

- Pt with sx of TTP (had to diagnose), plt was 17000 and asked for management: IVIG -Plasmapheresis (ans)- Platelets infusion - IV fluids
- Murmurs to hear and diagnose - AR - and they were asking reason for this: Infective endocarditis(although there was no fever, but all other options were for systolic murmur, like rupture of chorda, rupture of papillary muscle , rheumatic fever)
- Murmur to hear and diagnose - VSD in infant
- Murmur in text form, flow murmur described - management: Reassure (other options included different management options).
- Communication question, female from a different country, visiting US, came with complicated uti - management started, and she was improving. Doctor advised to stay for 2 more days to get complete sx resolution. But husband asked for a discharge. On opposing, he got furious and told her wife that they are going home, and left the room. Patient says in her country husbands make all health decisions. What should doctor do now:
 - a) Tell her its not that country, and she canmake her own decision (I chose this),
 - b) Get a LAMA signed and let them leave,
 - c) ignore husband and keep her admitted
- Pt with left flank pain. No specific findings on Urine DR. Asked for management: Tamsulosin (for stone). No options for reassurance or do nothing
- Classic scenario of Adult protecting services - v old lady, lives with nephew - multiple fall hx, nephew comes once a week. NBS: Call APS

- Pt with bloody vomiting - was taking too much NSAIDS for osteoarthritis - EGD biopsy taken, what will you find on biopsy report: Mucosal dysplasia (I was suspecting ulcer)
- A pt with trauma, bp in 80/50. No improvement after IV fluids. Now: Give IV Epinephrine (chose this) - Steroids – Antibiotics
- Biostats: Had to calculate RRR = simple formula question. Answer was 1%
- A bias question. A doctor took some patients voluntary bases and then ran a cohort on them. No other option was making sense, so I chose Ascertainment bias (read up on that) by ruling out things
- A diarrhea patient - travel history - no fever - started in 6 hours timeline - Looked like E coli's watery diarrhea - Management: Reassure
- MDD in pregnancy - was on flux but left 1 month ago: Give Flux (no option of asking why she Stopped a month ago)
- Hypothyroidism symptoms - check TSH
- Difficult question: Pt with jaundice and episodic pain- alp ast alt direct billi raised (looked like cholelithiasis) - but no stone finding on US - NBS:
 - a) reassure
 - b) CT abdomen (chose this)
 - c) check CEA - CT abdomen bcz he had sx and raised labs, sometimes stones get missed on US, and for CEA its v non-specific.
- Case looked like MS - A new term for demylenation was used (don't remember that) but easy to rule out

➤ 50y female, alcoholic (daily 3 glass wine), ex-smoker, BMI 26, mother had fracture at 70. Most imp risk for fracture in her:

a) age

b) Alcohol (chose this)

c) Smoking hx

d) Family history of fracture

e) BMI - alcohol drastically increases the risk of fracture

- Old: Shaken baby syndrome (call cps)

Abstract

1. Effectiveness of TPA vs Thrombolysis in pts with stroke,
2. Incidence of VTE in women of reproductive age groups using OCPs.

Sequentials

1. Case of 28 yr M with cc of watery diarrhea, occasionally bloody a/w cramping abdominal sensation. frequency of loose stool increased over the last 5 days. Vitals stable. Dx?
 - a. IBS
 - b. Ischemic colitis
 - c. Crohn's

d. Infective diarrhoe.

Dx- Crohn's Now what next ?

- a. Budesonide
- b. Loperamide
- c. Sulfasalazine
- d. Infliximab

2. Case of 78 yr M with h/o schizophrenia under medication. However, capable of understanding the explanation and able to write. CC of Respiratory problem brought by son. Question hinting towards with whom should the consent be taken in situation if the old man has to be intubated ?

ans- take consent from Old man

Now the Old Man deteriorates . What do to ?

Take consent from son and proceed for further management.

HOPI – 10-15 (full page questions, doable yet time consuming)

1. Case of DMD- check aldolase level.

2. Case of HTN – BP 140/90 at presentation. Previous 2 readings suggestive of inc pressure . What next?

ans- start thiazide

3. Case of Alcohol use disorder. Trying to get rid of it . What to prescribe?
- a.chlordiazepoxide b.naltrexone c.acamprostate

Systems

1. Old man 78 yrs cc of inc cough dry in nature for the last one month. Pt smoker since last 30 years. smokes excessively. No h/o wt loss, loss of appetite . Vitals stable . X ray given showing opacity over left upper lobe . Dx?

- a. Lung CA b. COPD
c. Interstitial lung ds d. Pneumonia

2. Case of Asthma under albuterol. Increased episodes of exacerbation what to add next ?

Ans--ICS

3. HIV pt CD4 count 187 .Prohpylaxis against ?

- a.PCP b.Toxoplasma
c.MAC d.Histoplasma

4. African male from Haiti. PPD done 18mm what next ?

- a.Start Isoniazide b.IGRA
c. CXR d.Sputum culture

CVS

ECG – STEMI INF wall and Pericarditis. very clear from vignette as well as

ECG

HS- AR VSD PDA also clear from vignette

1. Case of 50 yr Male k/c/o T2DM and CHF. Under ACE I and BB . Now what to add next ?

a. STLT2

b. Furosemide

C. Spironolactone

Endo

1. 39 yrs F wog 28 k/c/o T2DM with HTN vitals BP 140/80 .others normal. RBS -300 around what next ?

OHA's or Insulin

2. Case of Rickets

3. Dx of SIADH parameters given Sr. osmolarity urine osmolarity and Serum Na level.

4. MEN I scenario

Renal

1. Case of UTI in ckd tt asked

2. Case of UTI in pt with sulfonamide allergy tt asked

3. h/o recurrent UTI in 2 yr old kid NBS ?

A. USG B. Voiding cysto urethrography C. urine culture 4. VHL and Wilms

Neuro

1. Neurocutaneous disorders

2. Seizure disorder Absent seizure T/t asked

3. Injury at the level of T4 what can happen?

A. Autonomic dysreflexia B. b/l loss of sensation over LL and UP

GI

1. SBO – NG decompression

2. Wilson's dz dx

3. Chronic NSAID user what next?

ans- stop taking NSAIDs

4. Anal fissure typical vignette

5. Middle age woman. Colonoscopy done .4 Adenomatous Polyp found h/o

Ovarian ca in Mother ,Breast ca in sister . What next?

- a.observe
- b.repeat colonoscopy in next 10 years
- c.Prophylactic TAH BSO

Peds

- 1.Developmental milestone 2 yrs child
- 2.Bronchiolitis tt- symptomatic
- 3.Measles
- 4.Chickenpox
- 5.Omphalocele
- 6.Down's dx

MSK

- 1.OA
- 2.Ewings dx vignette

3. Osteoporosis arrow – Osteoblastic activity dec Osteoclastic activity inc

Bone matrix dec

4. Paget's Dz – multiple lytic lesions over ribs . Sr Creatinine 3.2 what next ?

a. SPEP b. Bone biopsy

c. Bisphosphonates

Randoms

- Ethics per block 10 questions . around 50-60% doable through the concepts .
- Please go through 100 cases of Ethics from Conrad. Rest confusing !
- Didn't get much questions from stats.

1. Female with cc of difficulty swallowing and features of HF . What next ?

2. Lyme's dz

3. AIDS dx flow chart go through.

- NBMEs practice helps a lot
- Ethics . Amboss social science each block 5/6 ques .

1. End stage pancreatic cancer OT planned , anesthesia disagrees whom to report

HIPPA / EMTALA .

➤ Kaplan Meyer curve related ques

➤ Cohort / case control

➤ CHRONICS

1. Cholesterol emboli

2. Restless leg syndrome

3. DMD

4. Dactylitis

5. Graft vs host

6. CVID

7. SCID

8. Bruton,s

9. PSGN

10. Micro step 1 concepts important (gram classification)

SCReening .

1. Influenza / PSV23

2. Pregnancy ma MMR dine

- Cutaneous larva migrans pic
- Genital warts pic
- External hemorrhoids to be diagnose
- Primary amenorrhea what to be done - usg
- Precocious puberty diagnose
- Cone biopsy done 5yrs ago , now pregnant in second trimesters what will be the complication ? Cervical insufficiency

➤ 2sequentials ques ,

- Albuterol causing electrolyte imbalance , hypokalemia .
- Cord prolapse , variable deceleration
- 24yrs , F , sexually active what to screening . Chlamydia Gono

- Sexually active female , vaginal discharge related ques . Management asked
- Ectopic pregnancy management
- Pregnant patient , no fetal heart sounds , pointing towards septic abortion management or mode of delivery , - induction of labor ???

BPH .

- Hypospadias present , phimosis happens management - releasing the band.
- Hernia surgery when to be done
- Pulmonary Embolism /DVT few ques
- MVA , lab values given pointing towards central DI ...ans give desmopressin
- Sepsis not improved on giving fluids , next step give steroids
- Cystic fibrosis related question
- Bronchiolitis/croup/ laryngomalacia
- Transverse myelitis
- Ulcers in mouth , most probably oral thrush
- picture of anus with a sinus . Mx- I&D
- Neuroleptic malignant syndrome / Malignant hyperthermia / serotonin syndrome . How to manage ?
- Immunodeficiency patient , live vaccine contraindicated
- Thyroglossal cyst to diagnose , histo pic given
- Agranulocytosis due to drug , what next to do , stop the drug .
- Parkinson's related question to diagnose

➤ Lots of psychiatry ques

1. ADHD

2. Grades degrading , Ans urine tox to be done

3. Young female , sexually transmitted disease asks Oct or not to tell her parents , what will you do?

4. Taking anti deoressant , comes with urinary retention - amytryptine
induced urinary retention

5. GAD

6. New mom , thinks her child is evil will harm them what will you do next ,

Ans: admit the patient

- LYNCh syndrome screening
- Papilloedema
- Hyphema
- Fungal infection. Pic showing hyphae , treatment asked
- Sarcoidosis related ques
- Coal miner worker , pneumoconiosis ????
- Up down arrow , emphysema
- HS , probably MVP and other one also seemed holosystolic
- Patient with MVP , plans for a dental procedure what for prophylaxis?
- Blunt trauma , pneumothorax Needle thoracostomy ,
- Post operative minimal pericardial effusion what to do ? Nothing
- Chronic Alcoholic patient , electrolyte imbalance
- Hyperparathyroidism
- MEN1/2B screening .
- CAH , Hyperaldosteronism updown arrow
- Hemolytic anemia , total bilirubin liver enzymes inc Coombs test to be done ??
- Ileal resection done , now what can be deficient ?. Vit B12
- HOPI , sudden onset abdominal pain , taken antacids but not relieved treatment in ER???
- Von willibrands disease
- CML /CLL
- Pediatric tumour in midline ?????Neuroblastoma
- Anemia classification according to MCV inc.

- Chiari malformation type 1
- Multiple sclerosis
- Pic showing druseens
- Otitis externa causative agent
- Orthostatic hypotension , ans . Repeat BP reading in different position
- ACE inhibitor causing RAS
- Volume overload on giving IV fluids , mentioned JVP raise
- Polyangitis rheumatica
- Dermatomyositis/ polymyalgia. H/o taking statins ?.???
- Osteogenesis imperfecta
- Lupus pernio
- Dermatophyte infection (ringworm)
- AV block ECG
- Mastitis picture
- Contraceptive advice
- woman , no menses in 3 months , c/o extreme hot flushes , what will you advice - estrogen therapy
(author)
- Old age , AUB , - endometrial biopsy
- Ovarian cyst more than 7.5cm ,what will you do ?.laparoscopic cystectomy
- HistCassandra,
- Patient says he doesn't need sleep , I'm very energetic. Ans- bipolar ?
 - RCA related ques
 - Bias related quesory of migraine ,Runner complains of headache Rx- 100% oxygen therapy.
- PE-S1Q3T3 interpret from ECG.NBS:CT angio

- Old man, SOB, CXR given-Looked like emphysema with expanded lung, tubular heart=PFT findings(know diff between emphysema and chronic bronchitis)(DLCO)
- FB in oesophagus/coin clearly seen in xray. Hemodynamically stable.NBS:
 - Endoscopy
 - serial CXR and abdomen X-ray
- CO poisoning
- lights criteria
- <5yrs child, fever T:103, cough for 3 days.Auscultate crackles in RUL,cray not mention.NBS
 - supportive
 - amoxicillin
- ARDS NBS:intubate
- Asthma: treatment
- Bronchiectasis:Primary ciliary dyskinesia
- Retropharyngeal abscess diagnosis
- Asbestosis diagnosis
- 11Hydroxy diagnosis and management: hypercalcemia
- Lung tumor-know characteristics of each type
- Heart sound:

-AS murmur heard: PP=20,BP=110/90

-Stills murmur

-MR:management

- Digeorge 22q11
- Atropine poisoning:?
- ECG-AF-CHADS score >4.NBS?
- Kawasaki + t/t +f/u echo in what time?
- PSC to diagnose
- Autoimmune dysfunction +orthostatic hypotension
- Homocystinuria
- Cri-du chat syndrome
- Noonan syndrome
- Methimazole- agranulocytosis
- Syphilis
treponomal test already done in ques. Now nbs?
A. FTA-abs B. Dark field microscopy
- Lots of DVT / PE

- ROC curve
- Ingestion of coin. Endoscopic removal done. What would have happened if the coin wasn't removed ? Nothing vs perforation
- Quadruple screening interpretation
- Lots of ethics & psy
- Hyponatremia + fever — drug of ecstasy
- Serpentine rash photo— ivermectin
- Babesiosis
- Jelly fish sting Rx? Vinegar water
- Octopus poison? Neurotoxin (tetrodotoxin)
- HbFS 10 days baby. How to prevent pneumococcal infection ?
 - oral penicillin od
 - pneumococcal vaccine
- SIADH. Low sodium but not less than 120. Nbs ?
 - salt tablets
 - restrict free water
- Umbilical hernia- congenital hypothyroidism

- CKD. What to give before the procedure in order to prevent bleeding ?
desmopressin

1. 26 year old sth man, was already diagnosed with crohns disease now came with the complain of severe pain, he had some pain since 6-7 months but it got worse recently, they showed picture with reddish area around anus sth, temperature was exact 38 kinda normal

A) Perianal abscess B) Anal fistula

2. Patient already had some psychiatric condition and doctor is changing medicine from typical to atypical antipsychotics and now patient presented with the complaint of bilateral milky discharge, which of the following drug is causing this adverse effect?

A) Citalopram B) Promethazine

C) Metoclopramide.

No risperidone or some known drug in option.

3. One sequential was of hemothorax in which they showed an X ray with trachea deviation and one side was of completely white.

A) Simple pneumothorax B) Tension pneumothorax C) Hemothorax.

In 2nd part they said that 1800ml sth blood was drained, what would be the further management?

A) Needle decompression

B) Chest tube

C) Thoracotomy

4. Another sequential was of Pericarditis, one question was of diagnosis and other was of management.

5. 30-40 year old man with typical presentation of multiple sclerosis, at the end they asked what's the bad prognostic factor in this scenario?

A) Age

B) Gender

6. One patient was intubated 1 week ago, now he had bilateral patchy infiltrates/crackles and reduced ejection fraction from 40s to 38 sth, asked the diagnosis?

A) Atelectasis

B) Pneumonia

C) Pulmonary edema

7. Patient was taking atypical antipsychotics and they asked what would be decreased in this patient?

A) Fasting serum glucose D) Triglycerides

B) Urine osmolality

C) Leukocyte count One more option was there that I can't remember

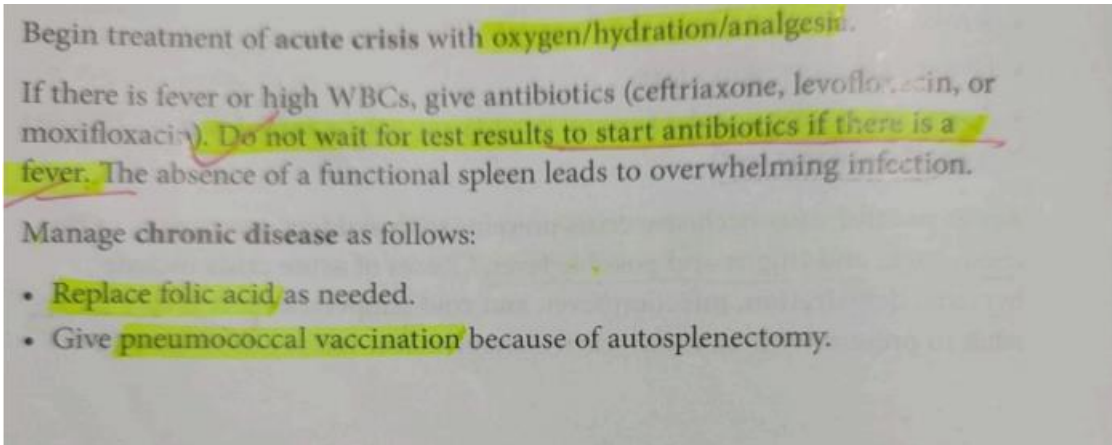
clozapine: Agranulocytosis (must monitor WBC for 6 months weekly, next 6 months bi-weekly, then monthly). Stop if neutrophils < 1500. Can also cause seizures, myocarditis. atypical antipsychotics

8. A women wanted a long term contraception but she didn't want an IUD because some bad experience with her friend, what would you give now?

A) Etonogestral Implant

B) Medroxyprogesterone

C) Oral contraceptives



9. A child was already diagnosed with sickle cell disease but now he presented with worsening pulmonary symptoms, asked about the management?

Only option I could remember is Dexamethasone, ig antibiotics was an option but not sure! No option of IV fluids, Painkillers or transfusion.

10. A typical presentation of pancreatitis, they had already given IV fluids and painkillers. What else you would do now?

A) Antibiotics

B) ERCP

11. Management of recurrent renal stones.

A) High fluid intake

B) Low protein diet

C) Furosemide

D) Amlodipine.

Thiazide diuretics wasn't an option.

12. A kid was diagnosed with Down syndrome, they gave the murmur but I couldn't appreciate anything, asked about the investigation?

A) X ray B) ECG

C) Echocardiogram

13. Another murmur question, 67 year sth man presented with the complain of fatigue, 2 years ago he had MI, had history of stable angina ig, I couldn't appreciate anything at the carotids at all, well the options were.

A) Aortic insufficiency B) Tricuspid stenosis

C) Mitral regurgitation.

14. A typical presentation of hoarding disorder, in which they asked that if we don't treat this patient what will happen?

A) His symptoms will gradually worsens B) Symptoms gradually improve

. I don't remember if same was an option or not.

Hoarding disorder typically presents in the **teenage years** and is characterized by an inability to dispose of items that may have no actual worth (eg, magazines, paper towels), resulting in significant and often dangerous clutter in the home environment. Hoarding behavior tends to worsen with age. It is best treated with **cognitive-behavioral therapy**.

Hoarding behavior with personality changes in old age make FTD likely

15. A very good ECG of inferior wall MI, asked about the management.

16. Two more ECGs with a very good quality but I couldn't appreciate anything diagnostic in them, ig one was of WPW.

17. An elderly patient came with the typical presentation of MI but she wasn't giving consent for cardiac catheterisation first, after almost 2 hours she agreed for that. Now asked what would you do?

A) Thrombolytics B) Nitroglycerine

C) Cardiac catheterisation

18. A picture of red eye was given, patient was sleeping last night and woke up with just red sclera/eye with no any other symptoms.

A) Reassurance B) Antibiotics

scleritis—Tx: NSAIDs.

Prednisone + Rituximab for

severe,,,, episcleritis-Tx: Self

-limited. Topical lubricants.

19. A pregnant lady is planning to go to zika endemic area, Doctor says dont go, What precautions should the husband take after returning from trip

A) Abstain from sexual intercourse for 4 weeks

B) Use condoms throughout the duration of pregnancy

20. A patient had hypopigmented patches on hands, foot and all that with hemoglobin of 7.2, home was built in 1980, some other shit was mentioned that I don't remember, but the options were

A) Lead toxicity

B) Vitamin B12 deficiency

- C) Vitamin E deficiency D) Vitamin A toxicity

21) 6 year old child presented with typical presentation of hernia, asked about the management?

- A) Operate it right now because it can incarcerated
B) Do not operate it until and unless its not causing pain
C) Elective repair

22) Child is crying everytime to get me this candy and some other thing in the public place and making her mother embrace in front of everybody or market, doctor asked her to ignore the child behavior, now what will happen?

- A) His behavior will gradually decrease
B) His behavior will promptly stop

23) Typical presentation of epididymitis in some 20s male with positive prehn's sign, asked about the cause?

- A) Streptococcus pneumonia
B) Chlamydia trachomatis

24) Case of motor vehicle accident with widened mediastinum with no any

symptoms ig, asked about the diagnosis?

A) Pneumothorax

B) Traumatic aortic rupture

25) A child was admitted with some respiratory symptoms, peribronchial cuffing, somehow felt like bronchiolitis, and then asked about the vaccination schedule.

A) Give all the vaccines except MMR

B) Give all the vaccines except Tdap

C) Do not any vaccines right now

D) Give all the vaccines now

26) An obese ig 38 sth BMI pregnant female came for general follow up, she already had family history of diabetes in her mother and sister, and asked what complication this lady can develop in her pregnancy?

A) Gestational diabetes

B) Post term pregnancy

27) A pregnant patient was diagnosed with graves disease and asked what complication child will gonna develop?

A) Neonatal hyperthyroidism

B) Hashimoto thyroiditis

28) Type 1 diabetes patient was taking glargine, basal insulin and NPH, hypoglycemia symptoms in the morning. What will be glucose level?

-Before breakfast - Before dinner -During bed

A) 60 180 100

B) 60 100 180

This is the only question I got from the whole GFR pool.

29) Asked about treatment of cryptosporidium.

30) A patient was treated for breast cancer some years ago and now presented with symptoms of pleural effusion sth, an X ray was also given, what will you do now?

A) Pleural fluid analysis

B) Echocardiogram

31) One question was on the diagnosis of Avoidant personality disorder

32) One was on the functional incontinence

33) One was on the Kartagener syndrome, sweat chloride test was negative, ig complication was asked?

A) Pancreatic insufficiency

B) Infertility

34) One question was on gout, picture of big toe with tophi given and asked what kinda stones this patient can develop?

A) Calcium oxalate stone

B) Urate stones

35) One was on the diagnosis of Autism spectrum disorder

36) One on Disruptive mood dysregulation disorder

37) One question was on the diagnosis of cystitis

38) One on the osteosarcoma but no x ray provided

39) 1-2 questions on the talk or report to the clerkship director

40) One on the diagnosis of CVID in a bit confusing way

41) A young girl presented with the complain of fatigue, she was just graduated and somehow was anxious for not getting a job, asked about the management?

A) SSRI

B) Anxiolytic therapy

42) 1-2 questions on contact to APS and CPS

43) Smudge cells picture was given and asked about the diagnosis

44) ECG of atrial fibrillation was given and asked about the origin of embolus
sth?

A) Right atrial appendage

B) Right ventricle appendage

C) Left atrial appendage

D) Right ventricle appendage

Two more options were there that I don't remember

45) One case on the diagnosis of malaria, rigors and spikes of fever were telling in the vignette.

46) One on the diagnosis of Rickettsia

47) One was on the borrelia burgdorferi

48) 2-3 questions on IRB

- So many questions on behavioral science and ethics but I must say those were not from amboss, emboss ethics is way more easy than the real exam ig.

49. Female pregnant came at the 20 weeks of gestation on ultrasound baby intestinal content were protruding (coming out in the umbilicus) what complication it can develop in future

- A. gastroschesia B. omphalocele C. mesenteric ischemia.

50. Long history of GERD in endoscopy the squamous to columnar changes in the esophagus mentioned in CV no pic the bedside prescribing the point what will you do ans= endoscopic surveillance.

51. 2-3 weeks ago have URI now have HF signs with S3 mentioned in CV asked for diagnosis I did myocarditis.

52. Patient 2 to 3 days ago have the Myocardial infarction now have murmur lungs bl crackle caused asked I chose papillary muscle rupture.

53. COPD patients fev1to fvc ratio 50 what will you see in changes in the heart asked in ups and downs arrow question. >sarcomere added in series >sarcomere added in parallel.

There was also two more things mention idont remember.

54 schizophrenia patient comes to follow already drugs now stabilize doing routine activities going to college taking major courses to complete his wants to get quickly rid of schizophrenia what will happened .

- A. His condition further deteriorates
- B- failure of therapy
- C- will get better

55.Schizophrenia patient on haloperidol develops the signs of akathisia asked MOA of drug

- A) Sensitization of dopamine receptor
- B) dopamine blocks

56. Patient have previous history of 3rd degree skin burned got skin

graft now to work as construction have to work at outdoor what he is at risk of=

- A. SCC due uv light B. ulcer

57. Patient with 2 months history of acute memory loss cant remember things short question also there was flat affect asked cause MDD Alzheimer's crudz jacob disease

58. Womens with band like headaches for 8months pain worse when she goes to job until she comes home and pain has inc in duration previous 2 to 3 times a weeks now has inc frequency dx

- A. Migrane with out aura
B. Cluster
C. Tension headache.

59. patient with moter vehicle accident got unconscious at the than got up having headache than Conditions further Detroit with Ipsilateral blow pupil and contraleral hemipersis dx asked

- A. Epidural B. Subdural
C. Subarachinod

60. Dermatomyocyte question with clear picture of heliotrope rash wat

investigation will you do for diagnosis

- A. Skin biopsy B. Muscle biopsy

61. 4 year child on routine examination abdominal mass on physical exam ct
pic given with bid renal mass but respecting mid line was not cross mid
line according to me normotensive dx asked

- A. Wilms tumor B. Neuroblastoma.

62. Patient heavy alcoholic asked which marker will be deranged

2to 3 line question

- A. Alt
B. Ast
C. Ggt.

63. 36 year old girl with family history of breast cancer underwent breast
surgery due to breast cancer 2 to 3 months ago comes to doctor pre
pregnancy counseling can I get pregnant.

- A. yes you go with pregnancy
B. wait for 4 year than go for pregnancy
C. you can not go with pregnancy.

64. Patient with heart sounds on right side ct given, history of infection but
CFTR mutation is negative what complication can he develop I understand
this case as Kartagener syndrome

- A. infertility
B. mesenteric ischemia.

65. Baby 8 weeks year old with history of Nonbiloous vomiting and after vomiting feeling hungry asked diagnosis

A. Pyloric stenosis

66. patient undervent some surgery 3 to 4 days ago now having Inc RR pulse rate Tachpnea what will you do.

A. Ct

B. Xray

67. Patient work in coal Furness were the burn coal and made something of marble what Organ is he at most like risk

A. Lung

B. Panncrea

C. Bladder

A person when to a beach and was sting by a jelly fish , after few hours he started having painful rashes around that part. What is the next best management?

- A) Cold compression
- B) Supportive management
- C) Wash with vinegar
- D) Hot compression

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An intern notice a physician is being very rude to very one and also not being in time. One day he notice the same physician comes to the hospital being drunk? What is the next best step that should be done my the intern ?

- A) Don't let him treat the patient
- B) Complain to the hospital director
- C) make him realize his mistake
- D) Complain to the state board

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47Y/M had a complain of decrease sensation on his right foot , his is known case of HTN, DM , and under medication . His Bp- 130/80 ,other vitals are in normal range. During his visit in hospital is blood glucose was 400 . During physical examination there was a bluish discoloration on his right dorsal foot What is the condition he must be suffering ?

- A) charcot arthropathy
- B) thromboangiitis obliterans
- C) Giant cell arteritis
- D) Allergic reaction
- E) Deep vein thrombosis

::For more recent files visit medcruical.com

A person has been through a traumatic injury few days back , his vitals are stable and also his gcs are intact . Recently he complains of pain and hardening of his muscle over the injured area . X-ray is done and the finding revealed circumferential calcification with a lucent center and a radiolucent cleft . What is the diagnosis ?

- A) Myositis ossificans
- B) Comminuted fracture
- C) STI
- D) Avascular necrosis

(35)

30 Y/M came to the clinic with a complain of pain on his knee , on examination his knee is swollen and tender and warm in sensation Temp- 102°C , BP- 110/80 , pulse - 120bpm . He had a history of acute exacerbation of COPD and admitted Meeks back and managed properly. What is the next best management ?

- A) Azithromycin
- B) inhaler corticosteroid
- C) Vancomycin and ampicillin
- D) NSAID's

(36)

E) IV Morphine

An 60 year Old man complains of pain abdomen since 1 week , he has a history of diverticulosis since 2 years . Recently he notice some blood during defecation and on X-ray the finding are colonic wall thickening, edema around the intestinal circumference. What is the most likely diagnosis of the patient ?

A) Appendicitis

B) Diverticulitis

C) Ischemic colitis

(37)

D) Intussusception

E) SBO

(38)

A 27Y/F officer started having pruritic rash on her leg after came from the war , after few days she started having pulmonary symptoms and GI symptoms.

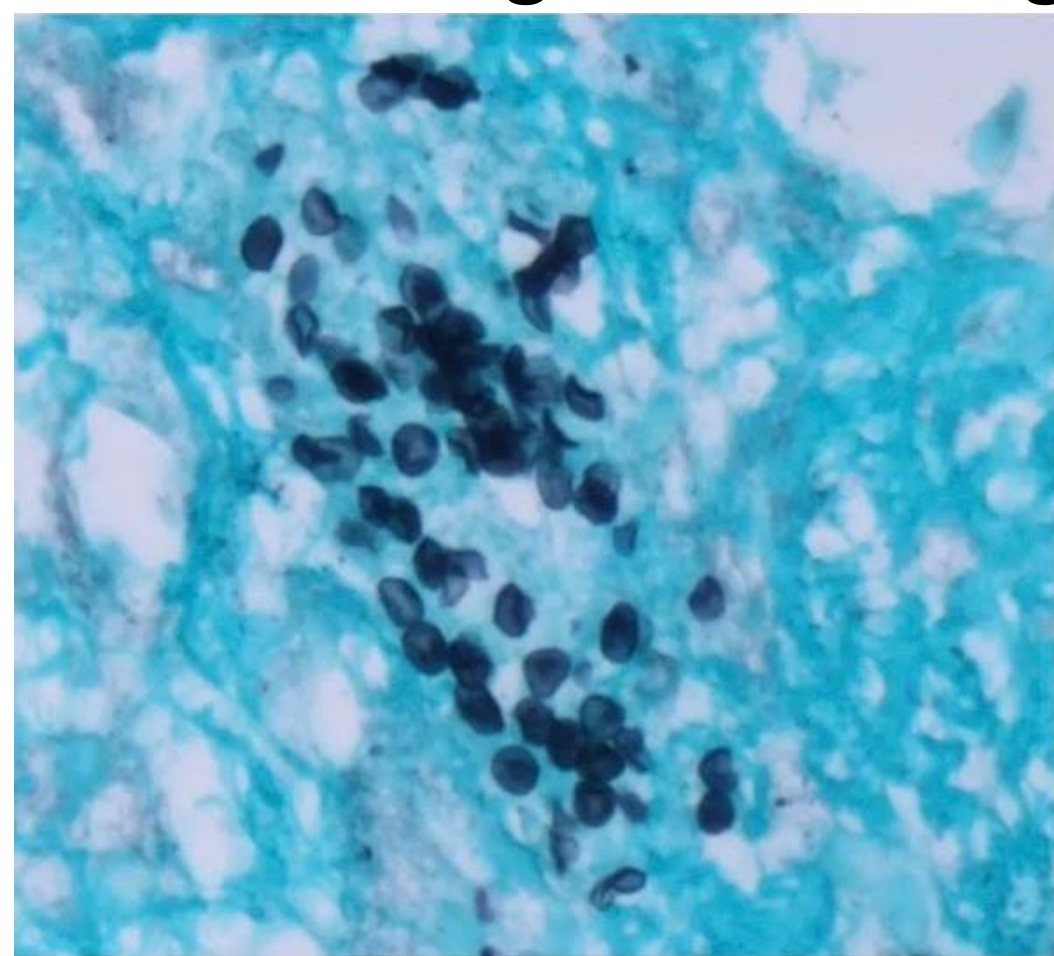
What is the causative organism ?



