MEDICINE -2 T&D JUNE 2020

Paper Discussion

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Pansystolic murmur

Systolic : ejection murmur

1. Which produces a mid-diastolic murmur?

a. Tricuspid-regurgitation

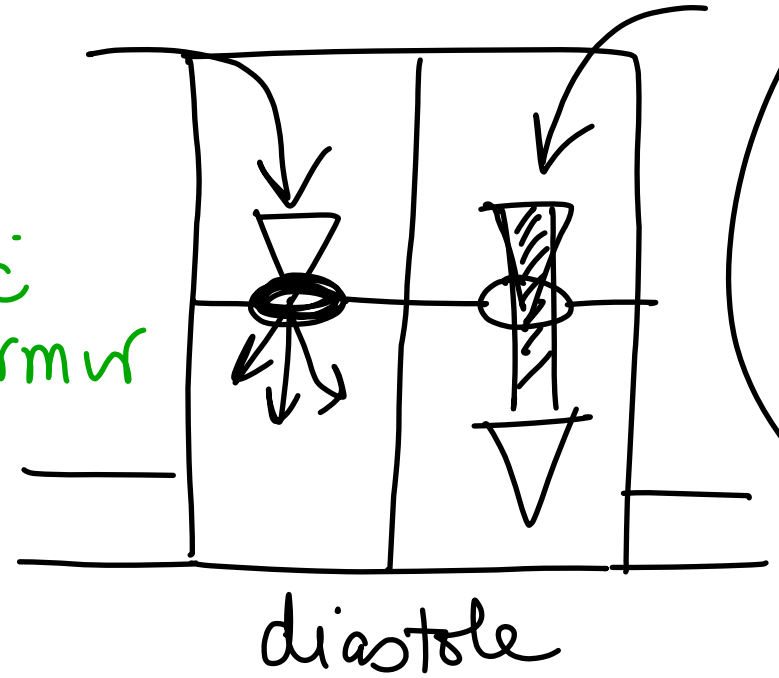
b. Tricuspid -stenosis

c. Atrial myxoma

~~d. Aortic regurgitation~~

↓ Early diastolic murmur

filling → MT



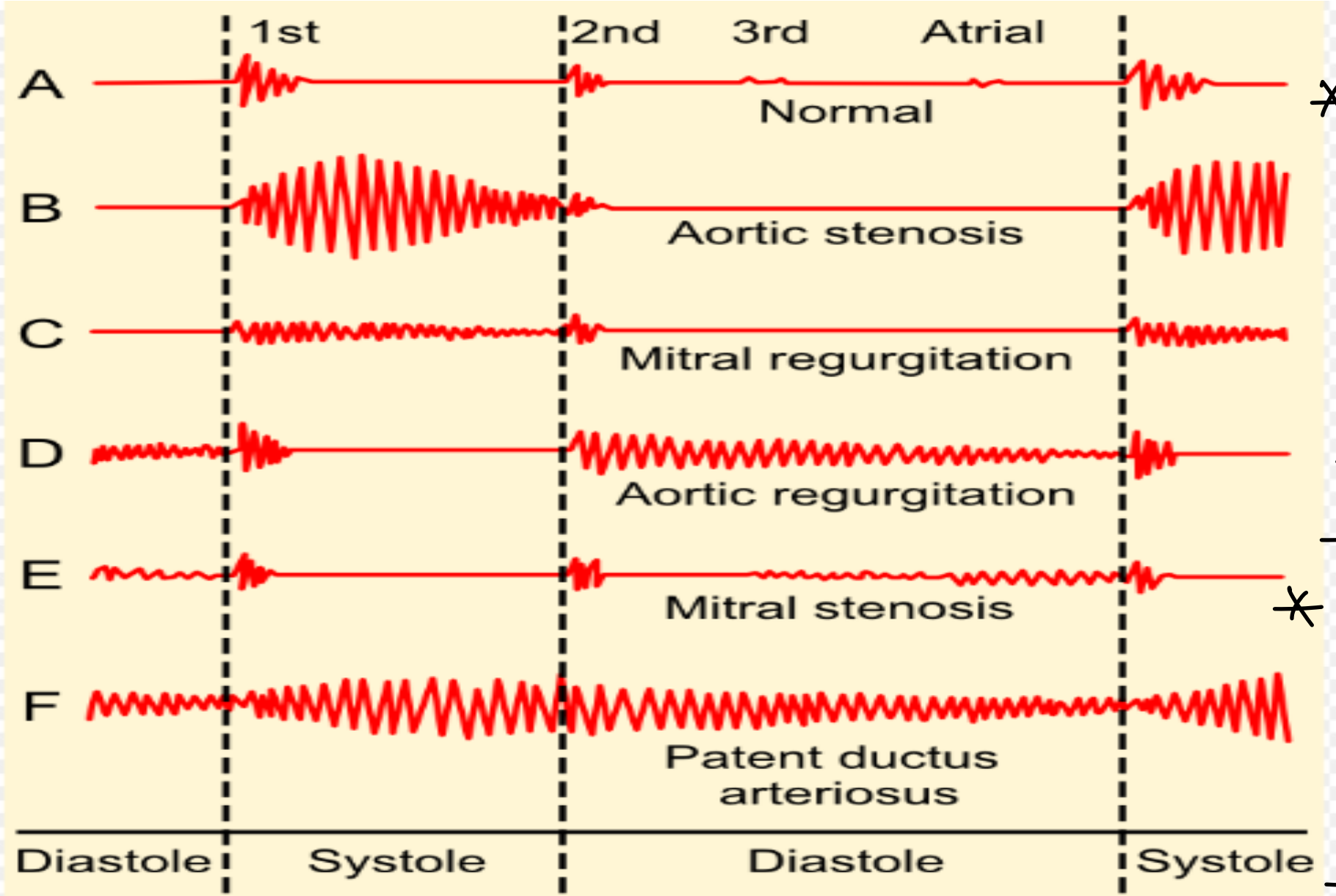
MDM

* MS
* Austin flint
* flow murmur

late diastolic murmur

damage To mitral valve #

↳ MR: PSM



* Austin flint murmur

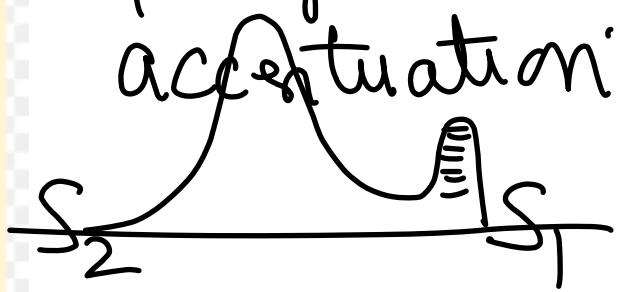
↓

SEVERE AR

M·D·M

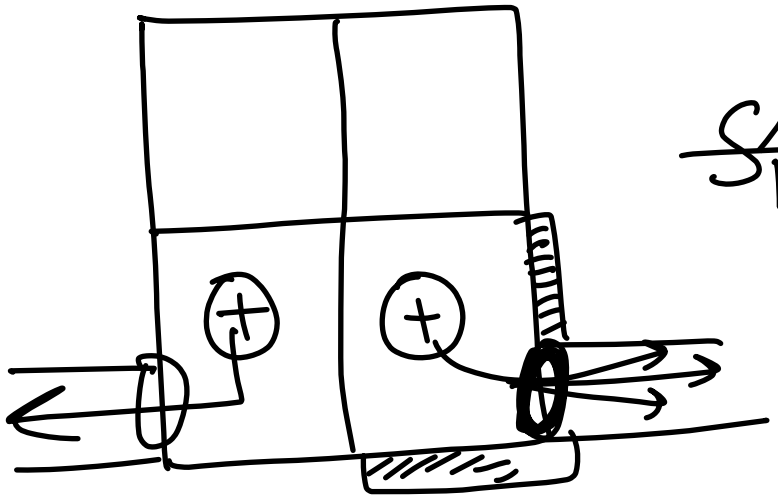
TS

MS: MDM c presystolic accentuation

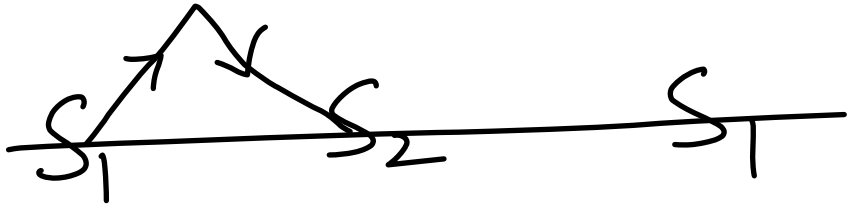


PASS Pulmonic Aortic stenosis : systolic murmur

PAID " " insufficiency : diastolic "

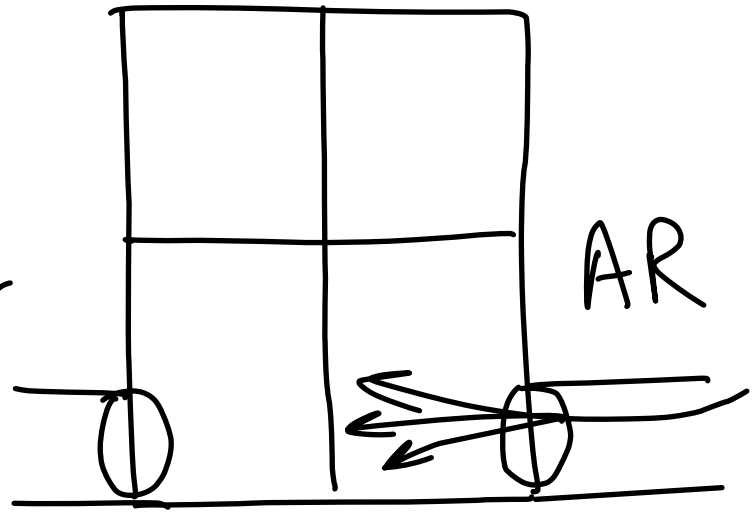


AS



Ejection systolic murmur

Crescendo - decrescendo



defective A2

MDM

austin flint Murm

bleeding

2. A 30-year lady was stabbed in the arm by her ex-husband and has received multiple Blood transfusions in your emergency department. She is now complaining of respiratory distress and examination shows HR= 120/min, BP= 140/100 mm Hg with fine crepitations in bilateral lung fields. Liver is palpable 3 cm below costal margins. Diagnosis is?

