

**May 2002 PLAB Part 1 Exam**

**1 Deafness**

- A. b/l conductive deafness
- B. b/l sensorineural deafness
- C. uni/lat conductive deafness
- D. uni/lat sensorineural deafness
- E. total deafness

- 1.acoustic neuroma
- 2.presbyosis
- 3.otosclerosis
- 4 noise induced deafness
- 5.otitis media with effusion

**2 GIT diagnosis**

- A. Chron's disease
- B. ulcerative colitis
- C. angiodysplasia
- D. intussusception

- 1.pt with h/o alternate bowel habits, most of time bloody diarrhoea, histology shows rose thorn ulcers
- 2.pt with bloody diarrhoea, histology shows crypt abscess
- 3.baby, crying too much, plain x-ray shows transverse line just below umbilicus
- 4.old man with iron deficiency anaemia, colonoscopy up till hepatic flexure was normal

**3 Vaccination in children**

- A. continue as per schedule
- B. delay vaccine for two wks
- C. give inactivated vaccine
- D. try lower dose
- E. don't vaccinate

- 1.baby who cried for two hours last time is due for MMR, pertusis
- 2.baby with acute otitis media, and family h/o egg allergy is due for MMR
- 3.baby with h/o cerebral palsy is due for MMR
- 4.baby with AIDS is due for MMR

**4 Prenatal pathology**

- A. Spina bifida
- B. Down's
- C. Duchene muscular dystrophy
- D. Thalassaemia
- E. Cerebral palsy

- 1.mother who has a son with this disease, now pregnant with a male baby, want to know if he has this disease too

2. mother has positive triple test (high HCG, low Alpha-fetoprotein)
3. mother was advised to take folic acid in her pregnancy
4. mother with a high alpha-fetoprotein level

### **5 Management plan for urinary obstruction**

- A. temporary catheterisation
- B. intermittent self catheterisations
- C. transurethral prostatectomy
- D. permanent catheterisation
- E. suprapubic catheterisation

1. pt with diabetic neuropathy can not empty his bladder properly and always complain of residual urine
2. pt comes with acute on chronic retention, and on rectal examination has large prostate
3. pt comes after RTA and has blood in urinary meatus, urinary retention

### **6 Treatment of dehydration**

- A. ors(60mmol)
- B. ors(90mmol)
- C. water per os
- D. 0.9% saline
- E. 9% saline
- F. nil by mouth
- G. gastrostomy

1. a 6 yr old boy has been left in the car directly under sun for 6 hrs
2. a mother brings 2yr old child who has diarrhoea and vomiting for past 24 hrs
3. a pt is admitted in the hospital with stroke ,now it's been 1 wk he is on i/v fluids as his swallowing is not still safe
4. a 24 yr man presents with deep burns on the anterior chest wall and upper limbs

### **7 Poisoning**

- A. caffeine
- B. cocaine
- C. amphetamine
- D. marijuana
- E. morphine
- F. ecstasy

1. student having exam few days ahead comes with anxiety, tremors, and palpitations
2. a man come to accident and emergency and saying he hears voices and sees faces around .
3. a man with pinpoint pupil
4. young girl found near to night club, unconscious, and hyperkalemia

### **8 Causes of jaundice in children**

- A. galactosemia
- B. biliary atresia

- C. hepatitis A
- D. Rh incompatibility
- E. hypothyroidism
- F. breast milk jaundice
- G. UTI
- H. viral infections (cong)

1.6 wks old, formula fed infant who has failed to gain weight is noted to have pale stools and dark urine

2.8 wks old infant who grows normally presents with yellow stools and straw colour urine

3.a baby is born with Coomb's test positive

4.a baby born at 38 wk with birth weight of 1.8 kg is found to have jaundice and generalized purpuric rash

### **9 Management of eye condition**

- A. fluorescent stain
- B. x-ray orbit
- C. wash the eye

1.gardener comes with an acute blepharospasm and photophobia, while trimming in his garden

2.a factory worker comes with something in his eye,he says it must be some metal piece.