(39)

- Strongyloides

A person suffering from HIV is under ART , he has been coughing since past 2 weeks , temp- 102 °C . There's b/l infiltration seen in his chest X-ray. What is the causative organism seeing the below histology ?



(40)

_Pneumocystis jirovecii

46Y/F started having itching around her vagina since 2 days but recently developed vesicle like rash which is burning in nature. Seeing the below image what might be the likely diagnosis ?



-Vaginal herpes

(42)

A man noticed pruritic rashes on his legs after he came back home from hiking, on further examination he said revealed he had to walk through a bunch of bushes which look like a weed plant. What is the next best step in management?



(43)

- 20/0 hydrocortisone cream

(44)

Pt has SOB since few month, pain in joints, lymphadenopathy. Also complained of itchy red eye. X-ray is given below , what is the diagnosis ?

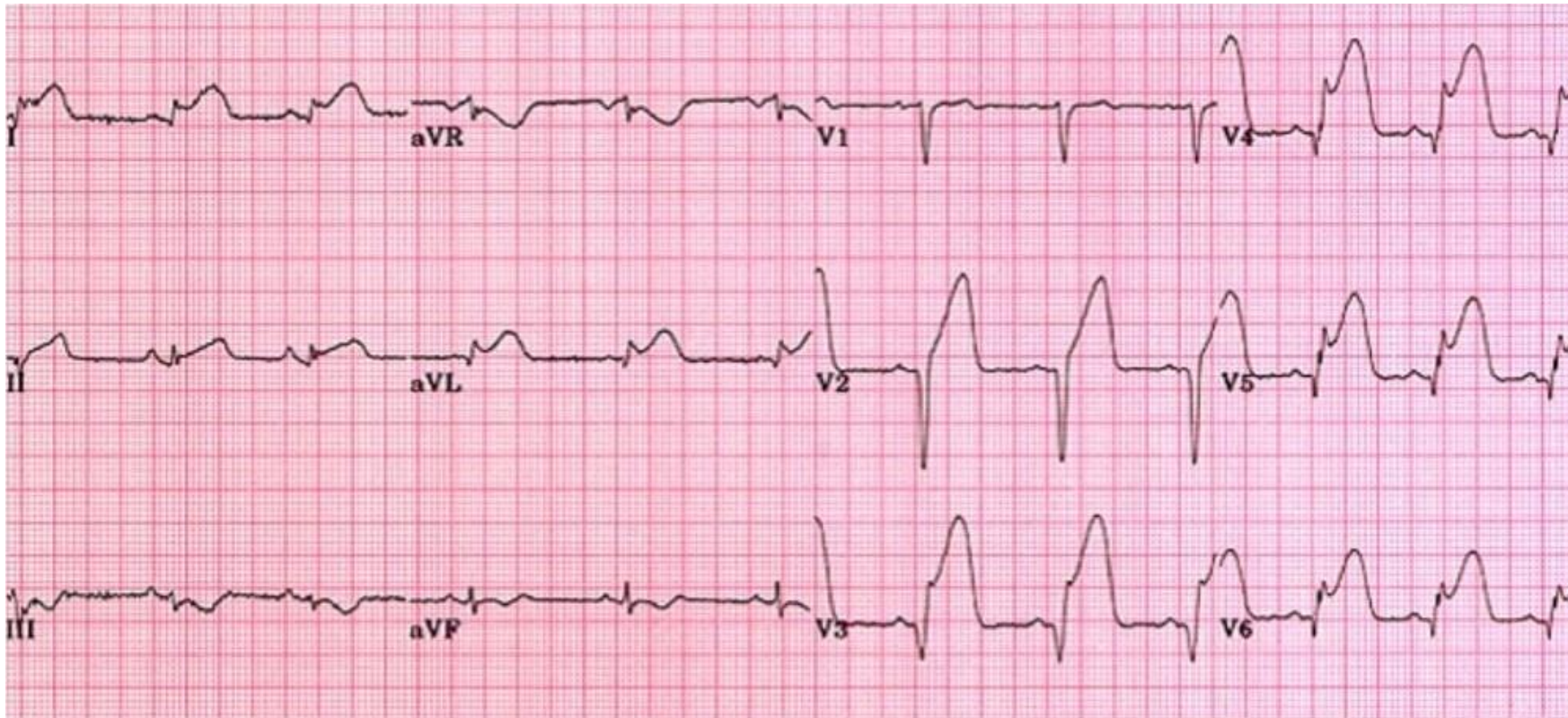


(45)

Sarcoidosis

(12)

Case explain , SOB , chest pain , radiating towards left arm and jaw Ecg given

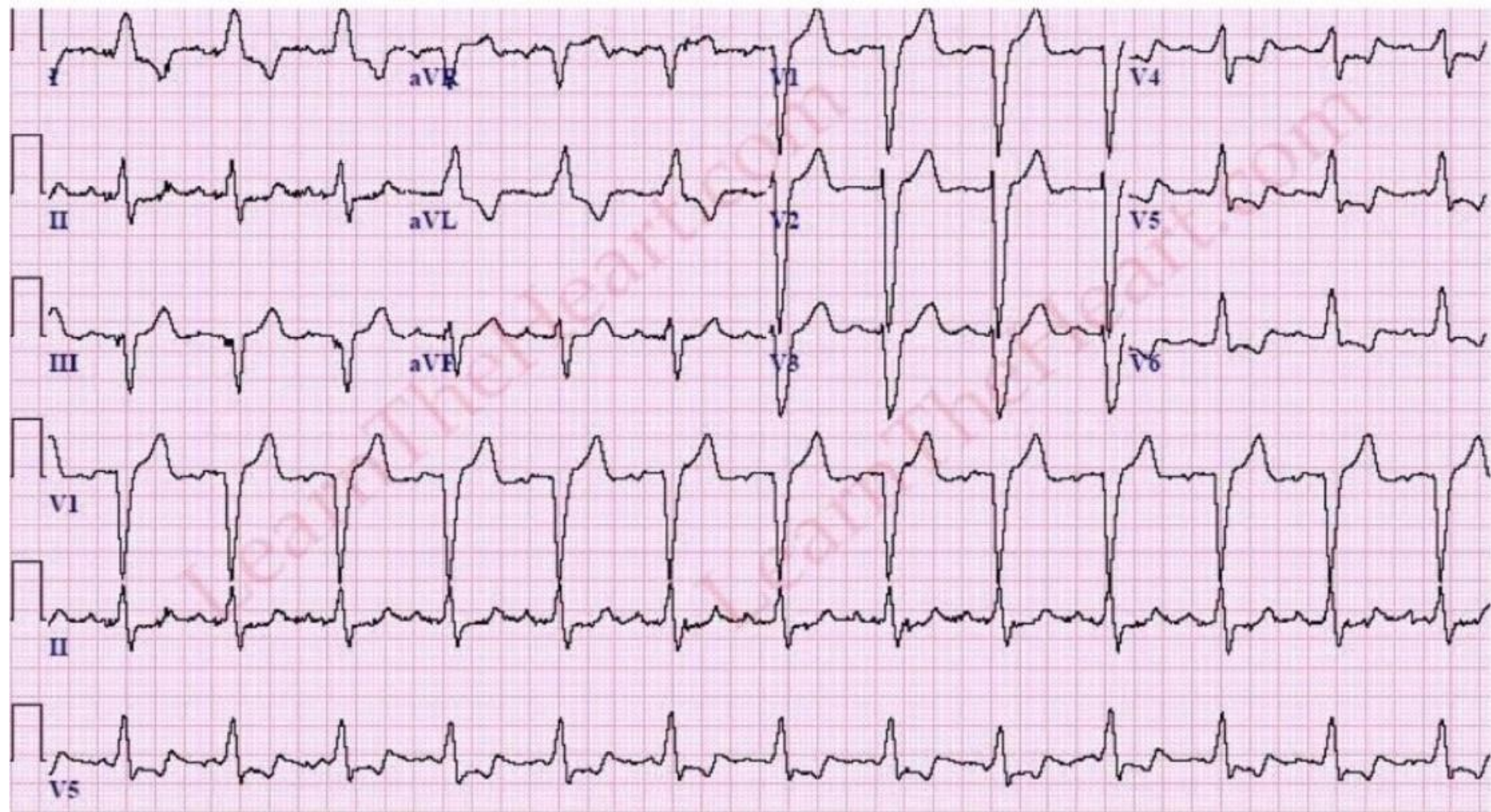


— Myocardial infraction

(13)

ECG

ECG

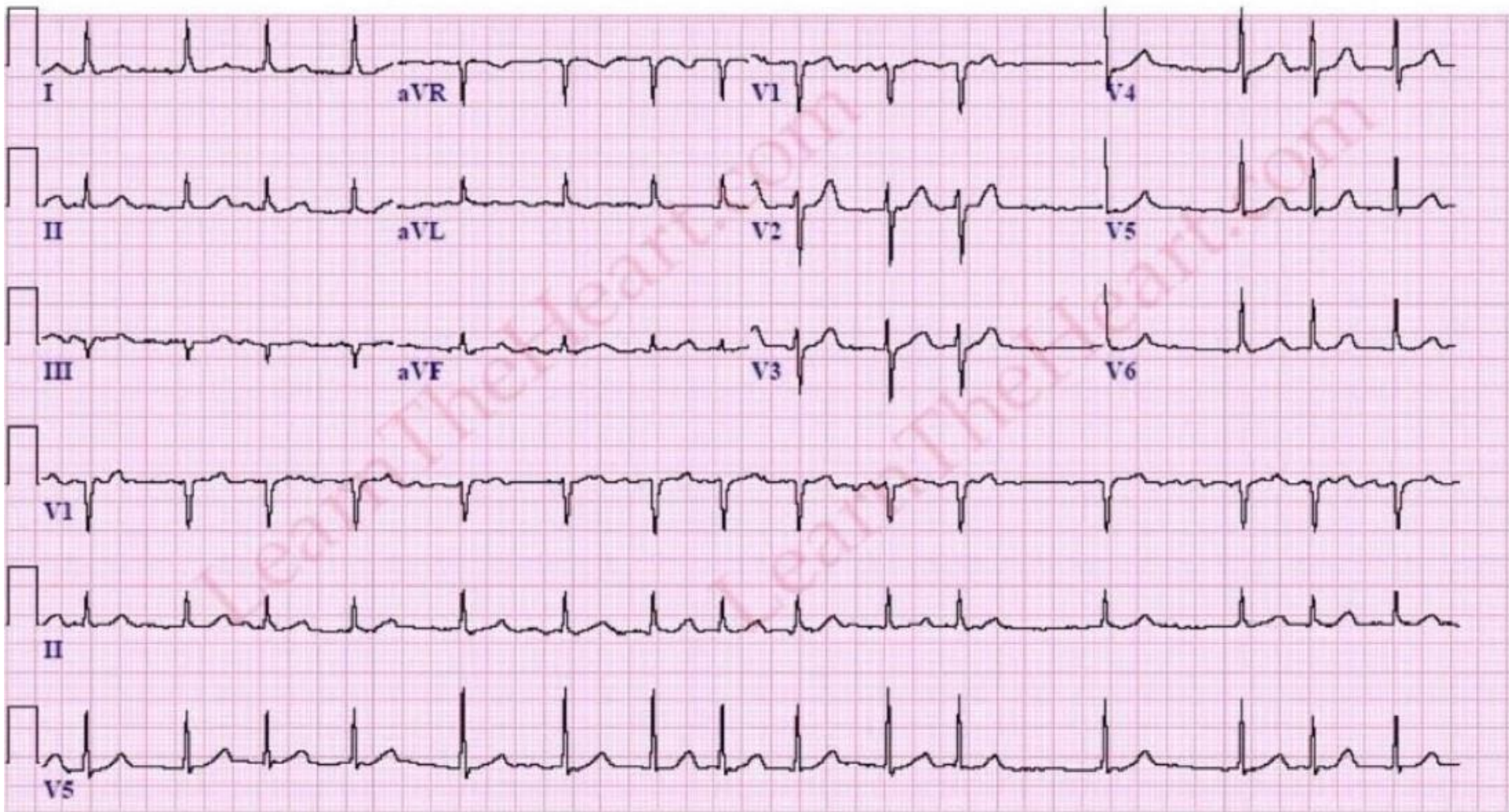


—Left bundle branch
block

(14)

ECG

ECG-



—Atrial fibrillation

(52)

[Sequential question]

Pain on holding the urine and relief after
peeing ?

interstitial cystitis

(53)

Bladder finding and management ?

Cystoscopy and life style changes

(54)

[Sequential question]

Female patient , urine output very low ,OT of femur bone fracture done and now she is in postOp. NBS?

- USG

USG is done , urine finding is given and distention bladder. NBS?

(55)

-Catheterization

(56)

Patient comes to the ER and has purple rash around his leg , organism ?



Human T cell lymphoma

(18)

90 years old female , what to screen ?

_ DEXA scan

(19)

A child has hip corner fracture .

NBS?

Skeletal survey

(20)

[Abstract]

Post menopausal women what to give ?

Anastrozole

Yoga abstract ??

???

No answer yet

(21)

Couple fight in the home ,physical examination finding reveal bruises spurns female body , proved safety home and reported police as well . NBS?

(22)

Pt had medullary thyroid Ca. Labs showed inc Ca
n dec P04, PTH inc. ox? Pheochromocytoma

(23)

CD4 < 150 Chest XRAY given below.

NBS in management?



- **TMP/SMX**

Pain abdomen , blood in stool, in examination
Anal fissure is noted ? TREATMENT ?

Infliximab

(25)

CD4 count , patine complain
of cough fever ,
lymphadenopathy. NBS?



- 1st treatment goal
- Dec Confidence interval with increase nmb
- Mastectomy compare with chemotherapy looks easy
- Colectomy kha po metabolic acidosis due to diarrhea
Aaa:treat at that time
- Gout vs charcot
- Restrictive lung disease : ratios
- Sle: antibodies
- Copd disease ratios
- Copd ptnt heart changes :In parallel he did do read urself
Murmur AS
- Inc time of physical activity
- ABI: peripheral arterial disease
- Diabetic ptnt with ulcer always first do imaging to rule out
osteomyelitis
- Coin serial imaging and observation
IDA
- Tb case exudative pleural effusion values
- Vancomycin: C. difficile
- Men2: calcitonin
- Odd vs reactive
- selective igm def: CD40 L
- Struge weber : seizure
- Hypovolemic shock
- Pneumothorax txt, diagnosis
- Acute rejection whixh cells involved
- Serretia Cgd
- Rivastigmine Alzheimer
- Afib ecg difficult question asked nbs
- Hyperthyroidism
- Sheehan : inability to breast feed
- Ectopic: methotrexate

- Ocps
- Medication induced headache
- Copy past stem question what will u do
- Bipolar physician : report to something
- Transverse myelitis
- JIA 2 questions RF, rashes fever etc dx JIA
- Detrusor hypoactivity overflow incontinence
- RMSF serology
- Syphilis serology
- Rash on trunk : Dx:
- Tinea capitis
- Hpv 15 years girl
- Neisseria meningitis pic arthritis b huas
- Imatinib in CML
- Hyperplastic colonoscopy aftr 10 years
- Hernia question in child
- MDMA
- Opioid Withdrawl treatment: buprenorphine
- Social anxiety : b blocker
- Medicaid insurance
- Anchoring bias vs availability bias
- Active error ans vs latent error
- Root cause analysis
- Force functioning
- Ct scan of neck pain with lateral movements: difficult question??
- Epiglottitis vs retropharyngeal abscess
- Conus medularis

40) 1-2 ADENOMAS- COLONOSCOPY 7-10
YRS

41) LYNCH SYNDROME- ENDOMETRIAL CA

42) HEPATIC STEATOSIS

43) WILSON T/T

44) GALLSTONE INDUCE PANCREATITIS -
SYMP CHOLECYSTECTOMY LATER

45) THALASSEMIA MENTZER

46) VIT B12 DEF ANEMIA

47) AIHA

48) CML

49) AFIB RIVAROXABAN

50) DAUNORUBICUN- CARDIAC TOXICITY

51) OSTEOSARCOMA. BIOSPY

52) DUPUYTREN CONTRACTURE-

NOTHING NEEDED FOR DIAGNOSIS

53) XRAY . CLUBBING. HYPERTROPHIC
OSTEOARTHOPATHY

54) WRIST SPLINT- CARPAL TUNNEL
SUNDROME

55) GANGLION CYST DIAGNOSIS

56) PFS. NSAIDS AND PHYSICAL THERAPY

57) DEXA SCAN - POST MENOPAUSAI

1) Cutaneous larva migrans. T/t

Albendazole

2) Negative skew

3) ROC curve

4) Type 2 error

5) Active error/ latent error/ surgical error

6) Effective care/ Efficient care

7) Tear drop cells: Myelofibrosis

8) NNT

9) Sequential: AAA - USG abdomen

Next : follow up every 1 year

10) Sequential: ALL CASE TRANSPLANT-
GVHD..... T/t Steroids

11) Colon CA screening

12) Cervical cancer screening

13) Ascus- <30 yrs. Repeat in 1 yr

14) CGD- Staph aureus

15) Selective IGA deficiency

16) Hereditary angioedema

17) Contact dermatitis

18) Trali

19) CVID

20) TUMOR LYSIS INC PHOSPHATE

- 21) CELLULITIS
- 22) SEPTIC SHOCK
- 23) PCP PIC. TMP SMX
- 24) ECG - MI
- PE
- 25) FAT EMBOLISM :
- 26) VENOUS ULCER: COMPRESSION
THERAPY
- 27) MURMUR- AS. VSD. MR
- 28) DCM ALCOHOL INDUCED
- 29) HASHIMOTO
- 30) SIADH
- 31) THROID NODULE- USG
- 32) MEN 2B PHEOCHROMOCYTOMA
- 33) OSTEOPOROSIS
- 34) DM 1ST TRIM. CARDIAC DEFECT
- 35) LESSER TRELAT PIC
- 36) BARRET ESOPHAGUS TO SCC
- 37) CROHNS VS ULCERATIVE
- 38) DIVERTICULOSIS RUPTURE. EXP LAP
- 39) SIGMOID VOLVULUS -
PROCTOSIGMOIDOSCOPY
- 40) 1-2 ADENOMAS- COLONOSCOPY 7-10

- 56) PFS. NSAIDS AND PHYSICAL THERAPY
- 57) DEXA SCAN - POST MENOPAUSAL
- 58) DERMATOMYOSITIS GI MALIGNANCY.
- 59) HPV WART PIC
- 60) HERPES PIC
- 61) LENTIGO MALIGNA
- 62) LICHEN SCLEROSUS
- 63) SAH- LP
- 64) DEMENTIA CASE
- 65) ALZHEIMER CASE
- 66) HUNTINGTON CASE
- 67) DIABETIC GASTROPARESIS-
DISCONTINUE MEDICATION
- 68) BPPV- DIX HALL PIKE
- 69) SUBCONJUNCTIVAL HEMORRHAGE-
REASSURE
- 70) SCHIZOPHRENIC DISORDER
- 71) BIPOLAR CASE
- 72) MDD CASE
- 73) CPS

Step 2

1) Formula was changed from lactose containing cow milk to lactose free cow milk → presents with blood streaked stool → n/b/s → elemental formula with.

2) Abstract: Anastrozole/ placebo OCP /V TE

3) Pics : CT scan of head: h/o subarachnoid haze Perineum HSV infection → causative agent.

Leser Trelat sign → MBS →? Option had colonoscopy Hyphema → Mx ? Subconjunctival haze -Mx (Tonometry, observation

Strep pneumoniae (Gram stain pic)
Anal wart → causative agent.

4) 1 CPS , 1 APS case only.

5) Screening questions → A lot.

6) < 10 yr child, planning to go on a trip to South America. Recently Joined middle school (1 month back) He is about to get meningococcal vaccination → What in history guided the physician to give him vaccine

-Recently joining middle school
-trip to south America

7) A pregnant lady (? 10 WOG) planning to go to zika endemic area. Doctor says dont go. What precautions should the husband take after returning from trip

-Abstain mm sexual intercourse for 4 weeks
-Use condoms throughout the duration of pregnancy
-Give acyclovir for 4 weeks
- same for 2 wks.

8) pyelonephritis. What to give - nitrofurantoin - FQ - fosfomycin

9) cystitis case. Allergic to sulphonamides. What to give? - nitrofurantoin -Ampicillin -Fosfomycin

10) <10yr Child with dyspnea, hypopigmented skin of vulva and perineum anal area. Dx lichen sclerosis

11) MS scenario. With h/o UTI. NBS? → Urineanalysis with culture

12) Pul nodule in chest CT (seen by Physician A) - Patient comes for f/u to physician B (due to some changes in insurance) after 2-3 yrs. Was advised CT 1 yr later by physician A. Didn't do and says physician A didn't mention about nodule to him. In addition to repeat CT what should be done by physician B?

- report physician A
- ask pt of his understanding of CT report
- inquire about more risk factors related to lung cancer

13) 2 Questions about condition related to dactylitis

1. SCD?
2. Psoriatic arthritis ?

14) 2 question on jogren syndrome.

15) Amoxicillin In EBV → rash, → forgot what was asked

16) GVHD question → Tcell response

17) TSS question

18) Tlt of cellulitis

19) Pt treated for some condition with daptomycin. Now developed something.... CK raised change daptomycin → vancomycin

20) DMD → What next? → Aldolase (NO CK in option).

21) Boy went with grandmother/father for hiking • Developed fever and erythematous rash. Joint pain(multiple) with knee effusion and pain. Asked what to do next.
-Went with Igm borrelia

22) Treatment of wilson's

23) Celiac disease → diarrhoea, IDA, osteomalacia

24) strep pharyngitis pic. asked if not treated what will be complication

- Hepatitis
- valvulitis
- Pneumonitis
- Meningitis

25) Step meningitis scenario in pt with splenectomy. asked what could have prevented this.

- pneumococcal vaccination

26) 42yr male with 22 yrs smoking history Asked what would be screening that is appropriate for his age.

27) Xray given. Hazy mass in right upper lobe. CV mentions clubbing.

-Hypertrophic osteoarthropathy

28) Upper GI endoscopic pic of esophagus showing concentric rings and histo pic with prominent nucleoli Asked what would be the complication.

-Hiatal Hernia

-SCC

Thought it was eosinophilic esophagitis but couldn't relate the complication. So went with SCC

May 9

Pheochromocytoma

Wilson's disease

Celiac disease

Child abuse

APS (neglected father)

Parkinson vs Parkinson plus??

confused

Cough and fever with chest xray only

—question up down arrow.. 3 ques- need to answer on basis of chest xray only

Features of Acute cholangitis..what next? Options: PT/INR, CXR, Amylase

Mass in head of Pancreas. how to confirm diagnosis? Options: CT,USG, Biopsy, Lipase, Amylase

Psy:

Schizo, Depression, bipolar: In options 2 antipsychotic and 2 antidepressants given.. Choose best drug accordingly.

Treatment of jelly fish sting

May 9 : Set 4

Cri du chat

Wilms

Wiskott

Wpw ecg

Correlation and p value

MI ecg

Xray- pneumothorax, pulm edema

Pseudotumor cerebri

Bipolar

Adjustment disorder

Floppy baby

Cd4 <50, hepatomegaly..-HTLV

burkitt lymphoma

IgA deficiency

Abstracts- breast ca and anastrozole

Arrow-copd

CAH- arrow

Ortho- pagets,

femur neck fract

Psychogenic DI

GI- CHRONS-sulfasalazine khairathyo.....?

Glaucoma- peripheral glaucoma absent

Mastoiditis

Sinusitis

HIV- PCR garne wala

Cmv- histo

Hemat- spherocyte

Seq- Pulm embolism

VWD

Cl. Perfringens

May 9: Set 5

Scoliosis complications: restrictive lung diseases

Cryptogenic pneumonia t/t: corticosteroids

Pics: aplastic anemia, lepromatous, Meatball spaghetti images

HS

Normal.

VSD

AS

ECG:

Wpw syndrome

Inferior MI

Diagnosis:

RA

MS

Transverse myelitis

Cluster headache (high flow o2)

MDD

Lead poisoning

Bath salts

Latent Tb

May 9: Set 6

CD4 < 50 XRAY LUNGS PURA WHITE ...PCP OR MAC KO TREATMENT HERERA JANU

OSTEOSARCOMA KO KAHILE NASUNEKO QUESTION AAKO THIYO

VACCINATION AND SCREENING DETAIL MA HERNU HOLA..PQ JASTO THİYENA

STURGE WEBER

PSYCHIATRIC DISORDER BATA TANNAI QUESTION: SCHIZO, REACTIVE
ATTACHMENT...OCD,

ESOPHAGEAL PERFORATION

CRONHS TREATMENT

CARDIO BATA TANNAI QUESTION
: MI, HF,

DVT BATA 8-10 WOTA QUESTION

ECG: 4-5 WOTA THIKKAI THIYO QUALITY...INF MI, PULMOPNARY EMBOLISM..

Young female meningococcal, tdap vaccine taken .Before pregnancy which vaccine to be given next?

Tdap

Inactivated influenza....both can b given..

Histology;hyperchromatic nuclei with keratin pearls ... no scc in option

17 yrs abortion.parents laai Nabannu Bhanca.next step by dr. go with procedure

Pic given ;port wine stain.Complication; truncus arteosus, hearing loss

ECG;cardiac tamponade are.no becks traid next best step;echo.24hrs ecg,coronary angio

DVT.....topic

Graves dz....pic.....Hopi....felling hot warm ...tsh dec.....what findings;increased (t4,tsh,anti tpo)

Ild..histo;

Rt carotid bruit;post surgical bruie...numbness tingling rt hand raised Japanese;Venous artery insufficiency ,subclavian stenosis

Hernia purano qn.

Multiple symptoms (headache, back pain) of ;;;;; somatic disorder

Treatment of all extrapyramidal symptoms Acute dystonia?

Akathisia?

Tardive dyskinesia?

Medical error ;3 qns

RA feature; grand daughter ko bihe ma shirt silauda hand tremor, motor function ramro garna k dine? Hand splint

Occupational therapy

Steroid

Pre pregnancy Dekhi diabetes. insulin lee ra cha. not controlled. what is risk in fetus?

Hopi.....15yrs ko regular flow up. hpv meningococci li sake ko cha aru Kun vaccine dine? Option: repeat hpv

Bronchiolitis bhako infant. discharge plan. vaccine Lina paaeko chaina during illness of 4 weeks .Aba k garne?

Give all vaccine

Vaccine as scheduled

Post pone after resolution of illness

Mother brings child. can't pay. no treatment. charity help refused due to religion. what should dr do? Treat child

52 yrs female...ama laai kuheko khana dincha.even she takes same food due to poverty.not taking such food due to mental problem?
Inform Aps

Lung cancer grade 4.bone metastasis.no feature of metastasis.says knows all pros and cons.

I don't want further treatment.

Hospice

Nursing care

Old age mother.no advance directive.in ventilation.son proxy.son says donot do further treatment.daughter says go into treatment.

Free 120.Emtala qn.

Stabilise then discharge/refer

3qns;

Sentinel

near miss

active error

Neuroleptic malignant disorder (topic)

Gad(topic)

Parkinson's feature;2 weeks before dose inc of Levo carbi.symptoms improves.now comes with visual hallucinations.

Give dopamine

Dec dose of l and c dopa

Give quetiapine

OCP taken .electrolyte changes?

Answer;

Sodium ra chloride ghatcha

Pot ra bicarbonate bad cha

Dementia ...(topic)

Delirium ..hospital acquired

Colonoscopy ...single hyperplastic polyp no size no symptoms. 7 to 10 yrs

Papilledema.i ich.

Unilateral papilledema.

Player ko 15 degree mathi hand Janna.NO WEAKNESS .no improvement with. NSAIDS and steroid.

Adhesive capsulitis

Bicep tendinitis

Middle finger numbness ,rt arm pain,shoulder blade pain.

C5

C6

C7

Osteochondroma..purano

paani Do nothing...

Round.2nd Yr surgery resident with alcohol smell.u are intern.best next? Tell him not to examine pt.

Report to resident surgeon

Report to medical supervisor

Young female.wants college drop out.coz can't do presentation.speaks well in friends group..'diagnosis. Social anxiety

Performance anxiety

Young female lai ca cervix.she still wants to get pregnant in near future.next mgmt Hysterectomy

Chemo

LEEP

Vulva ulcer lesion.photo.under ocp.not likely lichen sclerosis.complication? Fistula.

Infertility

Lichen sclerosis.photo.treatment.

Topical steroid

Dm.oral thrush..k dine?

No antifungal

Clotrimazole Lorenzes

Chlorhexidine gargle

Chlamydia trachomatis..pregnant.treated.screening in children?

Trachoma

Child with nose bleed .no family hi.20 min in small trauma.

All in range.fac 8 normal.

Hem Vwd

Note:

Ethics

Biostat

Psychiatry

Rest step 1 knowledge

1. Ebv symptoms given. Asked when should the child should play sports

- After fever subsides
- after splenomegaly subside
- Afte 4wks

2. Penis wart leison given. Asked future course

- Chronic
- waxing n wanning
- Recurrence

3. vagina leison pic given of female having multiple sexual partner
.But i cant find the leison do look for leison of

- H ducrei

- molluscum contagiosum - Granuloma inguinale...
 - all other dz
4. Hep b treatment drug
5. Dec wbc n plat. Hb was normal i guess pt was taking multiple drugs asked what to do
- Stop linezolid which pt was taking
 - BM bx
6. que related to Pbs of diff anemia so do revision of smear pics
7. Osteoporosis up/down arrow
- Osteoclast osteoblast activity Bone matrix
8. efficient vs effective scenario

Hospital planned for sepsis prevention / early t/t for which they made protocol which included things like

- when pt arrives at er take vitals within 5 min - lab workup within 30 min.....
 - 2 other points were also there similar to further diagnosis n t/t
9. Pt came to er for abd pain n was asked to wait till dr come n see him ... aftr some time pt collapsed n in Autopsy findin cause was MI ... now to prevent Error what could have been done

- Take vitals n history when pt arrived
- Place sign board which says Switch alarm when they think their condition is getting worse (something like this)
- Was confused bet these 2 options Do check out fr other options too

10. one more case pt father had ecezema N bleeding n he had died .Now son has same feature

.Cause asked

- Platelet d/o
- fact 8 def
- other options were fact def

Post splenectomy Antibiotics.

Mass in neck- TSh given NBS

Huntington sequential questions

ALL Dx

Multiple myeloma Up down

COPD Up Down

CAP MX in ICU

Osteochondroma Xray

Ewing Sarcoma

PTSD DX

Melanoma

Latent TB management

ECG- WPW, PVC

HS AS, ??S4

Migraine in Pregnancy TX

Lots of ethics

Seehans, Hypothyroidism dx

Hydrocele,

Spermatocoele CPS/APS

exercise related to back pain?? dont remember much

Picture of external genitalia female dont know dx looks like diaper rash

Kawasaki TX

May 20th 2024

1) Pregnant lady at 20 weeks came with contractions. Cervix **7 cm dilated 80 percent** effaced. Station 0. Fetal heart rate 120.