HR ↑ BP ↑ pulm edeme + palpable

TACO : volume overload

a. Transfusion associated circulatory overload

b. Transfusion associated acute lung injury → Non cardiogenic ⊕ pulm edeme

c. ~~Mismatched~~ blood transfusion — Histamine BP ↓

d. ~~Allergic reaction~~ to blood components — BP ↓

Histamine

BP ⓝ
Liver size ⓝ

R.D ⊕ Post BT

1. mismatched BT ⇒ BP ↓ cyanosis + laryngeal edeme

2. TRALI
   * BP (n), liver span (n)
     fine crepts +

3. TACO
   * BP ↑, liver span ↑
     fine crepts +, B.N.P ↑

RASH, FEVER

BLACK urine

4. Fevr (anxiety)

"Tennis ball sign"

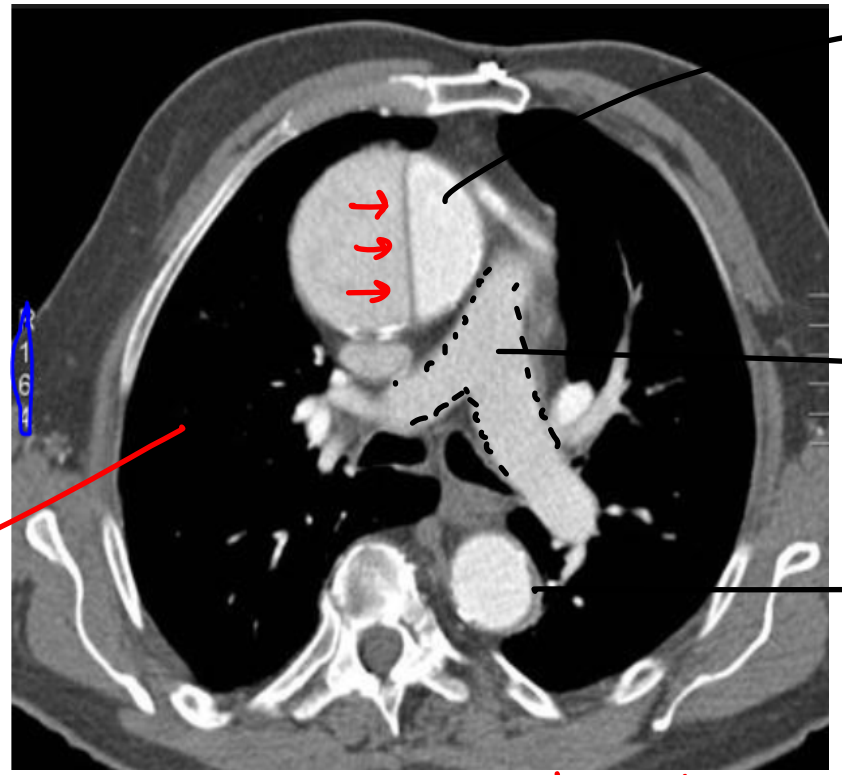
3. Comment on the diagnosis of the CT chest shown?

a. Massive pulmonary embolism

b. Submassive Pulmonary embolism

c. Aortic dissection

d. Left atrial Myxoma



C.T.A chest

Type A aortic dissection

lungs

Type B aortic dissection

ALTEPLASE

CTA : chest

→ Sx Repair

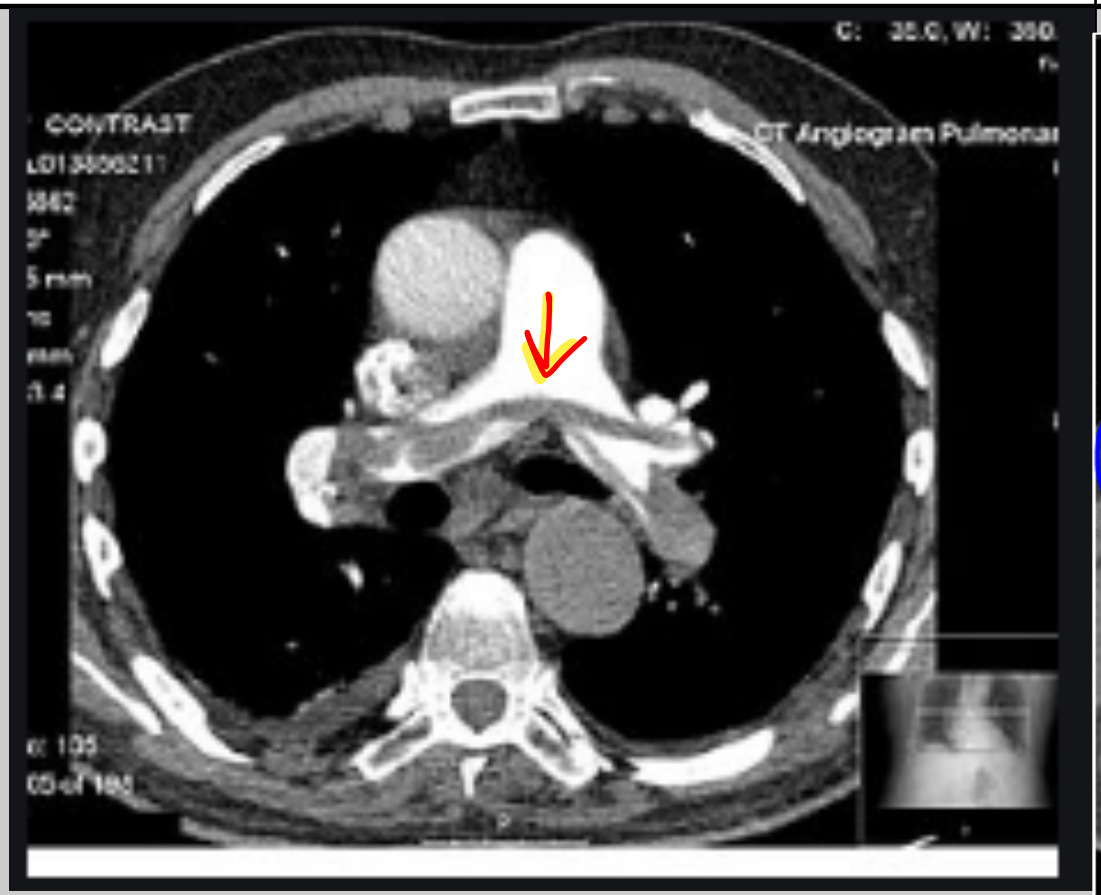
Pulmonary embolism *

MASSIVE

Aortic dissection *

Type A

Type B aortic dissection ↓ esmol labeta



pulm embolism ⇒ Heparin

4. Which of the following auscultation findings are abnormal?

a. Loud S1 in pregnancy : hyperdynamic state : Normal

b. S3 in young adults : Normal

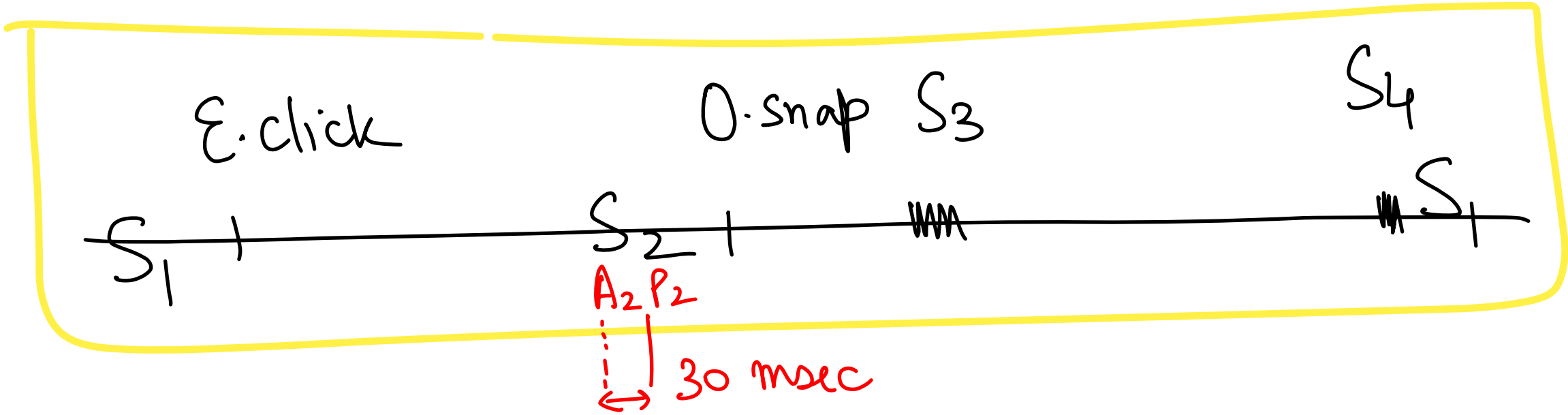
c. S4 : HTN

d. Splitting of S2 on deep inspiration : A_2 P_2 30 msec

physiological splitting S_2

Loud S_1 : physio : children + pregnancy

S_3 " : young adult



← syptle → ⟷ I.V.R ⟷ Rapid V. filling ⟷ Atrial syptole

diastasis

A.FIB, AFLUTTER, VT, PSVT + BP ↓ = DC SHOCK
CARDIOVERSION

definitive

5. What is correct treatment of Ventricular fibrillation?

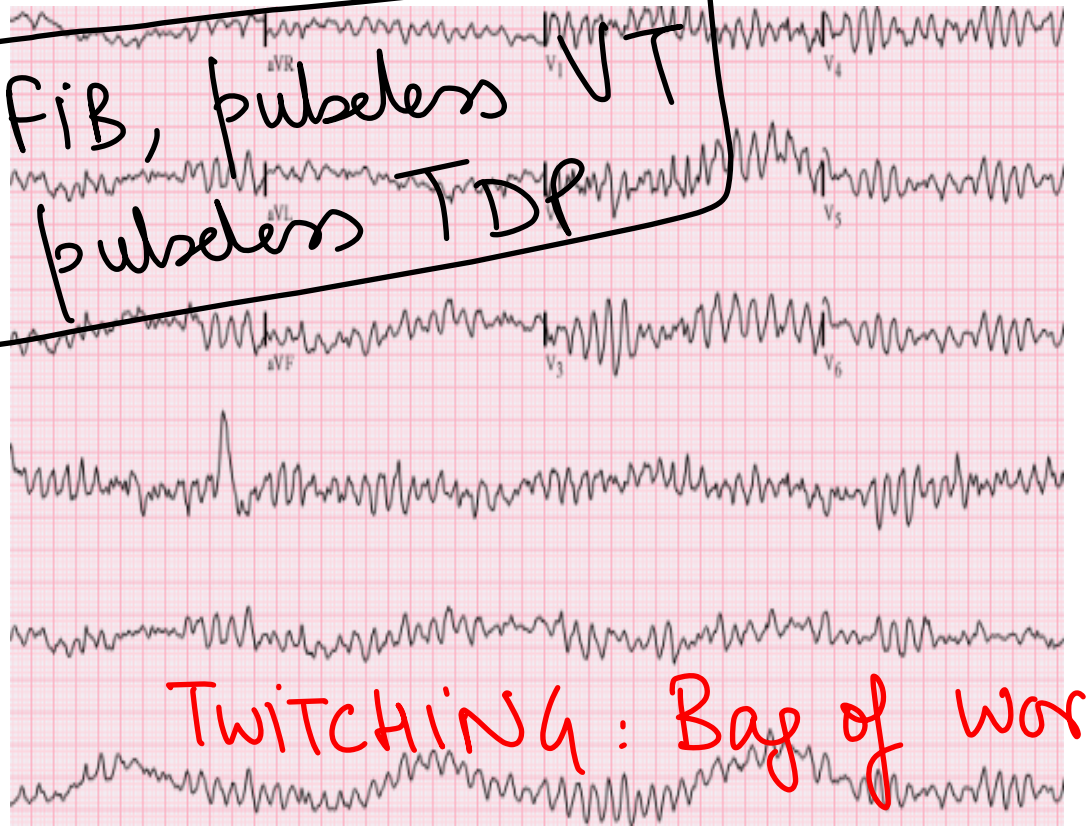
synchronis

a. Cardioversion

b. Defibrillation → V.FIB, pulseless VT, pulseless TDP

c. Precordial thump

d. Chest compressions



TWITCHING : Bag of worms

Peak of R wave

DC SHOCK delivery at Peak of R wave

A. FIB	Esmolol > VERAPAMIL/diltiazem *
A. FLUTTER	" "
PSVT	Adenosine
WPW	Procainamide
VT pubeless	amiodarone
TDP	Mag SO4
V. FIB	—

→ Defibrillation, non syn. DC SHock

Total Body water ↑
Total body salt

dilutional Hyponatremia

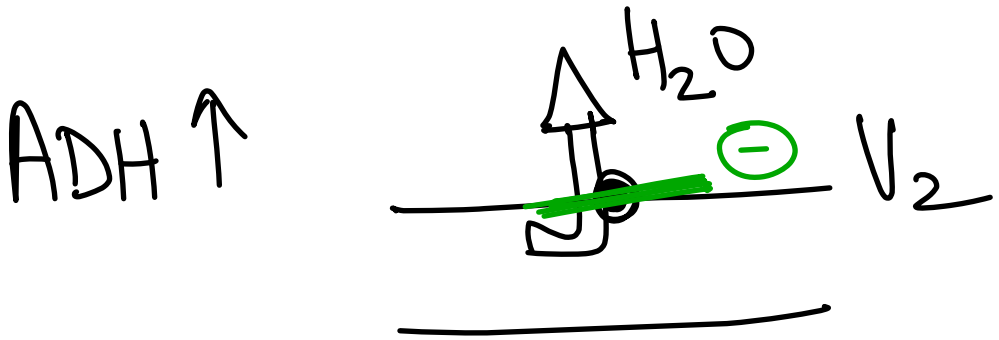
6. Euvolemic Hyponatremia is seen in?

