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## PRENATAL SCREENING

### Options

- A .Duchenne's muscular dystrophy
- B .spina bifida
- C .Down's syndrome
- D .Cystic fibrosis
- E. Sickle cell anaemia

1. Mom with previous male child affected with this disorder want to know whether this child is also affected
2. Pregnant lady with high alpha fetoprotein want to know whether the child is having this condition
3. Pregnant lady with high HCG and low AFP want to know whether is affected with this condition
4. To prevent from this condition mother takes folate prior to conception and during pregnancy
5. Mom with previous child affected with recurrent chest infections and abdominal symptoms wants to know whether this child is affected

1-duchenne's 2-spina. 3-downs.  
4-spina. 5-cystic fibrosis.

1- Duchenne's muscle dystrophy  
2-down synd  
3-spina bifida  
4---spina bifida  
5---cystic fibrosis

1.A  
2.NEURAL TUBE DEFECTS ?  
3.C 4.B 5.D

**THEME: CAUSES OF BLEEDING FOLLOWING DELIVERY**

**Options:**

- A. Cervical lacerations
- B. Vaginal lacerations
- C. Uterus atony
- D. Rupture of uterus
- E. Cervical polyp
- F. DIC

1. A lady previous history of one C/S, has profuse bleeding after vaginal delivery
  2. A lady has excess vaginal bleeding after delivery of twins
  3. A lady who has 5 children, has profuse bleeding after delivery
  4. A lady who delivered without episiotomy is noted to have excess bleeding
  5. A lady with abruptio placentae, has heavy bleeding
- 1-uterine rupture
  - 2-uterine atony
  - 3-uterine atony
  - 4-vaginal laceration
  - 5--DIC

**TREATMENT OF CONJUNCTIVITIS**

**Options**

- A. Topical fusidic acid
- B. Oral indomethacin
- C. Oral tetracycline
- D. Sodium cromoglycate
- E. Oral acyclovir
- F. Topical betamethasone

1. Allergic conjunctivitis
2. ophthalmia neonatorum
3. trachoma
4. Reiter's disease

- 1--Allergic conjunctivitis---Na cromoglycate
- 2--Ophthalmia neonatorum---topical fusidic acid
- 3--Trachoma--oral tetracycline
- 4--Reiter---indomethacin

**CONJUNCTIVITIS**

1.d 2.a 3.c 4.f

1.d 2.e 3.c 4.b

- 1.D
- 2.A/ WASNT CEFOTAXIME OR CLORAMPHENICOL IN THE CHOICES?
- 3.C 4.B

**DIAGNOSIS OF ARRHYTHMIA**

**Options**

- A. ventricular fibrillation
- B. ventricular tachycardia
- C. supraventricular tachycardia
- D. atrial fibrillation
- E. atrial flutter
- F. ventricular ectopics
- G. Wenckebach phenomenon

- 1. A patient 3 weeks post MI complains of palpitations he is otherwise normal
- 2. A 27 year old lady complains of recurrent episodes of palpitations along with spells of dizziness her BP and pulse are normal
- 3. A 39 year old man known hypertensive complains of palpitations which he has noticed to decrease on applying pressure over carotids
- 4. A 32 year old man who is a athlete by profession complains of palpitations he is otherwise well. his rhythm is normal.

DX of arrhythmia

- 1--- VT
- 2--atrial fibrillation
- 3--Wenckebach phenomena
- 4--ventricular ectopics

ARRHYTHMIAS

- 1.B 2.D 3.C 4.F

1.F (OHCM 4th ed. says it is the most common Post-MI arrhythmia)

- 2.E 3.C 4.B

**DEMENTIA DIAGNOSIS**

**Options**

- A. Alzheimer's dementia
- B. Alcoholic dementia
- C. Huntington's chorea
- D. Creutzfeldt-Jakob's disease
- E. Pick's disease
- F. Lewy body dementia
- G. Multi infarct dementia
- H. HIV
- I. Frontotemporal dementia