### **10 Diagnosis**

- A. Pancost's tumour
- B. Gastric carcinoma
- C. Parotid adenoma
- D. mesothelioma
- E. Gastric ulcer
- F. Duodenal ulcer

a. a chinese man p/w wt loss and vomiting after eating food ,he has this symptoms for many months

b.a shipyard worker presents with mass in supraclavicular region, and with some chest symptoms.CXR shows pleural thickening on both sides and pleura effusion on the same side of mass.

c.old woman p/w mass between angle of jaw and ear for many months and her mumps serology is negative

### **11 Treatment of shock**

- A. i/v fluids
- B. O(-) blood
- C. i/v dopamine

1.pt comes in shock, her BP is 90/60 and her pulse is 55,and her CVP is 3 water cm

2.a pt after some chronic illness is in shock her BP is 90/65 and pulse is 60, her CVP is 18mm

3.a pt after aortic aneurysm surgery is in shock

## **12 Management of conditions in A/e:(Repeat)**

- 1.A boy has 10% scalds.
- 2.In a baby iv line can't be put .(Intraosseous infusion)
- 3.In adult no peripheral line can be put.(Central line)
4. A boy with BP 70/50,in shock.(Bolus 20ml/kg. ).

## **13 Management of anxiety disorders:(Repeat)**

- a. lawyer getting nervous on giving speeches.Wants a permanent solutions.
- b.a female is scared of flying.Wants to go to New Zealand for daughter's marriage.
- c. An old man had a bout of haematemesis 3 days back& is admitted to hospital. Now agitated

## **14 Injuries**

- A. Nonaccidental injury.
- B. Pulled elbow.
- C. supracondylar fracture.
- D. fracture clavicle.
- E. Fracture scaphoid.
- F. Greenstick fracture.

- 1.A 3 month old baby was brought by mother to A/E.She says that it rolled down the bed & has multiple injuries.
- 2.A 5 year old girl slipped while holding her mothers hand. She is unable to use her forearm.
- 3.A boy fell down the tree on his arm .His radial pulse is absent.
- 4.A child is crying due to pain in his arm.The mother had a prolonged difficult home delivery.
5. A boy presented to A/E & has his arm in plaster , it became wet. He was treated in another hospital before, X-ray showed no abnormality then. Now the X-ray shows a fracture.
- 6.A boy fell down on his forearm. He has mild tenderness over his wrist but there is no deformity or swelling.

## **15. treatment of shingles**

- A. Acyclovir for two days
- B. Acyclovir for seven days
- C. i/v acyclovir
- D. steroids oral
- E. steroids drops
- F. Reassurance and advice
- G. Varicella immunoglobulin
- H. Treat and refer for sp opinion

- 1.an old woman having shingles in thoracic dermatome and it's been now many years she complain of pain.
- 2.a woman pregnant comes to u with shingles in thoracic dermatome
- 3.A boy with lymphoma admitted in the ward, h/o contact with a pt with herpes(.varicella Ig )
- 4.pt with HIV having shingles

## **16 Investigation of needle injuries**

- A. hep B antibody
- B. hep C antibody
- C. hep C RNA(polymerase reaction)
- D. HIV antibody
- E. hep E antigen
- F. hep E antibody

1. a nurse previously immunized with hep B get pricked by pt who is known HIV positive. She has been given prophylactic azt , what else should be done to know her status.

2. a surgeon is pricked by hep C positive pt.