a. Diarrhea → TBW ↓

b. Heart failure → aldosterone ↑ : TBW ↑ TBS ↑ HYPERVolemic Hyponatremia

c. Ascites →

d. Syndrome of inappropriate ADH production



Cause : lithium

DOC SIADH ⇒ VAPTANS TOLVAPTAN

CDI ⇒ desmopressin NDI Rx : Thiazides

HYPONATREMIA

TBW ↓
TBS ↓
HYPOVOLEMIC
HYPONATREMIA

* diarrhee
* Cerebral salt wasting syndrome

TBW ↑
TBS (n)
EUVOLEMIC
HYPONATREMIA

* SIADH
  - ✓ Carcinoid Tumor
  - ✓ oat cell Ca lung
  - ✓ meningitis | encephalitis

TBW ↑↑
TBS ↑
HYPERVOLEMIC
HYPONATREMIA

Ascites
Cirrhosis
Portal HTN

CHF ↑
myocard

flapping Tremors

7. A patient of ascites in undergoing Large volume paracentesis. After procedure he has developed asterixis and then become very drowsy. What is reason?

dehydration + : NH_3 ↑ CONCENTRATION

a. Hepatorenal syndrome : creatinine ↑

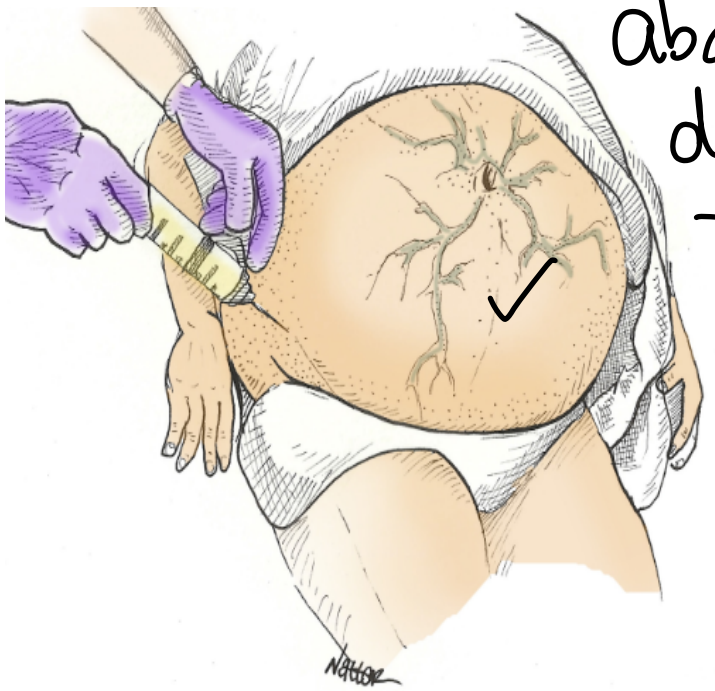
b. Hepatic encephalopathy

c. Hemoperitoneum due to faulty procedure

d. Hepatopulmonary syndrome

↳ R. distress

SHOCK !



abdo. distense

Tense ascites

MASSIVE ASCITES

↓

TENSE ASCITES: R.D ++

⊖ Large volume Paracentesis

S/E: dehydration +

NH_3 ↑ conc

ASTERIXIS ⊖

⊖ Salt free albumin

↑ oncotic pressure

mobilization of fluid back into intravascular compartment

↓ dehydration

Rx OC: Massive ascites = salt free albumin + Large volume paracentesis

8. Which of the following is not correct about Defibrillation?

a. Easy for untrained person

b. Decrease in success rate with delay in initiation

c. Improves prognosis

d. 1-minute gap between 2 shocks

A.E.D automated external defib

Sternal depression
1 cm
2 cm
5 cm

neonate: 2 rescues : 3:1

one cycle of CPR: 30:2 x 2 minutes

child single Rescuer: 30:2

Two Rescuer: 15:2

adult single / Two " : 30:2

9. Drug of choice for management of central diabetes insipidus

a. Thiazides

b. Vaptans

c. Demeclocycline

d. Desmopressin nasal spray

ADH ↓

CDI : water deprivation test

NDI

SIADH : water loading Test

VAPTANS

IOC: Cushing syn: Low dose dexamethasone supp test

CORTISOL ↑

10. Cushing syndrome is seen due to?

a. Bronchial carcinoid — excess synthesis of ACTH + Non obstetric cause of pituitary: CORTISOL ↓ # ACTH ↓ CORTISOL ↓

~~b. Simmond's disease~~

~~c. Pituitary infarction~~

d. Pituitary adenoma

ACTH ↑
CORTISOL ↑ ⟹ Cushing disease | endogenous source ACTH

MC Coz Cushing syn: Iatrogenic Steroids : exogenous use
* Oat cell Ca lung : ectopic ACTH production
Carcinoid Tumor

PDE 4 ⊖

11. Roflumilast is used in management of?

a. COPD

b. Asthma

c. Chronic bronchitis

d. Bronchiectasis

PDE 3 ⊖ : CILOSTAZOL / AMRINONE / MILRINONE — BUERGER / CHF

PDE 4 ⊖ : ROFLUMILAST — COPD

PDE 5 ⊖ : TADALAFIL / SILDENAFIL — E.D, HAPE

Tetany : S. Calcium < 7mg%

Rx ⇒ IV Calcium gluconate 10%

12. Chvostek sign is?

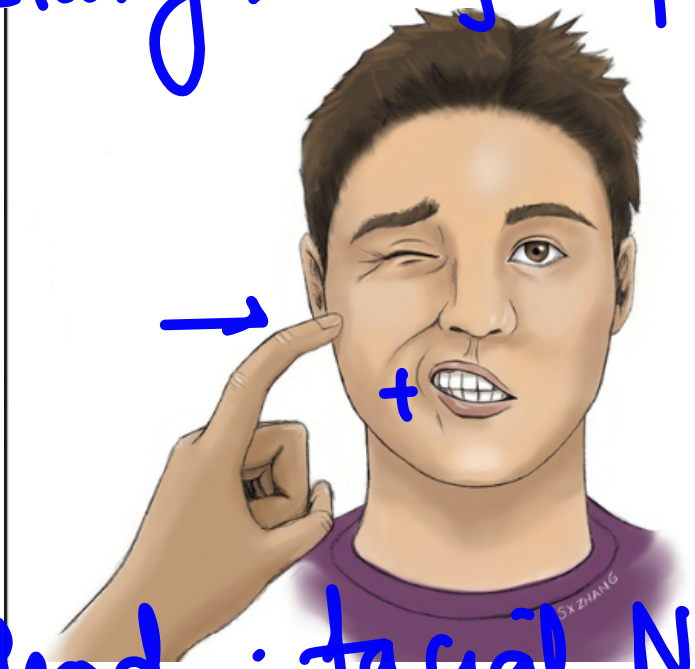
a. Twitching of circumoral muscles on tapping of facial nerve

b. Obstetrician's hand

c. Inability to open eye on tapping of facial nerve

d. Carpo-pedal spasm

death in Tetany : laryngospasm



Tap on ant Border of Parotid gland : facial NERVE

TROUSSEAU SIGN
OBSTETERICIAN HAND

TB

13. Procedure of choice for control of massive hemoptysis?

Bronchial Artery

a. Balloon catheter tamponade

b. Rigid bronchoscopy and Photocoagulation electro -

c. Bronchial artery embolization

d. Flexible bronchoscopy and cautery

* Hematemesis : PUD : UGiE + CAUTERY Base of ulcer
* Hemoptysis : TB : Bronchial artery embolization

dypnea ↑ : sitting position

14. Platypnea is seen with?

a. Atrial myxoma, Hepatopulmonary syndrome

b. Hepato-renal syndrome

c. Renal artery stenosis

d. Kyphoscoliosis

* orthopnea : dypnee ↑ supine : acute CHF
* Trepopnea : dypnea ↑ : lat decubitus : U/L massive pl. effussion

15. Median rhomboid glossitis is seen in?

a. Candidiasis | oral Thrush

b. AIDS

c. Chronic kidney disease

d. Mouth breathers

loss of papillae on dorsum.

16. Most common cause of non-traumatic acute chest pain?

a. Tuberculosis

b. GIT causes : GERD : digene gel, PANTOP

c. Ischemic heart disease

d. Costochondritis

Resolution doesn't occur : few minutes

consider: ECG

doing ↓

rule out MI

ACS

17. A 45-year-old smoker patient presents with sudden onset unrelenting chest pain with loss of peripheral pulses. Lung fields are clear and has normal air entry. First differential diagnosis is?

a. Mirizzi's syndrome →
b. Acute aortic syndrome
c. Viral pericarditis
d. Spontaneous pneumothorax

HARTMANN syndrome: Biliary colic RUQ pain

Aortic dissection : chest pain, pulses (n)

↳ absent air entry

MC o2 Aortic dissection: HTN > MARFAN syn


A
R
F
L

18. Number of blood cultures to be performed in F.U.O?

a. N= 1

b. N= 2

c. N= 3

d. N= 4

> 38.3°C

> 3 weeks

Blood culture → 1st wk: Typhoid
→ Infective endocarditis
→ F.U.O

19. CXR showing massive hilar lymphadenopathy is a feature of ?

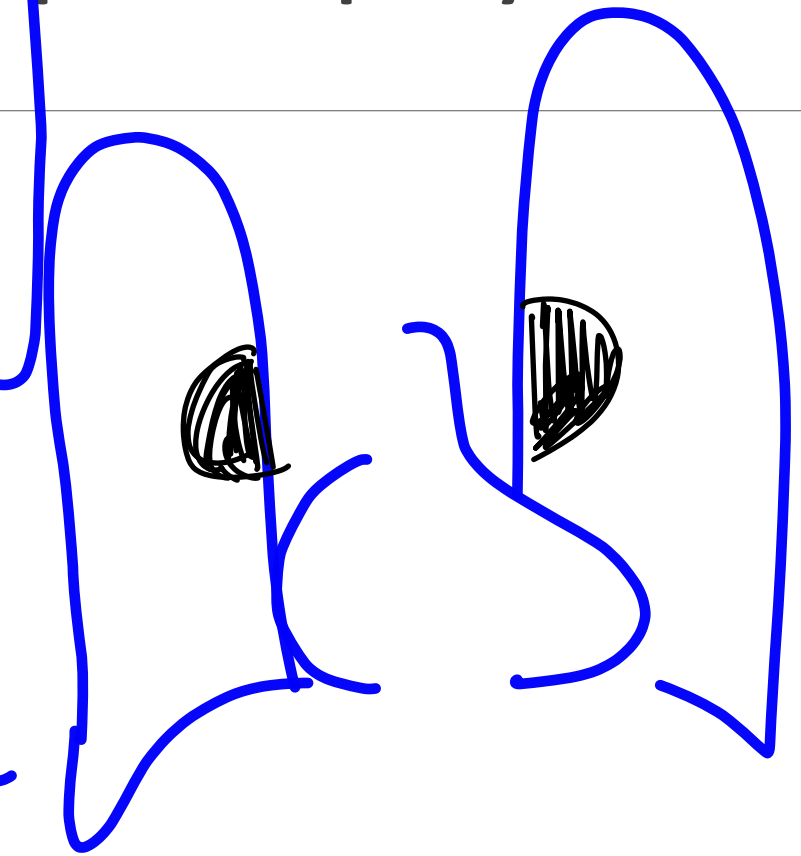
a. Idiopathic pulmonary fibrosis

b. Non-specific interstitial pneumonitis

c. Sarcoidosis : B/L Hilar LN ++ ,

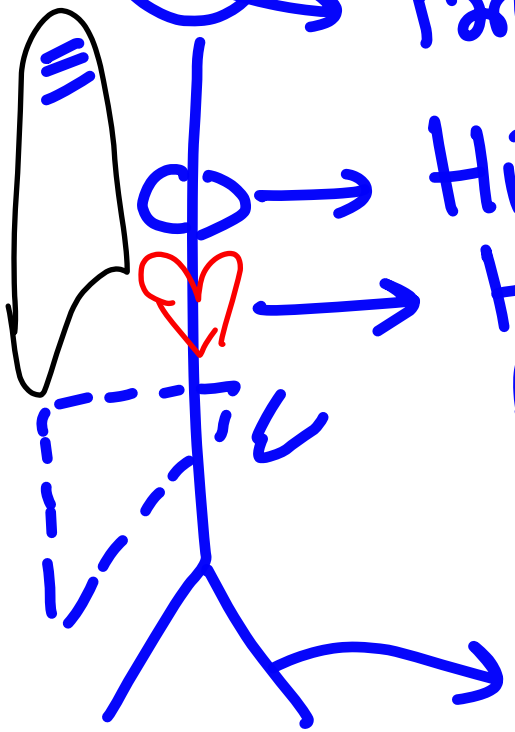
d. Cryptogenic organising pneumonia

Non Caseating granulomas ⊕



I.L.D: interstitial lung disease

Pulm. FIBROSIS



Young ♀

→ Uveitis

→ Parotitis (B/L 7th N Palsy)