- 1. A 40-year-old lady with right handed involuntary writhing movement with strong family history
- 2. A 55-year-old man with no previous history of disease brought to A&E by his wife who says that he has become progressively more forgetful tend to lose his temper and emotionally labile
- 3. A 77-year-old man with weakness in his arm and leg from which he recovered within few days with short term memory loss has extensor plantar response. He has similar episodes 2 yrs ago and became unable to identify objects and make proper judgments
- 4. A 70-year-old man with early loss and speech and memory with visuospatial orientation preserved ( i cant remember the q correctly)

DEMENTIA

- 1-Huntington 2--Alzheimer
- 3-multi infarct 4--frontal lobe

DEMENTIA

- 1 C 2 A 3 G 4 I

- 1.C 2.A
- 3.G (WAS MULTIPLE SCLEROSIS IN THE CHOICES?)
- 4.I

**DIAGNOSIS OF SKIN CONDITIONS (WITH PICTURES)**

**Options**

- A. Meningococcal septicemia
- B. Herpes zoster
- C. Erythema nodosum
- D. Spider naevi
- E. Neurofibromatosis

1. A pt with multiple nodular lesions all over the body
2. A pt with lesion present over trunk and face suffers from a chronic illness
3. A pt with chest pain and malaise presents with this condition over his trunk
4. A student in hostel with fever headache and rash presents to A&E
5. A pt with bilateral hilar lymphadenopathy and cough presents with raised skin lesions in shin

**DX OF SKIN CONDITIONS**

- 1-neurofibromatosis
- 2-spider naevi
- 3-herpes zoster
- 4-meningococcal meningitis
- 5-erythema nodosum

**SKIN LESIONS**

1 E 2 D 3 B 4 A 5 C

1.E 2.D 3.B 4.A 5.C

**DIAGNOSIS OF SKIN CONDITION**

**Options**

- A. ammoniacal dermatitis
- B. seborrheic dermatitis
- C. candidal dermatitis
- D. psoriasis
- E. impetigo
- F. cavernous hemangioma
- G. Kaposi sarcoma

1. An infant with red rash sparing skin folds
2. A pt with rashes over the extensor surfaces of the forearm
3. A pt with yellow lesion with crust present over the body which spread by skin to skin contact
4. A boy with raised lesion over the face which disappear as age advances
5. i cant remember this question

**D X OF SKIN CONDITIONS**

- 1--ammonical dermatitis
- 2--psoriasis
- 3--impetigo
- 4---cavernous hemangioma

**SKIN pt II**

1A 2D 3?? 4F 5??

1.A 2.D 3.E 4.F 5.

**DIAGNOSIS OF HEARING LOSS**

**Options**

- A .Menière's disease
- B .Wax impaction
- C .Acoustic neuroma
- D .Acute otitis media
- E .Presbycusis
- F .Otosclerosis
- G .Otitis externa

1. A pt with intermittent tinnitus, giddiness and vertigo with unilateral sensorineural hearing loss
2. A pt with poor hygiene with unilateral conductive hearing loss
3. A 50-year-old man with unilateral sensorineural hearing loss and facial numbness
4. A 55-year-old man with bilateral sensorineural hearing loss
5. A man with bilateral impaired hearing his father is also affected with impaired hearing in his middle age

**Dx OF HEARING LOSS**

- 1--otitis externa
- 2--wax impaction
- 3--acoustic neuroma
- 4--presbycusis
- 5--otosclerosis

**HEARING LOSS**

1A 2D 3C 4E 5F

1.A 2.B 3.C 4.E 5.F

*ans to q1 cant be otitis externa as its a conductive deafness, whereas here is s/n deafness mentioned.. y cant be Meniere disease??*

