) encephalitis is the most common cause of sporadic fatal encephalitis. It is a medical emergency requiring prompt diagnosis and treatment with acyclovir. The diagnostic test of choice and the gold standard is the detection of HSV DNA in the cerebrospinal fluid (CSF) using Polymerase Chain Reaction (PCR). CSF PCR for HSV is highly sensitive (>95%) and specific (>99%). It allows for a rapid and accurate diagnosis, which is crucial for initiating antiviral therapy early. Viral culture of the CSF (D) is very rarely positive and is too slow to be clinically useful. Tzanck smear (C) is used for skin lesions, not CSF. Chick embryo culture (B) is an outdated method.

Question 70. A 10-year-old child presented to the outpatient department. According to the National Immunization Schedule, which vaccine should be advised at this age?

A. Td vaccine

B. Typhoid vaccine

C. BCG

D. DPT

Correct answer: A

According to Indias National Immunization Schedule (NIS), several vaccines are administered during infancy and early childhood. By the age of 5, a child should have received booster doses of DPT (Diphtheria, Pertussis, Tetanus). The schedule then includes further booster doses at later ages to maintain immunity. At 10 years of age, and again at 16 years, a booster dose of the Td vaccine (Tetanus and diphtheria, adult formulation) is recommended. The adult formulation (Td) contains a lower dose of the diphtheria toxoid compared to the pediatric DPT vaccine. BCG is given at birth. The second DPT booster is given at 5 years. Typhoid vaccine is recommended but may have different schedules depending on the type used. The Td vaccine is the specifically scheduled vaccine for a 10-year-old.

Question 71. A 22-year-old pregnant woman presented to a subcentre with a history of consuming papaya and feared that it might have caused abortion. After thorough examination, the pregnancy was found to be safe, and she was reassured and sent home. Which health worker should be sent for a rural home visit in this situation?

A. ASHA

B. Train birth attendant

C. Anganwadi worker

D. MO

Correct answer: C

In rural health services under the Integrated Child Development Services (ICDS) scheme, the Anganwadi Worker plays an important role in providing maternal and child health education, nutritional guidance, and counseling at the community level. In this case, the pregnant woman was worried that consuming papaya might lead to abortion. After medical examination, the pregnancy was found to be safe and she was reassured.However, myths and misconceptions related to diet during pregnancy are common in rural communities. A home visit is useful to reinforce counseling, provide reassurance, and educate the woman and her family about safe nutrition during pregnancy. The Anganwadi worker regularly conducts home visits, nutrition education sessions, and antenatal counseling, making her the most appropriate worker for follow-up in this situation.Other options are less suitable. Accredited Social Health Activist mainly focuses on mobilizing people for health services and institutional delivery, while a trained birth attendant assists during delivery. The medical officer (MO) is responsible for clinical care at health facilities rather than routine household counseling.Thus, the Anganwadi worker is the appropriate health worker for the rural home visit.

Question 72. A study was conducted comparing two groups from the same aniline dye factory: workers directly involved in factory operations for 20 years and office workers from the same factory. What type of study design does this represent?

A. Case control study

B. Retrospective cohort study

C. Prospective cohort study

D. Ecological study

Correct answer: B

This study design starts by defining two groups (cohorts) based on their past exposure status and then looks forward in time (from records) to ascertain outcome. One group was exposed to

Question 73. How to collect tap water for bacteriological study

A. Before collecting water let water flow for 1 min

B. Attach bottle before turning on the tap to avoid splashing

C. Attach bottle to mid stream & avoid splashing

D. Tap water from leaking tap

Correct answer: C

The correct procedure for collecting a tap water sample for bacteriological analysis is designed to ensure the sample is representative of the water in the main pipe and is not contaminated by the tap itself. The standard procedure involves several steps. First, the tap should be cleaned and sterilized (often by flaming). Then, the water should be allowed to run at a medium flow for 2-3 minutes to flush out any stagnant water from the local pipes. Finally, the sterile collection

bottle should be opened carefully, and the sample should be collected from the mid-stream of the water flow without the bottle touching the tap and without splashing, which could introduce contaminants. The bottle should not be completely filled to allow for mixing before analysis. Option C best describes the collection part of this process.

Question 74. What is the best measure for assessing the overall health status of a community, and which indicator is most sensitive to the availability and utilization of health services?

A. IMR

B. MMR

C. DALY

D. HDI

Correct answer: A

No explanation is available for this recall question yet.

Question 75. Which of the following statements regarding the Colombo Plan is correct?

A. Chemotherapy

B. Cancer units

C. Cobalt supply

D. Human resource development

Correct answer: D

The Colombo Plan, established in 1951, is a regional intergovernmental organization focused on fostering economic and social development in the Asia-Pacific region. While its activities have evolved over the years, a central and enduring theme has been the promotion of human resource development. This is achieved through programs that provide technical cooperation, training, and sharing of expertise among member countries. The plan aims to build capacity and skills in various sectors, including public administration, private sector development, and drug advisory programs. The other options are far too specific and do not represent the broad mandate of the Colombo Plan, which has always been centered on cooperative development and capacity building.

Question 76. A 10-year-old child presented to the pediatric outpatient department with fever, rash, and Koplik spots on the buccal mucosa. What is the most likely diagnosis?

A. Measles

B. Mumps

C. Rubella

D. Chicken pox

Correct answer: A

The clinical triad of fever, rash, and Kopliks spots is pathognomonic for measles (rubeola). Kopliks spots are small, white or bluish-white spots with an erythematous base, typically found on the buccal mucosa opposite the molars. They are an enanthem that appears 1-2 days before the characteristic maculopapular skin rash (exanthem) and are considered a definitive sign of measles. The rash typically starts on the face and spreads downwards. Mumps is characterized by parotitis , rubella has a milder rash and lymphadenopathy , and chickenpox presents with a vesicular rash. The presence of Kopliks spots makes the diagnosis of measles certain.

Question 77. An alcoholic patient presented to the outpatient department with ataxia, confusion, and visual disturbances. What is the underlying cause of this condition?