→ Hilar LN ⊕: DOE, stridor

→ Heart Block

→ Restrictive lung disease

H.S.M

→ Lupus PERNIO (vulgaris: TB)

Screening: ACE levels ↑

IOC: → CT guided LN Bx

DOC: → STEROIDS/ Prednisolone

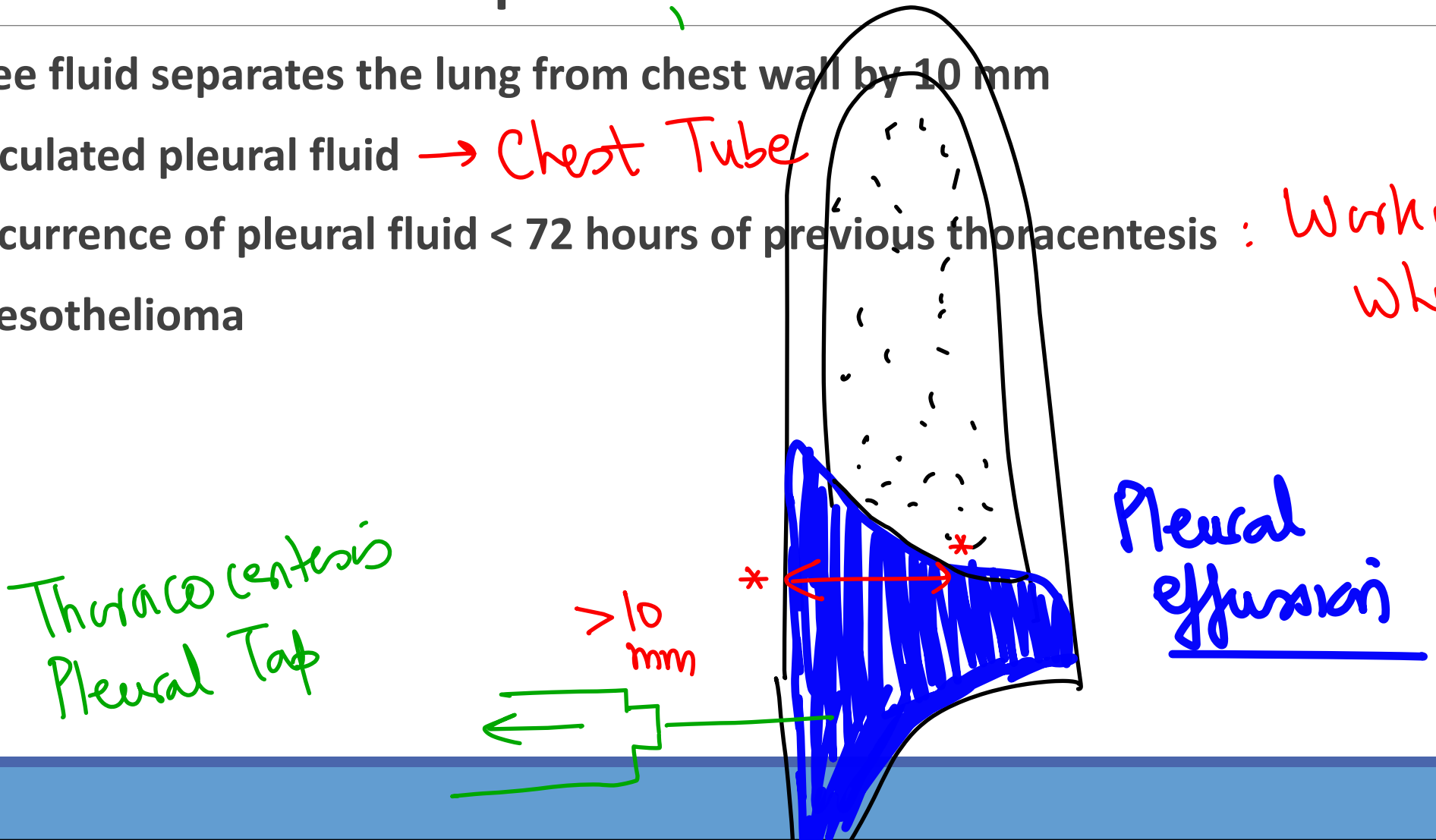
20. Indication for therapeutic thoracentesis is?

a. Free fluid separates the lung from chest wall by 10 mm

b. Loculated pleural fluid → Chest Tube

c. Recurrence of pleural fluid < 72 hours of previous thoracentesis : Workup why?

d. Mesothelioma



21. Salt and pepper chromatin and high nuclear cytoplasmic ratio is a feature of?

a. Oat cell cancer

b. Malignant melanoma

c. Neuroepithelial tumour

d. Mesothelioma

ANAPLASIA

Oat cell Ca lung

* most aggressive
* MICROMETS → Brain, heart
* SVC syndrome
* Cushing syn, SIADH
* HPE: Salt / Pepper chromatin
  Small cell ⇒ high NC Ratio

22. Treatment of type 4 respiratory failure?

a. Elective intubation and mechanical ventilation

b. Non-invasive positive pressure ventilation

c. Rebreathing mask with FiO_2 of 80%

d. Hyperbaric oxygen therapy

→ Respi muscle fatigue

→ N.I.V

COPD exacerbation

→ 1. Co poisoning

2. High altitude pulm edeme

Types of Respi failure

anxiety
acute asthme
high altitude

I : ↓ pO_2 pCO_2 ⓝ | ↓ : HYPERVENTILATION

II : ↓ pO_2 pCO_2 ↑ : HYPOVENTILATION

* Status asthmaticus
* OSA
* diaph. paralysis : GBS

III : Post op atelectasis

IV : Resp. muscle fatigue due to shock

O_2 delivery

1. face mask/ nasal cannula
2. Rebreathing Mask : 80%.
3. N.I.V
4. Hyperbaric O_2 Therapy
5. Assist control mechanical ventilation

23. Proliferative phase of ARDS lasts for?

a. 0-3 days

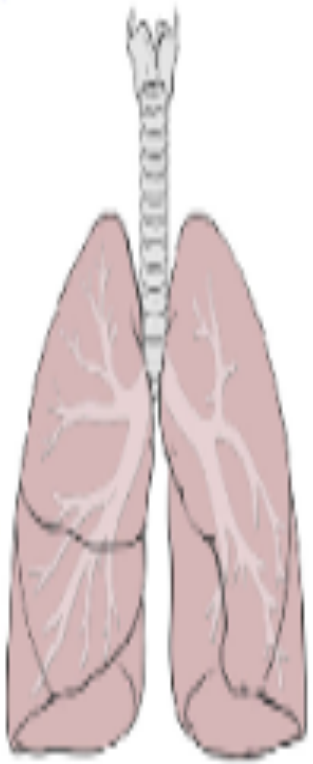
b. 3-7 days

c. 7-21 days

d. 21-30 days

Representative Initiating events

- sepsis
- pneumonia
- trauma/shock
- aspiration
- blood transfusion



Diffuse Alveolar Damage (DAD)

Acute phase → Late phase

Exudative phase 4-7 days	Proliferative phase >7-21 days	Fibrotic phase >21 days *
• interstitial & alveolar edema	• alveolar & intimal fibrosis	• extensive pulmonary fibrosis
• neutrophil influx	• proliferation of type II cells & fibroblasts	• loss of normal alveolar * architecture
• enhance cytokine production		• emphysematous lungs
• loss of coagulation & fibrinolytic homeostasis		

✓

SHOCK lung / ARDS

E	4-7
P	7-21 d
F	>21

24. Leading direct cause of ARDS is?

a. Pneumonia

b. Sepsis

c. Mendelson syndrome

d. TRALI

direct : Pneumonie

indirect : sepsis

SHOCK lung / ARDS :

* HPE : EPF
* paO_2/FiO_2 Ratio < 300
  - mild < 300
  - mod < 200
  - severe < 100

BERlin criteria

* Non-cardiogenic pulm edema
* Causes : Mendelson syndrome / TRALI
* Rx : Low volume ventilation / Prone position

Pneumothorax (Tension) ⇒ wide bore needle 2ICS

↓

Chest Tube 5ICS, MAL

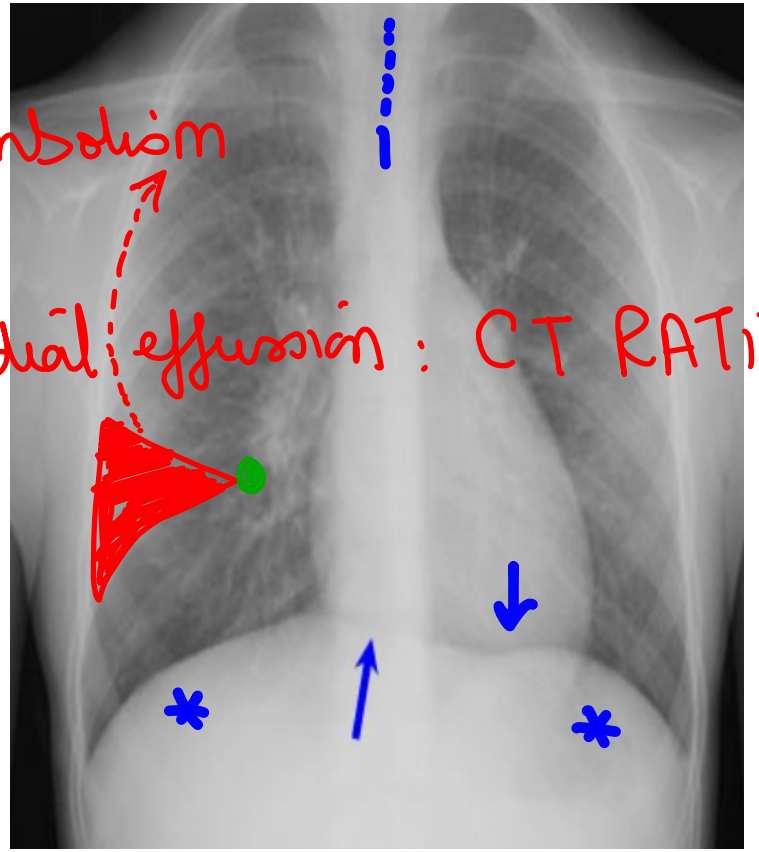
25. Comment on the diagnosis?

a. Eventration of diaphragm

b. Hampton hump : pulm embolism

c. Pneumomediastinum

~~d.~~ Water bottle heart : Pericardial effusion : CT RATIO ⇑⇑



Continous diaphragm sign +

- Boerrhave syn ⊕
- gun shot injury ⊕

Rx : High flow O_2

✓ Pneumoperitoneum ↑ G.V.D : P.V.D : Bowel sounds ↓

✓ Pneumo Thorax : Traume > Emphyeme
deep sulcus sign
absent air entry / absent B.sound