Previous history of cervical conization. What do you do? **Palliative care**

Cervical cerclage

(Choice B) Cerclage placement decreases preterm delivery risk in patients with a short cervix (≤ 2.5 cm) on ultrasound or those with a prior preterm delivery due to cervical insufficiency (ie, painless cervical dilation).

2) Pregnant lady in labour for 22 hours. Not in arrest. Cervix 10 cm fully effaced. Station 0. **Cord visible at cervix**. What do you do?

Caesarian

Forceps delivery

Ask patient to push

3) **Pregnant** patient at 10 weeks gestation wants to go to **Zika endemic** area. You told not to go. Husband is going. What precautions after he comes back.

No sex for 4 weeks

Sex with condom rest of the pregnancy

4) Painful micturition 10 hours after sexual intercourse. Suprapubic tenderness present. Nitrates and leukocyte esterase positive. Dx?

Urethritis

Acute simple cystitis

5) Pyelonephritis picture. Culture awaited. What drug do you start.

Ciprofloxacin

Nitrofurantoin Fosfomycin

6) Acute cystitis picture in young female.

Drug empiric?

Ciprofloxacin

Nitrofurantoin

Fosfomycin

Treatment of urinary tract infection in nonpregnant women	
Uncomplicated UTI*	<ul style="list-style-type: none"> Nitrofurantoin Trimethoprim-sulfamethoxazole Fosfomycin (single dose) Fluoroquinolones only if previous options cannot be used Urine culture only if initial treatment fails
Complicated UTI*	<ul style="list-style-type: none"> Outpatient: fluoroquinolones Inpatient: ceftriaxone, piperacillin-tazobactam, carbapenems (eg, imipenem) Culture obtained prior to therapy, with adjustment of antibiotic as needed
<small>*Infection above the bladder (eg, pyelonephritis), pelvic pain in men, other signs or symptoms of systemic illness. UTI = urinary tract infection.</small>	

7) Patient undergoing tubal ligation. 1st year resident doing with 4th year resident. Attending is wearing gown and gloves. 1st year resident injures bowel while placing port and patient has to undergo laparotomy and repair. Error?

Active error

Supervision error

An **active error** is a human error that occurs when a person interacts with a larger system at the point of contact. Active errors are often made by people on the front line, such as clinicians and nurses, and can result in harm or catastrophe. For example, operating on the wrong eye or amputating the wrong leg are common examples of active errors.

8) Pregnant patient came for prenatal visit. Urine more than 100000 bacteria count. Rest all investigations normal. If untreated risk of?

Pyelonephritis

Asymptomatic bacteriuria in pregnancy	
Definition	• $\geq 100,000$ CFU/mL bacteria
Risk factors	<ul style="list-style-type: none"> • Pregestational diabetes mellitus • History of urinary tract infection • Multiparity
Common pathogens	<ul style="list-style-type: none"> • <i>Escherichia coli</i> (most common) • <i>Klebsiella</i> • <i>Enterobacter</i> • Group B <i>Streptococcus</i>
Potential complications	<ul style="list-style-type: none"> • Acute pyelonephritis • Preterm labor & delivery
Treatment	<ul style="list-style-type: none"> • Cefpodoxime • Fosfomycin • Amoxicillin-clavulanate • Nitrofurantoin*

*Avoided in first & third trimesters.
CFU = colony-forming units.

Urinary tract infection (UTI) in children	
Risk factors	<ul style="list-style-type: none"> • Female sex • Uncircumcised male infants • Urologic abnormalities (eg, vesicoureteral reflux) • Bowel/bladder dysfunction (eg, constipation)
Clinical features	<ul style="list-style-type: none"> • Infants: fever, fussiness, poor feeding • Older children: dysuria, suprapubic/flank pain
Laboratory findings	<ul style="list-style-type: none"> • Urinalysis: leukocyte esterase, nitrites, WBCs • Urine culture: bacteriuria
Management	<ul style="list-style-type: none"> • Antibiotics (eg, cephalosporin) • First febrile UTI: <ul style="list-style-type: none"> ◦ Age <2: RBUS, followed by VCUG if abnormal ◦ Age ≥ 2: observation alone • Recurrent febrile UTIs: RBUS & VCUG

RBUS = renal & bladder ultrasound, **VCUG** = voiding cystourethrogram, **WBCs** = white blood cells.

*Pregnant lady with pyelonephritis, treated with? a. PCN b. Fosfomycin c. Azithromycin d. Amoxicillin e. Fluoroquinolone. - She chose B.

*Preganant female with pyelonephritis.. TT : a. start iv ceftriaxone b. start iv ciprofloxacin c. USG abd and pelvis

9) Kawasaki description - conjunctivitis, erythema of lips and oral mucosa, lymphadenopathy, rash. Test for confirmation? Echocardiography

10) 5 weeks amenorrhea. Present with pain abdomen. Vaginal bleeding. Right adnexal tenderness. bHcg elevated. NBS?

TVS

Laparotomy laparoscopy

11) Patient underwent complete abortion 3 months back. D and C not done at the time. Now came with pelvic fullness. On palpation uterus at 16 weeks. HCG elevated. Dx **Hydatiform mole**

12) Community want to donate and open a centre for deaf kids. Initially take around 25 kids and slowly increase to 75. Group elder feels that we may not have expertise to handle such kids. What quality of healthcare applies to this?

Equitable

Efficient

Safety

Effectiveness

Short examples for each quality of healthcare in the context of a center for deaf children:

1. **Effectiveness:**

- **Example:** Hiring specialized teachers and therapists who are trained in sign language and deaf education to ensure that the children receive the best possible instruction and support.

2. **Equitable:**

- **Example:** Ensuring that the center is accessible to all deaf children in the community, regardless of their

Kawasaki disease	
Pathophysiology & epidemiology	<ul style="list-style-type: none"> • Medium-vessel vasculitis • Usually affects children age <5 • ↑ Incidence in East Asian ethnicity
Diagnostic criteria	<ul style="list-style-type: none"> • Fever ≥5 days plus ≥4 of the following: <ul style="list-style-type: none"> ◦ Conjunctivitis: bilateral, nonexudative ◦ Mucositis: injected/fissured lips or pharynx, strawberry tongue ◦ Cervical lymphadenopathy: ≥1 nodes >1.5 cm ◦ Rash: perineal erythema & desquamation; polymorphous, generalized ◦ Erythema & edema of the hands/feet, periungual desquamation
Laboratory findings	<ul style="list-style-type: none"> • ↑ Platelets & white blood cells; ↓ hemoglobin • ↑ Acute-phase reactants (eg, C-reactive protein) • ↑ AST & ALT • Sterile pyuria
Treatment	<ul style="list-style-type: none"> • Intravenous immunoglobulin & aspirin
Complications	<ul style="list-style-type: none"> • Coronary artery aneurysm • Ventricular dysfunction

Hydatidiform mole	
Clinical presentation	<ul style="list-style-type: none"> • Abnormal vaginal bleeding ± hydropic tissue • Uterine enlargement > gestational age • Abnormally elevated β-hCG levels • Theca lutein ovarian cysts • Hyperemesis gravidarum • Preeclampsia with severe features • Hyperthyroidism
Risk factors	<ul style="list-style-type: none"> • Extremes of maternal age • History of hydatidiform mole
Diagnosis	<ul style="list-style-type: none"> • "Snowstorm" appearance on ultrasound • Quantitative serum β-hCG • Histologic evaluation of uterine contents
Management	<ul style="list-style-type: none"> • Dilatation & suction curettage • Serial serum β-hCG post evacuation • Contraception for 6 months

socioeconomic status or background, by providing scholarships or sliding scale fees.

3. **Efficient:**

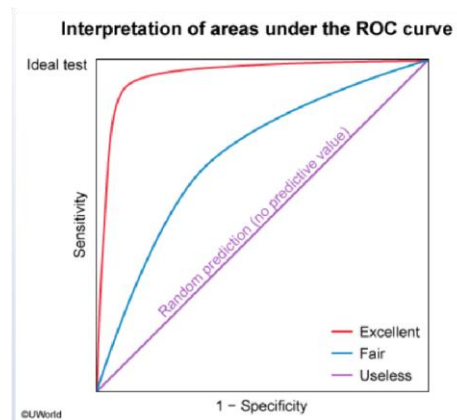
- **Example:** Implementing a centralized digital record system to streamline communication among staff, reduce redundancy in documentation, and ensure that resources are used effectively.

4. **Safety:**

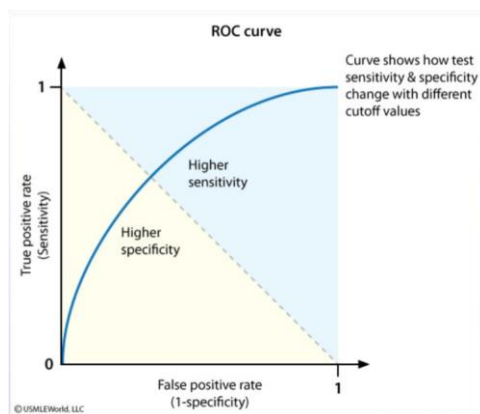
- **Example:** Installing visual alert systems (such as flashing lights for fire alarms) and ensuring that the physical environment is free from hazards that could pose a risk to the children.

13)One more question on the Same topic. Unable to recollect. Options were same

14)Question on ROC curve. Which is the best test? Exact repeat from uworld



INTENTION- TO- TREAT VERSUS PER-PROTOCOL ANALYSIS COMPARING THE 2 TYPES OF ANALYSIS	
ITT	PP
Preserves randomization by studying participants in groups they were assigned to	Does not preserve randomization
Greater generalizability: reflects clinical setting by considering non-compliance	Ideal setting if non-compliance was not an issue
Maintains sample size	Less generalizable to the population - and difficult to show if any differences between intervention and control groups are truly due to the treatment or other factors
Eliminates bias	May create bias by only including people who followed the protocol



15) Two sets of 3 questions each. Abstracts given.

Questions were on Confidence interval, significance, relative risk, recall bias, confounding bias

16)Statistic question based on intention to treat analysis.

17) 28 yrs old Patient recovering from hip fracture surgery.

Physician wants patient to stay for another 3 days. Husband says to discharge now as she has to come home and take care of kids and then goes away. Patient says it is what happens in our country, we have to listen to our husband and asks for discharge. What do you do?

Discharge against medical advice

Call adult protection services

Tell this is not your country and you are free to stay here

Tell that you should make decision for yourself

Discharge the patient against medical advice (AMA) after ensuring she understands the medical risks of leaving early, documenting

the discussion thoroughly, and providing her with instructions for follow-up care and contact information for support.

18) 80 guy in hospice with dementia. Frail. Now refusing to take feeds. Family feels they cant feed anymore. What to do?

TPN

Educational objective:

Loss of the ability to independently feed is a sign of terminal-stage dementia. Management includes the handfeeding of small portions of food and water for the patient's comfort and pleasure instead of nutritional or caloric goals. Handfeeding should be continued as long as the patient accepts the food.

Stop

An 89-year-old man with advanced Alzheimer dementia is seen by his nursing home physician because he has gradually stopped eating and drinking on his own over the last several months. The patient has lost 4.5 kg (10 lb) in the last 3 months. He requires assistance in activities of daily living, and verbal communication is minimal. The patient has a living will, which did not specify his preference on nutritional support when he could no longer feed himself; his medical power of attorney is his eldest son. Temperature is 37 C (98.6 F), blood pressure is 125/70 mm Hg, and pulse is 75/min. BMI is 18 kg/m². On examination, the patient is awake and in no distress. Heart, lung, and abdominal examinations are unremarkable. Oropharyngeal and neurologic evaluation is unrevealing. Urinalysis is normal. Which of the following is the most appropriate recommendation regarding the method of nutritional support at this time?

- A. Dextrose 5%–½ normal saline intravenous fluid (5%)
- B. Handfeeding of small portions of food and water (59%)
- C. Nasogastric tube insertion (23%)
- D. Percutaneous endoscopic gastrostomy tube placement (9%)
- E. Stoppage of all nutritional support methods (2%)

nutrition and hydration and

help with keep mouth moist

forceful feeding with restraints

19) 80 guy. Many comorbidities. Probably going to die. Asks the doctor how he will feel and what will happen to him when dying. What do you do?

Its complicated. Cant really explain death

Good question. Your neurologist has better experience with your condition and will explain you better

Don't you worry. We will make sure you are comfortable

You will stop feeding, and stop taking water, become bed ridden etc

20) Breast cancer patient on palliative chemotherapy. Now doesn't want to continue treatment.

Brother shouting on patient and doctor and asking to continue treatment. What do you do?

Mediate between the siblings and explain brothers point to patient

Tell brother it is her wish

Tell brother to talk to hospital representative

21) Female physician. Young guy asks out on a date during examination. What do you do?

Tell that doctors cant date their patients and complete the examination

Stop and call a male colleague for examination

Stop and tell the patient that it inappropriate of him to ask like this and then complete the examination Ignore the remark

22) Doctor on 24 hr shift. Midway feels sleepy and unable to concentrate. Didnt sleep the previous night. What to do?

Take
a nap
Coffe
e

Inform supervisor, go home and take nap after cover is arranged. Come back after feeling better.

23) Doctor writing prescription for pt A. Nurse asks a refill for patient B. By mistake writes it for patient A.

Develop a system so that two files are not open at same time

24) Father needs intubation. Cant give consent. Two sons present with opposing views. What to do? Court appointed guardian

Hospital ethics

Talk again to the sons

Intubate without consent

25) COPD patient with repeated admissions. Tells doctor that he doesn't want to be intubated in one of his visit. One week later comes with distress and becomes unconscious. What to do?

Dont intubate because he told so in last visit

Intubate because no advance directive

Tell his choice to family and ask them to decide

- 26) Primary care physician (Doc A) sends a child with rash to infectious disease specialist (Doc B). Doc B diagnoses rubella and advises MMR vaccine. Family refuses vaccination. Doc B calls Doc A and tells this. Doc A says cant take care of the family anymore due to clinic policy regarding vaccinations. You are DOC B. What do you do?

Tell family they need to find a new primary care physician.

Ask Doc A to tell the family

Call Doc A along with the family

Recommend a new physician to family

As Doc B, the most appropriate action would be to **call Doc A along with the family**. This approach allows for open communication between the primary care physician, the specialist, and the family to discuss the importance of vaccination and address any concerns or misconceptions the family may have.

- 27) Family comes for regular check up with 1 yr old. They also have 3 yr old with up to date vaccination under the same doctors care. Doctor advises vaccination to the 1 yr old. Mother says she doesnt want vaccination for any of her kids anymore. What do you do?

Tell her most typical reasons of vaccine refusal are false

Explain benefits of vaccination

Obey her

28) 12 yr old comes for routine care. Planned for meningococcal vaccine at this visit as discussed before. What to do at this visit?

Give CDC information leaflet

Provide epinephrine kit in case of emergency

Give state health number to report adverse effects
Give pharmaceutical company leaflet

29) Patient from Vietnam. Everything normal. Likely to be a carrier of? Hep B

Educational objective:

Risk for hepatocellular carcinoma (HCC) is increased in patients with cirrhosis or with chronic hepatitis B infection. HCC is associated with marked elevations of alpha-fetoprotein; it should be suspected in patients from regions with increased prevalence of hepatitis B virus (eg, parts of Asia, Africa) or who have a history of cirrhosis.

30) Patient from Bolivia. Description of Chagas disease.

How do you diagnose?

Serology

PCR

Acute Chagas disease

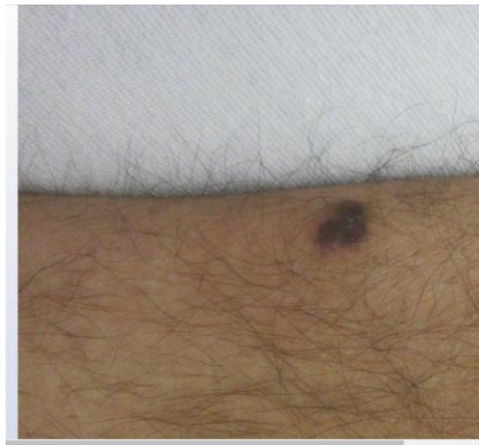
Can be diagnosed using microscopy to identify parasites in blood, or using light microscopy of blood smears, a tissue sample, or **PCR-based** assays

Chronic Chagas disease

Can be diagnosed using the detection of **antibodies** against T. cruzi, electrocardiography, chest radiography, or an enzyme-linked immunosorbent blood assay (ELISA)

31) Seborrheic keratitis image

32) Kaposi sarcoma image



Kaposi sarcoma	
Etiology	<ul style="list-style-type: none"> • Endothelial tumor caused by human herpesvirus 8 • Most common malignancy in patients with untreated HIV • Endemic in certain African & Mediterranean regions
Manifestations	<ul style="list-style-type: none"> • Cutaneous lesions: <ul style="list-style-type: none"> ◦ Violaceous, red, or brown flat lesions grow into papules ◦ Most common along skin folds ◦ Pruritus, pain & friability are rare ◦ Lymphedema distal to lesions • Visceral lesions: <ul style="list-style-type: none"> ◦ Lungs & gastrointestinal tract most common ◦ May cause life-threatening bleeding
Treatment	<ul style="list-style-type: none"> • HIV-associated KS: <ul style="list-style-type: none"> ◦ Antiretroviral therapy initiation ◦ Local or systemic chemotherapy rarely required • Endemic KS: <ul style="list-style-type: none"> ◦ Surgery & local therapy are primary modalities

KS = Kaposi sarcoma.

This patient has an elliptical violaceous lesion in the setting of unintentional weight loss and bilateral cervical lymphadenopathy. This presentation raises concern for **Kaposi**

33) HIV with low CD4 count. Pneumocystis description- Treatment?
TMP-SMX

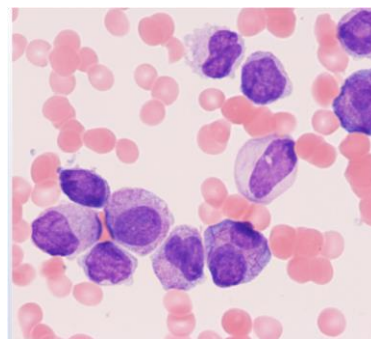
34) Aphthous ulcer in young girl image. Outcome? **Resolution**

35) Methotrexate overdose given by mistake intravenously.
 Treatment?

Leucovorin

plasmapheresis
 Dialysis

36) Acute promyelocytic leukemia description with Auer rods. Treatment **transretinoic acid**



This patient's pancytopenia and atypical myeloid cells with Auer rods on peripheral blood smear raises suspicion for **acute promyelocytic leukemia (APL)**, a clinically unique form of acute myelogenous leukemia (AML) that primarily affects young and middle-aged adults.

In APL, clonal promyelocytes fill the bone marrow and interfere with normal hematopoiesis, leading to **pancytopenia** with anemia (eg, dyspnea on exertion, fatigue), thrombocytopenia (eg, bleeding complications), and neutropenia (eg, infections). The diagnosis is often suspected when a peripheral blood smear shows numerous atypical **promyelocytes** (large myeloid cells with intracytoplasmic violet granules) that contain **Auer rods** (seen with other forms of AML). However, confirmation of the diagnosis of APL requires cytogenetic analysis for the characteristic mutation, the fusion of the promyelocytic leukemia gene and the retinoic acid receptor alpha gene ([15;17]).

APL is considered a **medical emergency** due to the high risk of pulmonary/retrovascular **hemorrhage** from tumor-induced **consumptive coagulopathy**. Although the exact mechanism is unclear, APL appears to promote a bleeding diathesis via the activation of tissue factor (disseminated intravascular coagulation) and the increased generation of plasmin (primary hyperfibrinolysis). Urgent treatment with **all-trans retinoic acid**, which promotes differentiation of the atypical promyelocytes, is required to prevent life-threatening bleeding complications and induce long-term remission.

(Choice B) Plasma cell neoplasms, particularly Waldenström macroglobulinemia, can cause hyperviscosity syndrome (eg, blurred vision, diplopia, confusion). However, a

37) 3 yr old kid came for follow up two weeks after recovering from left lower lobe pneumonia. Had similar episodes three times in last six months. Now having 38 C fever. X ray shows opacity in left lower lobe. Next step?

CT

Rigid bronchoscopy

*important to consider potential underlying causes, including immunodeficiencies

38) Vehicle trauma. Cervical injury with quadriplegia. PR 55, BP: 80/50. Not responding to IVF. Treatment?

Noradrenaline

Methylprednisone

*IVF-->**Norepinephrine** is started initially but in refractory cases **epinephrine** and **vasopressin** infusions may be required. Bradycardia usually responds to **atropine** and **glycopyrrolate** but in severe cases **dopamine** infusion is required.

39) Post anaesthesia recovery room. Patient underwent ureteric stone extraction. Now BP low. Intraoperative 3 litres given. postop 1 litre given. Antibiotics given. Next step? Give more fluid

Norepinephrine

40) 3 month baby with vomitings, diarrhoea. in shock now. Gave bolus. Started on dobutamine and dopamine infusion. No response. NBS?

Increase infusion dose.

Give more fluids

***neonatal sepsis evaluation (NBS)** + initiating appropriate antibiotic therapy

41) 75 yr old lady. Fracture neck of femur (Image given). Outcome after surgery

Complete recovery

pneumonia
postoperativel
y

42) Fat embolism picture with confusion, respiratory distress and rash (**post liposuction** scenario given).

Treatment

Supportive

Heparin

Alteplase

Fat embolism syndrome	
Etiology	<ul style="list-style-type: none"> • Fractures of marrow-containing bones (eg, femur, pelvis) • Orthopedic procedures • Pancreatitis • Sickle cell disease
Clinical presentation	<ul style="list-style-type: none"> • Onset usually 24-72 hr following inciting event • Classic triad: <ul style="list-style-type: none"> ◦ Respiratory distress (>90%): hypoxemia, dyspnea, tachypnea ◦ Neurologic dysfunction (>50%): altered mentation, seizures ◦ Petechial rash (<50%): head, trunk, subconjunctiva
Diagnosis	<ul style="list-style-type: none"> • Based on clinical presentation
Prevention & treatment	<ul style="list-style-type: none"> • Early fracture immobilization & fixation • Supportive care

43) 73 yr old lady with hypercalcemia. Parathyroid adenoma identified. Outcome after surgery.

Complete recovery

Osteoporosis

44) A patient in high school is planning to travel. Planning to give meningococcal vaccine. What is most important factor here?

Travel plan

Exposure risk in school

The most important factor in this scenario is the **exposure risk in school**. While travel plans are relevant for vaccination decisions, the primary consideration for administering the meningococcal vaccine to a high school student would be the risk of exposure to meningococcal disease in their school environment.

45) meningitis picture in baby.
 Stretococcuc pneumonia isolated.
 Sequelae?
 Hydrocephalus
 Epilepsy
 Cerebral palsy

Bacterial meningitis in children (age >1 month)	
Etiology	<ul style="list-style-type: none"> • <i>Streptococcus pneumoniae</i> • <i>Neisseria meningitidis</i>
Clinical features	<ul style="list-style-type: none"> • Fever • Age <1: bulging fontanelle, irritability, poor feeding • Age >1: signs of increased ICP (eg, headache, vomiting), meningeal signs (eg, nuchal rigidity)
Diagnosis	<ul style="list-style-type: none"> • Cerebrospinal fluid culture
Treatment	<ul style="list-style-type: none"> • Vancomycin + ceftriaxone (or cefotaxime) • ± Dexamethasone
Complications	<ul style="list-style-type: none"> • Intellectual/behavioral disabilities • Hearing loss • Cerebral palsy • Epilepsy
ICP = Intracranial pressure.	

- **Short-term** neurological: Hydrocephalus, intracranial abscess, cerebral edema, poor school performance, behavioral issues, and undiagnosed attention deficit disorder
- **Long-term**: Hearing loss, epilepsy, limb weakness, difficulties with vision, speech, language, memory, and communication, scarring, and limb amputations after sepsis □ Other: Bone and joint problems, such as arthritis, and kidney problems

46) Morbid obese. BMI: 46. G2P2. 1st pregnancy - premature delivery of 3 kg baby at 32 weeks. 2nd pregnancy: 4.8 kg baby at term. Now asking for advice before next pregnancy to prevent complications. **Weight loss**

47) Army veteran with PTSD. With nightmares.

Treatment (Exact repeat from Uworld)
Prazosin

Posttraumatic stress disorder	
DSM-5	<ul style="list-style-type: none"> • Exposure to life-threatening trauma • Intrusion symptoms: nightmares, flashbacks • Avoidance symptoms: avoids distressing thoughts, feelings & external reminders of the event • Negative mood & cognitions: persistent horror, anger, guilt, negative beliefs about self & the world, decreased interest in activities, emotional detachment, amnesia for event • Arousal symptoms: sleep disturbance, hypervigilance, impaired concentration • Duration: more than 1 month
Treatment	<ul style="list-style-type: none"> • Trauma-focused cognitive-behavioral therapy • Antidepressants (SSRIs, SNRIs) • Prazosin for nightmares
SNRIs = serotonin-norepinephrine reuptake inhibitors; SSRIs = selective serotonin reuptake inhibitors.	

48) 65 yr old with difficulty maintaining erection for 6 months. Morning erection is normal. Masturbating in morning twice a week. Job issues six months back. Treatment?

Psychological

Sildenafil

49) 56 year old with gynaecomastia, sparse pubic hair. small testis. married for ten years. No kids. NBS? Repeat from uworld

FSH

LH

Testosterone

confirm-Karyotype analysis

50) Motor vehicle trauma. Thin layer of fluid between bladder and peritoneal reflection on FAST. Patient stable. Blood at urethra.

Cystourethrography

Laparotomy

Foley's catheterization

51) Patient on Clopidogrel and aspirin. Trauma leads to hematoma of thigh. Undergoes surgical evacuation. What additional need is there?

Transfuse FFP

Transfuse

platelets

Cryprecipitate

52) A 36 yr old lady with bilateral knee pain. Crepitus present. Deep anterior pain on flexion. BMI

35. What could have prevented.

Weight loss

Exercise

53) Old man underwent hip replacement.

Catheter placed for urinary drainage.

two days later develops sepsis due to UTI. What could have prevented?

Removal of catheter

Sterile precautions while placing Prophylactic antibiotics

Preventing catheter-associated urinary tract infections (CAUTIs) after surgery:

- Offer a bedpan: Before bladder scanning
- Use intermittent catheterization: If the postvoid residual urine is greater than 400 mL (neurogenic bladder)
- Remove the catheter: Within 24 hours of surgery
- Document daily: If an indwelling catheter is used

54. Old female admitted in hospital and underwent some surgery.

Doesn't want to get out of bed. What to do?

Schedule intermittent catheterization – if unable to urinate spontaneously and is at risk of urinary retention

Place indwelling catheter

Keep diaper

*encourage gradual mobilization as part of her recovery plan

55. Patient with breast mass. 50 yr old. NBS?

Mammogram

Klinefelter syndrome	
Pathogenesis	• Nondisjunction of the sex chromosomes, resulting in a 47,XXY male
Clinical features	<ul style="list-style-type: none"> • Primary hypogonadism • Increased long bone length • Gynecomastia • Learning & socialization difficulties
Laboratory findings	<ul style="list-style-type: none"> • ↓ Testosterone • ↑ LH & FSH (due to loss of feedback inhibition) • ↑ Estradiol

Biopsy

FNAC Pet scan

56. 35 yr old lady with thyroid nodule. Apart from TSH, what other investigation will you advise

Ultrasound

FNAC Radioiodine scan

* ↓TSH, hyperthyroid state → Radioiodine uptake

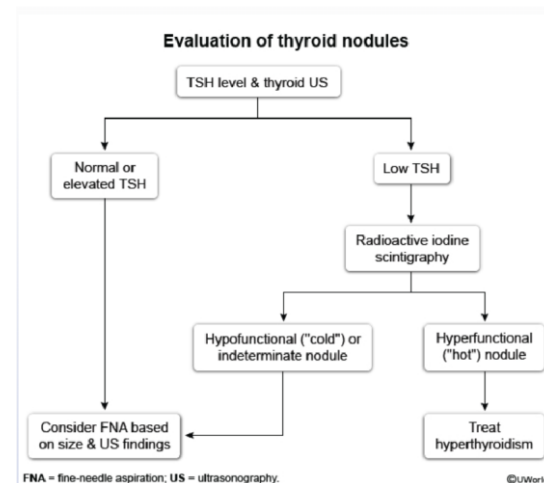
↑ or normal TSH → FNAC US septate → FNAC

57. Patient with large neck swelling and difficulty in swallowing. Moving with deglutition. Biopsy shows colloid and follicular pattern. Treatment **Surgical removal of thyroid**
Surgical removal of parathyroid

Radioactive iodine
Antithyroid drugs

*colloid and follicular pattern on biopsy → benign thyroid condition, most likely a colloid nodule or a follicular adenoma

58. Thyrotoxicosis scenario with elevated T3, T4 and decreased TSH. NBS? Thyroid peroxidase



Antithyroglobulin antibodies (less specific)

Primary vs secondary (central) hyperthyroidism		
	Primary	Central
TSH T3, T4	↓ ↑	↑ ↑
Clinical features	<ul style="list-style-type: none"> Ophthalmopathy (Graves) Tender goiter (eg, SGT) or painless goiter (eg, silent/postpartum thyroiditis) 	<ul style="list-style-type: none"> Headache, visual disturbances Amenorrhea (hyperprolactinemia)
Autoimmune markers	<ul style="list-style-type: none"> TRAb/TSI (Graves) TPO (Hashimoto, silent/postpartum) 	Absent
Radioiodine uptake	<ul style="list-style-type: none"> ↑ (eg, Graves, toxic adenoma) ↓ (eg, silent/postpartum) 	↑

SGT = subacute granulomatous (de Quervain) thyroiditis; TPO = thyroid peroxidase antibody; TRAb = thyrotropin receptor antibody; TSI = thyroid-stimulating immunoglobulin.

Thyroiditis		
	Clinical features	Diagnostic testing
Chronic autoimmune thyroiditis (Hashimoto thyroiditis)	<ul style="list-style-type: none"> Predominant hypothyroid features Diffuse goiter 	<ul style="list-style-type: none"> Positive TPO antibody Variable radioiodine uptake
Painless thyroiditis (silent thyroiditis)	<ul style="list-style-type: none"> Variant of chronic autoimmune thyroiditis Mild, brief hyperthyroid phase Small, nontender goiter Spontaneous recovery 	<ul style="list-style-type: none"> Positive TPO antibody Low radioiodine uptake
Subacute (granulomatous) thyroiditis (de Quervain thyroiditis)	<ul style="list-style-type: none"> Likely postviral inflammatory process Prominent fever & hyperthyroid symptoms Painful/tender goiter 	<ul style="list-style-type: none"> Elevated ESR & CRP Low radioiodine uptake

CRP = C-reactive protein; ESR = erythrocyte sedimentation rate; TPO = thyroid peroxidase.

*The presence of TPO antibodies in your blood suggests that the cause of thyroid disease is an autoimmune disorder, such as Hashimoto's disease or Graves' disease. Answer based on scenario (CV, Radioiodine uptake)

59. Diabetic uncontrolled. Having cardiac failure features also. Already on metformin. What drug will you add
Insulin glargine

Sitagliptin

Empagliflozin

60. Patient admitted for cellulitis management. Diabetic. Antibiotic started. Apart from long acting insulin at night, what else will you add?