**INVESTIGATIONS OF SWOLLEN JOINTS**

**Options**

- A .Urate crystals on joint aspirate
- B .High serum calcium
- C .Joint aspirate and culture
- D .Positive rheumatoid factor
- E .Positive antinuclear antibody
- F .Pyrophosphate crystals on joint aspirate
- G .Esr
- H .X ray hip
- I .Positive blood culture

1. A 35-year-old woman has pain and stiffness in her hands, wrists, elbows with early morning stiffness
2. A 60-year-old lady with rheumatoid arthritis developed sudden painful red hot knee and febrile
3. A 70-year-old lady with stiffness of her shoulders and hips finds it difficult to comb her hair
4. A 75-year-old man has had painful hip for many years but his right hip has become painful with no history of trauma
5. A hypertensive suddenly developed painful swollen knee

**PAINFUL JOINT**

1 D 2C 3G 4H 5B

**INV OF SWOLLEN JOINTS**

- 1--+ve rheumatoid factor
- 2--joint aspiration and culture
- 3--esr
- 4--high serum ca
- 5---urate crystal on joint aspiration

1.D 2.C 3.G 4.H 5.A (gout)

**DIAGNOSIS OF RECTAL BLEEDING**

**Options**

- A .Angiodysplasia
- B .Inflammatory bowel disease
- C .Hemorrhoids
- D .Diverticulosis
- E .Carcinoma rectum
- F .Carcinoma caecum

- 1.A pt with myocardial infarction develops sudden severe bleeding per rectum PR normal
- 2.A young patient with chronic diarrhea presents with bleeding per rectum
- 3.A 40-year-old man with painful defecation and blood in stool
- 4.A pt with chronic diarrhea and left iliac fossa pain develops with bleeding per rectum and anemic

**DX OF RECTAL BLEEDING**

- 1---??
- 2--inflammatory bowel disease
- 3--hemorrhoid??
- 4--ca rectum

**RECTAL CONDN**

- 1?? 2B
- 3E 4F

- 1.A 2.B 3.E
- 4.B (lft iliac fossa pain?)

**DEFICIENCY OF HORMONES**

**options**

- A .Excess insulin
- B .Relative deficiency of insulin
- C .Absolute deficiency of insulin
- D .Deficiency of catecholamines
- E .Excess of catecholamines
- F .Deficiency of glucocorticoids
- G .Excess of glucocorticoids
- H .Renin

- 1.Female with hyperglycemia ,proximal ms weakness and abdominal striae
- 2.A 50-year-old man with signs and symptoms of hypoglycemia
- 3.young man obese hyperglycemia but no ketosis

**DEFICIENCY OF HORMONES**

- 1--excess of glucocorticoids
- 2---??
- 3--excess insulin
- 1G 2A 3B
- 1.G 2.A 3.B (may be insulin resistance)

**SIDE EFFECTS OF ANTI EPILEPTIC DRUGS.**

1. Bleeding from gums etc.....PHENYTOIN.
2. used in partial seizures.....i think I answered ETHOSUXIMIDE. as this is the drug used in partial seizures.
3. one of hepatotoxicity.....i answered CARBAMEZEPINE but my friend was saying they were asking for children and this is not used in children, dunno.
4. Hyponatremia.....this was SODIUM VALPROATE.  
I think maybe one more, dont remember but in the options we also had LAMOTRIGINE, VIGABATRIN, the works!!!!!!

**DIAGNOSIS OF RESPIRATORY DISEASES.**

One of these was that typical farmer qu who has EXTRINSIC ALLERGIC ALVEOLITIS, I dont really remember the rest, I think one was CARCINOMA BRONCHUS. What I do remember is that they were extremely easy and I got them straight away.

**ABDOMINAL TRAUMA.**

I am sure this qu was a repeat as I remember doing in some paper. As it is I remember only the first 2 themes but I will look for it and will post the whole theme when I find it.

1. trauma to abdomen, patient hypotensive, on ultrasound subsplenic infarct is seen.(refer to surgeon)
2. trauma to abdomen, omentum is lying outside the abdomen.....(refer to surgeon)
3. cant remember qu forgive me!!!! but the ans was laparotomy.