✓ Pneumo mediastinum : Boerhaave syn
: Hamman crunch sign +
↓
Continous diaphragm sign

Step. pneumoniee : C.A.P / lobar pneumon

26. Comment on the first differential diagnosis of the CXR of a 50-year-old patient with cough for 2 weeks. *

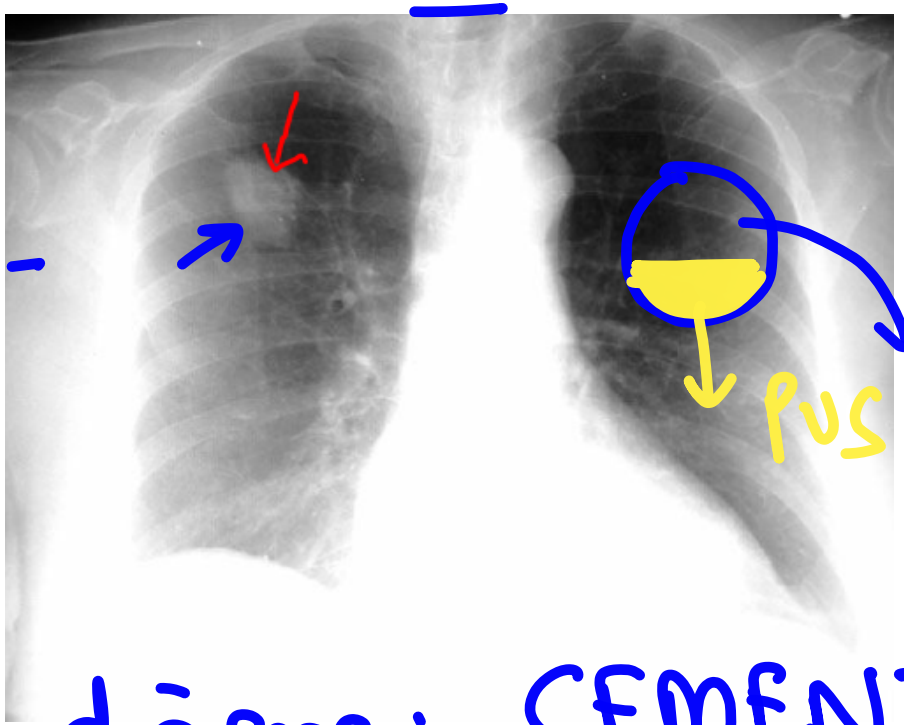
a. Round pneumonia +/-

~~b. Lung abscess~~

~~c. Asbestosis coin lesion~~ --

d. Pulmonary hamartoma

(benign)



Round pneumo

RUZ opacity

air fluid leve

Occupational lung disease : CEMENT PLANT WORKER

27. Diabetes mellitus leads to

a. Type A lactic acidosis → SHOCK: CS, septic, neurogenic

b. Type B lactic acidosis → DM | CRF | METFORMIN / PHENFORMIN

c. Type D lactic acidosis → GI SURGERY

d. All of the above

* SHORT Bowel syndrome 2m left / 6m behi
  enteric bacteria
  producing D-lactate

28. Which of the following is used for management of Pneumomediastinum?

BOERRHAAVE | gun shots

a. Breathing of high concentration of oxygen will lead to absorption of mediastinal air

b. Breathing of low concentration of oxygen will lead to absorption of mediastinal air

~~c. ICD tube in 2nd ICS~~

d. ICD tube in 5th ICS → Pneumothorax
Empyema
Hemopneumothorax

29. Which of the following has no role in management of acute onset hyperkalemia?

a. Intravenous bicarbonate

b. Nebulization with albuterol

c. Calcium chloride

d. Intravenous regular insulin

K↑ > 8.0 meq
diastolic ARREST
seen in CKD | AKI

DOC ↓
1. IV 10% Cal gluconate | chloride
2. Insulin drip : 0.5-1 meq/hr
3. Salbutamol neb
4. FUROSEMIDE - KALIURIA
5. Hemodialysis

NEVER Calcium Carbonate

Rx

Na ↓ < 125 : seizures : 3% saline

Na ↑ : > 160 : " : 5% saline

K ↓ : < 1.0 : diaph. paralysis : KCL

K ↑ : > 8.0 : diastolic arrest : Cal. gluconate *

meq/L

Calcium = 9-11 mg%. → > 13 : systolic arrest

Rx = bisphosphonates

→ < 7 : laryngospasm

Rx: Cal. gluconate *

R. Rate ↑ ⇒ HYPERVENTILATION: CO_2 washout

30. Pregnancy leads to development of?

a. Respiratory alkalosis

b. Respiratory acidosis : CO_2 ↑ accumulation : Status asthmaticus
OSA
diaph. paralysis

c. Metabolic acidosis

d. Metabolic alkalosis

EROSIVE Arthritis
Rheumatoid Arthritis

31. A female reports symmetrical small joint polyarthritis for 2 weeks. Labs show rheumatoid factor levels at 1:320 (positive is 1:40) and anti-CCP at 58 units (40 to 59 units are considered strongly positive). What is the appropriate next step in the management of this patient?

DMARDS

a. Naproxen 500 mg twice a day and follow up in 1 month

b. Methotrexate 12.5 mg a week with liver function tests in 1 month

c. Anti-histone antibodies, anti-DS-DNA, and complement levels

d. Prednisone 60 mg a day and follow up in 2 weeks

Preffred DMARD in RA ⇒ Mtx

" " " RA in pregnancy ⇒ HCQ

Hydroxychloroquine

Tertiary syphilis.

32. Treatment of choice for late cardiovascular syphilis is?

a. Benzathine penicillin 2.4 million units in single dose i.m

b. Benzathine penicillin 7.2 million units in three divided doses i.m

c. Benzyl penicillin 12-24 million units for 21 days i.m

d. Tetracycline 2g daily

Benathine penicillin
2.4 mu weekly once x 3 weeks

1° syphilis
single dose Benz. penicillin

Neurosyphilis : Penicillin G iv x 2 weeks

* Benzathine Penicillin i.m. monthly basis

⇒ RF/RHD ✓

- single dose: 1° syphilis ✓
- once wk x 3: cardiovascular syphilis ✓

* Pen G x 2 wk: Neurosyphilis

severe emotional Trauma

33. Mrs Sharma collapsed at the cremation of her husband. When brought to the hospital, she was declared dead. What is the possible diagnosis?

a. Broken heart syndrome / Tako Tsubo cardiomyopathy

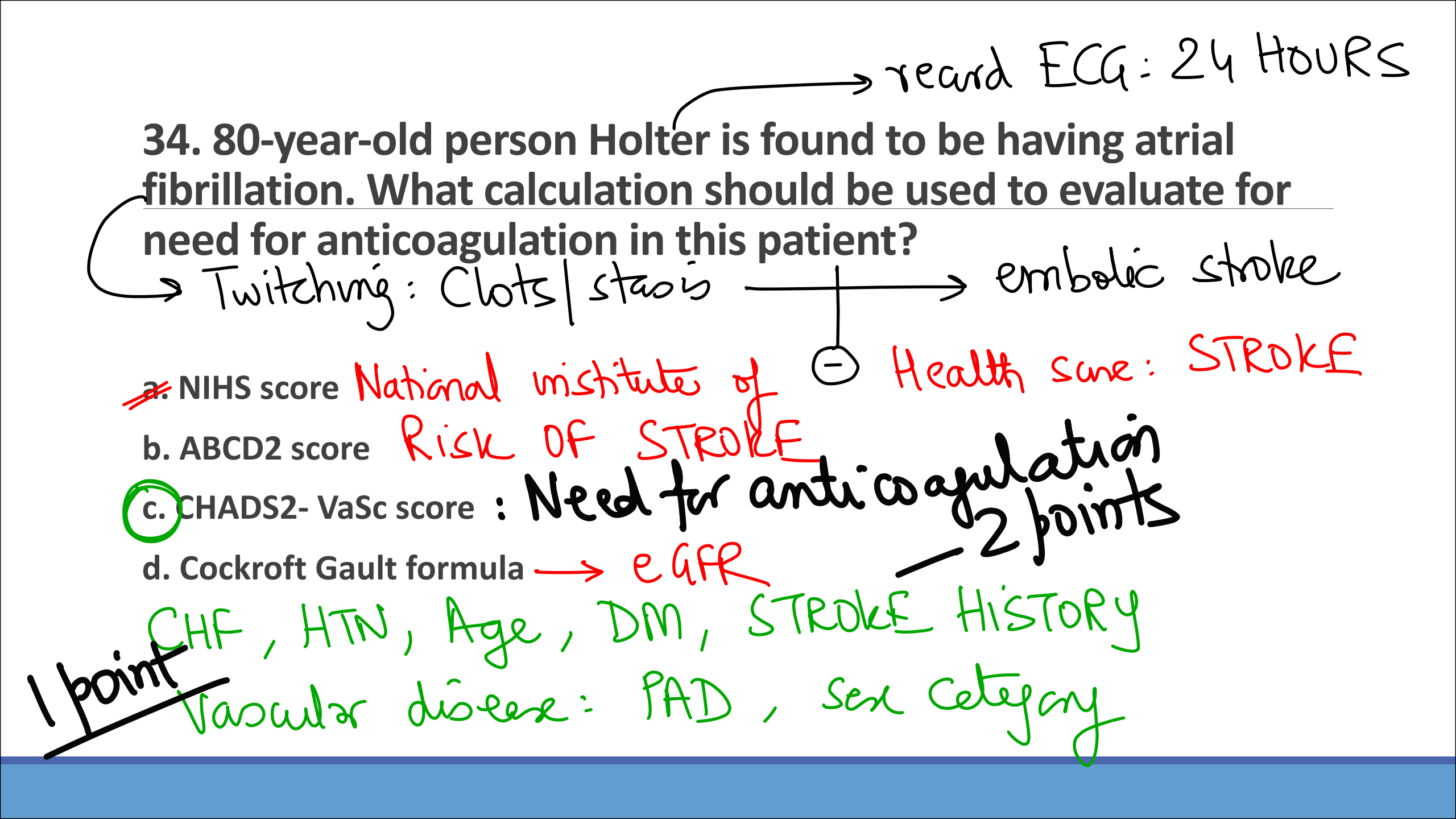
b. Massive pulmonary embolism

c. Heart block

d. Aortic dissection

↕

mimics: STEMI


reard ECG: 24 HOURS
34. 80-year-old person Holter is found to be having atrial fibrillation. What calculation should be used to evaluate for need for anticoagulation in this patient?
Twitching: Clots | stasis
embolic stroke
a. NIHS score
National institute of Health scne: STROKE
b. ABCD2 score
Risk OF STROKE
c. CHADS2- VaSc score : Need for anticoagulation
d. Cockroft Gault formula → eGFR
2 points
CHF, HTN, Age, DM, STROKE HISTORY
1 point
Vascular disease: PAD, Sex category

A. Fib: BP ↓ : Rate control — Esmolol | ibutilide — Rythm control

Clots ⊕ → embolic stroke

⊖

CHADS$_2$ VASc SCORE

Rx: NOAC : dabigatran
Rivoroxaban
warfarin

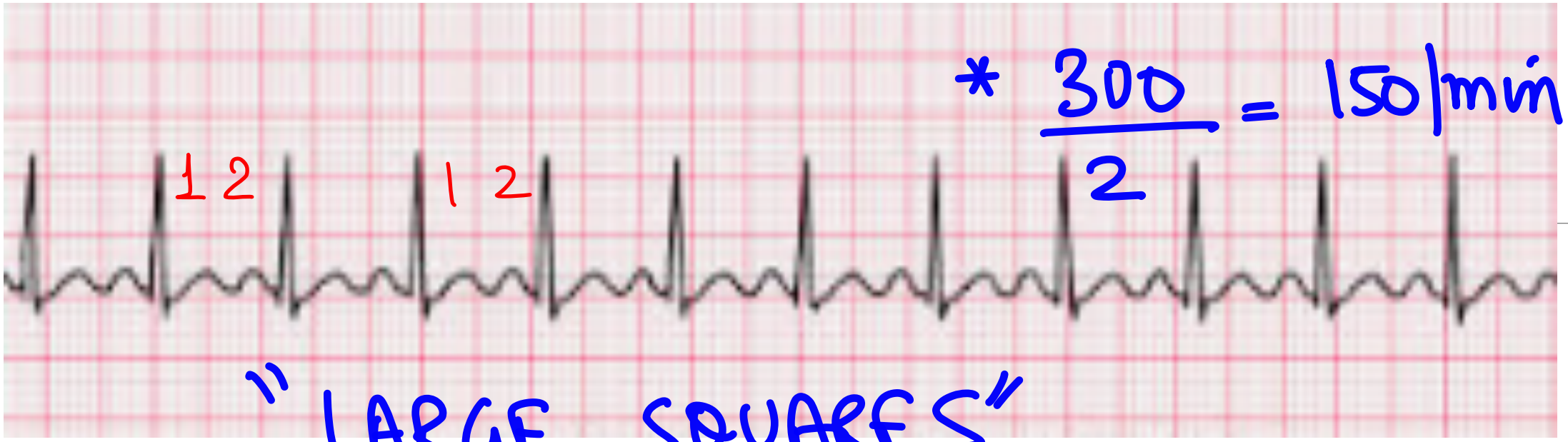
35. Which of the following can be used to calculate heart rate from an ECG?