Regular insulin before meals

Scheduled insulin doses with INH

Metformin

Empagliflozin

Regular insulin before meals, also known as prandial insulin, helps control postprandial blood sugar levels by covering the rise in

Type 2 diabetes and comorbid cardiovascular disease	
Lifestyle	<ul style="list-style-type: none"> Smoking cessation, regular exercise Reduced saturated fat, refined sugar intake
Cardioprotective antidiabetic agents	<ul style="list-style-type: none"> GLP-1 receptor agonists (eg, liraglutide) SGLT-2 inhibitors (eg, empagliflozin)
Lipid/antiplatelet therapy	<ul style="list-style-type: none"> Statins Low-dose aspirin
Blood pressure control	<ul style="list-style-type: none"> Goal BP <130-140/80-90 mm Hg ACE inhibitor/ARB preferred

ACE = angiotensin converting enzyme; ARB = angiotensin receptor blocker; BP = blood pressure; GLP-1 = glucagon-like peptide-1; SGLT-2 = sodium-glucose cotransporter-2.

blood sugar that occurs after eating. Adding regular insulin before meals can help better manage blood sugar levels throughout the day, especially during periods of increased carbohydrate intake associated with meal consumption. While scheduled insulin doses with INH (Intermediate-acting Neutral Protamine Hagedorn) can provide basal insulin coverage throughout the day, they may not adequately address the postprandial spikes in blood sugar that occur after meals. Metformin and empagliflozin are oral medications commonly used to manage diabetes but may not be sufficient in this acute setting where rapid glycemic control is needed.

61. Skull image given. Showing medial wall of orbit fracture. What can happen?

Horizontal gaze palsy

Vertical gaze palsy

Corneal reflex

Pupillary reflex

62. Patient hit by baseball bat. Bleeding from ear. Cant hear properly from the affected side (muffled sounds mentioned in the question). Neurological examination normal. What to do to identify the cause of hearing problem?

Audiometry

Otoscopy

Ct head

Mri

63. 6 year old girl came with complaint the sleeping times are not good. On taking history, pain in legs after going to bed. What to do?

Iron levels

A 6-year-old boy is brought to the clinic for leg pain. Over the past 3 months, the patient has had bilateral leg pain that occurs only at night. The pain is primarily in the thighs, although it occasionally occurs in the shins as well. Each episode lasts a few hours and improves with massage or over-the-counter analgesics. The pain has not worsened since it began, and he has no leg pain during the day. The patient can walk, run, and play at school without complaint, although the pain does more commonly occur on days when he runs a lot. He has no fever, chills, or weight loss, and there is no history of recent trauma. On examination, the patient has full range of motion of the hips and knees bilaterally. No swelling or tenderness to palpation is noted, and he has a normal gait. Which of the following is the most appropriate next step in management of this patient?

A. Observation and reassurance (70%)
 B. Order bone scan (3%)
 C. Order complete blood count (7%)
 D. Order plain radiographs (17%)
 E. Recommend knee braces during activity (1%)

Explanation

Growing pains (idiopathic nocturnal pains of childhood)	
Epidemiology	<ul style="list-style-type: none"> Children age 3-12
Clinical features	<ul style="list-style-type: none"> Episodic, bilateral lower extremity (eg, thighs, calves) pain <ul style="list-style-type: none"> Occurs primarily at night More likely to occur after increased daytime physical exertion No systemic symptoms, joint involvement, or activity limitations Normal physical examination
Treatment	<ul style="list-style-type: none"> Parental education & reassurance Massage, heat, analgesics, or stretching exercises
Course	<ul style="list-style-type: none"> May wax/wane for months to years Self-resolves by adolescence

This patient with recurrent, nocturnal bilateral leg pain likely has **growing pains**, also called **idiopathic nocturnal pains of childhood**. Growing pains are benign and the most common cause of musculoskeletal pain in children age 3-12. The etiology is unknown, but,

The American Academy of

Pediatrics (AAP) recommends that all infants be screened for **iron deficiency anemia** with a hemoglobin blood test at **12 months of age**

64. 18 month old baby. Breast fed initially (how long not mentioned). Soft oral diet with oats, ground beef, juices, fruits and vegetables started at one year. Which of the following is likely to be deficient?

Vit D

Iron

Vit B12

Folic acid

65. 23 yr old lady stopped OCP because she wants to get pregnant. Now presented with nodulocystic acne. What do you prescribe?
 Oral doxycycline

Oral isotretinoin

Topical isotretinoin

Topical benzoyl peroxidase

66. lady with levonorgestrel IUCD. Placed because she had menorrhagia and wanted contraception 4 years back. after placing she had regular 30 day cycle with 2 days bleeding. Now no periods since 5 months. Not pregnant. What to do?

Do nothing

Removed

IUCD

Estrogens

*Amenorrhea with a levonorgestrel IUCD is a common and generally benign side effect.

67. Repeated hypoglycemic episodes in a young girl. C peptide and insulin levels elevated. Cause? **Pancreatic NET**

Exogenous insulin

68. Patient with jaundice. Imaging showed pancreatic head mass. How do you confirm diagnosis? **Biopsy**

Endoscopy

Triple phase CT

*The best answer is **Endoscopic Ultrasound (EUS) with Fine-Needle Aspiration (FNA)** as it combines precise imaging with the ability to obtain a tissue sample for histopathological confirmation. Triple-phase CT: While excellent for detailed imaging and staging, it does not provide a tissue diagnosis.

69. Patient with ampulla of Vater carcinoma. Underwent pancreaticoduodenectomy one month back. Now presented with malodorous diarrhea. Cause?

Pancreatic insufficiency

Bile acid insufficiency

70. 52 yr old lady came to with complaint of vaginal dryness, hot flashes. Periods stopped one year back. What test do you do?

Nothing

FSH

Estrogen

LH

AMH

*40-45 y.o. → premature menopause → check hormone levels

71. 65 yr old lady came for regular followup. Worried because her cousin had a fall and broke hip due to osteoporosis. Asking whether she has osteoporosis. What do you do?

DEXA scan

Whole body x ray

Do nothing

Serum calcium

*women 65 and older get screened for osteoporosis routinely

72. postmenopausal lady with PV bleeding. Pap smear one year back was normal. Speculum examination showed a flesh coloured mass protruding from the cervical os. What next?

Colposcopy Repeat PAP

Do cervical
biopsy
endometrial
biopsy
Surgical
excision

*In postmenopausal women, symptomatic cervical polyps should be excised and followed by fractional dilatation and curettage. This is because there is a higher incidence of severe pathological conditions in this age group

73. Newborn presented with jaundice at day 3.

Mother was Rh-.

Did not receive prenatal care. Previous history of one abortion.

What could have prevented the neonatal condition?

Anti D at the time of previous abortion

Anti D to baby after birth

Anti D at 28 weeks

Anti D at 12 weeks

Indications for prophylactic administration of anti-D immunoglobulin for Rh D-negative patients*
<ul style="list-style-type: none">• At 28-32 weeks gestation• <72 hours after delivery of Rh D-positive infant• <72 hours after spontaneous abortion• Ectopic pregnancy• Threatened abortion• Hydatidiform mole• Chorionic villus sampling, amniocentesis• Abdominal trauma• 2nd- & 3rd-trimester bleeding• External cephalic version
<small>*Antepartum prophylaxis is not indicated if the father is Rh D-negative.</small>

74. Rash over nipple. No lumps palpable in breast. Apart from mammogram, what else do you do? Topical steroids

Skin
bio
psy
Do
not

hin
g

*to evaluate the rash over the nipple and rule out conditions like Paget's disease of the breast

75. Girlfriend left a guy because he was drunk all the time. Guy depressed and wants to win her back and stopped drinking alcohol two days back. Brought by friend because he was acting wierd. Patient showing features of alcohol withdrawal.

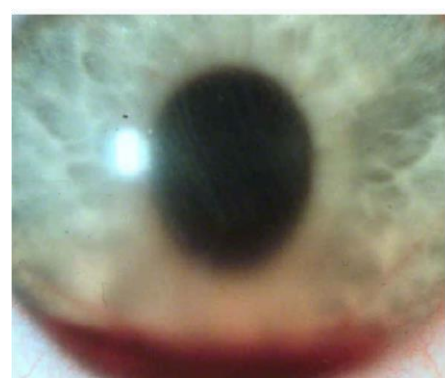
Chlordaizepoxide
Antipsychotic

Differential diagnosis of DSM-5 psychotic disorders	
Brief psychotic disorder	≥1 days & <1 month, sudden onset, full return to function
Schizophreniform disorder	≥1 months & <6 months, same symptoms as schizophrenia, functional decline not required
Schizophrenia	≥6 months (includes ≥1 months of active symptoms, can include prodromal & residual periods), requires functional decline
Schizoaffective disorder	Mood episode with concurrent active-phase symptoms of schizophrenia + ≥2 weeks of delusions or hallucinations in the absence of prominent mood symptoms
Delusional disorder	≥1 delusions & ≥1 months, no other psychotic symptoms, normal functioning apart from direct impact of delusions

76. Questions with schizophrenia scenario but 4 months duration

Schizophreniform disorder

77. Trauma to eye. Image showing small blood collection in anterior chamber.



Traumatic hyphema	
Mechanism	<ul style="list-style-type: none"> Blunt ocular trauma (eg, baseball, airbag deployment) Penetrating trauma (less common)
Clinical presentation	<ul style="list-style-type: none"> Vision loss Eye pain Photophobia Layering of blood in the anterior chamber Anisocoria (unequal pupils)
Initial management	<ul style="list-style-type: none"> Ophthalmology consultation <ul style="list-style-type: none"> Monitor intraocular pressure Cycloplegic & glucocorticoid eye drops Eye shield Bed rest (elevate head)

Similar to hypopyon image but blood here. What to do?

Conservative

Surgical evacuation of blood

78. 5 yr old with multiple vesicles on erythematous base on tongue and soft palate. Treatment? **Supportive**

Valcyclovir

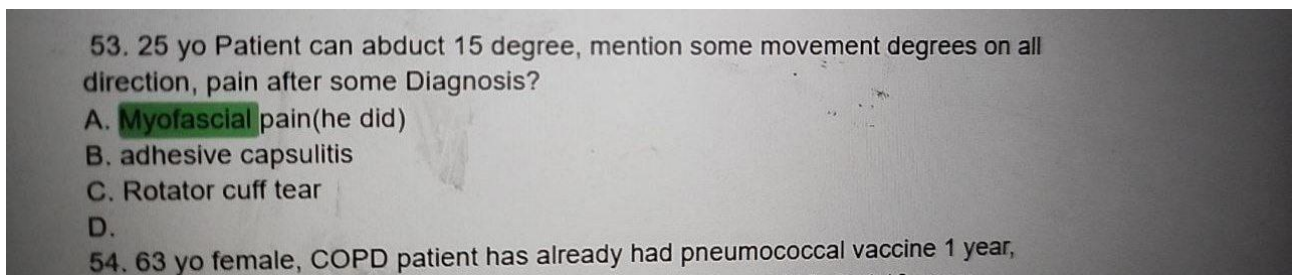
Itraconazole

Amoxicillin

Doxycycline

Herpangina vs herpetic gingivostomatitis		
	Herpangina	Herpetic gingivostomatitis
Etiology	• Coxsackievirus A	• Herpes simplex virus type 1
Patient age	• 3-10 years	• 6 months to 5 years
Seasonality	• Late summer/early fall	• None
Clinical features	• Fever & pharyngitis • Gray vesicles/ulcers on posterior oropharynx	• Fever & pharyngitis • Clusters of vesicles/ulcers on anterior oral mucosa & lips • Erythematous & edematous gingiva
Treatment	• Supportive	• Oral acyclovir

1. Ques on myofascial pain syndrome

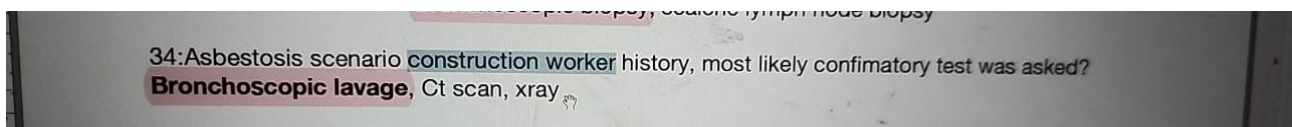


Fibromyalgia vs. Myofascial Pain Syndrome

Myofascial pain- **referred pain!**

Variable	Fibromyalgia	MPS
Location	Generalized	Regional
Primary symptom	Tender points with pressure application	Trigger points and referred pain patterns with pressure application
Gender	Female/Male ratio (10:1)	Equal
Systemic signs	Many	Few

2. Construction worker - some test related with options of CT x ray



Clinical features of asbestosis	
Clinical presentation	<ul style="list-style-type: none"> • Prolonged asbestos exposure (eg, shipyard, mining) • Symptoms develop ≥20 years after initial exposure • Progressive dyspnea, basilar fine crackles, clubbing • Increased risk for lung cancer & mesothelioma
Diagnostic evaluation	<ul style="list-style-type: none"> • Pleural plaques on chest imaging • Imaging, PFT & histology consistent with pulmonary fibrosis
PFT = pulmonary function testing.	

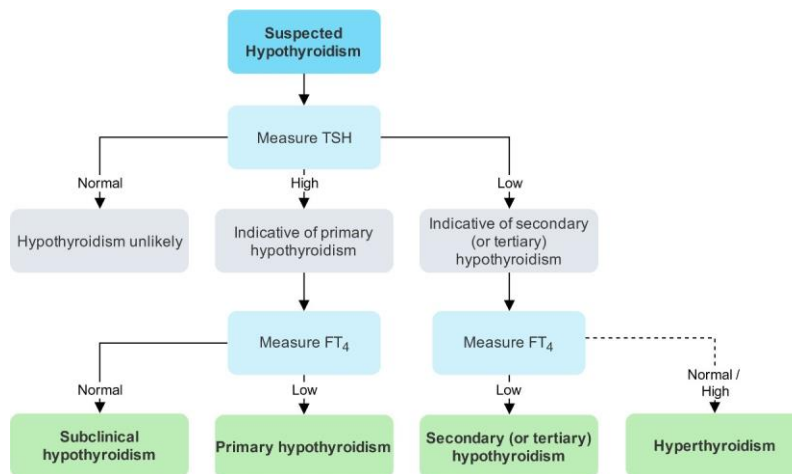
3. subclinical hypothyroidism

104-transverse myelitis sudden onset weakness Pastpapers
 105-subclinical hypothyroidism>*** low tsh normal t3 and t4 tricky options
 106-postpartum thyroiditis> supportive it will go away

Secondary hypothyroidism to diagnose. TSH and T3 T4 low?
 a. Secondary hypothyroidism
 b. **Subclinical hypothyroidism**

Educational objective:
 Subclinical hypothyroidism is associated with an increased risk for recurrent pregnancy loss (RPL), and the risk is greater in those with high titers of antithyroid peroxidase (anti-TPO) antibodies. Treatment with levothyroxine is recommended in patients with RPL who have subclinical hypothyroidism and elevated anti-TPO antibodies.

TSH – mildly ↑
 T3, T4-normal ↓
 Treat if TSH >10, symptomatic



4. Zika transmission - not the same ques as pq

78. Female comes for preconception visit, husband has come from South America. What should doctor advise the couple:
 --avoid intercourse for few days ✓
 zika virus transmitted sexually
 protective intercourse is allow

58. Army man comes to you and asks how to protect his soldiers doing training in endemic areas for Zika?
 a. Use mosquito repellents

*pregnant female don't go to zika endemic area: also avoidance of sex: different for male and female

*12 week pregnant women going to travel to Brazil what to tell her- dont go because of Zika virus risk

*A military female had to travel to central America. She and her husband are planning to have a kid and have d/c contraception for 2 weeks. You are going to tell her to avoid pregnancy on account of risk of what?

Zika, Rubella,
Varicella, CMV

5. 2 new abstracts based on 2 treatments based
6. Interstitial cystitis dx and mx with urethrography usg cystography options

24. Acute interstitial cystitis: increase in abdominal pain. what next to do?

- a. **USG**
- b. ceftriaxone

Interstitial cystitis (bladder pain syndrome)	
Epidemiology	<ul style="list-style-type: none"> • More common in women • Associated with psychiatric & pain disorders (eg, fibromyalgia)
Clinical presentation	<ul style="list-style-type: none"> • Bladder pain with filling, relief with voiding • ↑ Urinary frequency, urgency • Dyspareunia
Diagnosis	<ul style="list-style-type: none"> • Bladder pain with no other cause for ≥6 weeks • Normal urinalysis
Treatment	<ul style="list-style-type: none"> • Not curative; focus is on improving quality of life • Behavioral modification, avoidance of triggers, physical therapy • Amitriptyline, pentosan polysulfate sodium • Analgesics for acute exacerbations

USG as a part of Urodynamic testing

- **Diagnosis:** Interstitial cystitis is generally a clinical diagnosis.
 - Medical history to rule out other diagnoses
 - Physical examination: anterior vaginal wall and bladder base tenderness on bimanual pelvic exam
 - **Urinalysis with microscopy and urine culture** to rule out bacterial cystitis
 - Other tests: indicated only in individuals with complex presentation [37]
 - Urodynamic testing: Postvoid residual urine volume may indicate urinary retention. [4]
 - Cystoscopy
 - Used to rule out other diagnoses, especially bladder cancer [4]
 - Can show Hunner lesions (inflammatory patches and ulcers of the bladder wall)
- **Treatment**
 - **Behavioral modification (first-line):** indicated for all diagnosed individuals [42]
 - Avoidance of triggers (e.g., stress, alcohol, coffee)
 - Fluid intake management based on symptoms
 - Bladder training
 - Stress management practices
 - Multimodal pain management
 - Manual physical therapy techniques (e.g., exercises to help recover from pelvic floor tenderness)
 - **Amitriptyline** is most commonly used in refractory cases.
 - Other agents include pentosan polysulfate and antihistamines.
 - Invasive procedures: used as a last resort
 - Intravesical administration of lidocaine with either heparin or sodium bicarbonate can also be used for severe breakthrough pain

7. Lipid profiles ques pt is taking ocp too .. n Leiden is there in options

8. Pt had thrombosis I think has V **Leiden** mutation and something else and at the same time has as I remember bacterial vaginosis. Which contraception method is contraindicated in this pt.

- Combined oral contraceptive. - Progesterone IUD

2. what to check before giving OCP? lipid levels, and factor V **leiden** mutation

8. Fractured nose , bleeding - future complications has all infections including meningitis

9. Compressed fracture complications - lordosis scoliosis **kyphosis**

□Kyphosis: Also known as dowager's hump, this deformity can cause severe pain and problems with organs in the chest

Apoptosis

ECG

Prolonged pr : more than ~~5~~ small box

Wide QRS : more than 3 small box

Prolonged qt : more than 11 small box

(Men > 440ms , women > 460ms)

1. Atrial fibrillation no p waves

, irregular rhythm rate : 350 to

500w ✓

Stable : b blocker/ ccb/ amiodarone

unstable: DC cardioversion 2. Mobitz

type 2 heart block pr interval

constant dropped beats

T/t : ppm

3. First degree heart block

- p wave Always followed by QRS
- prolonged pr interval
- no treatment needed

4. Premature atrial contractions

- different shape of p waves
- irregular rhythm

5. Wpw short pr

interval > delta wave ✓

st and t wave abnormalities ✓

Treatment:

--- unstable: - electric cardioversion

--- stable: IV procainamide, ibutilide

Avoid : ~~h blocker, ccb, digoxin, adenosine~~ X.

6 . Hyperkalemia

- peaked t waves with pr prolonged
- st segment elevation with loss of p waves
- widened QRS complex
- asystole

7. Acute pericarditis

widespread st elevation

pr segment depression 8.

Pulmonary embolism

S1Q3T3

tachycardia simultaneous t wave inversion in anteroseptal leads

9. Hypertrophic cardiomyopathy

deep and narrow q waves in lateral and inferior

leads left ventricle hypertrophy

$Sv1+Rv6>35$

$Sv3+RvL>28$

10. Multifocal atrial tachycardia-copd,

hypokalemia, sepsis irregular rhythm 3

or more different p waves tachycardia

11. Ventricular tachycardiawide complex

QRS, regular, no p waves if stable : IV

amiodarone if unstable: synchronized cardioversion

12. PSVTnarrow complex QRS if unstable:

synchronized cardioversion if stable :

vagal maneuvers, adenosine

13. Atrial flutterregular , saw toothed

2:1 or 3:1, 4:1

250 to 350

14. Burgada syndromeST elevation in v1-v2

pseudo RBB

Treatment: ICD

15. Ventricular fibrillationirregular, no p waves,

no qrs 16. Third degree av block

ventricular rate <50 bpm regular p-p or r- r

interval complete dissociation between p waves and QRS complex wide QRS complex

17. Hypokalemia: prominent u waves flat t waves 18 . Ecg of mi st segment elevation reciprocal t wave change

CTA A

[10/05, 14:47] 101. Female pregnant came at the 20 weeks of gestation on ultrasound baby Intestinal content were protruding (commig out in the umbilicus) what complication it can develop in future 1 gastroschesia 2 omphalocele 3 mesentic ishenia.

[10/05, 14:47] 102. Long history of gerd in endoscopy the squmular to columnar changes in the esophagus mention in CV no pic the beside prescribing th point what will you do ans= endoscopic Surveleine.

[10/05, 14:47] 103. 2-3 weeks ago have urti now have hf signs with S3 mention in CV asked for diagnosis I did myocarditis.

[10/05, 14:47] 104. Patient 2 to 3 days ago have the Myocardial infarction now have murmur lungs bl crakle caused aksed I chose papillary muscle rupture. [10/05, 14:47] 105. COPD patients fev1 to fvc ratio 50 what will you see in changes in the

~~heart asked in ups and downs arrow question. >sarcomere added in series~~

>sarcomere ↑ (4) added in parallel. ↑

↑

↑

(1, 1)

[10/05, 14:47] There was also two more things mention idont remember. [10/05, 14:47] 106 schizophrenia patient comes to follow already drugs now stabilize doing routine activities going to college taking m. ajor courses to complete his wants to get quickly rid of schizophrenia what will happened . A- His condition further deterots

B- failure of therapy C- will get better

[10/05, 14:47] Schizophrenia patient on haloperidol develops the signs of aksthesai aksed MOA of drug A) Sentization of dopamine receptor B) dopamine blocks c)

[10/05, 14:47] Patient have previous history of 3rd degree skin burned got skin graft now to work as construction have to work at outdoor what he is at risk of= A SCC due uv light b ulcer
->^WMargolinuker

[10/05, 14:47] 109. Patient with 2 months history of acute memory loss cant remember things short question also there was flat effect asked cause MDD Alzheimer's crudz jacob disease

Werner-John ulcer

[10/05, 14:47] 110. Womens with band like headaches for 8months pain worse when she goes to job until she comes home and pain has inc in duration previous 2 to 3 times a weeks now has inc frequency dx

- Migrane with out aura
- Cluster

Tension headache

[10/05, 14:47] 111. patient with moter vehicle accident got unconscious at the than got up having headache than Conditions further Detroit with Ipsilateral blow pupil and contralateral hemipersis dx asked

- Epidural
- Subdural
- Subarachinod

[10/05, 14:47] 112. Dermatomyocyte question with clear picture of heliotrope rash wat

8 investigation will you do for diagnosis

- Skin biopsy Muscle biopsy

[10/05, 14:47] 113. 4 year child on routine examination abdominal mass on physical exam ct pic given with bid renal mass but respecting mide line was not cross mid line according to me normotensive dx asked

- Wilmos tumor
- Neuroblastoma.

[10/05, 14:47] 114. Patient heavy alcoholic asked which marker will be deranged 2to 3 line

- question
- Alt
- Ast

Y Ggt.

[10/05, 14:47] 115. 36 year old girl with family history of breast cancer undervent breast surgery due to breast cancer 2 to 3 months agocomes to doctor pre pregnancy counseling can

I get pregnant.

- A yes you go with pregnancy
- B wait for 4 year than go for pregnancy C
- you can not go with pregnancy.

[10/05, 14:47] 116. Patient with heart sounds on right side ct given, history of infection but

CFTRmutation is negative what complication can he develop I understand this case as kartagner syndrome

- A infertility

B mesenteric ischemia.

[10/05, 14:47] 117. Baby 8 weeks year old with history of Nonbilious vomiting and after vomiting feeling hungry asked diagnosis

-A. Pyloric stenosis

[10/05, 14:47] 118 patient underwent some surgery 3 to 4 days ago now having Inc RR pulse

rate Tachypnea what will you do.

atelectasis fever
fever

Ct

atelectory

Xrayw

[10/05, 14:47] 117. Patient work in coal Furness were the burn coal and made something of marble what Organ is he at most like risk

wLung

Panncrea Bladd

25) **Step meningitis** scenario in pt with splenectomy. **asked what could have** prevented this.

- **pneumococcal vaccination**

26) 42yr male with 22 yrs smoking history Asked what would be screening that is appropriate for his age.

27) Xay given. Hazy mass in right upper lobe. CV mentions clubbing.

Hypertrophic osteoarthropathy

28) Upper GI endoscopic pic of esophagus showing concentric rings and histo pic with prominent nucleoli Asked what would be the complication.

Hiatal Hernia

-SCC

Thought it was eosinophilic esophagitis but couldn't relate the complication. So went with SCC:

The end

Cru dichat

Cri du chat
Wilms
Wiskott
Wpw eeg
Correlation and p value
MI eeg
Xray- pneumothorax, pulm edema
Pseudotumor cerebri ✓
Bipolar ✓
Adjustment disorder
Floppy baby —
Cd4 <50, hepatomegaly..-HTLV —
burkitt lymphoma ✓
IgA deficiency ✓
Abstracts- breast ca and anastrozole
Arrow-copd ✓
CAH- arrow ✓
Ortho- pagets, femur neck fract ✓
Psychogenic DI ✓
GI- CHRONs-sulfasalazine khairathyo...? ✓
Glaucoma- peripheral glaucoma absent ✓
Mastoiditis ✓
Sinusitis ✓
HIV- PCR game wala ✓
Cmv- histo ✓
Hemat- spherocyte ✓
Seq- Pulm embolism ✓
VWD ✓
Cl. Perfringens ✓
AFP- BADHNE cases haru

Scoliosis complications: restrictive lung diseases ✓

Cryptogenic pneumonia t/t: corticosteroids ✓

Pics: aplastic anemia, lepromatous, Meatball spaghetti images ✓

Others;

HS: normal, vsd, as ✓

Ecg: wpw syndrome, inferior MI

Diagnosis: RA, MS, transverse myelitis, cluster headache (high flow o2), mdd, lead poisoning, bath salts, latent tb

Hereditary → acidified glycolic lysis test
spherocytosis

Topics

Pheochromocytoma

Wilson's disease

Celiac disease

Child abuse

APS (neglected father)

Parkinson vs Parkinson plus??

confused

Cough and fever with chest xray only

—question up down arrow.. 3 ques-

need to answer on basis of chest xray

only

Features of Acute cholangitis..what

next? Options: PT/INR, CXR, Amylase

Mass in head of Pancears. how to

confirm diagnosis? Options: CT,USG,

Biopsy, Lipase, Amylase

Psy: Schizo, Depression ,bipolar: In

options 2 antipsychotic and 2

antidepressants given.. Choose best

drug accordingly.

Treatment of jelly fish sting

? Toxin/gas produced by octopus

Tetrodotoxin $uL \pm \rightarrow$ Supportive

Sun

CD4< 50 XRAY LUNGS PURA WHITE ...PCP OR MAC KO
TREATMENT HERERA JANU

OSTEOSARCOMA KO KAHILE NASUNEKO QUESTION AAKO
THIYO

VACCINATION AND SCREENING DETAIL MA HERNU
HOLA..PQ JASTO THIYENA

STURGE WEBER

PSYCHIATRIC DISORDER BATA TANNAI QUESTION: SCHIZO,
REACTIVE ATTACHMENT...OCD,

ESOPHAGEAL PERFORATION

CRONHS TREATMENT

CARDIO BATA TANNAI QUESTION
: MI, HF,

DVT BATA 8-10 WOTA QUESTION

ECG: 4-5 WOTA THIKKAI THIYO QUALITY...INF MI,
PULMOPNARY EMBOLISM..

End

1) Cutaneous larva migrans. T/t

Cutaneous
Larva

Albendazole

2) Negative skew

3) ROC curve

4) Type 2 error

5) Active error/ latent error/ surgical error

6) Effective care/ Efficient care

7) Tear drop cells: Myelofibrosis

8) NNT

9) Sequential: AAA - USG abdomen

Next : follow up every 1 year

10) Sequential: ALL CASE TRANSPLANT-
GVHD..... T/t Steroids

11) Colon CA screening

12) Cervical cancer screening

13) Ascus- <30 yrs. Repeat in 1 yr

14) CGD- Staph aureus

15) Selective IGA deficiency

16) Hereditary angioedema

17) Contact dermatitis

18) Trali

19) CVID

20) TUMOR LYSIS INC PHOSPHATE



- 21) CELLULITIS
- 22) SEPTIC SHOCK
- 23) PCP PIC. TMP SMX
- 24) ECG - MI
- PE
- 25) FAT EMBOLISM :
- 26) VENOUS ULCER: COMPRESSION
THERAPY
- 27) MURMUR- AS. VSD. MR
- 28) DCM ALCOHOL INDUCED
- 29) HASHIMOTO
- 30) SIADH
- 31) THROID NODULE- USG
- 32) MEN 2B PHEOCHROMOCYTOMA
- 33) OSTEOPOROSIS
- 34) DM 1ST TRIM. CARDIAC DEFECT
- 35) LESSER TRELAT PIC
- 36) BARRET ESOPHAGUS TO SCC
- 37) CROHNS VS ULCERATIVE
- 38) DIVERTICULOSIS RUPTURE. EXP LAP
- 39) SIGMOID VOLVULUS -
PROCTOSIGMOIDOSCOPY
- 40) 1-2 ADENOMAS- COLONOSCOPY 7-10

40) 1-2 ADENOMAS- COLONOSCOPY 7-10
YRS

41) LYNCH SYNDROME- ~~ENDOMETRIAL CA~~ → *liver carcinomas*

42) HEPATIC STEATOSIS

43) WILSON T/T

44) GALLSTONE INDUCE PANCREATITIS -
SYMP CHOLECYSTECTOMY LATER

45) THALASSEMIA MENTZER ✓✓

46) VIT B12 DEF ANEMIA ✓✓

47) AIHA

48) CML

49) AFIB RIVAROXABAN

50) DAUNORUBICUN- CARDIAC TOXICITY

51) OSTEOSARCOMA. BIOSPY

52) DUPUYTREN CONTRACTURE-

NOTHING NEEDED FOR DIAGNOSIS

53) XRAY . CLUBBING. HYPERTROPHIC
OSTEOARTHOPATHY

54) WRIST SPLINT- CARPAL TUNNEL
SUNDROME

55) GANGLION CYST DIAGNOSIS

56) PFS. NSAIDS AND PHYSICAL THERAPY

57) DFXA SCAN - POST MFNOPAUSA

- 56) PFS. NSAIDS AND PHYSICAL THERAPY
- 57) DEXA SCAN - POST MENOPAUSAL
- 58) DERMATOMYOSITIS GI MALIGNANCY.
- 59) HPV WART PIC
- 60) HERPES PIC
- 61) LENTIGO MALIGNA
- 62) LICHEN SCLEROSUS
- 63) SAH- LP
- 64) DEMENTIA CASE
- 65) ALZHEIMER CASE
- 66) HUNTINGTON CASE
- 67) DIABETIC GASTROPARESIS-
DISCONTINUE MEDICATION
- 68) BPPV- DIX HALL PIKE
- 69) SUBCONJUNCTIVAL HEMORRHAGE-
REASSURE
- 70) SCHIZOPHRENIC DISORDER
- 71) BIPOLAR CASE
- 72) MDD CASE
- 73) CPS

New pool -

- 1. acutely pancreatitis features - losartan, sitagliptin, gluburide -**
- 2. Snake bite ~ antivenom -**
- 3. Repeated praying ~ ocd -**
- 4. Patient under Lithium what will you check - alt, electrolyte, glucose**
- 5. OSA complication coronary artery disease.**
- 6. Child lower eye lid swelling extending to maxillary - sinus area ~ usg of eye, antibiotic, X-ray , no ct scan_w**

- 7. 6 year bed wetting , toilet train at 3 years~
treatment ~ alarm therapy , desmopressin**
- 8. Pregnancy ~ hearing loss ~ Weber lateralized to
right ear ~ conductive hearing loss**
- 9. Seq ~ mdd feature ~ sertraline next question is
patient improve after 1 month ask doctor to
discontinue ~ take it for 6 month**
- 10. Infraorbital fracture ~ vertical diplopia, horizontal
diplopia**
- 11. HIV patient not under medication pic of leg given
dark lesion ~**
- 12. Heart sound: AR, VSD**

13. ECG : heart block 2nd degree, Inf MI
14. Abstract: ischemic vs hemorrhagic and decompression (new question)
15. Hernia : follow up in 3 months
16. Hemodialysis
17. Trauma , pain after 90 degree abduction ~ bicep tendinitis, rotator cuff tear ~ if weakness.
18. Sigmoid volvulus .
19. Atheroembolism
20. Pyronie disease~

Pool change vanda 1 week agade deko re exam... sathi ko through pako question ho

~~young female meningococcal~~
user-- young_{nee} female mening

ococcal

Young female meningococcal,tdap vaccine taken .Before pregnancy which vaccine to be given next?