A. Thiamine Deficiency

B. Niacin Deficiency

C. Biotin Deficiency

D. Vitamin A Deficency

Correct answer: A

The classic triad of ataxia (unsteady gait), confusion, and ophthalmoplegia (visual changes/ abnormal eye movements) is characteristic of Wernickes encephalopathy. This is an acute neurological emergency caused by a severe deficiency of thiamine (Vitamin B1). Chronic alcoholism is the most common cause in developed countries, as it leads to poor nutrition, impaired thiamine absorption, and

Question 78. A patient presented with symptoms suggestive of pulmonary tuberculosis, but sputum examination was negative for TB. Chest X-ray findings were consistent with tuberculosis. What should be the next step in management?

A. Repeat sputum samples

B. Start TB treatment

C. CBNAAT

D. Home remedy

Correct answer: C

The patient is clinically and radiologically suspected of having pulmonary tuberculosis but has a negative sputum smear. This is a common scenario, as sputum smear microscopy has limited sensitivity. The next step according to current diagnostic algorithms is to perform a more sensitive and specific molecular test. The Cartridge-Based Nucleic Acid Amplification Test (CBNAAT), such as GeneXpert, is the recommended test in this situation. CBNAAT can detect Mycobacterium tuberculosis DNA directly from the sputum sample with much higher sensitivity than microscopy. A major advantage is that it can also simultaneously detect resistance to rifampicin, a key first-line anti-TB drug. Starting treatment based on X-ray alone is not ideal

without microbiological confirmation , and simply repeating the same insensitive sputum smear test is less effective than upgrading to a molecular test.

Question 79. A male patient presented with a clean-cut wound and had received tetanus toxoid immunization 10 years ago. What is the appropriate management of this wound?

A. Full course tetanus vaccine to be given

B. Full dose TT with TIG

C. Single dose TT

D. No treatment required

Correct answer: C

The management of a wound for tetanus prophylaxis depends on the type of wound and the patients vaccination history. This patient has a clean, minor wound. His last tetanus toxoid (TT) vaccine was 10 years ago. According to tetanus prophylaxis guidelines, for a patient with a clean, minor wound whose last dose was 10 or more years ago (or if the history is unknown), a single booster dose of the TT vaccine should be administered. This is sufficient to boost the patients immunity. Tetanus Immune Globulin (TIG) is not required for clean, minor wounds. A full course is only needed for those with an inadequate primary series. No treatment would be incorrect as immunity wanes over time and a booster is needed after 10 years.

Question 80. A patient has varicella. The management for remaining contacts would be

A. Isolate for 6 days + acyclovir + vzig for 72 hours

B. VZIG only

C. Isolate for 14 days + vzig within 48 hours

D. Isolate for 6 days

Correct answer: C

The disease referred to here is Varicella (Chickenpox), which is caused by the Varicella-zoster virus. It is a highly contagious disease that spreads through respiratory droplets and direct contact with vesicular fluid. When a case of varicella occurs, close contacts—especially those who are susceptible—are at risk of developing the infection.For susceptible contacts, preventive management includes isolation (quarantine) for 14 days, which corresponds to the maximum incubation period of varicella (10–21 days). This helps prevent further spread if the contact becomes infectious.In addition, Varicella Zoster Immune Globulin should be administered within 48 hours of exposure. VZIG provides passive immunity by supplying antibodies against the virus and is particularly recommended for high-risk individuals, such as pregnant women,

Question 81. A premature, low–birth-weight infant was found to have decreased hearing, patent ductus arteriosus (PDA), and bilateral cataracts. What is the most

likely cause of these findings?

A. Rubella

B. CMV

C. Toxoplasmosis

D. HSV

Correct answer: A

This constellation of birth defects is the classic presentation of Congenital Rubella Syndrome (CRS). This syndrome occurs when a pregnant woman is infected with the rubella virus, especially during the first trimester, and the virus is transmitted to the fetus. The classic triad of CRS consists of: 1) Cataracts (or other eye defects like retinopathy), 2) Sensorineural hearing loss, and 3) Congenital heart defects, with Patent Ductus Arteriosus (PDA) and pulmonary artery stenosis being the most common. In addition to this triad, affected infants often have low birth weight and prematurity. While other congenital infections (part of the TORCH complex) can cause some of these findings, this specific combination, particularly the triad of cataracts, deafness, and PDA, is the hallmark of congenital rubella.

Question 82. A poor farmer with a history of repeated crop failures developed progressive spastic paraparesis, upper motor neuron signs, and gait instability. What is the most likely toxin responsible for this condition?

A. BOAA

B. Aflatoxin

C. Strychnine

D. Ergotoxine

Correct answer: A

This clinical scenario describes neurolathyrism, a crippling neurodegenerative disease. It is caused by the overconsumption of the grass pea, Lathyrus sativus, particularly during times of famine and crop failure when it becomes a staple food. The grass pea contains a neurotoxin called Beta-N-oxalyl-amino-L-alanine (BOAA). This toxin is an excitotoxin that leads to the irreversible degeneration of upper motor neurons. This results in the characteristic clinical picture of a slowly progressive, spastic paraparesis (stiffness and weakness of the legs), hyperreflexia, and an unsteady, scissors-like gait. Aflatoxin is a hepatotoxin and carcinogen. Strychnine causes acute seizures , and ergotoxine causes vasoconstriction (ergotism).

Question 83. Which vitamin is used to treat neurolathyrism

A. Vit C

B. Vit A

C. Vit B

D. Vit E

Correct answer: C

Neurolathyrism is a neurological condition caused by excessive consumption of the pulse Lathyrus sativus (Kesari dal). This pulse contains a neurotoxin called Beta-oxalyl-L-alpha,beta-diaminopropionic acid, which damages the motor neurons of the spinal cord.Neurolathyrism usually occurs in poor rural populations during drought or famine, when Lathyrus sativus becomes the major dietary component. The disease mainly affects young adults and is characterized by spastic paralysis of the lower limbs, difficulty in walking, exaggerated reflexes, and muscle stiffness, while sensory functions remain normal.Management focuses primarily on prevention and nutritional improvement. Adequate intake of Vitamin B complex is recommended because B-complex vitamins help improve nerve metabolism and neurological function. Supplementation with Vitamin B may help reduce neurological damage and support recovery along with a balanced diet.Other options are incorrect because Vitamin A is mainly related to vision and epithelial

Question 84. Deficiency of which vitamin is the most common cause of petechial bleeding of the gums?