3. a man with hep B carrier state. he wants to know his status

### **17 Causes of pneumonia**

- A. leishmania
- B. h-influenza
- C. mycobacterium TB
- D. streptococcus
- E. staphylococcus
- F. micoplasma

1. alcoholic pt with productive cough for many months now c/o occasional blood in sputum and wt loss. X ray =b/l upper zone shadowing

2. a pt with h/o COPD comes with chest pain and green sputum production

3. man comes from holidays c/o cough and chest pain ,x-rays shows patchy consolidation

4. a man with s/s of pneumonias came with cold agglutinins positive

5. a man with rigors and fever .X-ray shows rt middle zone consolidation, no previous illness

### **18 Diagnosis of breast diseases**

- A. fibroadenoma
- B. ductal ectasia
- C. breast ca
- D. cyclical mastalgia
- E. paget's disease of nipple
- F. eczema

1. a pt comes with h/o breast pain and nodularities , she is having these symptoms every month.

2. pt with mass in the upper outer quadrant ,no pain and tenderness, but some axillary lymphnodes are enlarged

3. young pt comes with 2cm mass in lower quadrant of breast no pain and no other positive findings

4. middle age pt comes with breast nipple discharge, which is sometimes bloody, skin around nipple is fine ,she has both nipple retracted, with no other positive finding.

5. old pt with nipple discharge and skin excoriation, redness and inflammation in right breast

### **19 Investigation of gynaecological diseases**

- A. cytology
- B. histology
- C. cancer affinity genes(both breast and cervical)

- D. s/estradiol level
- E. s/testosterone level
- F. prolactin level
- G. pelvic u/s

1. a woman, whose mother died of cervical cancer, also has two cousins that have cervical cancer, she is worried about herself and her daughter.
2. a woman with cervical discharge, o/e a cyst in the cervix
3. a 55 yr old woman with occasional bleeding, histology shows endometrial proliferation, rest of examination is normal.
4. a woman having some psychiatry problem taking haloperidol, and c/o discharging from breast.

## **20. Diagnosis of psychiatry disorder**

- A. anxiety depressive disorder
- B. major depression
- C. depression with somatic symptoms
- D. depression with psychotic symptoms
- E. schizophrenia
- F. post natal depression
- G. puerperal psychosis

1. a man presents with his wife saying she is depressed and wants to be alone, she has h/o hospital admission two yrs back with s/s of agitation, aggressiveness, and delusions
2. a man who was previously well presents with low mood and depressed, he recently has some financial loss and his home is repossessed.
3. a woman after the delivery of baby presents with feeling alone and not talking to her husband, she is not really interested in feeding her baby.
4. 30 yr old man comes with complains that he thinks his thought have been taken away.

## **21. Causative hormone.**

- A. ACTH
- B. Cortisol
- C. Adrenaline
- D. Aldosterone, insulin

1. a woman with round face, raised BP, ultrasound shows enlargement of right adrenal gland.
2. a patient with raised BP, low potassium, High/normal? sodium.

**Topic : Vulvar conditions in children**

The different presentations

fungal infection, as a nappy rash, sexual abuse, personal hygiene.

**Topic : Management of Head injuries**

Post operative care

**The investigation of of gynecological diseases**

- a. cytology
- b. histology
- c. cancer affinity genes (both breast and cervical)
- d. estradiol level
- e testosterone level
- f. prolactin level
- g .pelvic u/s

1 A woman tells you that her mother died of cervical cancer. She also has two cousins that have had cervical cancer. She is worried about herself and her daughter.

Answer : a cytology(smear)

2 A woman comes to you with a cervical discharge. On examination you find a cyst in the cervix.

Answer : Nabothian cysts may be seen in the cervix, but they are typically asymptomatic, without any discharge. So, maybe this is a kind of carcinoma, then answer should be histology

3. A 55 yr old woman comes to you with occasional bleeding. Histology of the endometrium shows endometrial proliferation. The rest of the examination is normal. not pelvic ultrasound

Answer : again histology - (OHCM-in any postmenopausal bleeding suspect endometrial ca)

4. A woman has a history of psychiatric problems and is on treatment on haloperidol. She now complains of a breast discharge.