Tdap

Inactivated influenza....both can b given..

Histology;hyperchromatic nuclei with keratin pearls ... no scc in option

17 yrs abortion.parents laai Nabannu Bhanca.next step by dr. go with procedure

Pic given ;port wine stain.Complication; truncus arteriosus.

hearing loss

ECG;cardiac tamponade are.no becks traid next best step;echo.24hrs
ecg,coronary angio

DVT.....topic / *pulmonary embolism*
pulmonary embolism

Graves dz....pic.....Hopi....felling hot warm ...tsh dec.....what findings;increased
(t4,tsh,anti tpo)

Ild..histo;

Rt carotid bruit;post surgical bruie...numbness tingling rt hand raised Japanese;Venous
artery insufficiency ,subclavian stenosis

Hernia purano qn.

Multiple symptoms (headache,back pain)of ;;;;somatic disorder

Treatment of all extrapyramidal symptoms Acute
dystonia?

Akathisia?

Tardive dyskinesia?

Medical error ;3 qns

RA feature;grand daughter ko bihe ma shirt silauda hand tremor,motor function ramro
garna k dine? Hand splint

Occupational therapy

Steroid

Pre pregnancy Dekhi diabetes.insulin lee ra cha.not controlled.what is risk in fetus?

Hopi.....15yrs ko regular flow up.hpv meningococci li sake ko cha aru Kun vaccine
dine? Option:repeat hpv

Bronchiolitis bhako infant. discharge plan. vaccine Lina paaeko chaina during -
illness of 4 weeks .Aba k garne? -

Give all vaccine

Vaccine as scheduled

Post pone after resolution of illness

Mother brings child. can't pay. no treatment. charity help refused due to
religion. what should dr do? -Treat child

52 yrs female...ama laai kuheko khana dincha. even she takes same food due to
poverty. not taking such food due to mental problem?

Inform Aps

Lung cancer grade 4. bone metastasis. no feature of metastasis. says knows all pros and
cons.

I don't want further treatment.

Hospice

Nursing care

Old age mother. no advance directive. in ventilation. son proxy. son says donot do further
treatment. daughter says go into treatment.

Free 120. Emtala qn.

Stabilise then discharge/refer

3qns;

Sentinel near
miss active
error

Neuroleptic malignant disorder (topic)
Gad(topic)

Parkinson's feature; 2 weeks before dose inc of Levo carbi. symptoms improves. now comes with visual hallucinations.

Give dopamine

Dec dose of l and c dopa

Give quetiapine

OCP taken .electrolyte changes ~~X?~~

Answer;

Sodium ra chloride ghatcha

Pot ra bicarbonate bad cha

Dementia ...(topic)

Delirium ..hospital acquired

Colonoscopy ...single hyperplastic polyp no size no symptoms. 7 to 10 yrs

Papilledema. i ich.

Unilateral papilledema.

Player ko 15 degree mathi hand Janna.NO WEAKNESS .no improvement with. NSAIDS and steroid.

Adhesive capsulitis Bicep
tendinitis

Middle finger numbness ,rt arm pain,shoulder blade pain.

C5
C6
C7

Osteochondroma..purano paani Do
nothing...

Round.2nd Yr surgery resident with alcohol smell.u are intern.best next? Tell him not to examine pt.

Report to resident surgeon
Report to medical supervisor

Young female.wants college drop out.coz can't do presentation.speaks well in friends group..'diagnosis. Social anxiety

Performance anxiety

Young female lai ca cervix.she still wants to get pregnant in near future.next mgmt

Hysterectomy
Chemo LEEP
Vulva ulcer
lesion.photo.u
nder ocp.not
likely lichen

sclerosis.com

plication?

Fistula.

Infertility

Lichen sclerosis.photo.treatment. Topical
steroid

Dm.oral thrush..k dine? No

antifungal

Clotrimazole Lorenzes Cholorhexidine

gargle

Chlamydia trachomatis..pregnant.treated.screening in children? Trachoma

Child with nose bleed .no family hi.20 min in small trauma.

All in range.fac 8 normal.

Hem Vwd

Note:

Ethics

Biostat

Psychiatry

Rest step 1 knowledge

(1)

A person when to a beach and was sting by a jelly fish , after few hours he started having painful rashes around that part . What is the next best management?

- A) Cold compression**
- B) Supportive management**
- C) Wash with vinegar**
- D) Hot compression**

(2)

An intern notice a physician is being very rude to very one and also not being in time . One day he notice the same physician comes to the hospital being drunk? What is the next best step that should be done my the intern ?

- A) Don't let him treat the patient**
- B) Complain to the hospital director**
- C) make him realize his mistake**
- D) Complain to the state board**

(3)

47y/M had a complain of decrease sensation on his right foot , his is known case of HTN, DM , and under medication . His Bp- 130/80 ,other vitals are in normal range . During his visit in hospital is blood glucose was 400 . During physical examination there was a bluish discoloration on his right dorsal foot . What is the condition he must be suffering ?

- A) charcot arthropathy**
- B) thromboangiitis obliterans**
- C) Giant cell arteritis**
- D) Allergic reaction**
- E) Deep vein thrombosis**

(4)

A person has been through a traumatic injury few days back , his vitals are stable and also his gcs are intact . Recently he complains of pain and hardening of his muscle over the injured area . X-ray is done and the finding revealed circumferential calcification with a lucent center and a radiolucent cleft . What is the diagnosis ?

- A) Myositis ossificans**
- B) Comminuted fracture**
- C) STI**
- D) Avascular necrosis**

(5)

30 Y/M came to the clinic with a complain of pain on his knee, on examination his knee is swollen and tender and warm in sensation. Temp- 102°C, BP- 110/80, pulse - 120bpm. He had a history of acute exacerbation of COPD and admitted 3 weeks back and managed properly. What is the next best management ?

septic arthritis

- A) Azithromycin
- B) inhaler corticosteroid
- C) Vancomycin and ampicillin
- D) NSAID's
- E) IV Morphine

(6)

An 60 year Old man complains of pain abdomen since 1 week , he has a history of diverticulosis since 2 years . Recently he notice some blood during defecation and on X-ray the finding are colonic wall thickening, edema around the intestinal circumference. What is the most likely diagnosis of the patient ?

- A) Appendicitis**
- B) Diverticulitis**
- C) Ischemic colitis**
- D) Intussusception**
- E) SBO**

(7)

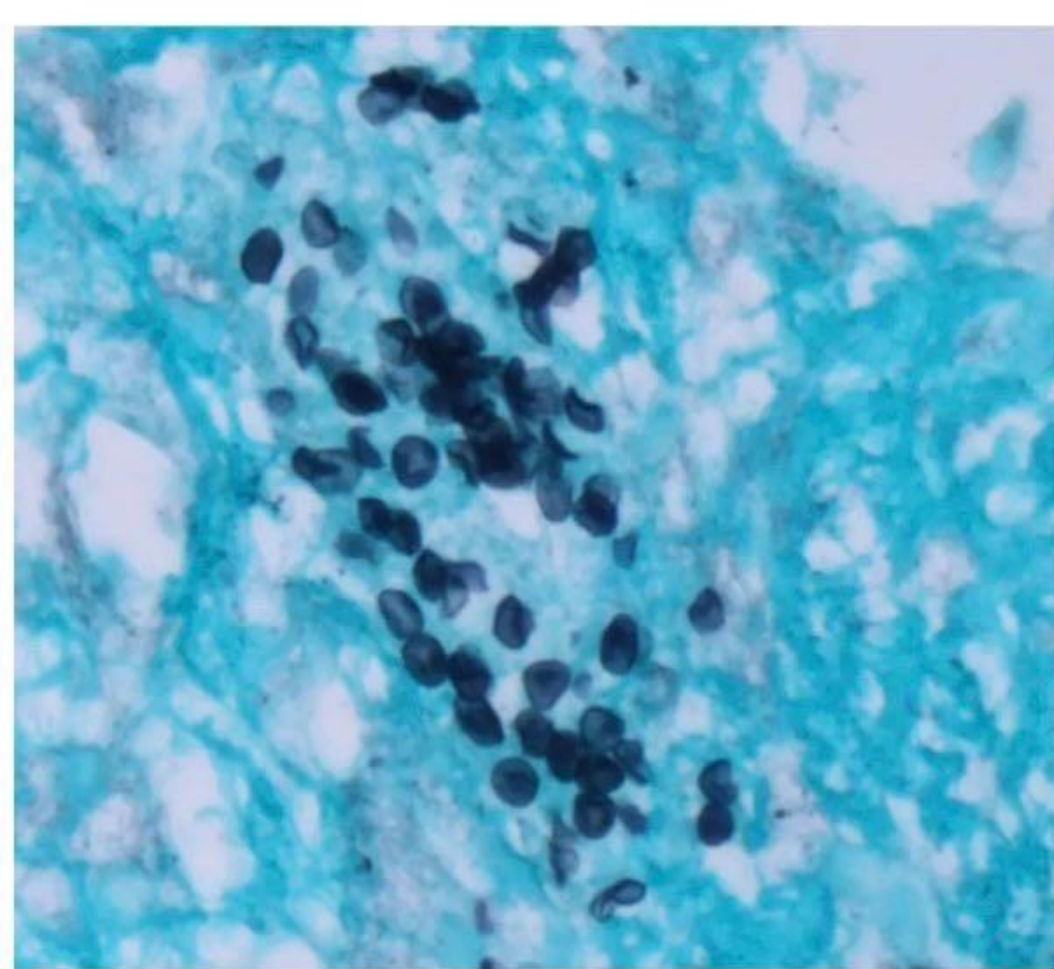
**A 27y/F officer started having pruritic rash on her leg after came from the war , after few days she started having pulmonary symptoms and GI symptoms .
What is the causative organism ?**



- Strongyloides

(8)

A person suffering from HIV is under ART, he has been coughing since past 2 weeks, temp- 102°C . There's b/l infiltration seen in his chest X-ray. What is the causative organism seeing the below histology?



- Pneumocystis jirovecii

(9)

46y/F started having itching around her vagina since 2 days but recently developed vesicle like rash which is burning in nature . Seeing the below image what might be the likely diagnosis ?



-Vaginal herpes

(10)

A man noticed pruritic rashes on his legs after he came back home from hiking , on further examination he said revealed he had to walk through bunch of bushes which look like a weed plant . What is the next best step in management ?



- 2% hydrocortisone cream



(11)

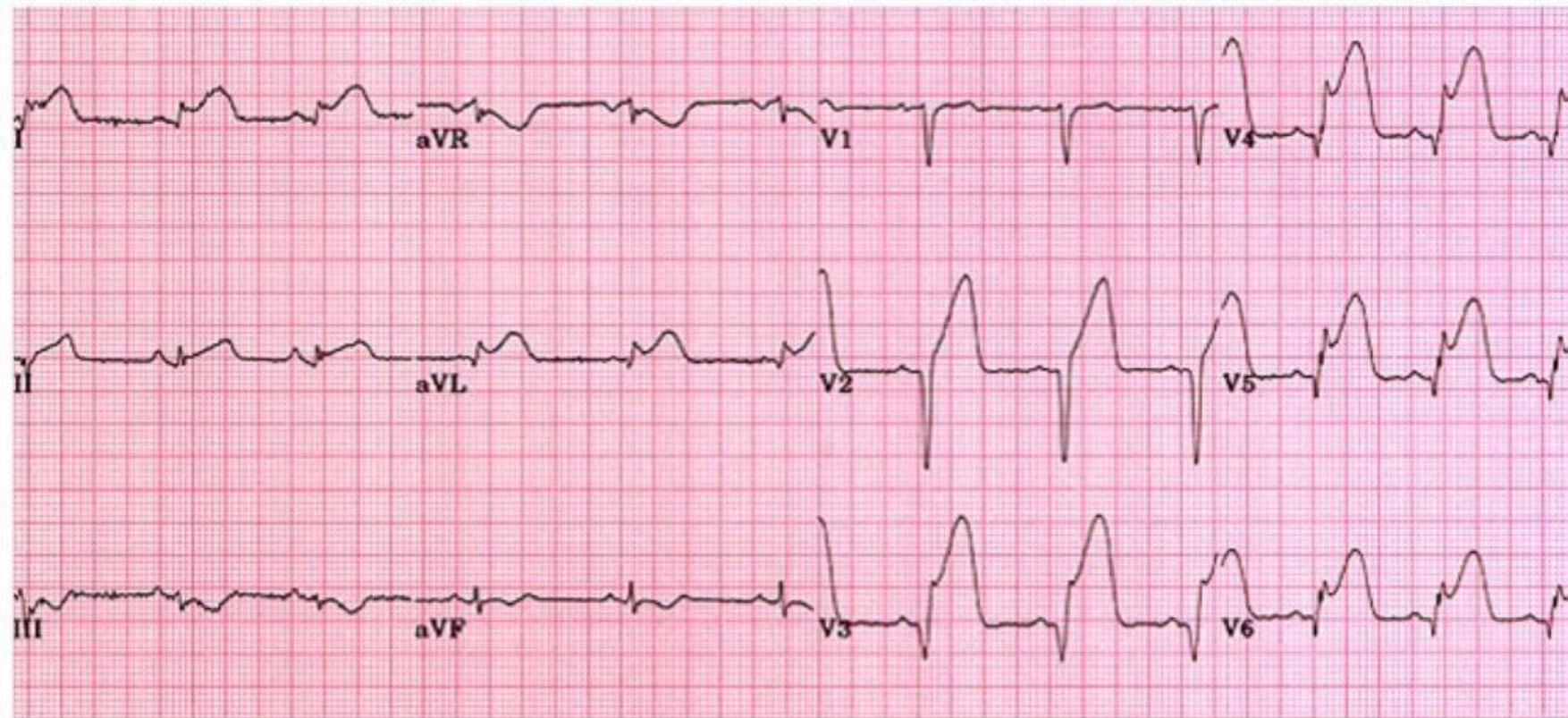
Pt has SOB since few month, pain in joints, lymphadenopathy. Also complained of itchy red eye . X-ray is given below , what is the diagnosis ?



- Sarcoidosis

(12)

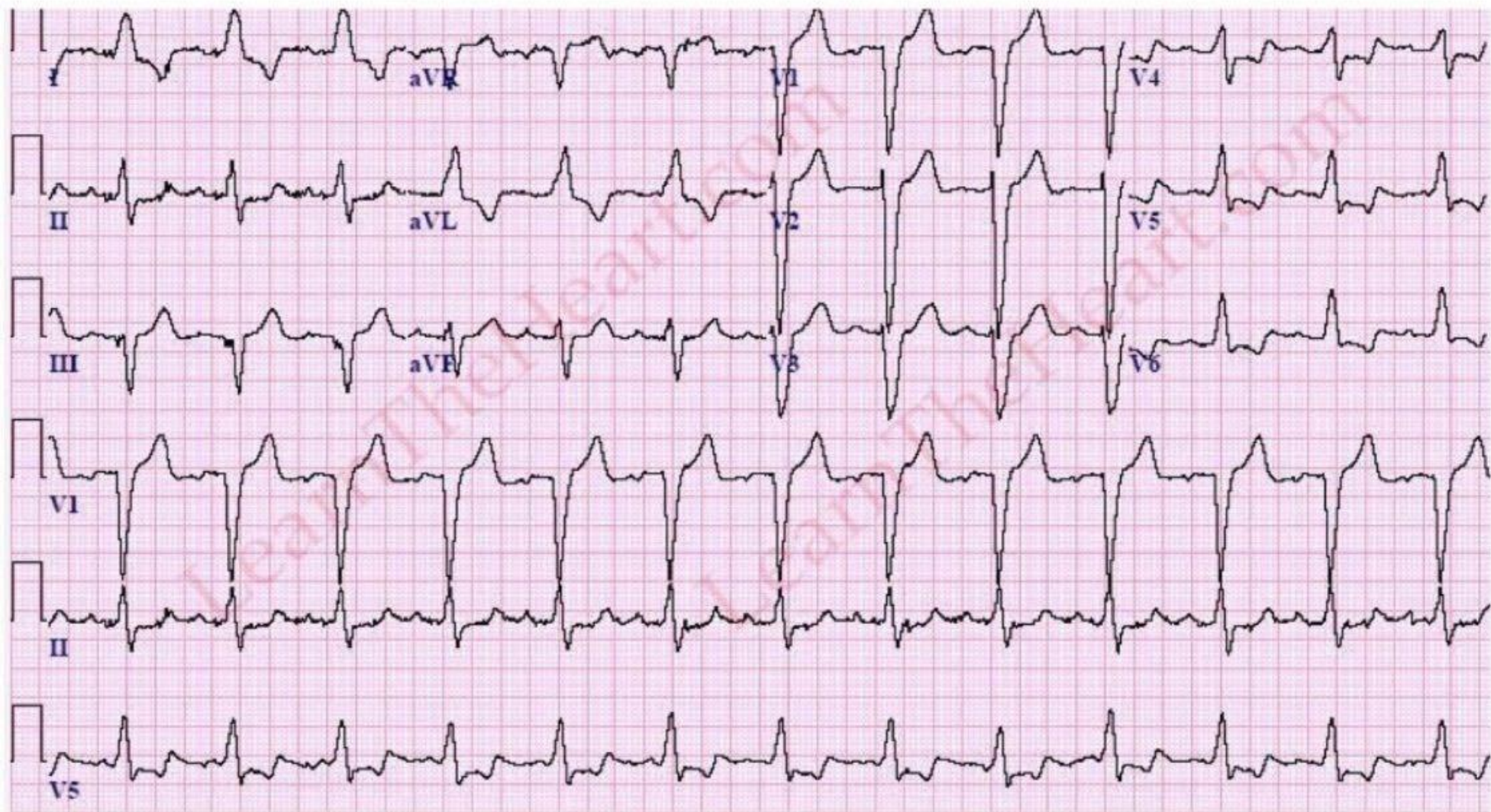
Case explain , SOB , chest pain , radiating towards left arm and jaw . Ecg given



- Myocardial infraction

(13)

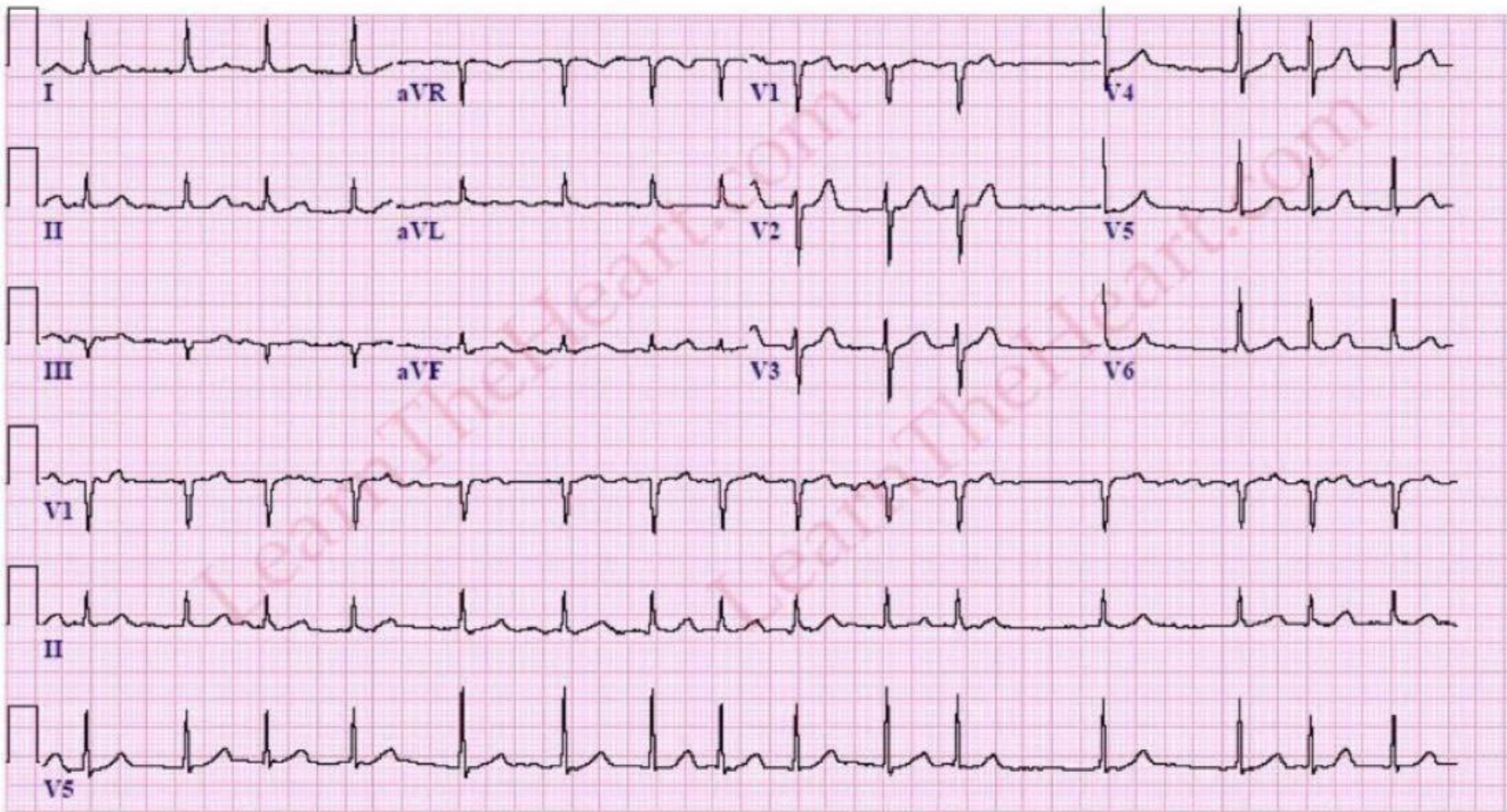
ECG-



- Left bundle branch block

(14)

ECG-



- Atrial fibrillation

(15)

[Sequential question]

Pain on holding the urine and relief after peeing ?

- interstitial cystitis

Bladder finding and management ?

- Cystoscopy and life style changes



(16)

[Sequential question]

Female patient , urine output very low , OT of femur bone fracture done and now she is in postOp . NBS?

- **USG**



USG is done , urine finding is given and distention bladder. NBS?



- **Catheterization**



(17)

Patient comes to the ER and has purple rash around his leg,
organism ?



- Human T cell lymphoma

KAPOSI - HTLV1

(18)

90 years old female , what to screen ?

– Dexa scan

(19)

A child has hip corner fracture . NBS?
- Skeletal survey

(20)

[Abstract]

Post menopausal women what to give ?

- Anastrozole

Yoga abstract ??

- ??? No answer yet

(21)

Couple fight in the home ,physical examination finding reveal bruises spurns female body , proved safety home and reported police as well . NBS?

- ???

(22)

**Pt had medullary thyroid Ca . Labs showed inc Ca
n dec PO₄, PTH inc. Dx?**

- Pheochromocytoma

(23)

CD₄ < 150 Chest XRAY given below . NBS in management?



- TMP/SMX

(24)

Pain abdomen , blood in stool, in examination Anal fissure is noted ? TREATMENT ?

- Infliximab

(25)

CD₄ count <50 , patine complain of cough fever , lymphadenopathy. NBS?



- A)**
- B)**
- C)**
- D)**

~~Splenectomy~~ splenectomy

Post splenectomy Antibiotics.

Mass in neck- TSh given NBS

Huntington sequential questions

Y

ALL Dx

K

Multiple myeloma Up down

X

COPD Up Down

CAP MX in ICU

Osteochondroma Xray

~

Ewing Sarcoma

v

PTSD DX

Melanoma

-Latent TB **W** management

ECG- WPW, PVC

HS AS, ??S4

Migraine in Pregnancy TX

Lots of ethics

Seehans, H⁻ypothyroidism dx

Hydrocele, Spermatocele

Y W

CPS/APS

ex_{mine}ercise related to back pain??dnt remember much

Picture of external genitalia female dont know dx looks like diaper rash

Abstracts:

1.Chronic Back Pain related to Yoga and Exercise.

2.Acute Ischemic Stroke related to Tissue Plasmogen Activator(tpA) & Something Else.

- 2 Sequential Questions: 1- Cystoscopy → Interstitial Cystitis.

2= USG Kidney stone Tamsulosin

→Heart Failure Arrow :- Natriuretic Peptide \uparrow , Ald \downarrow , Ang II \downarrow

→SLE Case Pancytopenia :- + or -

Anti-DSDNA(+) , RF(-) , SL-70(-) , Anti-smith(+)

→COPD Arrows → FEV₁ , FEV₁:FVC , DLCO , 1 more

→Senerio Related to COPD but % Predicted Values given.

FEV₁ = 58%
FEV₁:FVC = 90%
DLCO = 50s main the.

Options : Airway obstruction
Asthma
ILD
I did ILD due to Ratio 90%

15 questions around on MVA.
MVA 7-8 Lines described about chest findings but last
line was Catheter is placed & Blood in Urine appeared 100ml
NBS = ① Retrograde Urethrocytography
② CT Abdomen.
I did this CT due to Additional Injury to organs. (do check)
MVA Like in previous file did tube thoracostomy filled with
50ml blood NBS => Thoracostomy only remembered this option
Idk pt was stable or Not.

→ Pelvic Mas did not told Location At the last it was mentioned Keratin + options

- A. Cervical Cancer
- B. Anal Cancer (I did B due to Sec).

→ Young Boy Playing Video games, Comes for follow up. BP was Little physial Exercise in 140s NBS?

- A. Inc time of Physical Exercise.
- B. Same Strengthening Exercise.
- C. Stop playing video games.

→ Grade C-D-E + Ectopia lentis + ↑ Upper limbs to body ratio

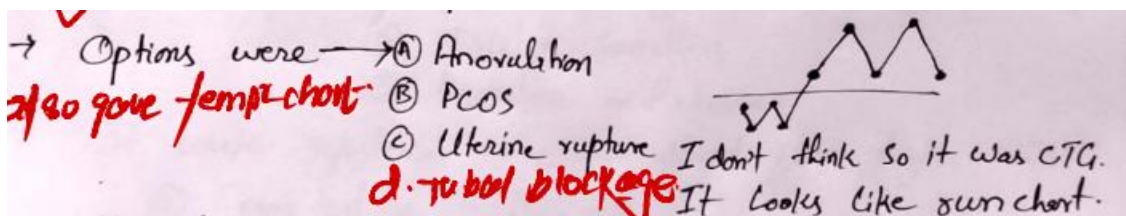
- A. **Homocystinurer**. (Past)

→ Discored Ulcer Seen in Anal Canal what is it.

- A. Fissure
- B. Hemorrid
- C. Cancer.

→ Pt had Cancer Last Stage taking short & Long Acting Opioids as needed • He ask for more, what he has deopled

- A. Tolaramce
- B. Dependence
- C. Addicted.



→ Hydatid Mole → She denies Surgical intervention NBS.

Give Methotxite

→ Some Abdominal Condition at the End toxic Megrcolon which Measures 10cm NBS

- A. Exp: Laproscopy
- B. Rectal Decompression.

→Baby with Port wine Picture Likely to develop Complication →→Epilepsy.

→ Don't remember CV: But Bruit +.

Options were:

- A. Femoral Artery stenosis
- B. Femoral Artery Occlusion
- C. Femoral artery Pseudo-Aneurysm**
- D. Femoral artery Fistula

→Dise herniation, Involves Middle finger & Some Proximal Neuropathy

- A. C5
- B. C6(I did this)
- C. C7
- D. T1

→old Biopsy Question RA with hand Pic. Sewing cloth for daughter NBS: Use Splint (I did).

→ Kawasaki disease typical Scenario → Echo was done.

- A. IVIG + Low dose Aspirin
- B. IVIG + High dose Aspirin + Echo in 2 weeks.**
- C. IVIG + High dose Aspirin + Echo in 6 weeks.

D. IVIS only.

→HOP: Lady has Type 1 OM. if she gets pregnant what will be Complication to fetus (No Gardine disese in Opt?)

- A. Placenta Abruptio
- B. Dilation Something.
- C. Premature or Preturm.

→ 37 week gastation Clear fluid from Vaging NBS

- A. Fern test
- B. GBS test.

→ Cutaneous Carva Migrans Feet Picture. No Cough No GIT Symptoms NBS

- A. check Esinophils
- B. Nothing

Options were

- ✓ (A) BCR: ABL
- (B) KRAS
- (C) BRCA
- (D)

Scenario were Related to CML so I did A.

→ Dirrhea Was only Complain, Cr Says it was Side Effect of which drug→→ only remember Metformin option.

→HELLP vs choli-stasis of Pregnancy (Dx)

→ Vasovagal Syncope vs BPPV (DX)



→ Bone Pic with Pedunculated Mass Pic of X-ray

I did Biopsy & Cytological Analysis.

→ 15yr old girl Vaccine = 1; HPV Meningococcal.

→ 37 wog Vaccination → Tdap.

→ PPH Scenario, Oxytocin given Not benefit, 2nd line given Not benefit, at the End Balloon inflation did + Hb was 6-7.

what will difficulty she faces?

A. Keeping Breast feeding Problem (did this Option A) keeping in Mind Shehan Syndrome.

→ Alzheimers disease → Rivastigmine (Last option) → OSA Biostatics question.

→ 12-13 yrs old Girl NPH Mention Ataxis + Urinary Incon:

- A. ACT
- B. LP

→ New born baby TSH high T3, T4 Low

- A. Primary hypothyroidism
- B. Congenital Hypothyroidism.

→ Lady with around Menopausal Age i think 49yrs. Irregular Menses Oligomenorrhea

- A. Nothing
- B. check FSH Level.