A. Vit A

B. Vit C

C. Vit D

D. Vit K

Correct answer: B

No explanation is available for this recall question yet.

Question 85. A 5-year-old patient underwent laparoscopic inguinal hernia repair. For the past three years postoperatively, he has been experiencing persistent pain and loss of sensation in the lower limb. Which nerve is most commonly entrapped by the fixation device during this procedure?

A. Ilioinguinal nerve

B. Ilio-hypogastric nerve

C. Femoral nerve

D. Lateral cutaneous nerve of thigh

Correct answer: D

Chronic pain after laparoscopic inguinal hernia repair (especially the TAPP procedure) can be caused by nerve entrapment from the staples or tacks used to fix the mesh. The nerves most at risk lie in the triangle of pain, a region that surgeons must avoid during fixation. The lateral cutaneous nerve of the thigh runs through this area. Entrapment of this nerve leads to pain, tingling, and numbness over the anterolateral aspect of the thigh, a condition known as meralgia paresthetic a. The ilioinguinal (A) and iliohypogastric (B) nerves are also at risk, but they supply sensation to the groin and scrotum/labia, not the lower leg or thigh. The femoral nerve (C) is a large nerve that is much deeper and less commonly injured by mesh fixation, and

its injury would cause motor weakness.

Question 86. SOFA score includes

A. PR/BP/Temp

B. Temp/BP/GCS

C. RR/BP/GCS

D. HR/BP/Temp

Correct answer: C

The question is likely referring to the quick SOFA (qSOFA) score, which is a simplified screening tool for identifying patients with suspected infection who are at high risk for poor outcomes (sepsis). The full SOFA (Sequential Organ Failure Assessment) score is a more complex tool used in the ICU. The qSOFA score consists of three clinical criteria, each worth one point:1. Respiratory Rate (RR) ≥ 22 breaths/minute.2. Altered mentation, assessed by Glasgow Coma Scale (GCS) < 15.3. Systolic Blood Pressure (BP) ≤ 100 mmHg.A qSOFA score of 2 or more suggests a high risk of sepsis. Therefore, the components are Respiratory Rate, Blood Pressure, and GCS.

Question 87. A childs urine turns dark on standing. What is the most probable underlying cause?

A. Type I tyrosinemia

B. Congenital erythropoietic porphyria

C. Type II tyrosinemia

D. Alkaptonuria

Correct answer: D

Alkaptonuria is a rare autosomal recessive metabolic disorder caused by a deficiency of

Question 88. Direct inguinal hernia which part is weak

A. Conjoined tendon

B. Pectinate ligament

C. Lacunar ligament

D. Poupart ligament

Correct answer: A

A direct inguinal hernia occurs when abdominal contents protrude directly through a weakness in the posterior wall of the inguinal canal, medial to the inferior epigastric vessels. This area of the posterior wall is known as Hesselbachs triangle. The floor and posterior wall of this triangle are formed by the transversalis fascia, which is reinforced superiorly by the conjoined tendon (the fused insertion of the internal oblique and transversus abdominis muscles). A direct hernia results from an acquired weakness or defect in this posterior wall, often involving attenuation or breakdown of the transversalis fascia and the conjoined tendon. Therefore, weakness of the

conjoined tendon is a primary factor in the development of a direct inguinal hernia.

Question 89. A 6-year-old chronic smoker presented with weight loss and a cough lasting for more than one year. He was found to have hypercalcemia. Biopsy revealed atypical cells with hyperchromatic nuclei. What is the most likely diagnosis?

A. SCC

B. Adenocarcinoma

C. Small cell cancer

D. Atypical large cell

Correct answer: A

This patient, a chronic smoker, presents with symptoms suggestive of lung cancer. A key finding is hypercalcemia. Of the major types of lung cancer, Squamous Cell Carcinoma (SCC) is the most common cause of hypercalcemia. This is a paraneoplastic syndrome, where the tumor produces parathyroid hormone-related protein (PTHrP), which mimics the action of PTH, leading to increased bone resorption and elevated serum calcium levels. SCC is strongly

Question 90. What is the CEAP classification for varicose veins with eczema?

A. C2

B. C3

C. C4 A

D. C4 B

Correct answer: C

The CEAP (Clinical, Etiological, Anatomical, Pathophysiological) classification is a standardized system for describing chronic venous disorders. The C component describes the clinical signs.C0 : No visible signsC1 : Telangiectasias or reticular veinsC2 : Varicose veinsC3 : EdemaC4 : Skin and subcutaneous changes. This class is further subdivided:C4 a : Pigmentation or eczemaC4b : Lipodermatosclerosis or atrophie blancheC5 : Healed venous ulcerC6 : Active venous ulcerSince the patient has varicose veins with eczema, the correct classification is C4a. The presence of eczema places the patient in the C4 category, and specifically in the a subcategory.

Question 91. A -month-old infant presented with jaundice and pale stools. Investigations revealed ductal dilatation with a biliary plug. Alkaline phosphatase levels were elevated, while AST and ALT levels were normal. Liver biopsy showed ductal proliferation with fibrosis of the bile ducts. What is the most probable diagnosis?

A. Criger Najjar syndrome

B. Dubin Johnson syndrome

C. Biliary atresia

D. HCC

Correct answer: C

No explanation is available for this recall question yet.

Question 92. A patient with a history of road traffic accident presents with altered consciousness. On examination, he opens his eyes in response to painful stimuli, speaks inappropriate words, and withdraws his limbs on stimulation. What is the patients Glasgow Coma Scale (GCS) score?