Answer : Prolactin level (side effect of all antipsychotics)

**Topic: vaccination in children**

options

- a continue as per schedule
- b delay vaccine for two wks
- c give inactivated vaccine
- d try lower dose
- e don' t vaccinate

1 baby with cry for two hours in last dose is due for mmr,pertusis

continue as per schedule

crying for quite a period could be a problem,but for 2hours it doesn't count

INCONSOLABLE CRYING is a C/I to pertussis vaccine,is two hrs

still consolable

A c/i for vaccination is..

persistent, inconsolable crying lasting for 3 or more hours, occurring within 48 hours of dose

2 baby with acute otitis media, and family hx of egg allergy is due for mmr  
continue as per schedule  
any acute febrile disease is a matter of delay

3 baby with hx of cerebral palsy is due for mmr  
continue as per schedule  
h/o cerebral palsy is not a c/i

4 baby with aids is due for mmr

delay vaccine

acquired immunodeficiency sufferers are subject to vaccination  
the BNF says give inactivated vaccines to hiv positive children, pl discuss, don't you think  
since everybody follows the BNF as the standard of practising we should stick to inactivated  
vaccines for HIV positive subjects

5. about family h/o egg allergy.

OHCS f/o of egg allergy for MMRI vaccination (but not for flu) is not a c/i. Only if there was an  
anaphylactic reaction.

<http://www.cdc.gov/nip/recs/contraindications.pdf>

### **Topic : Antenatal diagnosis**

- a SPINA BI FIDA
- b DOWN'S SYNDROME
- c DUCHENNE MUSCULAR DYSTROPHY
- d THALASSEMIA
- e CEREBRAL PALSY

1. MOTHER WHO HAS ONE SON WITH DISEASE AND NOW AGAIN PREGNANT  
HAVING SON THIS TIME ALSO WANTS TO KNOW WHETHER HE HAS THE DISEASE OR  
NOT  
Duchenne (X-linked)

2. MOTHER WHO HAS TRIPLE TEST POSITIVE.  
Down's  
a mom with high HCG and low alpha fetal protein

The AFP marker (Alpha-fetoprotein) is found to be at higher levels in mothers carrying a foetus  
with an open neural tube defect. The reason for this is that the neural tube is open within the  
amniotic sac and the AFP protein that is produced by the foetus can leak into the amniotic  
fluid and then onwards into the mother's bloodstream.

The same AFP protein is found in relatively low levels (!!!!!!!!!!!!!!! that's what q is asking for) in  
a foetus that has the Trisomy 21 defect. The AFP marker in conjunction with information on  
the age and ethnicity of the parents can help determine a 'high risk' Trisomy 21 pregnancy.

The HCG marker (Human Chorionic Gonadotropin). B-HCG Levels in Pregnancy the levels of  
 $\beta$ -hCG should drop away 8-9 weeks (from conception) into the pregnancy as the placenta  
takes over production of progesterone. A foetus with Trisomy 21 produces high levels of  
 $\beta$ -hCG, so if higher than expected levels of  $\beta$ -hCG are found between 15 and 22 weeks, then  
this combined with information about the mother may indicate a Down Syndrome foetus.

The UE3 marker (Unconjugated Estriol) is another hormone produced by the foetus and  
placenta but is not used to specifically indicate an anomaly, rather it is used as a reference  
against the other two markers to increase the accuracy of the information provided thus  
reducing the number of false results (details on results follow).

SO ,THE ANSWER to q2 IS DOWN'S=Trisomy 21

3.MOTHER WAS ADVISED TO HAVE FOLIC ACID IN HER PREGNANCY  
spina bifida

4.MAOTHER WHO HAS ALPHA FETO PROTEIN LEVEL HIGH  
spina bifida

**Topic: Diagnosis of psychiatry disorder**

options

- a .anxiety depressive disorder
- b.major depression
- c.depression with somatic symptoms
- d.depression with psychotic symptoms
- e.schizophrenia
- f. post natal depression
- g .puerperal psychosis

1 .a man presents to u with his wife saying she is depressed and wants to be alone,she has hx of hospiatl admission two yrs back with s/s of agitation ,aggresivness,and delusions depression with psychotic symptoms

2 .a man who was previously well presents with low mood and depressed,he receently has some financil loss and his home is repossessed.

major depression

anxiety depressive

#2 as I remember in major depression there must be somatic symptoms(weight loss,insomnia,etc),can't see any here.