**PAIN RELIEF:**

Patient with Mi, Iv Morphine

patient with renal colic, diclofenac suppos.(was nearest option as u cant give morphine which coz spasms etc)

patient with Trigeminal neuralgia, Carbamazepine

patient with migraine, ergotamine/ pizotefine

prophylaxis of migraine. pizotefine  
3 more questions under thsi theme dont remember. please add if u remember.

**MANAGEMENT OF PAIN.**

This was a qu with all the usual options, dihydrocodeine tablets were the chosen option in one, in another for laparotomy we gave morphine infusion, something like that. maybe someone who remembers this theme can help me out.

**GYNE: VEG. DISCHARGE.DIAGNOSES**

- 1- Question about atrophic vaginitis
- 2- i think carcinoma cervix
- 3- Endometrial carcinoma
- 4- Trichomonas vaginalis- green discharge

please complete questions if u were in may exam.

**HEAD INJURY- DIAGNOSES**

- 1- subdural hematoma-classic picture
- 2- chronic subdural hematoma
- 3- extradural hematoma 4- i think one question was about diffuse brain damage

**Diagnosis:**

- 1- a person slow to start on walking - Parkinson's
- 2- a person having shuffling gait - Normal pressure hydrocephalus
- 3- hemianopia, diplopia, vertigo, nystagmus, Cerebellar symptoms - Vertebrobasilar ischemia
- 4- 30 years old lady----- MS
- 5- A farmer had always fever, rhinitis, myalgia - Exterginic allergic alveolitis

**Treatment**

- 1- Unilateral headache not relieved by paracetamol ergotamine
- 2- prophylaxis for unilateral headaches - pizotifen
- 4- difficult in combing - oral prednisolone
- 4- 50 yrs chest pain came to a and e after pain, still painful - iv morphine
- 5- n cancer of breast pain in back not relieved by codeine -oral morphine
- 6- a pt. of RA taking NSAIDs present with abd. pain - proton pump inhibitor

**Rx of pneumoniae**

- 1- mycoplasma - clarithromycin
- 2- pneumococcal allergic to penicillin - cefotaxime
- 3- chlamydia - tetracycline
- 4- PCP - cotrimoxazole
- 5- TB- anti tb medicines

**Rx of emergencies**

- 1- stab wound in abdomen - laparotomy
- 2- stab wound in chest with raised JVP - pericardiocentesis

**Chest complaints:**

- 1- breathlessness with occupational history - mesothelioma
- 2- breathlessness with hemoptysis - PE
- 3- breathlessness with past history of pneumonia - pleurisy
- 4- breathlessness with weight loss and cigarette smoking history - Br. carcinoma

**Child Abuse, Next investigation:**

- 1- 7 months old Child pain from elbow to shoulder - Fundoscopy by oph
- 2- 3 months old child pain in chest with bruises on the ribs, twin baby - x ray chest
- 3- 16 months old child with pain in the elbow - x-ray elbow
- 4- ? - skeletal survey

**Head and Neck Bleeding**

- 1- a person got cut on the face beneath the parotid beneath the angle of mandible - submandibular/carotid ?
- 2- a person got cut in the parotid with palsy of face - facial art
- 3- angioedema caused by which artery - laryngeal art?

**X-ray finding for the following diseases:**

- 1- cardiac tamponade - globular heart shadows
- 2- aortic stenosis - rib notching
- 3- collapse lung/pneumothorax - translucent lung
- 4- mycoplasma pneumonia - bilateral patchy consolidation #
- 5- asthma - hyperinflated lungs

**Investigation of shock**

- 1- chronic alcoholic present with black stools - blood glucose
- 2- a female with epigastric pain - endoscopy
- 3- 50 yrs smoker present with chest pain - ECG
- 4- 20 years female abd. pain and amenorrhoea - ultrasound.