A. E2, V3, M4

B. E2, V4, M4

C. E3, V4, M3

D. E4, V4, M4

Correct answer: A

The Glasgow Coma Scale (GCS) is used to assess the level of consciousness after a head injury. It has three components: Eye Opening (E), Verbal Response (V), and Motor Response (M).Eye Opening (E) : The patient opens his eyes on painful stimuli. This corresponds to a score of E2. (E4=Spontaneous, E3=To speech, E1=None).Verbal Response (V) : The patient speaks inappropriate words. This means the patient is using recognizable words, but in a confused, non-conversational manner. This corresponds to a score of V3. (V5=Oriented, V4=Confused, V2=Incomprehensible sounds, V1=None).Motor Response (M) : The patient shows withdrawals of limb on stimulation. This means they pull their limb away from a painful stimulus. This corresponds to a score of M4. (M6=Obeys commands, M5=Localizes pain, M3=Abnormal flexion, M2=Extension, M1=None).The total GCS score is E2 + V3 + M4 = 9.

Question 93. Clonorchis sinensis is associated with which cancer?

A. Heptaocellular Carcinoma

B. Cholangiocarcinoma

C. Gastric cancer

D. Urinary bladder cancer

Correct answer: B

Clonorchis sinensis, the Chinese liver fluke, is classified by the International Agency for Research on Cancer (IARC) as a Group 1 carcinogen, meaning it is definitively carcinogenic to humans. This parasite infects and lives within the biliary ducts of the liver. Chronic infection leads to persistent inflammation, epithelial hyperplasia, and periductal fibrosis. This long-standing inflammation and cellular damage significantly increase the risk of developing cancer of the bile ducts, which is known as cholangiocarcinoma. This association is well-established, particularly in endemic areas of East Asia. It is not directly associated with hepatocellular carcinoma, gastric cancer, or urinary bladder cancer (which is linked to Schistosoma haematobium).

Question 94. Good prognostic factor for BIRADS V breast cancer is

A. P53 +ve

B. BRCA 1

C. Ki67

D. ER +v

Correct answer: D

BI-RADS V indicates a lesion that is highly suggestive of malignancy. Once a diagnosis of breast cancer is confirmed, several prognostic factors are assessed. A positive Estrogen Receptor (ER) status is generally considered a good prognostic factor. This is because ER-positive tumors are dependent on estrogen for their growth. Therefore, they are highly likely to respond to endocrine therapies, such as tamoxifen or aromatase inhibitors, which block the effects of estrogen. This provides an effective, targeted treatment option that often leads to better outcomes and lower recurrence rates compared to ER-negative tumors. In contrast, p53 mutation (A) and high Ki-67 expression

Question 95. Pain in parotid tumor due to involvement of which structure

A. Auriculotemporal

B. Facial

C. Investing layer of Deep cervical fascia

D. Hypoglossal nerve

Correct answer: A

Pain associated with a Parotid tumor is usually due to irritation or involvement of the Auriculotemporal nerve. This nerve arises from the Mandibular nerve and supplies sensory innervation to the parotid gland, temporomandibular joint, and skin of the temporal region and ear.When a parotid tumor enlarges, it may compress or infiltrate the auriculotemporal nerve, producing pain in the parotid region that may radiate to the ear or temporal area. Therefore, pain in a parotid swelling often indicates involvement of this sensory nerve.Other options are less appropriate:1. Facial nerve passes through the parotid gland but is mainly motor. Tumor involvement causes facial muscle paralysis rather than pain.2. The investing layer of deep cervical fascia forms the parotid capsule but is not responsible for the characteristic pain pattern.3. Hypoglossal nerve supplies tongue muscles and is not related to parotid gland sensation.Thus, pain in a parotid tumor is typically due to involvement of the auriculotemporal nerve.

Question 96. What is the most common complication that occurs after ligation of the first major vessel during an abdominoperineal resection (APR)?

A. Sympathetic- bladder dysfunction and impotency

B. Parasympathetic- bladder dysfunction and erectile dysfunction

C. Sympathetic- loss of perineal sensation and impotency

D. Sympathetic- bladder dysfunction and retrograde ejaculation

Correct answer: B

Abdominoperineal Resection (APR) is a major surgery for low rectal cancers that involves extensive pelvic dissection. During the procedure, the pelvic autonomic nerves are at high risk of injury. The pelvic splanchnic nerves (nervi erigentes), which carry parasympathetic fibers from S2-S4, are crucial for both bladder function (micturition) and erectile function. Injury to these nerves, which can occur during dissection around the rectum, is a common complication and leads to neurogenic bladder dysfunction (urinary retention or incontinence) and erectile dysfunction. The sympathetic nerves are more responsible for ejaculation, and their injury can cause retrograde ejaculation. Therefore, injury to the parasympathetic nerves is the most common cause of both bladder and erectile problems post-APR.

Question 97. A 5-year-old alcoholic patient presented with weight loss. Investigations revealed elevated alpha-fetoprotein (AFP) levels, normal AST and ALT levels, and increased conjugated bilirubin. What is the most probable diagnosis?

A. Cholangiocarcinoma

B. HCC

C. Adenoma

D. Alcoholic hepatitis

Correct answer: B

This patient has several risk factors for chronic liver disease and presents with signs of a liver mass. The most significant laboratory finding is

Question 98. A chronic alcoholic was found to have an increased NADH : NAD^+ ratio with normal blood urea levels. Which of the following metabolic findings is most likely to be seen in this individual?

A. Low lactate

B. High glucose

C. High urate

D. Low urate

Correct answer: C

Chronic alcohol consumption leads to a significant increase in the hepatic NADH:NAD+ ratio due to the metabolism of ethanol. This altered redox state has several metabolic consequences. One key effect is the inhibition of gluconeogenesis and the shunting of pyruvate to lactate, causing lactic acidosis (ruling out A and B). Additionally, the excess NADH promotes the conversion of dihydroxyacetone phosphate to glycerol-3-phosphate, leading to increased triglyceride synthesis (fatty liver). Critically, the resulting lactic acidosis competes with uric acid for excretion in the renal tubules. The increased lactate levels in the blood inhibit the renal tubular secretion of urate, leading to its retention and causing hyperuricemia (high urate). This

is why gout attacks are frequently precipitated by alcohol consumption.