What d'u say

3 .a woman after the delivery of baby presents with feeling alone and not talking to her husband,she is not really intrested in feeding her baby.

post natal depression

4 .30 yr old man comes with complains that he thinks his thought have been taken away  
schizo

good old schizophrenia

**Topic: treatment of shingles**

- a.acyclovir for two days
- b acyclovir for seven days
- c i/v acyclovir
- d steroids oral
- e steroids drops
- f reassurance and advice
- g varicella immunoglobilin
- h treat and refer for specialist opinion

1.an old woman has signs suggestive of shingles in the thoracic dermatome. She has had this for many years and she is now complaining of pain.  
carbamazepin and refer to neurologist

post-herpetic neuralgia is resistant to simple analgesia, but anticonvulsants can be useful. When they are also failing, a surgical removal of ganglia is the only saviour, so refer to specialist

2. A pregnant woman comes to you with shingles in the thoracic dermatome  
varicella

pregnant women with shingles must take varicella Ig for their babies (so whom shall we treat, mum or baby?) What's your answer, then, darsh

3. a boy with lymphoma has shingles, A boy with lymphoma admitted in the ward. he gives h/o contact with a pt with herpes.

probable ans. varicella ig

acyclovir 7 days

both with immunodeficiency, here the drug of choice is acyclovir, which is given 5-7 days, not less than that.

in that case, ok, Ig for prophylaxis.

4. a patient with HIV has shingles  
4i/v acyclovir

both with immunodeficiency, here the drug of choice is acyclovir, which is given 5-7 days, not less than that.

4-i don't know whether it is iv acyclovir or oral acyclovir for 7 days

### **Topic: investigation of needle injuries**

a hep B antibody

b HEP C ANTIBODY

c hep c RNA (polymerase reaction)

d hiv antibody

e hep e antigen

f hep e antibody

1. A nurse who has been previously immunized with hepatitis B gets a needle prick from a needle used on a patient who is known HIV positive. She has been given prophylactic AZT. What else should be done to know her status?

HIV a/bodies and follow-ups every 3 months for CD4 cells count (which reminds me -what is the normal range of CD4s?)

2 A surgeon suffers a needle prick from a needle used on a patient who is known Hep C positive.

Hep C RNA (earlier test than serology)

3. A man known to be a Hepatitis B carrier wants to know his status

HBsAg

HBe ab as he is already a carrier and wants to know if he is infective or not  
ok, darsh, you're right!

The Hepatitis 'e' antigen (HBeAg) is a peptide and normally detectable in the bloodstream when the hepatitis B virus is actively reproducing, this in turn leads to the person being much more infectious and at a greater risk of progression to liver disease. The exact function of this non structural protein is unknown, however it is thought that HBe may be influential in suppressing the immune systems response to HBV infection(?). HBeAg is generally detectable at the same time as HBsAg and disappears before HBsAg disappears. The

presence of HBeAg in chronic infection is generally taken to indicate that HBV is actively reproducing and there is a higher probability of liver damage. In acute infection HBeAg is generally only transiently present.

### Diagnosis of breast diseases

- a fibroadenoma
- b ductal ectasia
- c breast ca
- d cyclical mastalgia
- e paget's disease of nipple
- f eczema

1 a pt comes w/ hx of breast pain and nodularities. She has been complaining of this problem over several months.

2. A patient complains of a mass in the upper outer quadrant of the breast. She has no pain or tenderness, but some axillary lymph nodes are enlarged.