→ Social phobia Vs Panic disorder Vs Specific Phobia

- Vaginal Bleeding + 2-3 cm Mass in Ovary NBS
Don't remember options.
- Lady Assaulted by Husband then she saying my child was abused but child has No any Evidence to whom you will call?
Ⓐ APS Ⓑ CPS Ⓒ Police.
- Close Leg pic with bullae shullee seen → C-Perfringens.
- Ear Pic with Patches, husband has meningitis Seizures.
§ he was treated properly how to treat her wife?
Ⓐ Admit in hospital § Give Ceftriaxone
Ⓑ Out Patient § Give Ceftriaxone.
- Case about Cr: 1.5 But Glucose in 300s NBS?
Ⓐ Insulin
Ⓑ Metformin
- Pelvic Pressure Like feeling, what Additional you will see on USG? Ⓐ Uterus didelphys § vaginal Septum.
3 more options don't remember.
- Options were ⇒ Ⓐ Epinephrine
Ⓑ Nor Epinephrine } don't remember CV what was it.
Ⓒ Dobutamine
Ⓓ Phenylephrine
- Diaper dermatitis Picture → Spares folds § No stellate lesions
Ⓐ Patrolatum ^{NBS?} gell.
- A-Fib ECG 10-12 years boy having 6-7 cups of coffee in Single day NBS :-
Ⓐ decrease coffee
Ⓑ Echo
Ⓒ Oral Anti-Coagulation.

- Stab wound at back below the Scapula left Side.
- 2-Xrays Given Coin in Esophagus Ap view & Lateral view
So I did Serial X-ray & Examination.
Endoscopy was there But Coin was Not high Risk.
- SAAG ratio 0.8 → Options (A) TB (B) CHF
(C) Ascites (D) Nephrotic synd.
- Aspergillus Rx = All Azoles drugs in options.
- Pneumonia DOC = ?
- 70s Old Lady what likely to occur (A) Kyphosis (B) Scoliosis
(C) Spondylolisthesis (D) Spondylosis.
- Retinoblastoma Step 1 wali Picture ⇒ Answered something RB gene.
- RCC with histo Picture clear Cytoplasm + dark Nuclei what else
you will find {No Erythrocytosis in Option}.
(A) Na with values given
(B) Bun : Cr with values given
2 more options.
- Forgot CV But It was HoPI & asked Greatest indication
for Hemodialysis? (A) ABGs
(B) Cr : BUN
These both were Confusing (No ABGs values were given).
- Case of Chagas disease Mentioned in Scenario NBS.
I did Echo for DCM, colonoscopy for Megacolon
was also there.
- HoPI : Young child follow up for Arthritis taking steroids
& 1 more drug Asking About something drug Causing.
(A) Eosinophilia (B) Basophilia (C) ↓K (D) ↑Glucose.

↓
All neutrophil ↓ lymphocyte

- Small/Young Boy 10-12y RT testicular Enlarged shown
CV mentioned transilluminate ⊕ Dx ~~(A)~~ Communicating Hydrocele
(B) Hydrocele of Cord.
- Vocal Cord Lesion Same Lesion on Feet (No Picture).
organism was asked ~~(A)~~ HPV.
(B) HHV8.
- HOPI : Army Man, Orange Poison, Afghanistan mentioned.
what will be complication?
(A) Cardiomegaly (B) Cataract ~~(C) Nephropathy~~.
I was looking for Neuropathy But Not given in Options.
- Breast Cancer diagnosed Mentioned Ductal Carcinoma NBS.
(A) Sentinel Lymph Node Biopsy (I did).
- Upper Abd: Severe Pain while walking up in Morning, Smoker ⊕
Nothing More in CV. (A) Pancreatitis
(B) Duodenal Ulcer.
- Lateral CT of Face, CV only Says ill & drowsing ⊕
Diagnosis → (A) Epiglottitis (B) Croup ~~(C) Retropharyngeal Abscess~~.
- Colon Surgery done I think Colectomy, Some Investigation
given But Not ABGs options → ~~(A)~~ Metabolic Acidosis
(B) Metabolic Alkalosis
(C) Mixed type.
- Zoomed in Picture of Soft Palate Looks like thrush but
It was not Immuno Compromised. (do check).
- Catheter Related Mentioned in CV as P-Aurogenose.
Something was IV to oral (I did).

→ Past which i remembered.

MEN 1 → check Gastrin Level.

TGA → Prostaglandin E.

BRCA ⊕ → TvUS

Barbar hair cut → Subclavian steal Syndrome.

Agitated + Psychosis → stop steroid.

SCD + Osteomyelitis → Salmonella typhi ✓

RMSF vs Syphilis vs Bartonella hensel Serology.

Stop taking Acetaminophen ✓

Girl Need Ocp → check Factor V Concentration.

Foster home → Rechtok ✓

Hand grip → Myotonic dystrophy (HOP1)

Albuterol → ↓ K ✓

VWF - typ 1 → Nose bleed was there.

Inguinal hernia below Ligament → Surgery.

Perimenopausal → SSBI.

* 2 ECGs ① PE → ⊕ traveling history = CT Angiography ② A-Fib Coffaculo BCS.

* 2 Murmur ① still Murmur ② AS.

* ROC → Did A. , 1 growth chart , 1 bias , 2 study design.

* Total biostatistics were 5-6 questions (No any Calculation)

* 5-6 Ethics in Each block. ✓

* Many Questions on Health Maintenance in Young & Adults.

* Got Seminars too Lengthy with many investigations.

Homocystinuria Cystinuria

Homocystinuria

=>

Cri-du chat syndrome

~

Noonan syndrome

-

Methimazole- agranulocytosis

=>Syphilis

treponemal test already done in ques. Now nbs?

Treponemal test but already done

A. FTA-abs>

-B. Dark field microscopy

Lots of DVT / PE

ROC curve

Ingestion of coin. Endoscopic removal done. What would have happened if the coin wasn't removed?
Nothing vs perforation

Quadruple screening interpretation

Lots of ethics & psy
~

Hyponatremia + fever — drug of ecstasy

Serpiginous rash photo— ivermectin

Babesiosis
~

Jelly fish sting Rx? Vinegar water

Octopus poison? Neurotoxin (tetrodotoxin)

HbFS 10 days baby. How to prevent pneumococcal infection ?

-oral penicillin od

- pneumococcal vaccine **W**

SIADH. Low sodium but not less than 120. Nbs ?

- salt tablets
- restrict free water

Congenital hypothyroidism	
Clinical manifestations	<ul style="list-style-type: none"> • Asymptomatic at birth (rarely causes delayed meconium passage) • After maternal thyroid scans cease to monitor <ul style="list-style-type: none"> • Lethargy, poor feeding • Enlarged fontanelle • Prolonged tongue, puffy face, umbilical hernia • Constipation • Prolonged jaundice • Dry skin • Weakness, hypotonia, sluggish movement • Difficult breathing, noisy respiration • Hypothermia • Refractory macrocytic anemia
Diagnosis	<ul style="list-style-type: none"> • TSH & ↓ free thyroxine levels • Newborn screening
Treatment	<ul style="list-style-type: none"> • "Levothyroxine"
Prognosis	<ul style="list-style-type: none"> • No deficits if treatment started in neonatal period • Untreated disease is associated with neurocognitive dysfunction (eg, intelligence quotient) • Avoid coadministration with soy products, iron, or calcium.

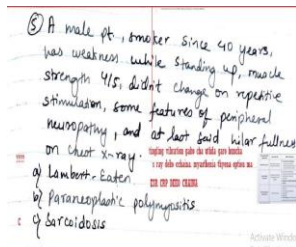
The most common cause of congenital hypothyroidism worldwide is **thyroid dysgenesis** (eg, aplasia, hypoplasia, ectopic gland). Other causes include fetal errors of thyroid biosynthesis (10%), and transplacental maternal thyrotropin-receptor blocking antibodies (5%).

Umbilical hernia- congenital hypothyroidism

CKD. What to give before the procedure in order to prevent bleeding ?

desmopressin

LEMS

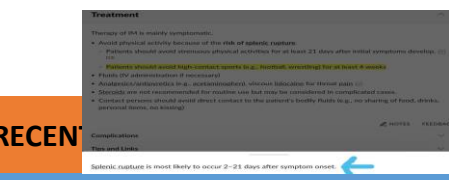


Lambert-Eaton myasthenic syndrome (LEMS) ¹⁰¹

- **Definition:** rare neuromuscular junction disorder characterized by proximal muscle weakness and autonomic dysfunction
- **Etiology**
 - Paraneoplastic: associated with **small-cell lung carcinoma** (in 1/3 of patients with LEMS)
 - Primary autoimmune disorder
- **Pathophysiology:** autoantibodies directed against presynaptic voltage-gated calcium channels (anti-VGCC antibodies) → ↓ Ca²⁺ influx → ↓ presynaptic vesicle fusion → impaired acetylcholine release in the NMJ
- **Clinical features**
 - **Proximal muscle weakness:** muscle strength improves with repetitive or ongoing use
 - Reduced or absent reflexes
 - Autonomic symptoms
 - Dry mouth
 - Constipation
 - Erectile and ejaculatory dysfunction
 - Orthostatic dysregulation
- **Diagnostics**
 - Physical examination
 - Active muscle contraction or repeated muscle tapping increases reflex activity.
 - Lambert sign: hand grip strength gradually increases over several seconds ¹⁰²
 - EMG: Repetitive nerve stimulation results in incremental responses.
 - Confirmatory test: anti-VGCC antibodies in serum
 - Other: CT chest, abdomen, and pelvis to screen for underlying malignancy
- **Treatment ¹⁰¹**
 - Paraneoplastic LEMS: Treat the underlying malignancy.
 - First-line to improve neuromuscular transmission: 3,4-dihydroquinidine
 - Orphan drug used as first-line treatment of Lambert-Eaton myasthenic syndrome
 - Blockade of presynaptic potassium channels → ↑ AP duration → ↑ presynaptic calcium concentrations

- waxing n wanning
 - Recurrence
- T

3. vagina leison pic given of female having multiple sexual partner .But i cant find the leison do look for leison of -



Support

-a-p-p-o-r-t

SMLEPROMA.COM

Because splenic rupture can occur even if the spleen is not initially palpable, activities that increase the risk of rupture (eg, contact sports) should be avoided for **3-4 weeks** from the time of initial diagnosis.

Infectious mononucleosis
RETURN TO SPORTS > Avoiding splenic rupture

Topic Graphics (6)

sports, training can gradually start three weeks from symptom onset. This recommendation assumes that participants avoid any activities capable of causing chest or abdominal trauma.

- For strenuous contact sports (including football, gymnastics, rugby, hockey, lacrosse, wrestling, diving, and basketball) or activities associated with increased intra-abdominal pressure (such as weightlifting) that may carry a higher risk of splenic injury, we recommend waiting for a minimum of four weeks after illness onset.

Ways in which to document that the spleen has returned to normal size vary from practitioner to practitioner; splenic palpation or percussion is generally unreliable in athletes with firm abdominal musculature, although experienced examiners can trust a positive finding of enlargement [146]. The safest option may be obtaining an ultrasound examination to document resolution of splenomegaly [147,148]. However, imaging studies before a return to sports remains a debated issue due to a lack of clinical outcomes data and the cost of ultrasound [149].

Some patients with IM appear to have splenic

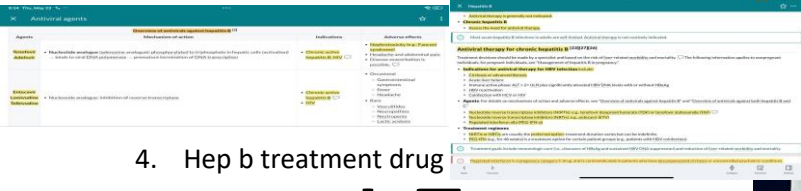
1. Ebv symptoms given. Asked when should the child should play sports

- After fever subsides
 - after splenomegaly subside
- After 4wks

Management • Avoid sports for ≥ 3 weeks (contact sports ≥ 4 weeks) due to the risk of splenic rupture

2. Penis wart leison given. Asked future course

- Chronic
- H ducrei
- molluscum contagiosum
- Granuloma inguinale...
- all other dz



	Chancroid (Soft sore)	Herpes Simplex Virus	GVV (Lymphogranuloma venereum)	Syphilis (Hard sore)	Dermatophytes (Ringworm)	
Etiology	• H. ducreyi	• Herpes simplex	• Chlamydia trachomatis (L1-L3)	• Treponema pallidum	• Fungi	
Ulcer Characteristics	• Painful • Soft induration / soft chancre • Multiple ulcers that begin at small tender papules, with base • Bleeds on touch, very painful	• Painful • No induration • Vesicles	• Painless • Firm induration • Painless	• Painless • Firm induration • Indurated • Punched out edges	• Painless • Firm induration • Punched out edges	• Painless • Firm induration • Punched out edges
Lymph nodes	• Painful LN • L2 LN involvement	• Painful LN • LN involvement	• Painless LN • LN involvement	• Painless LN • LN involvement	• Painless LN • LN involvement	
Clinical Features	• Inguinal bubo (ulcerate with single opening)	• History of frequent recurrence	• Multicentric regional LN usually inguinal syndrome • Inguinal bubo • Donovan's reaction • Genital neoplasia • Gonorrhoea (L2) • Subacute febrile illness due to accumulation of lymph • Anorectal syndrome (Proctocolitis)	• Lesions at the site of card trauma are characteristic • Inguinal bubo • Donovan's reaction • Genital neoplasia • Gonorrhoea (L2) • Subacute febrile illness due to accumulation of lymph • Anorectal syndrome (Proctocolitis)	• Lesions at the site of card trauma are characteristic • Inguinal bubo • Donovan's reaction • Genital neoplasia • Gonorrhoea (L2) • Subacute febrile illness due to accumulation of lymph • Anorectal syndrome (Proctocolitis)	
Lab Feature	• Swab of fish appearance • Not test positive	• Multinucleated giant cells	• Inclusion bodies • Field of keratinized cells • Mikulicz's corporules • Donovan's reaction • Gram stain with Gram-negative diplococci • Gram stain with Gram-negative diplococci	• Inclusion bodies • Field of keratinized cells • Mikulicz's corporules • Donovan's reaction • Gram stain with Gram-negative diplococci • Gram stain with Gram-negative diplococci	• Inclusion bodies • Field of keratinized cells • Mikulicz's corporules • Donovan's reaction • Gram stain with Gram-negative diplococci • Gram stain with Gram-negative diplococci	
Treatment	• Single dose Azithromycin or 1000mg ceftriaxone (200mg) • Rubo should be aspirated (over cure it)	• Acyclovir 500 mg TDS x 7 days to 1000	• Doxycycline	• Penicillin G • 2.4 million U • Single IM dose	• Topical antifungals	

4. Hep b treatment drug

LE

ATO

interferon

5. Dec wbc n plat. Hb was normal i guess pt was taking multiple drugs asked what to do

--- Stop linezolid which pt was

Linezolid	
Mechanism	Inhibits protein synthesis by binding to the 23S rRNA of the 50S ribosomal subunit and preventing formation of the initiation complex.
Clinical Use	Gram + species including MRSA and VRE.
Adverse Effects	Myelosuppression (especially thrombocytopenia), peripheral neuropathy, serotonin syndrome (due to partial MAO inhibition).
Mechanism of Resistance	Point mutation of ribosomal RNA.

takin

- BM bx

6. que related to Pbs of diff anemia so do revision of smear pics

Six Domains of Healthcare Quality

A handful of analytic frameworks for quality assessment have guided measure development initiatives in the public and private sectors. One of the most influential is the framework put forth by the Institute of Medicine (IOM), which includes the following six aims for the healthcare system.^[1]

- **Safe:** Avoiding harm to patients from the care that is intended to help them.
- **Effective:** Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).
- **Patient-centered:** Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
- **Timely:** Reducing waits and sometimes harmful delays for both those who receive and those who give care.
- **Efficient:** Avoiding waste, including waste of equipment, supplies, ideas, and energy.
- **Equitable:** Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

Rankligand[↑]

7. Osteoporis up/down arrow

~

- Osteoclast osteoblast activity Bone matrix

Effective=quality,efficient=cheap,timely=fast

fr



8. efficient vs effective scenario

xW

Hospital planned for sepsis prevention / early t/t for which they made protocol which included things like

- when pt arrives at er take vitals within 5 min - lab workup within 30 min.....
- 2 other points were also there similar to further diagnosis n t/t

9. Pt came to er for abd pain n was asked to wait till dr come n see him ... aftr some time pt collapsed n in Autopsy findin cause was MI ... now to prevent Error what could have been done

W- Take vitals n history when pt arrived

- Place sign board which says Switch alarm when they think their condition is getting worse (something like this)
- Was confused bet these 2 options Do check out fr other options too

10. one more case pt father had ecezema N bleeding n he had died .Now son has same feature .Cause asked

- Platelet d/o
- fact 8 def
- other options were fact def

Anastozole

AbstractE **Goga**-

~~10/10~~

Yoga: nnh or rrr last qx ✓✓

1st treatment goal

~~Abstract~~

3:Dec Confidence interval with increase nibr --

Mastectomy compare with chemotherapy looks easy
Colectomy kha
po metabolic acidosis due to diarrhea
Aaa:treat at that time:

Copd ptnt heart changes :In parallel he did do read urself *

Murmur AS

IDA

Men2: calcitonin

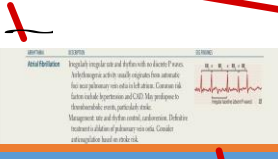
Odd vs reactive >

selective igm def: CD40 L

Struge weber : seizure Hypovolemic
shock

Pneumothorax txt, diagnosis

Hyperthyroidism
 Sheehan : inability to breast feed
 Ectopic: methotrexate
 RECENT AND SOLVED FILES VISIT USML



- Catalase positive
 SNAPS
 Staph aureus
 Nocardia
 Aspergillus
 Pseudomonas
 Serratia

Medication induced headache
 Copy past stem question what will u do
 Bipolar physician : report to something
 Transverse myelitis
 JIA 2 questions RF, rashes fever dx JIA
 Detrusor hypoactivity overflow incontinence

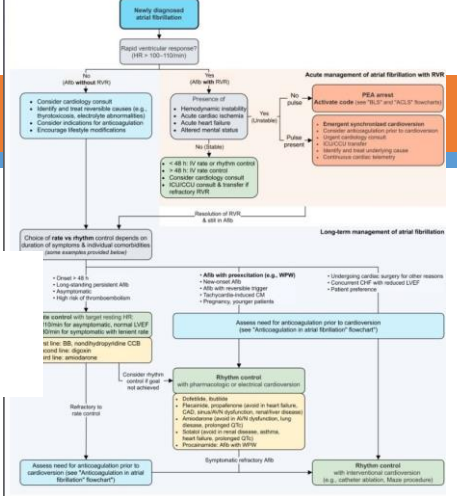
Zoonotic	Rocky Mountain spotted fever
Epidemiology	<ul style="list-style-type: none"> Rickettsia rickettsii infection Transmitted by tick bite Peaks in summer
Clinical features	<ul style="list-style-type: none"> Intermittent fever, headache, myalgia, arthralgia Mucular & petechial rash on wrists/ankles Can develop complications of encephalitis, pulmonary edema, bleeding, shock
Laboratory findings	<ul style="list-style-type: none"> Platelets (intravascular platelet destruction) Bloodium (ADH release in response to hypovolemia from vascular injury)
Diagnosis	<ul style="list-style-type: none"> AST & ALT (hepatic endothelial vascular injury) Rickettsia serology Skin biopsy
Treatment	<ul style="list-style-type: none"> Doxycycline for 5-7 days

Idiopathic transverse myelitis	
Pathophysiology	<ul style="list-style-type: none"> Immune-mediated destruction of spinal cord Often post-infectious (posterior horn) Bilateral motor weakness, classically early flexor (LMN) progressing to late spastic (UMN) Bilateral sensory dysfunction (all somatosensory systems) Distal sensory level Autonomic dysfunction (bowel, bladder)
Clinical features	<ul style="list-style-type: none"> WBC of CSF, no compressive lesions, T2 hyperintensity Lumbar puncture: WBCs, high IgG index
Diagnosis	<ul style="list-style-type: none"> High-dose intravenous glucocorticoids Plasmapheresis
Treatment	

Juvenile Idiopathic Arthritis	
Clinical features	<ul style="list-style-type: none"> Symptoms persist for at least 6 weeks ≥ 1 peripheral joint involved Oligoarticular: <5 joints involved Systemic arthritis: >5 joints Anterior uveitis Enthesitis/rash Systemic inflammation Arthritis in ≥ 2 joints Not yet complicated by uveitis
Laboratory findings	<ul style="list-style-type: none"> Hyperinflammation Hyperimmunoglobulinemia Thrombocytosis Anemia

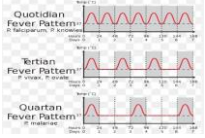
Juvenile Idiopathic Arthritis				
Subtype	Frequency	Age of onset	Clinical features	Sex ratio
Systemic	10%	Age <18	<ul style="list-style-type: none"> Arthritis in ≥ 5 joints ≥ 1 peripheral joint involved Systemic inflammation Enthesitis/rash Systemic inflammation Arthritis in ≥ 2 joints Not yet complicated by uveitis 	F = M
Polyarticular	40%	Age 2-5 or 10-14	<ul style="list-style-type: none"> Arthritis in ≥ 5 joints Not yet complicated by uveitis Arthritis in ≥ 2 joints Not yet complicated by uveitis 	F:M
Oligoarticular	60%	Age 2-4	<ul style="list-style-type: none"> Arthritis in ≥ 2 joints Not yet complicated by uveitis 	F:M

Joint swelling in present, but pain may be minimal



Patients with type 2 diabetes should have TSH and free T4 levels measured.

Long-term management of atrial fibrillation	
Rate control strategy	Rhythm control strategy
<ul style="list-style-type: none"> Amiodarone, rate control Digoxin Metoprolol, rate control Verapamil, rate control Propafenone, rate control 	<ul style="list-style-type: none"> Electrical cardioversion Pharmacologic cardioversion Radiofrequency ablation Catheter ablation Maze procedure



bruxism, sympathetic activation
 Opioid Withdrawl treatment: bupronorphine
 Social anxiety : b blocker

Active error ans vs latent error
 Root cause analysis
 Serretia Cgd

Type of bias	Definition	Example
Anchoring (also known as premature closure)	<ul style="list-style-type: none"> Fixating on initial impressions to make a diagnosis Related to confirmation bias 	<ul style="list-style-type: none"> Burning throat pain diagnosed as acid reflux despite weight loss Correct diagnosis is lung malignancy
Availability (or recency effect)	<ul style="list-style-type: none"> Allowing recently seen or memorable (high-stakes) cases to sway diagnosis 	<ul style="list-style-type: none"> Dyspnea diagnosed as influenza during peak influenza season Correct diagnosis is pulmonary embolism

Ocps -

Force functioning => Auto kam naga rikonan arto ber Jamb Midlam
 Ct scan of nexk pain with lateral movements: difficult question?? Epiglottis vs retropharyngeal abscess
 Conus medullaris

RECENT AND SOLVED FILES VISIT USMLEPROMA

human factors engineering strategies

Reliability	Strategy	Description & examples
Highest	Forcing functions	<ul style="list-style-type: none"> Hard stops in design or process to eliminate risk of incorrect use Example: each anesthesia gas fits only one compatible socket & is not interchangeable
	Computerized automation	<ul style="list-style-type: none"> Automated processes to remove human effort & variations that cause error Example: automated vital signs monitoring
	Environment & physical layout	<ul style="list-style-type: none"> Workspace design to facilitate correct action & minimize error Example: look-alike drugs stocked in different locations
High	Standardization & simplification	<ul style="list-style-type: none"> Uniform processes to minimize variation, complexity & learning curve Example: every hospital unit follows the same process for heparin administration
	Human-machine redundancy	<ul style="list-style-type: none"> Repetitive step to confirm correct action in an error-prone process Example: barcode scanning of medications in addition to visual inspection
Medium	Reminders, alerts & double-checks	<ul style="list-style-type: none"> Processes prompting providers to check actions to reduce errors Examples: drug-drug interaction alerts; time-out before procedures

Human factors engineering seeks to reduce error risk by designing systems based on expected human behaviors.
 Less reliable HFE strategies include training, notice changes, & automation.

Brooking
cherry
thumb


	Conus medullaris syndrome	Cauda equina syndrome
Vertebral level	• L1-L2	• L2-sacrum
Spinal level	• UMN: tracts of lumbosacral cord	• LMN: lumbosacral spinal roots
Presentation	<ul style="list-style-type: none"> Severe low back pain Mild or absent radicular pain Bowel/bladder dysfunction 	<ul style="list-style-type: none"> Mild or absent low back pain Severe radicular pain Bowel/bladder dysfunction >>
Physical examination	<ul style="list-style-type: none"> Motor weakness usually symmetric Hyperreflexia, UMN signs Symmetric perianal numbness 	<ul style="list-style-type: none"> Motor weakness usually asymmetric Areflexia/hyporeflexia Asymmetric saddle numbness that may extend to the leg

LMN = lower motor neuron; UMN = upper motor neuron.

RMSF serology Syphilis
 serology Rash on trunk
 : Dx:
 Tinea capitus =
 Hpv 15 years girl
 Neisseria meningitis pic ar.thritis b huas
 Imatinib in CML
 Hyperplastic colonoscop-y aftr 10 years Hernia
 question in child
 MDMA>

Medicaid insurance
 Anchoring bias vs availability bias

redSpot
sign.

Retropharyngeal abscess	
Epidemiology	<ul style="list-style-type: none"> Age 2-4 but can occur in any age group Polymicrobial (group A <i>Streptococcus</i>, <i>Staphylococcus aureus</i> & respiratory anaerobes)
Symptoms	<ul style="list-style-type: none"> Fever Odynophagia/dysphagia Neck pain Drooling, muffled "hot potato" voice, trismus
Examination	<ul style="list-style-type: none"> Retropharyngeal bulge  Limited neck extension
Diagnosis	<ul style="list-style-type: none"> Lateral neck x-ray (increased prevertebral thickening) CT neck with contrast
Management	<ul style="list-style-type: none"> Airway protection Intravenous antibiotics (eg, ampicillin-sulbactam, clindamycin) ± Surgical drainage

Infectious epiglottitis	
Epidemiology	<ul style="list-style-type: none"> <i>Streptococcus pneumoniae</i>, <i>Haemophilus influenzae</i> Risk reduced with <i>H influenzae</i> vaccination
Clinical	<ul style="list-style-type: none"> Rapidly progressive & life-threatening Fever, sore throat, drooling, muffled voice Airway obstruction (stridor, dyspnea) Pooled oropharynx secretions Laryngotracheal tenderness
Diagnosis	<ul style="list-style-type: none"> Direct visualization Imaging (lateral neck x-ray)
Treatment	<ul style="list-style-type: none"> Early artificial airway (if needed) Intravenous antibiotics (ceftriaxone plus vancomycin)

often preceded by viral infection and not caused from pharyngitis

Birdie

Abstract

1. Effectiveness of TPA vs Thrombolysis in pts with stroke,
2. Incidence of VTE in women of reproductive age groups using OCPs.

Sequentials

1. Case of 28 yr M with cc of watery diarrhea, occasionally bloody a/w cramping abdominal sensation. frequency of loose stool increased over the last 5 days. Vitals stable. Dx?

- a. IBS b. Ischemic colitis c. Crohn's d. Infective diarrhoe

Dx- Crohn's Now what next? d_{uSto} areute flave

History (HPI)	Physical Exam (PE)	Investigations	Management of infection
<ul style="list-style-type: none"> Diarrhea Weight loss Abdominal pain Rectal bleeding Malabsorption 	<ul style="list-style-type: none"> Normal Rectal tenderness Stool Normal Normal 	<ul style="list-style-type: none"> Stool studies Colonoscopy Biopsy 	<ul style="list-style-type: none"> Antibiotics Antidiarrheals Immunomodulators Surgery

> -

- a. Budesonide b. Loperamide c. Sulfasalazine d. Infliximab

W

2. Case of 78 yr M with h/o schizophrenia under medication. However, capable of understanding the explanation and able to write. CC of Respiratory problem brought by son. Question hinting towards with whom should the consent be taken in situation if the old man has to be intubated? ans- take consent from Old man

~

Now the Old Man deteriorates . What do to ?

Take consent from son and proceed for further management.

HOPi - 10-15 (full page questions, doable yet time consuming)

pala And than ^{gals} checke

1. Case of DMD- check aldolase level

2. Case of HTN – BP 140/90 at presentation. Previous 2 readings suggestive of inc pressure . What next?

ans- start thiazidek



Edit with WPS Office

8

3. Case of Alcohol use disorder. Trying to get rid of it. What to prescribe?

- a. chlordiazepoxide b. naltrexone c. acamprostate

Systems ~ 9

1. Old man 78 yrs cc of inc cough dry in nature for the last one month. Pt smoker since last 30 years. smokes excessively. No h/o-wt loss, loss of appetite. Vitals stable. X ray given showing opacity over left upper lobe.

Dx?

- a. Lung CA b. COPD c. Interstitial lung ds d. Pneumonia

~

2. Case of Asthma under albuterol. Increased episodes of exacerbation what to add next? ans ICS

PROPHYLAXIS FOR OPPORTUNISTIC INFECTIONS AND VACCINATIONS

OIs are infections that are more common and/or more severe in advanced HIV+ patients. The best prevention against OIs consists of HAART regimens that maintain CD4+ T-cell counts. Figure 2.16-11 provides a guide to prophylactic treatment against OIs.

CD4+ count	<250/mm ³	<200/mm ³	<150/mm ³	<100/mm ³	<50/mm ³
Opportunistic infection	Coccidioidomycosis	PJP (PCP)	Histoplasmosis	Toxoplasmosis	MAC
Workup/ treatment	Obtain IgG/M, fluconazole if (+)	Prophylactic TMP/SMX	Prophylactic itraconazole	Obtain IgG	Azithromycin if patient not on ART

*All HIV+ patients require TB screen, treat if PPD or IGRA (+)
 FIGURE 2.16-11. **Opportunistic infection prophylaxis.** MAC, *Mycobacterium avium* complex; PCP, *Pneumocystis pneumonia*; PJP, *P. jirovecii pneumonia*; TMP/SMX, trimethoprim/sulfamethoxazole. (Reproduced with permission from USMLE-Rx.com.)

3. HIV pt CD4 count 187. Prophylaxis against?

- a. PCP b. Toxoplasma c. MAC d. Histoplasma

2

4. African male from Haiti. PPD done 18mm what next?

- a. Start Isoniazide b. IGRA c. CXR d. Sputum culture

CVS

ECG – STEMI INF wall and Pericarditis. very clear from vignette as well as ECG

HS- AR VSD PDA also clear from vignette

1. Case of 50 yr Male k/c/o T2DM and CHF. Under ACE I and BB. Now what to add next?

- a. STLT2 b. Furosemide c. Spironolactone

Endo

1. 39 yrs F wog 28 k/c/o T2DM with HTN vitals BP 140/80. others normal. RBS -300 around what next?