Question 99. A patient with chronic pancreatitis presented to the emergency department with upper abdominal pain. Imaging revealed a dilated pancreatic duct measuring 0 mm with calculi within the duct. What is the best treatment plan for this patient?

A. Gastrojejunostomy

B. Distal pancreatectomy

C. Longitudinal pancreaticojejunostomy

D. Total pancreatectomy

Correct answer: C

This patient has chronic pancreatitis complicated by intractable pain and significant pancreatic duct obstruction, evidenced by a markedly dilated main pancreatic duct (10 mm; normal is <3 mm) containing calculi. The primary goal of surgery in this situation is to decompress the obstructed pancreatic duct to relieve pain. The most appropriate surgical procedure for this is a longitudinal pancreaticojejunostomy, commonly known as the Puestow procedure or a modification of it. In this operation, the pancreatic duct is opened longitudinally along its length, and a side-to-side anastomosis is created with a loop of jejunum. This allows for free drainage of pancreatic juice directly into the intestine, bypassing the obstruction and reducing intraductal pressure, which is the main cause of the pain.

Question 100. What is the best treatment for a patient with sodium hydroxide (NaOH) ingestion who presents with complete dysphagia?

A. Feeding jejunostomy

B. Esophagojejunostomy

C. Gastrojejunostomy

D. Stenting

Correct answer: A

Ingestion of a strong alkali like sodium hydroxide (NaOH) causes severe liquefactive necrosis of the esophagus, leading to extensive tissue damage, inflammation, and subsequent stricture formation. The patients complete dysphagia indicates a severe injury with total obstruction of the esophageal lumen. In this acute phase, the primary goal is to provide nutritional support while allowing the inflamed esophagus to heal and the extent of the damage to become clear. Oral feeding is impossible. Therefore, the best initial treatment is to establish a route for enteral feeding that completely bypasses the esophagus and stomach. A feeding jejunostomy accomplishes this by placing a tube directly into the jejunum. This allows for long-term nutritional support while definitive management of the esophageal stricture (e.g., dilatation or reconstruction) is planned for a later date.

Question 101. In an infant with a birth weight of . kg, which parameter is the best indicator of adequate growth?

A. Weight gain of 300 gm/ month till 1 year

B. Increase in length of 25 cm in 1st year

C. Anterior fontanelle closure by 6 month

D. Weight under 75% & length under 25%

Correct answer: A

In infants, weight gain is the most sensitive and practical indicator of adequate growth and nutrition. For a normal infant with a birth weight of 2.8 kg, expected growth patterns follow standard pediatric growth norms. During the first year of life, weight increases rapidly due to high metabolic activity and nutritional demands.Normally, infants gain about 25–30 g per day, which corresponds to approximately 750–900 g per month in the first 3–4 months, and later the rate gradually slows. On average, a gain of around 300 g per month during infancy

Question 102. Gum bleeding in scurvy is due to

A. Defect in collagen synthesis

B. Increased keratinization of epithelium

C. Inhibition of clotting factors

D. Low calcium

Correct answer: A

No explanation is available for this recall question yet.

Question 103. A -year-old child presented with recurrent episodes of jaundice (icterus) and pallor. What is the most probable diagnosis, and which investigation should be done to confirm it?

A. Autoimmune hemolytic anemia, direct Coombs

B. Autoimmune thrombocytopenic purpura, direct coombs

C. Hereditary Spherocytosis osmotic fragility test

D. None

Correct answer: C

The combination of episodic icterus (jaundice) and pallor (from anemia) in a child suggests a chronic hemolytic anemia. One of the most common inherited hemolytic anemias is Hereditary Spherocytosis (HS). This is a disorder of the red blood cell membrane cytoskeleton, which causes the cells to become spherical rather than biconcave discs. These spherocytes are less deformable and are prematurely destroyed in the spleen, leading to chronic hemolysis, anemia, jaundice, and often splenomegaly. The classic diagnostic laboratory test for HS is the osmotic fragility test. This test demonstrates that the spherocytic red cells have increased fragility and will lyse more readily when placed in hypotonic saline solutions compared to normal red blood cells.

Question 104. A 0-year-old boy presented with complaints of recurrent bleeding and a past history of joint pains. There was no history of mucosal bleeding. Deficiency of which coagulation factor is most likely responsible for this condition?

A. Factor 8 & 9

B. Factor 3&4

C. Vwf

D. Lupus anticoagulant

Correct answer: A

The clinical presentation of recurrent bleeding into joints (hemarthrosis), leading to joint pain, in a male patient is the classic picture of hemophilia. The absence of significant mucosal bleeding makes von Willebrand disease (vWD) less likely, as mucocutaneous bleeding is its hallmark. Hemophilia A is an X-linked recessive disorder caused by a deficiency of Factor VIII, while Hemophilia B is an X-linked recessive disorder caused by a deficiency of Factor IX. Both factors are critical components of the intrinsic coagulation cascade. Their deficiency impairs clot formation, leading to the characteristic deep tissue and joint hemorrhages. A lupus anticoagulant (D) is typically associated with thrombosis, not a bleeding disorder.

Question 105. Chloride level is tested in which disease?

A. Cystic fibrosis

B. Gauchers disease

C. Osteogenesis imperfecta

D. Liddle Syndrome

Correct answer: A

The measurement of chloride concentration in sweat is the gold standard diagnostic test for Cystic Fibrosis (CF). CF is a genetic disorder caused by mutations in the CFTR gene, which codes for a chloride ion channel. A defective channel impairs chloride transport across epithelial cells. In the sweat ducts, this defect prevents the reabsorption of chloride from sweat, resulting in an abnormally high sweat chloride concentration. A level greater than 60 mmol/L is considered diagnostic. The other listed conditions are not diagnosed by a chloride test; Gauchers disease is diagnosed via enzyme assay, Osteogenesis Imperfecta by genetic testing or clinical findings, and Liddle Syndrome by genetic testing and clinical response to specific diuretics.