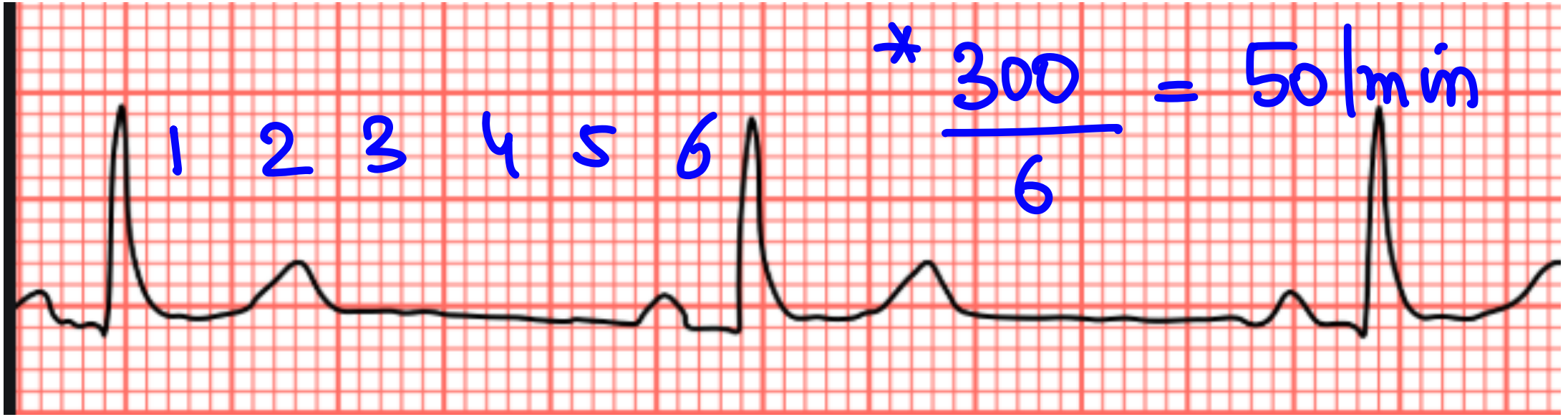
a. (Number of large squares in one R-R interval)/300

b. 300/ (Number of large squares in one Q-T interval)

c. 300/ (Number of large squares in one R-R interval)

d. (Number of large squares in one Q-T interval) / 300


1 2
1 2
* 300 / 2 = 150/min
" LARGE SQUARES"


1 2 3 4 5 6
* 300 / 6 = 50/min

ON EXERTION

36. A 58-year-old man presents to you complaining of chest pain. The pain occurs when he walks to the corner shop on his lunch break and disappears within a couple of minutes when he stops to rest. Clinical examination is normal except for mildly elevated blood pressure at 145/85. An ECG shows normal sinus rhythm. What is the most appropriate investigation?

Chronic stable angina

A. Fasting blood lipids : atherosclerosis

b. Urgent invasive coronary angiography

c. Repeat ECG in 1 week

d. Sestamibi Scan : Non invasive . Thallium scan

inv: TMT
Stress echocardiography
/sestamibi scan
Coronary angiography

Rx

CSA	Metoprolol
UA	NTG (ABE-MOAN)
NSTEMI	NTG
PA	NTG | CCB
STEMI	1° PCI

abciximab
Beta blocker
enoxaparin
morphine O2
Aspirin NTG

MS = P.M.B.V

ch CHF = ACEI + β Blocker * MR =

HOCM = PROPRANOLOL * AS =

37. A mother brings her 5-year-old boy to see you as a GP. On examination, he has red eyes, dry, cracked lips and a rash on his hands and feet. He also has cervical lymphadenopathy. What is the most important investigation to rule out a serious complication of this condition?

a. Blood pressure

b. ECG

c. Echocardiogram

d. Blood tests for autoantibodies

DD 1. Infectious Mononucleosis

2. Kawasaki: Muco cutaneous LN syndrome

Rash

Coronary A aneurysm

Red eyes

future: can develop MI (25+)

DOC: phenoxybenzamine

38. A 20-year-old hypertension patient has been diagnosed as a case of pheochromocytoma with positive biochemical evidence. What is the next step in work up of this patient?

a. CT Abdomen

b. Perform urinary VMA levels

c. Perform adrenal vein sampling

d. MIBG scintigraphy

Imaging
1. MRI abdo / CT
2. MIBG
3. PET-DOPA

pheochromocytome: PHD
Palp^N HTN diaphoresis
Screening: 24 hr U. metanephrine
IOC: plasma fractionated metanephrine

39. Blunted y descent is seen with?

a. Tetralogy of Fallot

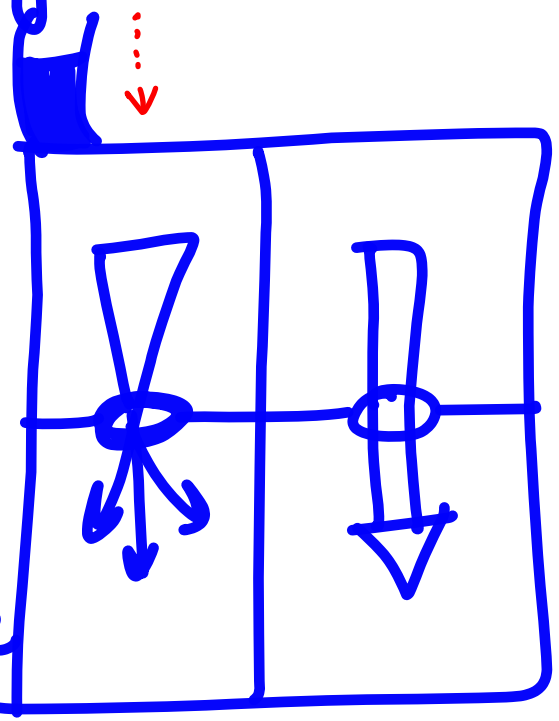
b. Tricuspid stenosis

c. Tricuspid regurgitation

d. Tricuspid atresia

subpulmonic stenosis

y = V. diastole (relaxation)



LARGE a wave

LARGE cv wave

y wave in JVP: V. Relaxation

* steep y ⇒ C.P
* absent y ⇒ C. Tamponade
* blonted y ⇒ T.S

Large a
TS, PS, PAH
TOF

Canna
↓
Complete H. Block

40. Best for myocardial viability and inflammation imaging?

a. PET

b. SPECT thallium 201

c. SPECT sestamibi Tc99

d. Coronary angiography

→ Hibernating myocardium | CSA

PET = distant Mets
= extra-adrenal pheo
= myocardial viability | 18 FDG

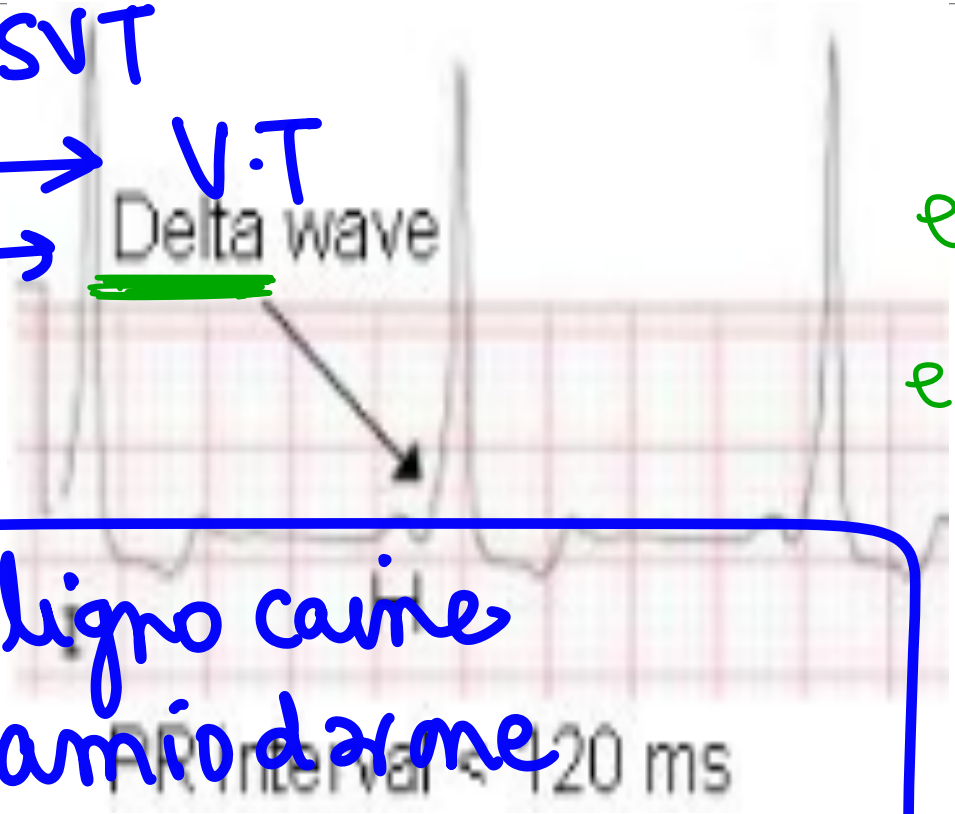
41. Best drug for Wolf Parkinson white syndrome

a. Adenosine → PSVT

b. Amiodarone → V.T

c. Lignocaine →

d. Procainamide



delta wave

eeg: NREM stg III

eg: WPW

Post MI VT : lignocaine

Stable VT: amiodarone

pulseless VT: defibrillator

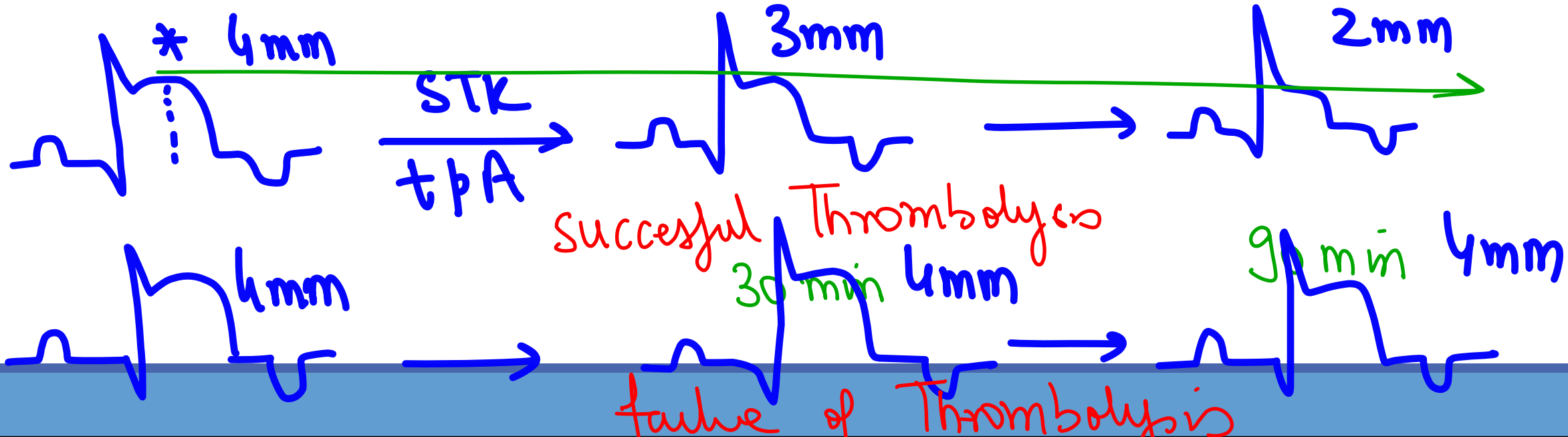
42. Rescue P.C.I is done for which of the following?