OHA's or Insulin





2. Case of Rickets

3. Dx of SIADH parameters given Sr. osmolarity urine osmolarity and Serum Na level.

4. MEN I scenario

Renal

Nitro- avoid if crcl <45 Tmp-smx: avoid if crcl <15

1. Case of UTI in ckd tt asked

2. Case of UTI in pt with sulfonamide allergy tt asked ^{Nitro}W

3. h/o recurrent UTI in 2 yr old kid NBS ?

a. USG b. Voiding cysto urethrography c. urine culture

4. VHL and Wilms

Neuro

1. Neurocutaneous disorders -

2. Seizure disorder Absent seizure T/t asked 3. Injury at the

level of T4 what can happen?

a. Autonomic dysreflexia b. b/l loss of sensation over LL and UP

GI

1. SBO - NG decompression

2. Wilson's dz dx

3. Chronic NSAID user what next? ans- stop taking NSAIDs

4. Anal fissure typical vignett~e - lateral Sphincterotomy

5. Middle age woman. Colonoscopy done .4 Adenomatous Polyp found h/o Ovarian ca in Mother Breast ca in sister . What next? :-

a. observe b. repeat colonoscopy in next 10 years c. Prophylactic TAH BSO

Peds

UTI
1. Uncomplicated
TNF (Tmp-smx , nitrofurantoin, fosfomycin)
FQ (if above can't be used)w
2. Complicated
OPD : FQ
Ward : xone , pip-taz, carbepenam
3. asymptomatic bacteriuria/ cystitis in pregnancy
nitrofurantoin - amoxy clav
fosfomycin
(No FQ, no Tmp-smx in 1 and 3rd trimester)

Less than 6 month more
appropriately less than 2 month maa
ceftriaxone Dina mildaina Due to risk
of cholestasis, kernicterus



1. Developmental milestone 2 yrs child
2. Bronchiolitis tt- symptomatic
3. Measles



45. Coeliac disease ~ **surgery** in 24

6. Down's dx
- MSK
1. OA

his

Bronchiolitis	
Epidemiology	<ul style="list-style-type: none"> Age <2 years RSV most common cause
Clinical presentation	<ul style="list-style-type: none"> Antecedent nasal congestion/discharge & cough Wheezing/crackles & respiratory distress (eg, tachypnea, retractions, nasal flaring)
Treatment	<ul style="list-style-type: none"> Supportive care
Complications	<ul style="list-style-type: none"> Apnea (especially age <2 months) Respiratory failure
Prevention	<ul style="list-style-type: none"> Palivizumab for selected infants: <ul style="list-style-type: none"> <29 weeks gestation Chronic lung disease of prematurity Hemodynamically significant congenital heart disease

RSV = respiratory syncytial virus.

ⓘ Avoid bronchodilators, epinephrine, corticosteroids, antibiotics, and chest physiotherapy unless there are comorbidities (e.g., asthma, croup, cystic fibrosis, acute otitis media). [1]

2. Ewings dx vignette



RankLa

7

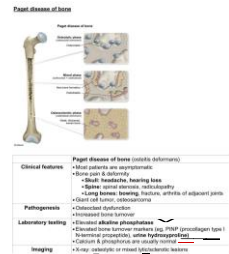
3. Osteoporosis arrow – Osteoblastic activity dec Osteoclastic activity inc Bone matrix dec

O&t + ↓ S 4. Paget's Dz – multiple lytic lesions over ribs . Sr Creatinine 3.2 what next ?

- a. SPEP b. Bone biopsy c. Bisphosphonates

Randoms

Ethics per block 10 questions . around 50-60% doable through the concepts . Please go through 100 cases of Ethics from Conrad. Rest confusing!



Didn't get much questions from stats. a/s.

cruzilchagas

1. Female with cc of difficulty swallowing and features of HF . What next ? >To

2. Lyme's dz -

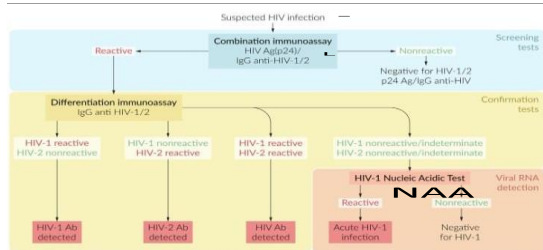
Lymes disease



3. AIDS dx flow chart go through

so far I can only remember this much.

best wishes for everyone in the journey.



A Key Lyme pie to the FACE:

Facial nerve palsy (typically bilateral)

Arthritis

Cardiac block

Erythema migrans

Treatment: doxycycline (1st line); amoxicillin (pregnant patients, children < 8 years old); ceftriaxone if IV therapy required

Borrelia burgdorferii

Ixodes tick

Stage 1- erythema migrans-bulls eye; flu-like symptoms

Stage 2-early disseminated, Carditis, AV block, Facial nerve palsy, Meningitis, Migratory myalgia, transient arthritis

Stage 3-- late disseminated-- Chronic arthritis/ monoarthritis, encephalopathy, peripheral neuropathy

T/T-- doxycycline in skin or mild disease.

IV ceftriaxone- neurologic/Cardiac disease

Amoxicillin in pregnant women and child < 8 years

Completely resolve once t/t



Q of HO

Date: _____

Page: _____

Q • PTSD

Q • Screening

- lipid profile.
- Diabetes.
- colonoscopy.

Q

21 y/F →

- Atypical sq. undetermined.
- PAP in 1 year.

Q

- AAA risk for rupture.
- = size.

Q. ad Age → Hb (↓)

↓ colonoscopy.

Q. Dermatomyofibroma scenario on cheek skin

malignancy

Q. smoking H/D want to quit but unable to quit

= bupropion.

Female with F-cupped bra what will you do.

= breast reduction mammoplasty.

0207

Q late deceleration.

Q ectopic pregnancy scenario



Q vulval lesion हृदय वॉल्ट जलती
 रीतिरु, कं टेन स्टडी

= HEV TEST

Ectopic Pregnancy

Ectopic pregnancy	
Risk factors	<ul style="list-style-type: none"> • Previous ectopic pregnancy • Previous pelvic/tubal surgery • Pelvic inflammatory disease
Clinical features	<ul style="list-style-type: none"> • Abdominal pain, amenorrhea, vaginal bleeding • Hypovolemic shock in ruptured ectopic pregnancy • Cervical motion, adnexal &/or abdominal tenderness • ± Palpable adnexal mass
Diagnosis	<ul style="list-style-type: none"> • Positive hCG • Transvaginal ultrasound revealing adnexal mass, empty uterus
Management	<ul style="list-style-type: none"> • Stable: Methotrexate • Unstable: Surgery

07:50 99%

Graphic

Choosing a treatment for ectopic pregnancy

Does the patient need emergency surgery?:

- Hemodynamically unstable and/or
- Suspicion of impending or ongoing tubal rupture*

Yes → Surgical treatment

No → Are either of the following present?

- Serum hCG >5000 mIU/mL †
- TVUS shows fetal cardiac activity Δ

Yes → Is the patient able and willing to comply with close follow-up?

No → Surgical treatment

Yes → Does the patient have any of the following contraindications to MTX treatment?:

- Heterotopic pregnancy with coexisting viable intrauterine pregnancy
- Breastfeeding
- Hypersensitivity to MTX
- Clinically important abnormalities in baseline hematologic, renal, or hepatic laboratory values
- Immunodeficiency, active pulmonary disease, peptic ulcer disease

Yes → Surgical treatment

No → MTX therapy

hCG: human chorionic gonadotropin; TVUS: transvaginal ultrasound; MTX: methotrexate.

* Severe or persistent lower abdominal pain and/or evidence of hemoperitoneum.

† Some clinicians treat with MTX for patients with hCG >5000 to ≤10,000 mIU/mL if the following criteria are met: no pathologic levels of free fluid in the pelvic cul-de-sac or abdomen, TVUS meets criteria for MTX, and the patient has minimal pelvic or abdominal pain.

Δ Ectopic mass diameter <3 to 4 cm is also commonly used as a patient selection criterion; however, this has not been confirmed as a predictor

Bookmark Rate Share More

Fetal Heart Rate

Intrapartum fetal heart rate monitoring		
Early	<p>Relationship to contraction</p> <ul style="list-style-type: none"> • Symmetric to contraction • Nadir of deceleration corresponds to peak of contraction • Gradual (≥30 sec from onset to nadir) <p>Etiology</p> <ul style="list-style-type: none"> • Fetal head compression • Can be normal fetal tracing 	
Late	<p>Relationship to contraction</p> <ul style="list-style-type: none"> • Delayed compared to contraction • Nadir of deceleration occurs after peak of contraction • Gradual (≥30 sec from onset to nadir) <p>Etiology</p> <ul style="list-style-type: none"> • Uteroplacental insufficiency 	
Variable	<p>Relationship to contraction</p> <ul style="list-style-type: none"> • Can be but not necessarily associated with contractions • Abrupt (<30 sec from onset to nadir) • Decrease ≥15/min; duration ≥15 sec but <2 min <p>Etiology</p> <ul style="list-style-type: none"> • Cord compression • Oligohydramnios • Cord prolapse 	

EMSC

CPI (2 question)
API

Inform to medical supervision (3-4)
921

Seq

1. Δ = crown of teeth

2. i. buden? consid.

~~acute flare~~

Female seizure under controlled. want to

pregnant (↓ carbamazepine)

start folic acid

fetal resp. conformation. H/O 16-18 wks

~~CVP~~
Antibiotic (Not given)

pWorld
Retts: will get worse as she goes older
Antisocial personality: remains same
Tourette: improves with age

Retts syndrome

future complications in ETC?

- ADHD (hyperactivity)

diarrhoea H/O ↓ antibiotic (vomiting)

on ETC

= C. Difficile

Retts Syndrome

Retts syndrome
<ul style="list-style-type: none"> • Delayed developmental disorder: gender incidence is girls, onset age 6-18 months • Initially normal development followed by: <ul style="list-style-type: none"> • Loss of speech • Loss of purposeful hand use, stereotypical movements • Gait abnormalities
<ul style="list-style-type: none"> • Microcephaly • Seizures
<ul style="list-style-type: none"> • Abnormal eye movements • Cognitive decline • Abnormal breathing
<ul style="list-style-type: none"> • MECP2 gene mutation
<ul style="list-style-type: none"> • Disruption of brain growth
<ul style="list-style-type: none"> • Multiple (in respiratory, related mobility, seizures, respiratory distress)

Risk factors for CDI (1184)

- Recent antibiotic treatment; 1784
 - High-risk antibiotics
 - Clindamycin
 - Cephalosporins
 - Fluoroquinolones
- Advanced age
- Gastric acid suppression (e.g., with proton pump inhibitors)
- Recent hospitalization

ADHD

?

Lead level

~~///~~

Ech

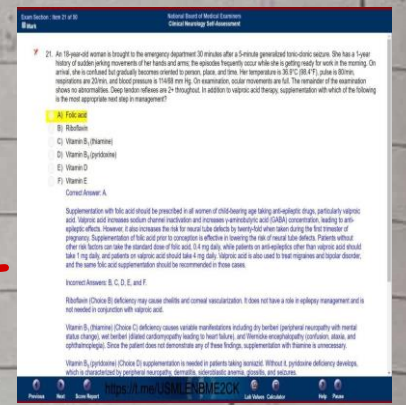
UTI STI elevation

WP

PE: sinus tachycardia

T/T

Wobal* oral antihistamine



Antimicrobial agents that may induce Clostridioides difficile diarrhea and colitis

Frequently associated	Occasionally associated	Rarely associated
<ul style="list-style-type: none"> • Fluoroquinolones • Clindamycin • Penicillins and combinations (broad spectrum) • Cephalosporins (2nd/3rd/4th generation)* • Carbapenems 	<ul style="list-style-type: none"> • Macrolides • Penicillins (narrow spectrum) • Cephalosporins (1st generation) • Trimethoprim-sulfamethoxazole • Sulfonamides 	<ul style="list-style-type: none"> • Aminoglycosides • Tetracyclines • Tigecycline • Chloramphenicol • Metronidazole • Vancomycin • Nitrofurantoin

* Use of 1 to 2 doses of a first-generation cephalosporin for surgical antibiotic prophylaxis does not confer significant risk for C. difficile infection.

- Restless leg syndrome.

= check Iron level.

HOPE

Essential tremor. In drug form (Co-PPD) = propranolol

Epidemiology	<ul style="list-style-type: none"> Essential tremor Family history often present Up to 5% of population affected
Clinical features	<ul style="list-style-type: none"> Action tremor (eg, hands outstretched) Usually bilateral Hands > arms > head >> legs Worsens with stress, improves with alcohol
Treatment	<ul style="list-style-type: none"> Beta blockers: propranolol Anticonvulsants: primidone

• PE = sinus tachycardia

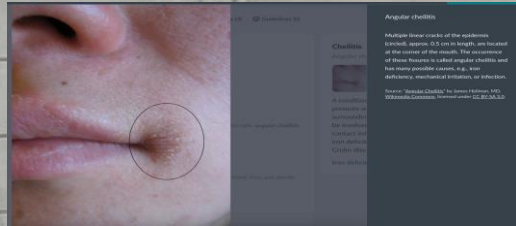
= novel oral anticoagulants

Abstract

• 400 mg daily.

• kidney innervation in HTN treatment.

Dermis



Old man → angle of mouth yellow

coloured

= Angular cheilitis.

• Plaque psoriasis Rx: steroid. (topical corticosteroids)

Plaque psoriasis	
Skin lesions	<ul style="list-style-type: none"> Well-defined, erythematous plaques with silvery scale Extensor surfaces (knees, elbows), hands, scalp, back, nail plates
Extradermal manifestations	<ul style="list-style-type: none"> Nail pitting Conjunctivitis, uveitis Psoriatic arthritis
Treatment	<ul style="list-style-type: none"> Topical: high-potency glucocorticoids, vitamin D analogs, tar, retinoids, calcineurin inhibitors, tazarotene Ultraviolet light/phototherapy Systemic: methotrexate, calcineurin inhibitors, retinoids, apremilast, biologic agents

Basal cell carcinoma	
Risk factors	<ul style="list-style-type: none"> Sun/ultraviolet light Fair skin Ionizing radiation
Clinical features	<ul style="list-style-type: none"> Skin-colored, pearly nodule ± rolled borders Telangiectatic vessels ± Central ulceration, local invasion
Diagnosis	Shave, punch, or excisional biopsy
Treatment	<ul style="list-style-type: none"> First-line: <ul style="list-style-type: none"> Surgical excision with 4-mm margins Mohs micrographic surgery (facial/high-risk tumors) Second-line: <ul style="list-style-type: none"> Topical fluorouracil, topical imiquimod, C&E (low-risk tumors only)
C&E = curettage & electrodesiccation.	

Abdomen full lesion, brown coloured, raised.

opthom @ RCC @ melanoma.

(No squamous cell)

Infantile hemangioma	
Natural history	<ul style="list-style-type: none"> Appears days to weeks after birth Involution (age >6 months): growth of bright red, soft, raised plaque Involution (age >6 months): deep red/violet lesion that regresses in size
Evaluation	<ul style="list-style-type: none"> Clinical diagnosis Special considerations: <ul style="list-style-type: none"> >50 cutaneous lesions → liver ultrasound Facial/segmental → echocardiography & MRI of the head (ie, PHACE) Centrofacial (beard distribution) → laryngoscopy Limbic/axial → spinal ultrasound
Management	<ul style="list-style-type: none"> Observation for most lesions Beta-blocker therapy (eg, propranolol) for high-risk features: <ul style="list-style-type: none"> Large, facial, segmental, &/or rapidly growing (obscuring/covering) Hemorrhagic (visual impairment) Hepatic (high-output heart failure) Subglottic (airway obstruction)
PHACE = posterior fossa anomalies, hemangioma, arterial anomalies, cardiac anomalies, eye anomalies.	

• strawberry hemangioma. In child = observe & treat

Armo

✓ Interstitial lung disease

✓ scopolamine

DLCO (normal)

• effective disorder (निवृत्ति अंतर)

Q old man c/o headache, left arm under many medication. (Hydrochlorothiazide, Lisinopril) severe orthostatic HTN.

⇒ Discontinue drug

Hydrochlorothiazide

Medication-induced orthostasis	
Mechanism	Example
α -1 blockade-mediated vasodilation	<ul style="list-style-type: none"> Terazosin, prazosin, doxazosin Antipsychotics (eg, risperidone) Antihistamines, TCAs
Other vasodilation	<ul style="list-style-type: none"> ACE inhibitors & ARBs Dihydropyridine CCBs Hydralazine, nifedipine Phosphodiesterase inhibitors
Volume depletion	<ul style="list-style-type: none"> Diuretics SGLT-2 inhibitors
Sympathetic blockade	<ul style="list-style-type: none"> Beta blockers Clonidine

ARBs = angiotensin II receptor blockers; CCBs = calcium channel blockers; SGLT = sodium-glucose cotransporter; TCAs = tricyclic antidepressants.

no

• old flight worker.

= Normal behaviour

Heart die



JVP ↑ (Bottle shaped heart)

- Pericardial tamponade.

Psychiatric

• woman severe sexual side effect of drug

⇒ antipsychotic

Suprapubic

Q 60y/m, erection, sexual stamina (↓), wife ~~is~~ satisfy but man unhappy.

Rx. psychotherapy
serotonin

Q267

Date: _____

Page: _____

- Q. late deceleration. ✓
- Q. ectopic pregnancy scenario ✓
- Q. vulval lesion हृदी वॉर जाती
देखिये, कै टेस्ट शुदां
= HEV TEST ✓

BHAGWAN BHAROSA

NBMEs practice helps a lot

Ethics .Amboss social science each block 5/6 ques .

1. End stage pancreatic cancer OT planned , anesthesia disagrees whom to report .

~HIPPA / EMTALA .> **Emergency** akopt-treatfirst Tstabilizeof ret

Kaplan Meyer curve related ques

Cohort / case control

CHRONICS

1. Cholesterol emboli
2. Restless leg syndrome
3. DMD
4. Dactylitis -
- ~ 5. Graft vs host
6. CVID ^L
7. SCID ~
8. Bruton,s -
9. PSGN -
10. Micro step 1 concepts important (gram classification)

SCReening .

above Gmants

1. Influenza / PSV23 ^w
2. Pregnancy ma MMR dine

Cutaneous larva migrans pic

X

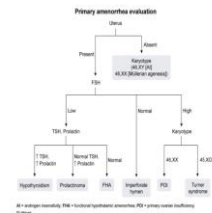
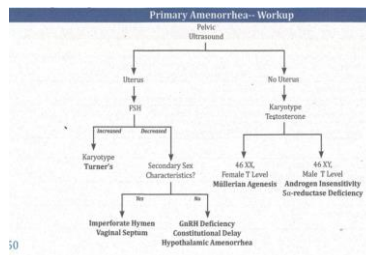
-Genital warts pic

Health Insurance Portability and Accountability Act
Abbreviation: HIPAA
A collection of laws and regulations by the U.S. Congress to protect the privacy and security of health information.

Emergency Medical Treatment & Labor Act
Abbreviations: EMTALA
An act passed by Congress in 1986 that requires emergency departments to evaluate, treat, and stabilize patients presenting with emergency medical conditions (including labor) without regard of the patient's ability to pay for the care provided.

content-

Every up



External hemorrhoids to be diagnose Primary amenorrhea

what to be done - usg **I -opT phie-**

Precocious puberty diagnose > **Bone age**

Cone biopsy done 5yrs ago , now pregnant in second trimesters what will be the complication ?

Cervical insufficiency T

T

2sequentials ques ,

Albuterol causing electrolyte imbalance , hypokalemia .

Cord prolapse , variable deceleration ~

24yrs , F , sexually active what to screening . Chlamydia Gono

Y

Sexually active female , vaginal discharge related ques . Management asked

V Ectopic pregnancy management -

Pregnant patient , no fetal heart sounds , pointing towards septic abortion management or mode of delivery , - induction of labor ???

BPH .

Hypospadias present , phimosis happens management - releasing the band

Hernia surgery when to be done

Pulmonary Embolism /DVT few ques

MVA , lab values given pointing towards central DI ...ans give desmopressin

Sepsis not improved on giving fluids , next step give steroids

Cystic fibrosis ko question

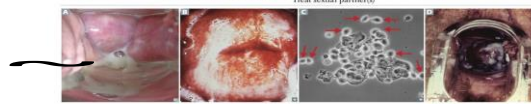
Bronchiolitis/croup/ laryngomalacia -

Transverse myelitis

Ulcers in mouth , most probably oral thrush

Anus ko picture with a sinus . Mx- I&D

Common vaginal infections			
	Bacterial vaginosis	Trichomonal vaginitis	Candida vulvovaginitis
SIGNS AND SYMPTOMS	No inflammation Thin, white discharge (E) with fishy odor	Inflammation (E) ("strawberry cervix") Frothy, yellow-green, foul-smelling discharge	Inflammation Thick, white, "cottage cheese" discharge (E)
LAB FINDINGS	Clue cells pH = 4.5 + KOH "whiff" test	Motile pear-shaped trichomonads (E) pH = 4.5	Parasitophyae pH normal (4.0-4.5)
TREATMENT	Metronidazole or clindamycin	Metronidazole (treat sexual partner(s))	Antes



Neuroleptic malignant syndrome / Malignant hyperthermia / serotonin syndrome . How to manage ?

Immunodeficiency patient , live vaccine contraindicated
Y

Thyroglossal cyst to diagnose , histo pic given -

Agranulocytosis due to drug , what next to do , stop the drug .

Parkinson's related question to diagnose
w

Lots of psychiatry ques

1. ADHD

2. Grades degrading , Ans urine tox to be done - **Mmocystimenta**

3. Young female , sexually transmitted disease asks Oct or not to tell her parents , what will you do

Noneedto love .

4. Taking anti deoessant , comes with urinary retention - amytryptine induced urinary retention

5. GAD

6. New mom , thinks her child is evil will harm them what will you do next , ans admit the patient .

LYNCh syndrome screening

Papilloedema ->manwil-f **(picTraumaticimin)**

Hyphema >pict **Opt glaucoma**

Fungal infection. Pic showing hyphae , treatment asked >**azole**

Sarcoidosis related ques .

Coal miner worker , pneumoconiosis ????

Up down arrow , emphysema

HS , probably MVP and other one also seemed holosystolic

Patient with MVP , plans for a dental procedure what for prophylaxis ?

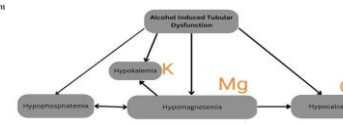
Blunt trauma , pneumothorax Needle thoracostomy ,

Post operative minimal pericardial effusion what to do ? Nothing

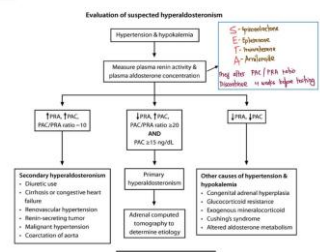
	Manifestations of sarcoidosis
Pulmonary	<ul style="list-style-type: none"> • Hilar lymphadenopathy (not mediastinal) • Interstitial infiltrates
Cutaneous	<ul style="list-style-type: none"> • Papules, nodules & plaques (lupus pernio) • Erythema nodosum
Ophthalmologic	<ul style="list-style-type: none"> • Anterior & posterior uveitis • Keratoconjunctivitis sicca
Neurologic	<ul style="list-style-type: none"> • Facial nerve palsy (mononeuropathy) • Central diabetes insipidus • Hypogonadotropic hypogonadism
Cardiovascular	<ul style="list-style-type: none"> • AV block • Dilated or restrictive cardiomyopathy
Gastrointestinal	<ul style="list-style-type: none"> • Hepatosplenomegaly • Asymptomatic LFT abnormalities
Other	<ul style="list-style-type: none"> • Hypercalcemia • Peripheral lymphadenopathy • Parotid gland swelling • Polyarthrits • Constitutional symptoms (fever, malaise)
Löfgren syndrome	<ul style="list-style-type: none"> • Erythema nodosum • Hilar adenopathy • Migratory polyarthralgia • Fever

Diagnostic studies for alcohol-related complications

- CBC ^{10/11}
 - Macrocytosis (↑ Hb, ↑ MCV)
 - ↑ Reticul
- Liver chemistries
 - ↑ GGT
 - ↑ ALT and ↑ AST; AST > ALT
- BUN and electrolytes
 - ↓ Cr ↑ glucose
- Vitamin levels
 - B vitamins: + vitamin B₁ (thiamine), + vitamin B₆ (pyridoxine), + vitamin B₁₂ (cobalamin)
 - ↓ folic acid
 - ↓ Vitamin D
 - ↓ Vitamin K
- Lipid levels: ↑ triglycerides



2012/10/18



mg/12/prosinate

Chronic Alcoholic patient , electrolyte imbalance

Hyperparathyroidism

MEN1/2B screening . ~ Californi

CAH , Hyperaldosteronism updown arrow

Hemolytic anemia , total bilirubin liver enzymes inc Coombs test to be done ??

Ileal resection done , now what can be deficient ? . Vit B12

HOPI , sudden onset abdominal pain , taken antacids but not relieved treatment in ER???

Von willibrands disease

CML /CLL

Pediatric tumour in midline ???Neuroblastoma

Anemia classification according to MCV inc.

Chiari malformation type 1

Multiple sclerosis

Pic showing druseens

Otitis externa causative agent

Orthostatic hypotension , ans . Repeat BP reading in different position

ACE inhibitor causing RAS

Volume overload on giving IV fluids , mentioned JVP raise

Polyangitis rheumatica

Dermatomyositis/ polymyalgia. H/o taking statins ?.???

Osteogenesis imperfecta

Lupus pernio

Dermatophyte infection (ringworm)

AV block ECG

Mastitis picture

Contraceptive advice

woman , no menses in 3 months , c/o extreme hot flushes , what will you advice - estrogen therapy (author)

Old age , AUB , - endometrial biopsy

Ovarian cyst more than 7.5cm ,what will you do ?.laparoscopic cystectomy

HistCassandra, [2024-05-25 9:47 AM]

Patient says he doesn't need sleep , I'm very energetic. Ans- bipolar ?

RCA ko ques

Bias related quesory of migraine ,Runner complains of headache Rx- 100% oxygen therapy

- They asked infective endocarditis
- prophylaxis during procedure

- Constipation in opioid use
 - Allergic rhinitis exacerbation
 - Cutaneous larva migrans
 - Vasa previa
 - Stroke
 - Thalassemia electrophoresis
 - Osteogenesis imperfecta
 - Congenital adrenal hyperplasia
 - Biliary atresia
- Ebv symptoms given. Asked when should the child should play sports
- A. After fever subsides
 - B. after splenomegaly subside
 - C. Afte 4wks
- Penis wart leison given. Asked future course
- A. Chronic
 - B. waxing n wanning
 - C. Recurrence
- vagina leison pic given of female having multiple sexual partner But i cant find the leison da look for leison of

H ducrei

molluscum contagiosum

Granuloma ingunale...

all other dz

4. Hep b treatment drug

5. Dec wbc n plat. Hb was normal i guess pt was taking multiple drugs asked what to do

Stop linezolid which pt was takin

BM bx

6. que related to Pbs of diff anemia so do revision of smear pics

7. Osteoporis up/down arrow

Osteoclast osteoblast activity Bone matrix

8. efficient vs effective scenario

Hospital planned for sepsis prevention/early t/t for which they made protocol which included things like

when pt arrives at er take vitals within 5 min

lab workup within 30 min.....

2 other points were also there similar to further diagnosis n t/t

9. Pt came to er for abd pain n was asked to wait till dr come n see him... aftr some time pt collapsed n in Autopsy findin cause was MI... now to prevent Error what could have been done

A. Take vitals n history when pt arrived

B. Place sign board which says Switch alarm when they think their condition is getting worse (something like this)

C. Was confused bet these 2 options Do check out fr other options too

- one more case pt father had ecezema N bleeding n he had died Now son has same feature
- A. Cause asked
- B. Platelet d/o
- C. fact 8 def
- D. other options were fact def

CIS

Date: 11/11/19

- Q. Trachoma → Azithro oral
- Q. ✓ Tuning fork test → Sensory neural deafness
- Q. ✓ # + compartment syndrome → Fasciotomy
- Q. Variable deceleration → cord prolapse
- Q. Vaccine related Qn - 5-6 etc.
- P. ✓ Essential tremor. **primidone.**
- Q. Substance use disorder → stress lev
overcome gums krako hunka
- Q. ✓ Child → picnic gako hunka → Thigh muscle
dekhinxa (inner aspect of thigh).
No of vaccine 2-3 weeks back → mother
noticed while taking bath
→ vaccine reaction
→ ✓ Insect bite.
→ Child abuse.
- Q. Psoriasis treatment
- Q. Lewy body dementia → visual hallucinations

Q. Migraine ko history hunxa best contraception
 ↓ → cervical Ring
 → levonorgestrel IUD

Q. Heparin related gm. 3-4 day.

Q. Coal → organ involved → lung.
 Coal fumes → ladder.
[No skin]

Q. Insulating ko karam garmy hunxa - Risk fact
 for → (Asbestosis) → chest xray ma k
 dekhunxa → [pleural plaque]

Q. 2cm → omphalocele → Surgery After 4 year.

Q. leahgo, maligna or solar maligna confused?
 pic deko hunxa.

Q. Hep I → vitrous hemorrhage jaski lagy
 → sudden loss of vision.

Q. lens user → Conjunctivis & keratitis → k.d
 → moxifloxacin

Q. CPS & APS J 3-4 yrs ✓

Q. Psychiat physician A and B } depression vako
 → drunk vako.
 dhera astai q
 HIV

Q. Intern round ma consultant drunk vako
 next step → ① report programme direct
 ② don't let him examine pt

Q. Laryngomalacia diagnose genex → inspiratory stridor
 which increase on feeding.

Q. Pneumothorax - needle decompression.

Q. Empyema diagnose genex ✓ fever, leucocytosis.
 → Xray / deko hunxa. ✓✓

Q. HIV → PCR

Q. Pseudotumor Cerebri - funduscopy & MRI
 gani sakeko hunxa aba k igenay.
 ↓ LP

Q. ↑ AFP → how to confirm → usg ??

Q. Testis ko usg garko hunxa → Anechoic, fluid
 mass → hydrocele.

Q. Constitutional growth delay → Reassurance
 Kid with hypotonia → hypothyroidism ✓✓
 Q. Asthma pt in pregnancy what is contraindicated
 → carboprost ✓✓

Q. Hypopituitary - Sheehan's syndrome ✓
 sabai parameter decrease vako case hunxa
 diagnose gormu porney.

Q. Acromegaly - death → DM ✓
 Q. Hirschsprung's suppurative → Smoking cessation ✓

Q. up and down arrow of Restrictive & obstructive
 lung disease - 5-6 gns.

Q. congestive heart failure → BNP, volume
 up and down arrow.

Q. Thyroid parameter - NBS → 5-6 gns.

Q. ~~Hypertension~~ Thyroiditis ~ -

Q. wide mediastinum vako qn (3-4 gns)

Q. Pulmonary embolism ko ECG.
 post-OT garako pt hunxa; Trauma, Tachycardia
 & hypoxia.

→ Resistant HTN
Amlodipine vs placebo — Breast Ca.

Sequentials

①
② ~~IBD~~ IBD diagnose game parney
③ NBS → Budenonide

④
① SBO diagnose game parney ✓
② NBS → NG decompression.

HAPI — 4-5 / block.

PICTURES

→ Venous ulcer → Foot pic deko
how to prevent → Venous C

Q.2. old women lesion on lips — Lateral I
of the Face dekhako / hunxa
⇒ Angular che

3. Horse shoe shaped kidney → pus obsb

4. Foot ulcer → shin of Ant. tibia → HIV
(Crythema nodosum) → Kaposi
Histoplo

Abstracts

→

Resistant HTN
Amlodipine vs placebo — Breast Ca.

Sequentials

- ①
- ②
- ③

~~IBD~~ IBD diagnose game parney
NBS → Budesonide

- ④

① - SBO diagnose game parney
② - NBS → NG decompression.

HAPI — 4-5 / block.

PICTURES

→ ~~PI Venous~~ ulcer → Foot pic deko hunxa
how to prevent → Venous Compress

Q.2. old women lesion on dip 8 — lateral side
of the Face dekhako / hunxa
⇒ Angular cheilitis.