Question 106. A 0-year-old child presented with tachypnea and severe dehydration. Investigations revealed a random blood glucose level of 50 mg/dL, urine glucose +, arterial blood pH of ., and serum bicarbonate of mmol/L. What is the most appropriate management for this patient?

A. Stabilize, NS 10 ml/kg followed by insulin 0.1 U/Kg/hr

B. Stabilize, NS 10 ml/Kg followed by insulin 0.2 U/Kg/hr

C. Stabilize, NS 20 ml/kg followed by insulin 0.1 U/Kg/hr

D. Stabilize, NS 20 ml/kg followed by insulin 0.2 U/Kg/hr

Correct answer: C

This child is in severe Diabetic Ketoacidosis (DKA), evidenced by hyperglycemia, acidosis (pH 7.1), and severe dehydration. According to pediatric DKA guidelines (like ISPAD), the initial management prioritizes fluid resuscitation to restore perfusion. For severe dehydration or shock, an initial isotonic saline bolus of 20 ml/kg is appropriate. This is followed by a continuous intravenous insulin infusion. The standard rate for the insulin infusion is 0.05-0.1 U/kg/hr. An insulin bolus is no longer recommended. Insulin therapy should begin approximately one hour after fluid resuscitation has started to prevent rapid osmolar shifts that could increase

Question 107. A 0-year-old woman scheduled for a total laparoscopic hysterectomy expressed concern and asked her gynecologist about the procedure. What is the main disadvantage of a total laparoscopic hysterectomy?

A. Increase blood loss

B. Long hospital stay

C. Increase postoperative pain

D. Increased chances of Bladder injury

Correct answer: D

Compared to traditional abdominal hysterectomy, total laparoscopic hysterectomy (TLH) offers numerous advantages, including less blood loss, shorter hospital stays, and less postoperative pain. However, the laparoscopic approach is associated with a unique set of potential complications. Due to the need to dissect the cervix away from the bladder using electrosurgical instruments in a space with limited tactile feedback, there is a slightly increased risk of thermal or direct injury to the urinary tract, particularly the bladder. While the overall complication rate is low

Question 108. A 3-year-old woman was diagnosed with carcinoma of the cervix. On clinical examination, a necrotic cervical lesion was found extending into the parametrium. What is the appropriate management for this stage of cervical cancer?

A. Surgery

B. Chemoradiation

C. Biopsy

D. Surgery + Radiotherapy

Correct answer: B

The patient has been diagnosed with cervical cancer that has extended into the parametrium (the connective tissue adjacent to the uterus). According to the FIGO staging system for cervical cancer, parametrial involvement signifies at least Stage IIB disease. For locally advanced cervical cancer (Stage IIB through IVA), the standard of care and the treatment that

offers the best survival outcomes is definitive chemoradiation. This involves a course of external beam radiation therapy to the pelvis, often combined with brachytherapy (internal radiation), given concurrently with a platinum-based chemotherapy agent (typically cisplatin). The chemotherapy acts as a radiosensitizer, making the cancer cells more susceptible to the effects of radiation. Surgery is not the primary treatment for this stage of disease.

Question 109. A 5-year-old female who was sexually active with multiple sexual partners presents with swelling in the wall of labia majora. What is the most likely diagnosis?

A. Bartholin abscess

B. Cystic fibrosis

C. Gartners cyst

D. Trichomoniasis

Correct answer: A

The Bartholins glands are located in the posterolateral aspect of the vaginal vestibule, at the base of the labia majora. Their function is to secrete mucus for lubrication. If the duct of one of these glands becomes blocked, fluid

Question 110. A 0-year-old woman undergoing infertility treatment with human menopausal gonadotropin (HMG) developed abdominal pain and dyspnea. What is this condition called?

A. Ovarian hyperstimulation syndrome

B. PCOD

C. Theca Lutein cyst

D. Hypogonadotropic hypogonadism

Correct answer: A

The patient is undergoing controlled ovarian stimulation with human menopausal gonadotropin (HMG) for infertility. A major potential complication of this treatment is Ovarian Hyperstimulation Syndrome (OHSS).

Question 111. Which of the following surgical procedures scheduled in the operating theatre cannot be performed using a hysteroscope?

A. Asherman syndrom

B. Septum resection

C. Subserous myoma

D. Tubal ligation

Correct answer: C

A hysteroscope is an instrument inserted through the cervix to visualize and operate within the uterine cavity. Therefore, it can only be used for pathologies located inside the uterus

(intracavitary) or within the uterine wall but bulging into the cavity (submucosal). Hysteroscopy is the standard approach for lysing adhesions in Ashermans syndrome (A), resecting a uterine septum (B), and performing tubal ligation via cannulation of the tubal ostia (D). A subserous myoma, by definition, is a fibroid located on the outer surface of the uterus, projecting into the peritoneal cavity. It is not accessible from inside the uterine cavity and therefore cannot be removed via hysteroscopy. Its removal requires a laparoscopy or laparotomy.

Question 112. A 6-year-old girl with primary amenorrhea presented with cyclical abdominal pain and a suprapubic bulge. On examination, there was swelling along the entire length of the vagina. What is the most likely diagnosis?

A. Complete vaginal atresia

B. Imperforate hymen

C. Total Mullerian agenesis

D. Transverse vaginal septum

Correct answer: B

No explanation is available for this recall question yet.

Question 113. A 3-year-old woman was brought to the outpatient department by her mother-in-law with complaints of inability to conceive despite six months of cohabitation. What should be the next step in management?

A. Hysterosalpingography

B. Revisit after 6 months

C. Husband semen analysis

D. Hysterectomy

Correct answer: B

Infertility is defined as the inability to conceive after one year of regular, unprotected intercourse. This patient is only 23 years old and has been trying to conceive for only 6 months. In a young, healthy couple, it is statistically normal for conception to take up to a year. Therefore, initiating an invasive and expensive infertility workup (like hysterosalpingography or hormonal assays) at this stage is premature. The most appropriate next step in management is to reassure the couple and advise them to continue trying to conceive for another six months. They should be counseled on timing intercourse with ovulation. If they have not conceived after a total of one year, then a formal infertility investigation would be warranted.