3. a young pt complains of a 2cm mass in the lower quadrant of the breast. She has no pain and no other positive findings

4. a middle age patient has a nipple discharge, which is sometime bloody. The skin around the nipple is fine. Both her nipples are retracted. There are no other positive findings.

5. An old patient has a nipple discharge and skin excoriation, redness and inflammation in her right breast

1 cycl.mastalgia

1.ca

2 ca?

benign mammary dysplasia

ya the Q'S WEREN'T THIS WAY & THE ANS WHAT RORO POSTED R CORRECT EXCEPT FOR THE 2ND ONE. I THINK IT'S FIBROADENOMA

3 fibroadenoma

paget disease

3- cannot be pagets

4 eczema

why not ductal ectasia in 4??

I take blame, there was no skin disorder, so it is ectasia.

duct papilloma

5 paget's

breast abscess

breast abscess, is it because of redness and inflammation, but old pt?

### Topic: Abdominal Conditions

- a. pancoast tumor
- b. gastric carcinoma
- c. parotid adenoma
- d. mesothelioma
- e. gastric ulcer
- f. duodenal ulcer

1. a chinese man presents with u ,with wt loss and vomiting after eating food ,he has this symptoms for many months  
gastric ulcer  
why gastric ulcer

2.a shipyard worker presents with mass in supraclavicular reigon,and with some chest symptoms. An x-ray shows pleural thickning on both sides and a pleural effusion on the same side of the mass.  
pancoast tumor  
mesothelioma  
shipyard- then mesothelioma

3. An old woman presents with a mass between the angle of her jaw and ear for many months. His mumps serology is negative

pancoast tumor  
would think before choosing parotid adenoma,coz of location(behind the angle of jaw)?, was there smth about mastoid  
parotid adenoma

### **Investigations for Cardiac pt.**

ecg  
angiography  
chest x-ray

1. pt with hx of angina has occasional palpitaions.

### **causes of pneumonias**

legionella  
hemophilus-influenza  
mycobacterium TB  
streptococcus  
staphylococcus  
mycoplasm

1.alchlic pt with produvctive cough for many months now c/o occasional blood in sputum and wt loss.x ray =b/l upper zone shadowing  
mycobacterium  
kochs  
Reference = Microbiology made Ridiculously Simple.

2.a patient with a hiistory of COPD complains of chest pain and green sputum production can't see pseudomonas here-green sputum , respiratory diseases all for it why cant it be staphaureus???  
staphaureus  
But for ques 2 = Streptococcus  
.....In COPD pt...Strep & Staph are most prone...But Green Phelgem is produced by Strep  
Good Luck  
-well,don't know,maybe strep then.But ...  
don't worry guys this them was from fichtest,i was in the exam..  
Haemophilus influenzae  
agree with S.T .A GREEN PHLEGM is more commonly associated with strept  
it's rather confusing a question.CoZ most of bacterias causing pneumonia are purulent, therefore most of them will produce GREEN phlegm(green due to neutrophils).Let's drop the colour of sputum ,so where do we start?COPD-most common organisms are

Hemophilus, Pseudomonas, Mycoplasma, and the whole lot of Coccs. I wish someone could give me the ultimate right answer!

in copd the commonest of organisms are moraxella catarrhalis and pseudomonas just went through PARVEEN KUMAR, AND IN PNEUMONIA TOPICS THEY CLEARLY MENTIONED THAT HINF IS THE COMMONST IN PT WITH COPD....AND ALSO WITH GREEN SPUTUM....