a. Persistent chest pain with ST elevation > 30 min after thrombolysis

b. Persistent chest pain with ST elevation > 60 min after thrombolysis

c. Persistent Chest pain with ST elevation >90 min after thrombolysis : failure of STR

d. Persistent Chest pain with ST elevation for >120minutes after thrombolysis



Rx: warm shock = NE
cold shock = epinephrine

43. Septic Shock is defined as?

a. Shock persisting > 1 hour after crystalloid administration

b. Shock persisting > 1 hour after high dose vasopressors

c. Shock persisting > 1 hour after colloid administration

d. Shock persisting > 1 hour after massive blood transfusion

* S.I.R.S : FEVER / TLC ↑ / HR ↑ / R.Rate ↑ = 2+ / 4
* sepsis : SIRS + positive bld culture
* septic shock : sepsis + BP ↓ > 1 hr / inspite of dobutamine dopamine

44. Waist to hip ratio that increases risk of heart disease is?

~~a. > 0.80 in male~~

b. > 0.80 in female

~~c. > 0.85 in male~~

d. > 0.85 in female

45. Pheochromocytoma produces all except?

a. Nor-epinephrine ✓

b. Secretin

c. Vaso-active intestinal polypeptide ✓

d. Calcitonin ✓

Major catecholamine in our body : Epi

" " " pheo : NE

PARAGANGLIOMA : extra- adrenal pheo

46. The following patient has presented after chest trauma. On examination crepitus is felt. The clinical diagnosis is?

a. Subcutaneous Emphysema

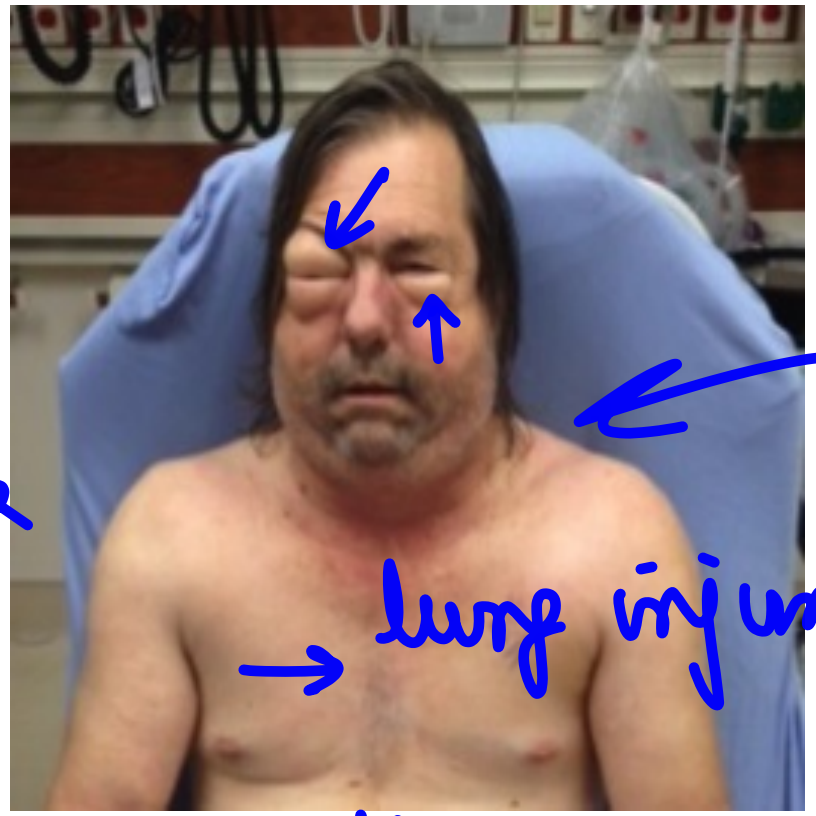
b. Gas gangrene : PUTRID D/S

c. Acute tubular necrosis

d. Hyperbaric Decompression sickness

↓ deep sea divers

ANURIA
↑ CREATININE
↑ Kt, M.acidosis



→ lung injury: air leak

SC emphysema

SIPPLE syndrome

47. Which of the following is correct about MEN 2 A Syndrome?

a. Parathyroid adenoma

b. Pituitary adenoma

c. Pancreas adenoma

d. Cavernous angioma

P = Parathyroid adenoma
P = Pheochromocytoma
M = Medullary Ca Thyroid (Calcitonin)

48. Fulminant diabetes mellitus is seen in?

a. Diabetic ketoacidosis

b. Coxsackie B virus

c. Non Ketotic hyperosmolar coma

d. Autoimmune pancreatitis

* fulminant hepatitis ⇒ HDV: superinjection
* // diabetes ⇒ Coxsackie B virus
↓
viral myocarditis

49. Modified Duke's criteria are used for diagnosis of?

a. Infective endarteritis

b. Infectious mononucleosis

c. Inflammatory myopathy

d. Infective endocarditis

DUKE Staging ⇒ Ca Rectum

DUKE CRITERIA ⇒ I.E

50. Which of the following shall be seen with use of a small size BP cuff? *

a. False elevation of BP

b. Falsely low value of BP

c. Cancels the effect of calcified arteries

d. Increases trans-arm impedance

$$\text{Reading} \propto \frac{1}{\text{Size of cuff}}$$

51. Elderly male patient has presented with recurrent falls. Which of the following medicines is responsible?

postural

* hypotension

a. Prazocin

b. Metformin

c. Acarbose

d. Thiazides

Elderly, HTN, B.P.H = Prazosin (α - Blocker)

52. Which of the following test is used for diagnosis of DIC?

a. Fibrin Degradation Products

b. Activated partial thromboplastin time

c. Prothrombin time

d. D- Dimer assay : screening test PE: D-DIMER assay

FDP : DIC

D-dimer assay : PE

* PE

Screening : d-dimer assay

IOC : CTA

RxOC (Massive) tPA

Heparin

53. On putting an Internal jugular vein catheter, a patient has developed sudden onset severe respiratory distress. Clinical diagnosis is?

a. Pneumothorax

b. Sepsis

c. ARDS

d. Mendelson Syndrome

Sudden onset R.D ++

1. Smoker : Pneumothorax
2. Central line : " "
3. Post op : PE
4. # long Bones: fat embolism sy

Umbilical pain → RIF: acute appendicitis

54. 40-year-old alcoholic has presented with severe epigastric pain radiating to back. CT abdomen was done. Diagnosis?

a. Peptic ulcer disease

b. Mallory Weiss syndrome

c. Boerrhave syndrome

d. Acute Pancreatitis

DD epigastric pain *

1. PUD
2. Menetrier
3. Volvulus
4. Pancreatitis: Rad^N To back

Flank pain → Umbilicus

Rx: Renal colic

* DD RUQ pain

Cholecystitis / MIRRIZI

Budd Chiari

CHF

55. All of the following cause acute renal failure except:

a. Pyelonephritis : acute

b. Snakebite : VIPER: Hemoglobinuria myoglobinuria

c. Rhabdomyolysis

d. Analgesic nephropathy

↓

CKD

56. Patient on insulin in CKD stage 4. What is dose adjustment of insulin required?

a. Increased insulin

b. Decreased insulin

c. Normal insulin

d. Add DPP – 4 inhibitors

Insulin excreted via kidney

↓

dose reduction !

80% Total calculated dose

57. Tropical splenomegaly is seen in

a. Malaria

b. Kala azar

c. Brucella : UNDULANT FEVER: CASTAENDA Medium

d. Q-fever : COXIELLA BURNETTI

Massive splenomegaly: 1. kala Azar
2. CML
3. GAUCHER

58. Chikungunya presents as?

a. Fever, myalagia and petechial rash → dengue

b. Fever, myalgia with lymphadenopathy → inf. mononucleosis

c. Fever, myalgia and joint pains

d. Fever, meningismus and haemorrhagic complications → WATERHOUSE friedrichsen
N. meningitis

* FEVER, S.O.B, MYALAGIA = COVID - 19 pneumonia

59. Which of the following leads to palpitations, heat intolerance and pre-tibial myxedema?

a. Hypothyroidism primary

b. Hypothyroidism secondary

c. Primary thyrotoxicosis

d. Secondary thyrotoxicosis

TSH ↓ *

GRAVE's : Thyroid gland : T_4 ↑ T_3 ↑

↳ pituitary problem | adenome : TSH ↑, T_4 ↑, T_3 ↑

cold intolerance + myxedema

PROLACTINOMA

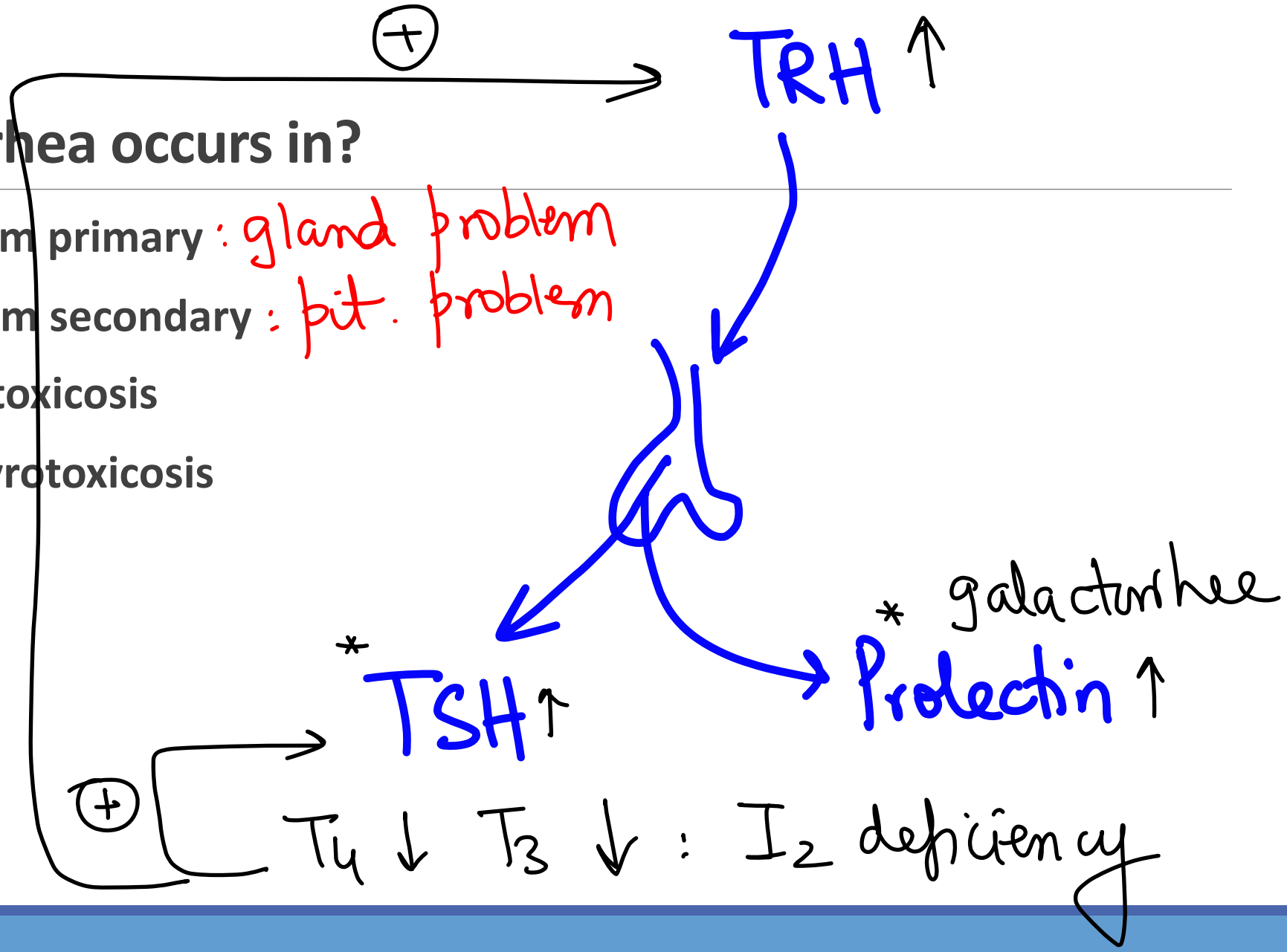
60. Galactorrhea occurs in?