Question 114. A woman with cervical cancer has recently undergone radical surgical treatment. What is the best preventive advice that should be given to her 4-year-old daughter? Click Here to Buy book on Amazon MEDINK CHAPTER 15_OBS & GYNE

A. HPV Vaccine

B. BRCA testing

C. PTEN Testing

D. Cervical biopsy

Correct answer: A

Nearly all cases of cervical cancer are caused by persistent infection with high-risk strains of the Human Papillomavirus (HPV). While cervical cancer itself is not a hereditary disease, the causative agent is a preventable infection. The most effective primary prevention strategy against cervical cancer is vaccination against HPV. The HPV vaccine is highly effective at preventing infection with the most common cancer-causing HPV types (like 16 and 18). It is recommended for adolescents before they become sexually active, typically between ages 9 and 14. Therefore, the best advice for the 14-year-old daughter of a woman with cervical cancer is to receive the HPV vaccine to protect herself from the virus that causes the disease.

Question 115. A 7-year-old woman presented with two months of amenorrhea after previously having three regular menstrual cycles. Ultrasonography revealed a left adnexal mass measuring × . cm. Her serum β-hCG level was 800 mIU/mL. No fetal pole was seen within the uterus, and there was no cardiac activity. What should be the next step in management?

A. Oral methotrexate

B. Multiple doses of methotrexate with leucovorin

C. Single dose of methotrexate injection

D. Two dose of methotrexate injection

Correct answer: C

The clinical features suggest Ectopic Pregnancy, most commonly occurring in the Fallopian tube. The patient has amenorrhea for 2 months, a positive β-hCG level (2800 mIU/mL), and an adnexal mass on ultrasonography with no intrauterine pregnancy, which strongly indicates ectopic pregnancy.Medical management is preferred when the patient is hemodynamically stable, the adnexal mass is small (<3.5–4 cm), there is no fetal cardiac activity, and β-hCG levels are relatively

Question 116. A woman at 2 weeks of gestation presented with complaints of difficulty in breathing and walking. Fetal movements were normal. On examination, the abdomen was tense but non-tender, and the symphysis–fundal height measured 1 cm. What is the most likely diagnosis?

A. Polyhydramnios

B. Oligohydramnios

C. Maternal-fetal ascites

D. Stillbirth

Correct answer: A

The clinical findings are highly suggestive of polyhydramnios, which is an excessive amount of

amniotic fluid. The key finding is the significant discrepancy between the gestational age (32 weeks) and the symphysial-fundal height (41 cm), indicating a uterus that is much larger than expected. The tense abdomen and the patients symptoms of dyspnea (difficulty breathing, due to the enlarged uterus pushing up on the diaphragm) and difficulty walking are also classic consequences of the increased intra-abdominal pressure from the excess fluid. Fetal parts are often difficult to palpate in cases of polyhydramnios, and the fetal heart sound may be muffled. Oligohydramnios (B) is a deficiency of amniotic fluid and would present with a uterus that is small for dates.

Question 117. What is the cause of a painless ulcer accompanied by painless lymphadenopathy?

A. Granuloma Inguinale

B. Chancroid

C. Syphilis

D. Neisseria gonorrhea

Correct answer: C

The combination of a painless genital ulcer (chancre) and painless, non-tender regional lymphadenopathy is the classic presentation of primary syphilis, which is caused by the spirochete Treponema pallidum. The chancre is typically a single, clean-based, indurated ulcer that appears at the site of inoculation. In contrast, chancroid (B) is characterized by multiple, soft, painful ulcers with tender, suppurative lymph nodes (buboes). Granuloma inguinale (A) presents with painless, beefy-red ulcers but typically without significant

Question 118. The wife of a truck driver with a history of multiple sexual partners presented with vaginal discharge. On examination, cervical erosions were noted. According to syndromic management, which STD treatment kit should be given to this patient?

A. Green

B. Grey

C. Red

D. Yellow

Correct answer: A

Under Indias National AIDS Control Organisation (NACO) guidelines, sexually transmitted infections (STIs) are managed using a syndromic approach with color-coded kits. A patient presenting with vaginal discharge and cervical erosions (which suggests cervicitis) should be managed according to the Cervical Discharge Syndrome protocol. The pre-packaged treatment kit for this syndrome is the Green Kit. This kit contains a combination of antibiotics designed to treat the most common causes of cervicitis, which are Neisseria gonorrhoeae and Chlamydia trachomatis. The Green Kit typically contains a single dose of azithromycin and a single dose of

cefixime. The Grey Kit is for inguinal bubo, and the Yellow/White kits are for urethral discharge/ vaginitis.

Question 119. An obese woman presented with facial acne that did not improve despite appropriate medical treatment. What is the most likely underlying cause of her persistent acne?

A. Hypergonadism

B. Change in her diet

C. PCOS

D. Uses of lotions & cream

Correct answer: C

The combination of obesity and persistent, treatment-resistant acne in a female should raise suspicion for an underlying endocrine disorder, specifically Polycystic Ovary Syndrome (PCOS). PCOS is a common hormonal disorder characterized by hyperandrogenism (excess male hormones), ovulatory dysfunction, and polycystic ovarian morphology. The excess androgens are responsible for the clinical signs of hirsutism (excess hair growth) and persistent acne. The acne is often inflammatory and located on the lower face and jawline. Obesity is also a very common feature of PCOS and contributes to insulin resistance, which can exacerbate the hypermodernism. While diet and cosmetics can influence acne, a persistent case unresponsive to standard treatment warrants investigation for PCOS.

Question 120. Which chemical causes following allergic reaction

A. Pollen

B. PPD

C. Balsum of peru

D. Hexa

Correct answer: B

The image shows a delayed-type (Type IV) hypersensitivity reaction on the skin, which is the basis of patch testing for allergic contact dermatitis and tests like the Mantoux test. PPD (Purified Protein Derivative) is the substance used in the Mantoux test to screen for tuberculosis. When injected intradermally into an individual who has been previously

Question 121. When to put patient in given position?