3. a man returning from his holidays complains of a cough and chest pain. x-rays shows patch consolidation  
legionella

4. A man with signs and symptoms of pneumonias is cold agglutinins positive  
mycoplasma

5. a man has rigors and fever . An x-ray shows right middle zone consolidation, there has been no previous illness  
strept  
streptococcus

### **Topic : The management of eye conditions**

a fluorescein stain  
b x-ray orbit  
c wash the eye

1. gardner come with acute blepharospasm and photophobia, while trimming in his garden fluorescein angiography as it is corneal abrasion  
2. a factory worker come with something in his eye according to him it must be some metal piece.

x-ray orbit

3.

a. submandibular gland enlargement  
b. parotid adenoma  
c. branchial cyst  
d. cystic hygroma  
e. sternomastoid tr  
f lipoma

1 A man with a smooth uniform swelling behind the angle of jaw  
parotid adenoma

### **Topic: treatment of shock**

a. i/v fluids  
b. O negative blood  
c. i/v dopamine

1. pt comes to u in shock, her bp is 90/60 and her pulse is 55, and her cvp is 3mm or cm  
CVP normal is 5-10cm water, it's low if hypovolaemia, then answer is a) i/v fluids

2. a pt in after some chronic illness is in shock her b.p is 90/65 and pulse is 60, her cvp 18mm  
septic shock-dopamine

3. a pt after aortic aneurysm surgery is in shock.  
b (assume blood lost?)

**Topic: Diagnosis of urinary incontinence in women**

detrusor instability  
stress incontinence  
vesicovaginal fistula  
UTI

**Topic : causes of jaundice in neonates**

galactosemia  
biliary atresia  
hepatitis  
congenital viral infections  
Rh incompatibility

**Topic : treatment of burns in children**

**Diagnosis of arthritis in old hypertensive man with recurrent episodes**

**Diagnosis of cervical pathology**

**poisoning (amphetamine, cocaine, alcohol, caffeine).**

**lot of confusing questions on head injury (management)**

**treatment of shock (cardiogenic, hypovolemic, etc)**

**causes of pneumonias**

**psychiatric disorders (bipolar, depression with psychotic symptoms, anxiety depressive disorder, schizophrenia, postnatal psychosis, postnatal depression)**

These themes are indeed familiar, esp. head injury (no exam without it!), causes of pneumonia, psych, burns.

**Theme: poisoning**

a caffeine  
b cocaine  
c amphetamine  
d marijuana  
e morphine  
f ecstasy

1. student complains of anxiety, tremors, and palpitations. He has an exam a few days ahead  
caffeine

2. a man comes to accident and emergency and says he is listening voices and seeing faces around him.  
ecstasy

3. a man with pin point pupil  
morphine

4. a young girl found out side of a night club, unconscious, and hyperkalemic  
amphetamines  
ans of 4 is ecstasy b'coz hyperkalemia

### **Theme : causes of jaundice in children**

- a galactosemia
- b biliary atresia
- c hepatitis A
- d rh incompatibility
- e hypothyroidism
- f breast milk jaundice
- g UTI
- h congenital viral infections

1 A 6 week old formula fed infant who has failed to gain weight is noted to have pale stools and dark urine  
biliary atresia

2 An 8 wk old infant who has been growing normally presents with yellow stools and a straw colored urine

i wrote uti for the baby with straw colored urine?

Q 2 ANS. breast milk jaundice

3 a baby is born Coomb's test positive  
incompatibility

4 a baby born at 38 weeks with a birth weight of 1.8 kg is found to have jaundice and a generalized purpuric rash

cong viral inf

### **Theme : treatment of dehydration**

- a ors(60mmole)
- b ors(90mmole)
- c water by mouth
- d 0.9% saline
- e 9% saline
- f nil per oral
- g gastrostomy

1. a 6 yr old boy has been left in the car directly under sun for 6 hrs  
water by mouth

2. a mother brings two yr old child who has diarrhoea and vomiting for past 24 hr  
ors but i dont know 60 or 90 ??

3. a pt is admitted in the hospital with stroke , now it,s been i wk he is on i/v fluid as his swallow is not still safe  
nil per oral

4. a 24 yr man presents with deep burns on the ant chest wall and upper limbs  
0.9% saline

a cop is bitten by a man , what is the answer. swab was one option. for what ?

**Theme : Diagnosis of injury in children:**

1.A 3 month old baby was brought by mother to A/e.She says that it rolled down the bed & has multiple injuries.