a. Hypothyroidism primary : gland problem

b. Hypothyroidism secondary : pit. problem

c. Primary thyrotoxicosis

d. Secondary thyrotoxicosis



RAREST SUBTYPE OF DM

61. Best treatment of M.O.D.Y is?

a. Recombinant insulin

b. Metformin

c. Glipizide

d. Sitagliptin

Type 1 DM	insulin
1.5 DM	glipizide *
2 DM	metformin
MODY	glipizide *

62. MEN I leads to all except

a. Hypergastrinemia ✓

b. Hypercalcemia ✓

c. Hyperprolactinemia ✓

d. Excess catecholamines ○

Pit adenoma : PRL ↑

Parathyroid " : PTH ↑ : ↑ Calcium

Pancreatic " ZES : gastrin ↑

↓

pheochromocytome

MEN 2A : sipple syn

63. MEN II occurs due to defect of?

a. K-Ras

b. P16

c. Ret proto-oncogene : SIPPLE syndrome

d. Rb

SIMMOND disease: Non obs cause of damage to pituitary

* pit. APOPLEXY
Trauma | HTN | AVM rupture

64. Broken heart syndrome is?

a. Arrythmogenic RV dysplasia

b. Tako-tsubo- cardiomyopathy

c. Restrictive Cardiomyopathy

d. Misnomer

SURGE of Catecholamine +

Trauma

MC → Hocm

Dcm	alcohol
Rcm	amyloidosis
Hocm	β-myosin gene, AD
TTCM	severe emotional

Tendency for Tachyarrythmias

65. Pacemaker is required for?

a. HOCM → Implantable cardiovector defibrillator

b. Brugada syndrome → Implantable cardiovector defibrillator

c. Long QT syndrome → Implantable cardiovector defibrillator

d. Stokes adam syndrome : 3rd degree Heart block
Complete Heart Block

"SS-A"

66. Anti- Ro antibody leads to?

a. Photosensitivity

b. Drug induced lupus

c. Lupus cerebritis

d. Lupus nephritis

→ Transplacental transfer
SLE MOTHER
↓
FETUS
"Complete heart Block"

SAN
~~AVN~~
BOTH

* SS-B
Lupus anticoagulant
↳ R. abortions

67. ST segment depression is seen in?

a. Hyperkalemia

b. Hypokalemia

c. Hypercalcemia

d. Hypocalcemia

$K^+ \propto$ ST segment *

K↑: ST elevation

K↓: ST depression

$Ca^{++} \propto \frac{1}{QT \text{ interval}}$ *

Tetany: QT prolongation

Hypercalcemic crisis: QT shortening

TRAUMA
CAR CRASH

Oat cell Ca lung

68. Non pulsatile elevated JVP is a feature of?

a. Cardiac tamponade

b. Pericardial effusion

c. Acute pericarditis

d. Constrictive pericarditis

C. Tamponade

P : P. PARADOXSUS

BP : ↓↓ (OBSTRUCTIVE)

S_1S_2 : MUFFLED

JVP : NON PULSATILE

Rx : PERICARDIOCENTESIS

69. Lente insulin is?

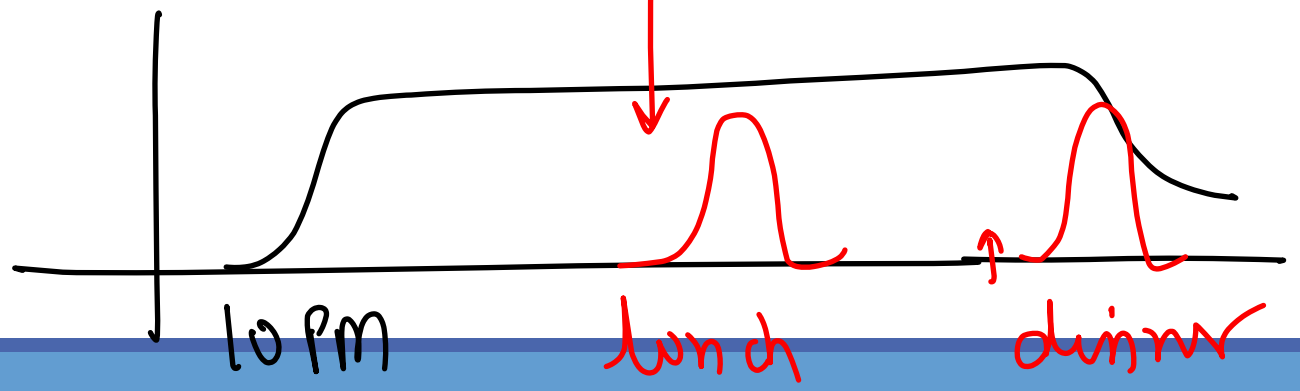
a. Rapid acting insulin → LISPRO | ASPART

b. Short acting insulin → REGULAR

c. Intermediate insulin : LENTE

d. Long acting insulin

PEAKLESS INSULIN ⇒ GLARGINE | DETEMIR



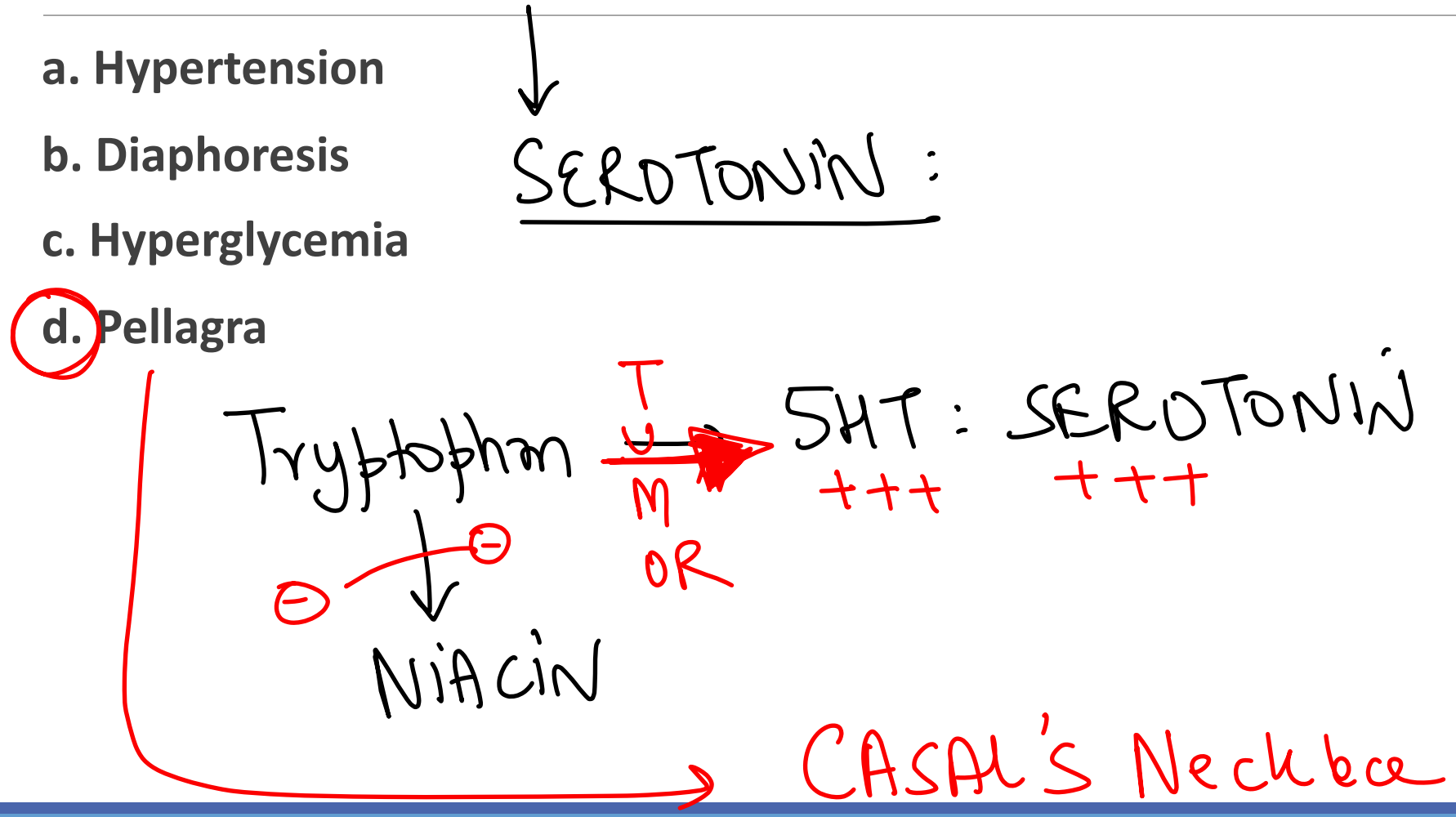
70. Carcinoid Syndrome leads to?

a. Hypertension

b. Diaphoresis

c. Hyperglycemia

d. Pellagra



71. Best test for diagnosis of acromegaly?

GH ↑

a. Glucose challenge test

b. Insulin like growth factor 1 levels → screening test for acromegaly.

c. Insulin like growth factor 2 levels

d. GHRH levels

(N) glucose 100 gm : GH production: suppressed

pit. Tumor : " " : GH levels : elevated

failure To suppress GH via glucose

Challenge Test

dopamine → PRL → LH|FSH

galactorrhea

72. Best for management of Prolactinoma?

a. Trans-sphenoid surgery

b. Bromocriptine

c. Octreotide

d. Cyproheptadine

* MACROAdenome | Bitemporal Hemianopia : Sx
* Drugs: Bromocryptine | Cabergoline
* Shrink Tumor: OCTREOTIDE LANREOTIDE

lymphedema

73. Not a symptom of hypothyroidism?

a. Psychosis : myxedema madness

b. Hair loss " scalp

c. Serous cavity effusion : Pleural effusion

d. Pre-tibial myxedema

→ GRAVE's

Mini mental score examination

74. MMSE score is used to diagnose?

a. Stroke

b. Esophageal varices

c. Depression

d. Dementia

(d)

< 24 : dementia

30 items

21-24	mild
10-20	mod
< 10	severe

IOC: AD (Parietal #, Temporal #

\+ MRI

* DOC AD: Donepizil

memantine | Rivastigmine

75. Weight gain is a feature of all except?

a. PCOD : insulin ↑ : wt gain

b. Cushing syndrome cortisol ↑ : "

c. Hypothyroidism → T_3 T_4 ↓ BMR ↓ : "

d. Pheochromocytoma

↳ CATECHOLAMINES : wt loss

wt loss : Addison | pheochro | GRAVE