A. Unconscious patient and both pulse & breathing absent

B. Unconscious patient & both pulse & breathing present

C. Unconscious patient with pulse present & breathing absent

D. Unconscious patient with pulse absent & breathing present

Correct answer: B

The image displays the recovery position. This position is used for an unconscious patient who

is breathing and has a pulse, but is not suspected of having a spinal injury. The purpose of the recovery position is to maintain a clear and open airway. By placing the person on their side, it prevents their tongue from falling back and obstructing the pharynx. It also allows any fluid, such as saliva or vomit, to drain safely out of the mouth, reducing the risk of aspiration into the lungs. If a patient is unconscious and not breathing, or has no pulse (A, C, D), they require immediate cardiopulmonary resuscitation (CPR), not placement in the recovery position.

Question 122. A 1-year-old woman delivered a kg baby at 1 weeks of gestation. The newborn was found to have hepatosplenomegaly and jaundice. CT scan of the brain showed periventricular calcifications. What is the most likely diagnosis?

A. Toxoplasmosis

B. Herpes Simplex

C. CMV

D. Parvo B 19

Correct answer: C

This infant presents with signs of a congenital infection, including prematurity, low birth weight, hepatosplenomegaly, and jaundice. The key diagnostic finding is the periventricular calcifications on the head CT scan. This specific pattern of intracranial calcification is the hallmark of congenital Cytomegalovirus (CMV) infection. CMV is the most common congenital viral infection. While congenital toxoplasmosis (A) also causes intracranial calcifications, they tend to be diffuse and scattered throughout the brain parenchyma, rather than being concentrated around the ventricles. The combination of prematurity, hepatosplenomegaly, and periventricular calcifications is classic for congenital CMV.

Question 123. A 2-year-old patient presented with altered sensorium. CT scan of the brain revealed bilateral temporal lobe hemorrhages. What is the most likely diagnosis?

A. TB

B. Herpes Simplex

C. Brain cancer

D. Stroke

Correct answer: B

The combination of an acute change in mental status (altered sensorium) and a CT scan

Question 124. A pediatric patient presented with a swelling over the head that has been present since birth (for the past two months). What is the most likely diagnosis?

A. Cephalhematoma

B. Caput succedaneum

C. Soft tissue swelling

D. None of the above

Correct answer: A

This question describes a head swelling in a newborn. Caput succedaneum is edema of the scalp that is present at birth, pits on pressure, and importantly, crosses suture lines. It resolves within a few days. A cephalhematoma, on the other hand, is a subperiosteal collection of blood. It appears a few hours after birth, is firm, and is strictly limited by the suture lines of the skull bone it overlies. Critically, a cephalhematoma can take several weeks to months to resolve. The history of a swelling that has been present for 2 months since birth makes caput succedaneum impossible. This prolonged duration is highly characteristic of a cephalhematoma, which may even calcify over time.

Question 125. A construction worker developed a persistent cough and shortness of breath and was later diagnosed with mesothelioma. What is the most likely underlying diagnosis or cause of this condition?

A. Asbestosis

B. Lung cancer

C. COPD

D. Chronic Bronchitis

Correct answer: A

The development of mesothelioma, a rare and aggressive cancer of the pleura, is almost exclusively linked to prior exposure to asbestos. Construction work is a high-risk occupation for asbestos exposure. The patients respiratory symptoms (cough and shortness of breath) are likely due to the underlying interstitial lung disease caused by the inhalation of asbestos fibers, which is known as asbestosis. Asbestosis is a form of pulmonary fibrosis. Therefore, the overall diagnosis, encompassing both the benign fibrotic lung disease and the resulting malignancy, is asbestosis. While the patient also has cancer, the term asbestosis refers to the underlying pneumoconiosis that led to the development of mesothelioma.

Question 126. A 5-year-old woman presented with recurrent episodes of anxiety, palpitations, sweating, breathlessness, chest pain, and a feeling of impending doom, as if she were having a heart attack. These episodes occur – times per month, last about 0 minutes each, and have been ongoing for six months. What is the most likely diagnosis?

A. Depression

B. Panic disorder

C. GAD

D. Agoraphobia

Correct answer: B

No explanation is available for this recall question yet.

Question 127. A male patient with a history of marital conflicts presented with complaints of premature ejaculation. Which of the following non-pharmacological methods can be useful in managing this condition?

A. Squeeze technique

B. CBT

C. Exposure and responsive prevention

D. Sensate focus technique

Correct answer: A

Premature (early) ejaculation is a common male sexual dysfunction. A cornerstone of non-pharmacological, behavioral therapy for this condition is the squeeze technique, developed by Masters and Johnson. This technique involves the man or his partner stimulating the penis until he feels the urge to ejaculate. At that point, the partner firmly squeezes the head of the penis for several seconds, which diminishes the ejaculatory urge. This process is repeated multiple times before allowing ejaculation to occur. The goal is to help the man gain better awareness of his pre-ejaculatory sensations and develop voluntary control over the ejaculatory reflex. Sensate focus (D) is a technique used more for arousal disorders and erectile dysfunction.

Question 128. A patient diagnosed with schizophrenia did not respond to treatment with haloperidol and thioridazine. He was started on another medication, after which he developed side effects such as excessive salivation (sialorrhea), dyslipidemia, and hyperglycemia. Which drug was most likely initiated?

A. Clozapine

B. Risperidone

C. Aripiprazole

D. Ziprasidone

Correct answer: A

This patient has treatment-resistant schizophrenia, defined by the failure to respond to adequate trials of at least two different antipsychotic medications (haloperidol and thioridazine). The drug of choice and the only medication approved for treatment-resistant schizophrenia is clozapine. Furthermore, the side effect profile described is highly characteristic of clozapine. It is known for causing significant metabolic side effects, including dyslipidemia and hyperglycemia (risk of new-onset diabetes). Uniquely among antipsychotics, it frequently causes sialorrhea (excessive salivation), whereas most others tend to cause dry mouth.