Nonaccidental injury.

2. A 5 year old girl slipped while holding her mothers hand.She is unable to use her forearm.  
Pulled elbow

3.A boy fell down the tree on his arm .His radial pulse is absent.  
supracondylar fracture.

4.A child is crying due to pain in his arm.The mother had a prolonged difficult home delivery.  
fracture clavicle.

5. A boy presented to A/E &has his arm in plaster \* & it became wet.He was treated in another hospital then , The X-ray showed no abnormality then.Now the X-ray shows an abnormality.  
Fracture scaphoid.

6.A boy fell down on his forearm.He has mild tenderness over his wrist but there is no deformity or swelling.  
Greenstick fracture.

**Theme : Diagnosis of breast conditions.**

**Theme : New Theme about different investigations about Prostate cancer.**

**Theme : Preoperative investigations.**

**Theme : Management of anxiety disorders:(Repeated)**

1. Same about lawyer getting nervous on giving speeches.Wants a permanent solutions.

2.a female is scared of flying.Wants to go to newzealand for daughters marriage.

3. An old man had a bout of haematemesis 3 days back& is admitted in hospital. Now agitated.

**Management of conditions in A/E:(Repeat)**

1. A boy has 10% scalds.

2. In a baby an iv line cannot be put  
Intraosseous infusion

3. In ab adult no peripheral line can be put.  
Central line

4. A boy withBp 70/50,in shock.  
Bolus 20ml/kg

## management plan for urinary obstruction

- a .temporary catheterization
- b intermittent self catheterization
- c transurethral prostatectomy
- d permanent catheterization
- e suprapubic catheterization

1.pt with diabetic neuropathy can not empty his bladder properly and always complain of residual urine  
intermittent.

2.pt comes with acute on chronic retention, and on rectal exam have large prostate  
prostatectomy

3.pt comes after a road traffic accident and has blood on his urinary meatus, he is in urinary retention

suprapubic

## Theme: GIT diagnosis

- a. Crohn's disease
- b. ulcerative colitis
- c. angiodysplasia
- d. intussusception
- e sigmoid ca
- f rectum ca
- g caecum ca

1.pt with hx of alternate bowel habits, most of time with bloody diarrhea, over 65 years ,  
histology shows rose thorn ulcers  
crohn  
age 65 and crohn - non -sense

2. a pt has bloody diarrhea, histology shows crypt abscesses  
uc

3. a baby is crying too much, plain x-ray shows transverse line just below umbilicus  
intus

4 an old man with iron deficiency anemia has colonoscopy up till the hepatic flexure, this was normal

Secondly ans for 4 is Cancer because right side never produces bleeding only hint of Cr is  
Ferrum dropping

referring to cancer of right gut it is very often there is not blood visible at all. The patient has  
anaemia, why?  
because he is losing blood but not significant amount (invisible).First sign of right gut cancer  
is not bleeding as a bleeding - Fe problem or anaemia.

5. 3cm ulcerated lesion on 12 cm above the anus on colonoscopy.

**Theme: deafness**

a b/l conductive deafness  
acoustic neuroma

b b/l sensory deafness  
presbyosis  
noise induced deafness

Exposure to intense noise results in loss of hair cells in the organ of Corti. Although persons vary greatly in susceptibility to noise-induced hearing loss, nearly everyone loses some hearing if exposed to sufficiently intense noise for an adequate time. Any noise > 85 dB is damaging. High-frequency tinnitus usually accompanies the hearing loss. Loss occurs first at 4 kHz and gradually occurs in the lower and higher frequencies as exposure continues. In contrast to most sensorineural hearing losses, loss is less at 8 kHz than at 4 kHz. Blast injury (acoustic trauma) produces the same kind of sensory hearing loss.

So, it is b/l sensorineural as sun says

c uni/lat conductive deafness  
otosclerosis

d uni/lat sensory deafness  
noise induced deafness

e total deafness  
otitis media with effusion