Q.3. Horse shoe shaped kidney → PUS obstruction

Q.4. Foot ulcer → shin of Ant. tibia → HIV pt
(Crythema nodosum) → Kaposi
Histioplasmosis

72/97

March 7

Su	Mo	Tu	We	Th	Fr	Sa
----	----	----	----	----	----	----

- =) Drug induced Wernicke = Stop hydrochloride
- =) metoclopramide induced dystonia = Rx =
- =) Somatic symptom diagnosis
- =) MDD - Questionnaire
- =) PTSD - Nightmares = prazosin ✓
- =) Schizophreniform - disorder
- =) schizotypal
- =) cut distress meds = 1. naproxen & omeprazole
- 2. Cel-coxib
- =) Renal stone - diagnosis
- =) Post meningitis = ↑ risk of SNHL
- =) Alzheimer disease vs normal aging.
- =) Cluster headache - treatment.
- =) Venous ulcer = how to prevent revascularisation
- ✓ Kaposi sarcoma = 2 on
- ✓ Lamellated = Ewing's sarcoma
- =) Aspirin / clopidogrel = ant bleeding SS
- ↳ platelets. 2 on
- =) HIT AT9 on ES = Antithrombin III
- =) multiple myeloma vs - Diagnosis
- =) Acute cholangitis
- =) 2nd week of drugs jaundice = Abdominal ultrasonography
- =) Wilson disease = penicillamine
- =) Insulin = Rx
- ↳ diabetes

Su Mo Tu We Th Fr Sa

- Wegner granulomatosis ⇒ Hematuria
- Pancoast tumor - x-ray
- Silicosis - x-ray
- Tension pneumothorax - diagnosis
- Sleep apnea - polysomnography
- acute cholangitis
- Asbestosis - diagnosis
- sequentia - cutaneous lesion
- sickle cell anemia - 2 Qn.
- Acute rhinosinusitis - diagnosis
- Ovarian torsion
- gynecomastia - young adult puberty
↳ Reassurance
- H-mole - diagnosis
- Bicornuate uterus - used risk of preterm labor

⇒ Acne case wants to pregnant

- ↳ 1. Oral doxy
- ↳ 2. Topical isotretinoin
- ↳ 3. Topical Benzoylperoxide

4. polycystic ovaries ⇒ ↑ risk of stroke ✓
5. SIADH ⇒ fluid restriction

6. Borderline personality disorder

⇒ I TA ⇒ Intensity to treat analysis ⇒ 120/72

⇒ Sunburn ⇒ diagnosis

⇒ Tinea capitis ⇒ oral fluconazole

⇒ physiological effect ⇒ Report stat of BUN
↳ 2 Qn.

⇒ Stimulant ⇒ case

Jay Ho

Date: _____

Page: _____

Q. • PTSD

Q. • Screening

- lipid profile.
- Diabetes.
- colonoscopy.

Q

21 y/f →

- Atypical sq. undetermined.
- PAP in 1 year.

Q

- AAA risk for rupture.
- = size.

Q.

old Age →

Hb ↓

↓ colonoscopy.

Q.

Dermatomyofibroma scenario on cheek skin

melanoma

Q.

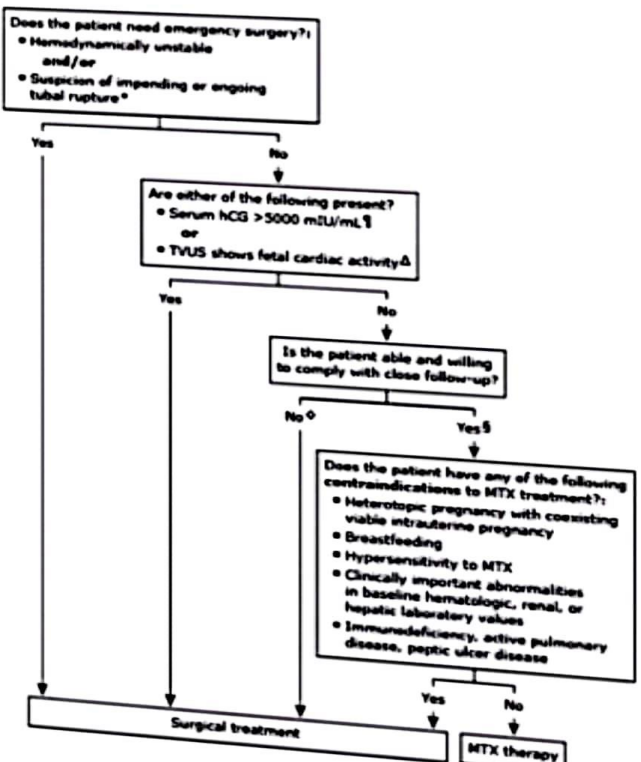
smoking H/O want to quit but unable to quit

= bupropion.

Female with F-cupped bra what will you do.

= breast reduction w/o mastectomy.

Choosing a treatment for ectopic pregnancy



hCG: human chorionic gonadotropin; TVUS: transvaginal ultrasound; MTX: methotrexate.

* Severe or persistent lower abdominal pain and/or evidence of hemoperitoneum.

† Some clinicians treat with MTX for patients with hCG >5000 to ≤10,000 mIU/mL if the following criteria are met: no pathologic levels of free fluid in the pelvic cul-de-sac or abdomen, TVUS meets criteria for MTX, and the patient has minimal pelvic or abdominal pain.

Δ Ectopic mass diameter <3 to 4 cm is also commonly used as a patient selection criterion; however, this has not been confirmed as a predictor

Fetal Heart Rate

Intrapartum fetal heart rate monitoring	
<p>Early</p> <p>Relationship to contraction</p> <ul style="list-style-type: none"> • Symmetric to contraction • Nadir of deceleration corresponds to peak of contraction • Gradual (≥30 sec from onset to nadir) <p>Etiology</p> <ul style="list-style-type: none"> • Fetal head compression • Can be normal fetal tracing 	
<p>Late</p> <p>Relationship to contraction</p> <ul style="list-style-type: none"> • Delayed compared to contraction • Nadir of deceleration occurs after peak of contraction • Gradual (≥30 sec from onset to nadir) <p>Etiology</p> <ul style="list-style-type: none"> • Uteroplacental insufficiency 	
<p>Variable</p> <p>Relationship to contraction</p> <ul style="list-style-type: none"> • Can be but not necessarily associated with contractions • Abrupt (<30 sec from onset to nadir) • Decrease ≥15/min; duration ≥15 sec but <2 min <p>Etiology</p> <ul style="list-style-type: none"> • Cord compression • Oligohydramnios • Cord prolapse 	

4 blocks → 14/15 OTNs marked
 break 2 718 OTNs
 2 718 OTNs

* OTNs: Diagnosis: → RA
 2 → MS: diplopia

* pics - Aplastic Anemia
 - contact Dermatitis
 - lepromatous T.B.
 - meatball pharyngitis

8 cluster headache; high flow O₂

4 Scoliosis; complicated → restrictive lung ↓

* HS: → (N)
 → VSD: acid
 haloperidol
 → OI: AS

5 Lead poisoning.

6 MPP diagnosis

7 cryptogenic pneumonia; Ht: corticosteroids

8 Bath salts

9 Latent TB

ecg: WPS
 MI → inf. M.

chro

OS. diarrhea; → pCO₂ → 27, HCO₃ 12, pH → 7.2
 1 metabolic acidosis. →

2 ABS
 3 transverse myelitis

4. worst prognosis factor in urothelial ca; → tumor stage & grade

5. steel jelly fish - Arthralgia & all → serum sickness.

Tetys



Date: _____
Page: _____

① • PTSD

② • screening

- lipid profile.
- Diabetes.
- colonoscopy.

③

21 y/F

→ • Atypical sq. undetermined.
 → PAP sm 1 year.

④

• AAA risk for rupture.
 = size.

⑤

ad Age → Hb (↓)

↓ colonoscopy.

⑥

Dermatomyofibroma scenario on cheek skin

malignancy

⑦

smoking H/D want to quit but unable to quit

nicotine replacement.

Female with F-cupped bra what will you do.

= breast reduction mammoplasty.

ONLY

Date: _____

Page: _____

Q. late deceleration.

Q. ectopic pregnancy scenario

Q. visual lesion हृदी वॉर जहली
देखिये, कै test शरी

= HEV test

• EKG/ECG

• CPS (2 question)

• API

• Inform to medical

supervisor (3-4)
QTI)

ECG ^{Phgs:}

• MI STI elevation

• WP

• PE: sinus tachycardia

T/T

✓ Nobel oval antecardiac

Seq

1. 1 = crown of teeth

X

i. burden of care

pregnant (↓ carbamazepine)

2. Female seizure under controlled. want to

pregnancy

start folic acid.

fetal spine conformation. H/O 16-18 wks.

⇒ CVS

→ Anterior cingulate (Not given)

Hand

• Rett syndrome

future complications in ECG?

- ADHD (hyperactivity)

• conformation H/O
an ECG
↓ Anterior cingulate (Not given)

= C. Difficile.

ADHD

- lead level

Date: _____

Page: _____

- Restless leg syndrome.
= check iron level.

HOPE

Essential tremor. In drug Rx (C.P.D / Iron)

= propranolol

• PE = acute myocardial

= novel oral anticoagulation

Abstract

• 400 mg daily.

• kidney innervation in HTN treatment

Dermat

Old man → angle of mouth yellow coloured

= angular cheilitis.

• Plaque plaque Rx

Rx f. steroid. (topical corticosteroids)

Abdomen fl. lesion, brown coloured; raised

epithel @ RCC

⊙ melanoma.

(No squamous cell)

• strawberry hemangioma. In child

Answer

- Interstitial lung diseases
- scopolamine DLCO (normal)

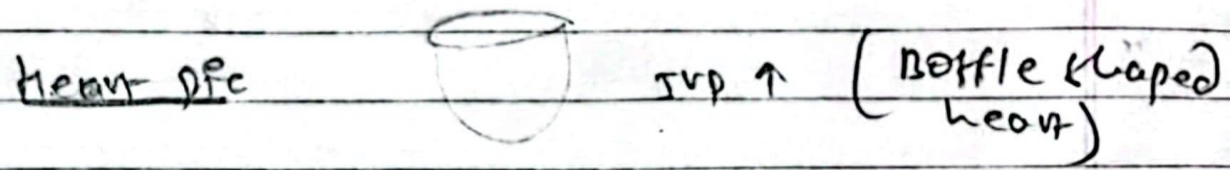
• effective disorder (द्वितीयां अंशकं)

Q old man c/o headache, left arm under many medication. (Hydrochlorothiazide, Lisinopril) severe orthostatic HTN.

⇒ Discontinue drug

Q • CHF patient forget mother.

= Normal behaviour



- Percardial tamponade

Psychiatric

• Woman scenario sexual side effect of drug

↳ antipsychotic

• 60y/m, erection, sexual stamina (↓), ^{morning} erect wife ~~is~~ satisfied but man unhappy.

Rx: psychotherapy

Ques

Date: _____

Page: _____

Q. late deceleration.

Q. ectopic pregnancy scenario

Q. visual lesion ~~हृदय~~ ~~वॉल्व~~ ~~जल्दी~~
देखा, कौन सा टेस्ट बढ़ाएँ

= HEV test



- ① Hemochromatosis → Avoid shell fish [No ~~case~~ phlebotomy in aphak] [Already told to avoid red meat]
- ② Aplastic Anemia — Parvovirus B19.
- ③ Sickle cell anemia → Mlc .org → Salmorella [No S. aureus]
- ④ Calculate mentzer index [>13] → IDA [RBC value given in mill convert it]
- ⑤ 37 WOG ± wet under garment, Exam: No ROM, no pooling flc Valsava Done No leak. NBS → ① Do Fern test
② Fibroectin something.
- ⑥ Breast nodule in 43 yr / F middle man → USG [No mar]
- ⑦ BRCA screening after 30 yr → TVUS ultrasonography.
- ⑧ Female ± 3-4 adenomatous polyp some yrs ago
Father h/o Colon Ca
Aunt h/o Breast Ca
She is likely to develop ? → CRC.
- ⑨ Bowel obs. stable pt $\xrightarrow{\text{NBS}}$ Rectal tube.
- ⑩ 8 months / F vomiting 1-2 times → Feed → fussy → $\xrightarrow{\text{subacute vance}}$ $\xrightarrow{\text{ultrauda thick hu}}$
Normal delivery history ± normal wt → Noco 3800 gm [No wt g]
[Typical GERD like feature] NBS:
- Omeprazole
- Pylorus myotomy
- fundoplication.

(11) Male adult infant vomiting after feeding + hugges ~~off~~ cry
→ Dx: Hypertrophic pyloric stenosis

(12) Femoral hernia → OT
[mass below inguinal ligament]

(13) Scrotal swelling ↓ size on sleeping. Transillumination (+)
Dx: Communicating hernia.

(14) Empyema → Chest tube.
pH < 7.5

(15) 2 month h/o diarrhea sometime bloody → E. histolytica

(16) Rhinosinusitis features 14 days → Amoxicillin.

(17) Aphthous ulcers outcome → Resolve itself ~~examination~~
(pic)

(18) Condylomata lata in pregnancy 2nd trimester → Penicillin.
(on examination)

(19) Herpes ~~senioris~~ → Stay latent

(20) Male pt, sex with both sexes, more MSM, he says he is not
recipient, STD screening done all ⊖. Advice.
- Preexposure prophylaxis of HIV

& more question on HIV treatment



- Q1) Young male MSM, Hep B, C, gonorrhea, chlamydia, HIV test done
Report pending. NBS:
 - (a) Anal cytology
 - (b) HPV testing
 - (c) No test required.
- Q2) Question on Autonomy, will hierarchy. - -
- Q3) Biostat RR, OR, significant (not - -
- Q4) MVA: Pneumothorax
- Q5) MVA: long bone # → petechiae, Resp dep symp → Fat embolism
- Q6) MVA: Foley's urine red NBS → CT urography?
- Q7) 12 hr travel on flight → SOB, tachypnea, ECG given → PE
chest pain
- Q8) 66 IF, SOB, dry cough, FEV₁/FVC 190%
↳ Restrictive lung Dz.
- Q9) Breastfeeding mother 3wk OCP choice →
- Q10) Question of OCP contraindication & OCP choice
- Q11) DVT \xrightarrow{TH} LMWH
- Q12) Pulmonary Embolism → Spiral CT [No CTPA in option]

33) 15yrs vaccinated till 10yrs, mentioned 1 HPV vaccine given @ 10yrs.
Now which vaccine?
- Meningococcal
- HPV

34) Nurse got Hep B vaccine previously, now Ab ⊖.
- Repeat vaccine.

35) Pregnant 1st trimester - Which immunity test?
[No rubella in option]
Varicella

36) Lady rtdap vaccine on previous pregnancy. Now pregnant
(2wog) → - Give tdap vaccine again in this preg.
- Tdap not needed.

37) Homocystinuria Dx → intellectual disabled mentioned in q.

38) Newborn child via SVD. All vitals & exam normal. NBS to screen
- Screen as state protocol
- Check Ca
- Check Iron.

39) Abstract: Yoga stretches vs Placebo in low back Pain.

40) Abstract:

41) Female old women lost outside, remember 2 out of 5 words
↳ Alzheimer Dz

42) 18/F study in college miss presentation dlt fear
→ Specific phobia

43) 10yrs IM normal behavior, sometime sudden mood change.
Plays videogame, mother call him, he become angry. D?
- Intermittent explosive disorder
- Mania
- ODD

44) Somatic Vs Illness anxiety
a) Extensive test/lab done - (N) result → Somatic

45) 3yrs child ingested coin, stuck on esophagus (x-ray)
Child is stable except mild discomfort. NBS:
- Esophagoscopy
- X-ray in 24 hr

46) Child came with ophthalmic penetrating injury. Ophthalmic doctor
calmy says he cant do treatment as its not covered by
insurance. NBS:
- Conuence ophthalmologist
- Notify Medicare / Medicaid health service.
- Give antibiotic & refer

47) MDMA - Bruxism given

48) Substance abuse + hyponatremia → Amphetamine.

49) Basophil Gcf. → CMI

50 X-ray wrist : metaphyseal flaring → Rickets.

61 Ethics question of CPS
APS
Inmate Partner Violence

52 Schizophrenia Dx

53 Male stays alone, dream colourful. says he talks alone or something
Schizotypal Dx

54 OCD Dx

55 medicine overuse headache:

Headache history take acetaminophen 6/7 tablets / day initially was relieved. Nowaday not relieved. NBS:
Stop acetaminophen.

56 Hct ~~normal~~ B-hcg 3400, features of ectopic pregnancy Dx.

57 Women come to husband. Husband has N. gonorrhoea inf.
What to do to wife?

- ↳ Give xone to wife. & do go home
- ↳ Also admit wife for t/t.

58 Young went hiking, rash on wrist area, fever myalgia arthralgia,
- RMSF Dx

59 Aspergillus t/t asked → Option has all azoles.
A Voriconazole ✓

60 Abstract : Intraarterial thrombolysis Vs. Thrombectomy.

61 90yF .What to do ?
routine exam - DEXA
- Do nothing → [Author went & this
90yrs ma why to do
varna]

62 Young girl & lesion in cervix, cone biopsy done, later says
she is of 20 wks pregnant. Report came with high grade cells.
NBS : Chemotherapy
Radiotherapy
Do Nothing

63 FMEA q.

64 RCA q. 1st step → - Interview
- Data collection

65 Milestone 1 q.

66 Diff. swallowing lot CT given → Retropharyngeal abscess

67 Anchoring Bias → fever kx presented. appendicitis varna tft garxa → pt dx
Autopsy ma arhai dx hunka

68 Premature closure.

68 Child 11yrs. enthusiastic about what changes happen in his body.
Alle Tanner stage I. Child ask what will be expect next
change first ?
→ Testicular enlargement ✓
→ Penile lengthening

69 Anal canal mass like while putting finger → ? Hemorrhoid
Bleeding ⊕, painless
↑
Author.

90. 13/14 yrs girl has monthly abd pain resolve by 4-5 days (like cyclic pain). Don't give doctor to examine pelvis. What do you expect on examination.
 ↳ Bulging fluctuant mass like option [Imperforate hymen]
91. Inguinal lymphadenopathy (+). Which cancer most likely.
 ↳ Anal canal ← [CA related to draining LN]
92. Renal stone scintoma. What do you give on discharge?
 ↳ NSAID.
93. Pt is driver, has swelling above cleft, recurrent (+), drainage (+)
 ↳ Pilonidal sinus
94. Pneumothorax → Needle ~~thoracostomy~~ decompression
95. DM. Albumin Creatinine ratio: >300. What do you give to decrease progression?
 ↳ ACEI
96. AAA: 4.2 cm to 5.2 in 6 moth follow up → Surgery.
97. Migraine prophylaxis → Topiramate.
98. DM, foot ulcer Fever (+) Dx → OM w
 ↳ Abscess
99. Crohn's D2 Dx

Date: _____
Page: _____

- 80 Eczema, Thrombocytopenia, & Recurrent inf → Wiscot Aldrich
- 81 Child & platelet 8000, mentioned about gum bleeding, NBS:
- Platelet ← Author.
- No steroid in option [Not known about IVIG / Anti-D ??]
- 82 Hep C t/t:
- 83 Painful vesicles pic given → Herpes
- 84 Football player: swelling on anteromedial aspect of thigh [spheroidal hematomas]
Powers 5/5
What is he likely to develop in future:
- Neuropathy
- Varicose vein.
- 85 Terminal cancer, What is better for him → Hospice care
(Not mentioned about Growth life expectancy)
- 86 Neisseria Gram stain.
- 87 Ceftriaxone D2
- 88 Newborn & ↓ T₃ T₄ ↑ TSH (little) → Primary Hypothyroidism
[No congenital, thyroid dysgenesis in option]
- 89 Iqur/f screening → Chlamydia & gonorrhoea.
- 90 Child death & pharyngitis symptoms given amoxicillin → developed rash (other rash)
↳ Amoxicillin can be given in future [EBV + amoxicillin?]

91) HIV Dr.

92) Young male ↓ alcohol → Vomiting & Hgged blood. After resuscitation
What do you do:

Esophagogastroscopy

[Biliary - Weiss Tear]

93) Asbestosis → Give pneumococcal vaccine

94) Psychotic feature. LFT deranged →

- Wilson

[No Kayser fleischer ring mentioned]
& No family history]

- Another option for jet?

95) Pt ↓ heparin → ↓ Platelet What do you find → Ab against PF4

96) HIV pt lesion of leg pic here give → Kaposi

echo done on dx

97) Kawasaki syndrome: T/T asked:

- High dose Aspirin + IVIG + Flu & echo on dx ✓

- low dose Aspirin + IVIG + Flu & echo on dx

- low dose aspirin + IVIG + Flu & echo on LWR.

98) Bcc on face → Mohs micrographic sx.

99) Cutaneous larva migrans picture → NBS → Do Nth

for Dr

[Clinical Dr]

100) Nurse: PPD 15mm : NBS → Chest X-ray.

101) Barrett. esophagus diagnosed ↓ PPI → NBS. Surveillance endoscopy.

Sequential

103 Intermittent cystitis scintia . pain relieved on voiding . USG done
Normal finding . NBS

① Cystoscopy .

② Cystoscopy done . What do you find ?
- Lesion on dome ??

104 Anorexia nervosa . Electrolyte disturbance → hypokalemia

105 Sequential : ATN

OT done , No urine , Post of Creatinine ↑ NBS
- 0.9 % Saline .

106 Painful ^{vaginal} bleed on pregnant lady → Abruptio placenta .

107 Pt on 10WOG . USG shows 7WOG . No cardiac activity
Exam : OS closed
→ Missed abortion .

108 Intrauterine fetal Death on 2nd Trimester . After empathizing pt.
What will you do?
- Grief
- Autopsy ← [Autopsy? coz its 2nd trimester .

109 Recurrent pneumonia + Fungal inf in infant → SCID

110 4yrs child . MVA → splenectomy done . Today of 5th post op day
NBS → Give penicillin . [4th Syr.]

111 MS t/t → Interferon B

112 NF; inguinal freckling mentioned
(Also his father is)

What complication?

- Peripheral nerve sheath tumor [Aurth]
- Schwannoma

113 Portwine stain; strug weber → complication → Epilepsy / Seizure
[No glaucoma]

115 HS → (A) VSD (2 month baby normal child)
(B) MR [MI pt SOB, rates after 3 days]
(C)

116 ECG → (A) Atrial fibrillation → change aspirin to apixiban
[No warfarin]

117 S4 mentioned hypertensive pt cause → HTN

118 MI diagnosed + ECG given. ^{already seen} You are in rural setting.
PCI 2hr far from your area. NBS:
- Thrombolysis ✓
- PCI

Inc size is 6 months (>0.5 cm)

(89) AAA 4.7 \rightarrow 5.1 cm in 6-month
what will suggest?

surgery.

(88) pancreatitis symptoms + US
show gall stone, pt was
managed conservatively for
pancreatitis, Now NBS.

cholecystectomy.

(90) migraine + female wants
contraception.

(A) IUD

(B) Depo patch

(C) Ring

(59) Hx of Trauma while playing with friends having huge ^(picture of leg) swelling on leg, what will he develop.
(pic)

(A) Hematoma

(B) Abscess

HOPR :-
(60) ~~XXXXXX~~ Young baby & irritable with signs of meningitis what will you do Evoked Audiometry.

(61) CHEST X-ray of 25-y old showing canon. Ball type on lung + Testicular swelling asked diagnosed

(A) metastasis

(B)

(62) G6PD deficiency case
asked cause?

Primaquine

(63) 3-days fever + Resp symptom
young age asked ~~asked~~ org.

(A) Parainfluenza virus OR
Respiratory Syncytial Virus

(one of them is option)

(64) surgeon doing wrong site
surgeon & Nurse inform to
surgeon in ear regarding
in wrong site. How will you
prevent prevent this in future?

(A) ~~marked~~ (A) marked site with marker
(A) ~~marked~~ (2) follow standardized protocol
to forget option

87) A boy & female neighbor recently diagnosed with TB who live in upper portion of building/apartment. Her PPD & CXR are unremarkable/Negative. What advice?

(A) repeat PPD after 2-3 months

(B) isolate old female in Negative room

(C)

(56) Study in which not give pre-operative antibiotic & infection rate increase, ~~to~~ want to prevent infection?

(A) checklist include ~~pre~~ antibiotic

(57) pic of may be chacoak or goal - confused ask investigator.

(A) MRI

(B)

(58) DM + Neuropathic ulcers of foot what will you do for confirmation.

(A) Biopsy & culture

93) one case in which platelet < 9000 , Now Rx

(A) platelet Tx

(B) steroid

94) Baby girl go to garden have applied sun block over body have lesion on arm (something came out from lesion)

(A) Fire Ant

(B) Spider Bite

(C)

FO

91) migraine pt taking sumatriptan
now have adverse effect like
coronary spasm, feature of serotonin
syndrome asked cause?

(A) Triptan

92) MVA, injury over chest
but no visible bleeding but
skin cold clammy and have
bradycardia. cause

(A) cardiogenic shock

(B) Hypovolumic

(68) Idiopathic Intraocular IIN
Hx + patch test described
when we patch one
eye there is up-down
movement in contralateral eye
asked nerve?

(A) CN - VI

(B) CN - IV

(C) CN - III

(69) HIV patient - + CD4
count less than 50 ~~B/L~~
~~asked~~ ~~pneumonia~~ + B/L
lung infiltrate asked Rx?

Imp. - SMX

(97) recurrent infection since childhood, (VIR)

(A) Check Immunoglobulin level

(98) Pt taking iron & ~~water~~ having ~~in~~ pain in leg while sleeping at night so walks to relieve pain & go to sleep when fatigue after P. walking too much at night?
day-time fatigue + disrupted schedule

(A) Gabapentin

(B) Fluoxetine

(C) melatonin

(72) Young age have vesicle explained in different stage of healing like papule and pustule + Runny nose + mouth lesion diagnosis

(A) Measles

(B) Varicella Zoster

(73) patient e- thyroid nodule, TSH done now NBS.

(A) U/S Thyroid.

(85) Pigeon explanation. low
set ear ~~is~~ cleft lip, symptoms
of hypocalcemia done with
surgery of cleft lip. Young
grown boy have cardiac symptoms
like murmur. also cause.

deletion of 22 chromosome

(86) Young boy 17, who previously
used to spend time with family
but now can drive car &
go outside. when come
back to home do not spend
time with family & go to his
room.

Normal behaviour.

82) Oxidative burst mechanism described of CB1B and asked organism

S. aureus.

83) contact dermatitis Rx

(A) Topical steroid

(B) Topical Sun Screen

84) After 2-3 days of upper respiratory infection have feature of nephropathy asked diagnosis

(A) IgA nephropathy

(B) PSGN

70) HOP1 - long Q on
facial nerve palsy - sorry
forget Q.

71) DKA case - Anion gap
metabolic Acidosis

A) $pH = 7.33$, $Na = 137$, $Cl = 95$
 $HCO_3 = 17$

I choose the B

B) $pH = 7.29$, $Na = 137$, $Cl = 95$
 $HCO_3 = 17$

(95) guy e- initially BP around 180
& Now BP = 150
caused

(A) Hypoaldosteronism

(B) RAS

(96) CKD initially receive Renal cadaver
transplant from animal which
result in failure, then received
Renal transplant from brother
taking immunosuppressive & steroid
Now ~~ex~~ Creatinine increase
Acld caused

(A) ↑ immunoglobulin dose

(B) ↑ steroid dose

80) old age wife, husband died 2-month ago in MVA, present with some depressive feature but not match MDD criteria, can do routine activity what will you do?

- (A) MDD (B) counsel about normal grief

81) clinical description of descending aortic dissection (like flap in descending aorta) No pic. Flap radiates to diaphragm

- (A) oral propranolol

(67) Two day old baby have rash all over Body (reddish)
asked diagnosis

(A) Neonatum infantum

(B) Erythema toxicum

~~forget~~ (C) one more option (I did that)

(68) Nail pic like wave like pattern

(A) Rheumatoid Arthritis

(B) psoriasis

(C) Beau line

(65) cardiac Bypass grafting from
Saphenous vein and after
procedure develop DVT symptoms
asked reason?

forgot option

(A)

(66) Lower Back abscess have
regular drainage of abscess with
warm compress now abscess
become prominent asked cause?

(A) obstruction

(B) pilonidal abscess

(C) debris plug

78) bm - gastroparesis

(A) gastric emptying scan

79) old age husband has many issues and his old age wife who help him like changing cloth and also catheterize him, now wife become fatigue & loss of memory symptoms, she is in stress & No criteria matched of MDD. asked cause.

(A) mdd

(B) stress related fatigue

FOR MO

36) Infertility Hx + Bag of worms
on examination.

ovariocele.

37) Asthma pt taking too many
medicines due to asthma
exacerbation now has tremor

(A) due to medicine

38) High grade (CIN) mentioned
NBS:
LEEP

(47) HOPi - Early morning severe epigastric pain when wake up - Diagnosis

(A) Duodenal ulcer

(B) pancreatitis

(48) A girl e. case of ~~ectopic~~ ~~OR~~ andro-
~~metastatic~~ ectopic pregnancy OR
Hydatiform mole said I do not
want any type of surgery &
patient stable NBS

(A) methotaxale

(49) RA, female want something for
her child e her hand - like
new baby cloth NBS

(A) ~~B~~ Splint-use

(B) occupational therapy

(39) Asthma + Schizophrenia pt
taking steroid + antipsychotic.
already ↑ dose of antipsychotic
what else you do.

↓ dose of steroids

(40) Paget disease of Breast

punch Biopsy

(41) Bloody nipple discharge

Intraductal papilloma

(42) mastitis feature (erythema + tender
breast) - give medicine & have
improvement & did US revealed abscess.

NBS,

(A) Reassurance

(B) Fine needle aspiration

(27) female pt in pre-pregnancy
counseling clinic asked all vaccine

(A) hep-A (B) HPV-
(C) MMR (D) Tdap
(E) meningococcal

(28) kidney stone around 7-8 mm
IV fluid + NSAID already given
NBS:

(A) α -Blocker (alpha Tamulosin)

(29) Dry eye, dry mouth (Sjogren
Syndrome)
asked antibody Anti-SS

Q3) One case in which pleural < 9000, Now Rx

(A) pleural Tx

(B) steroid

Q4) Baby girl go to garden have applied sun block / sunscreen. Baby has lesion on arm (something come out - from lesion)

(A) Fire Ant (B) Spider bite

(C)

(43) patient taking naproxen (NSAID)
have \uparrow WBC, $\&$ Eosinophil + Rash

AIN

(44) MVA, features of brain death
all reflex gone NBS - apnea test

(45) MVA, No improvement w/ CPR — ~~announce~~ 18-HR stay in ICU.
announce brain death to family

(46) Ganglion Cyst feature, & what
will you do to confirm?

(A) Transillumination

30) A lady, wife of businessman, who abusive her in front of kids. NB:.

- (A) APS (B) Shelter information
(C) police (D) CPS.

31) PC went to mountain with hiker team, one day before going up he took acetazolamide and at mountain he become faint, ~~low~~ ~~to dizziness~~ condition deteriorated. NB. ~~He~~ he called doctor at base.

(A) mountain clinic.

- (A) give Acetazolam then ascend
(B) give Acetazolamid descend
(C) Rapidly descend to base
(D) give dexamethasone then descend
OR dexamorphi

(32) pic of hyphae & Acute angle
Aspergillosis Asked Rx
voriconazole,

(33) HOP I Q in last line said in
histo - ~~hypomastogale~~ complication.
cardiomegaly.

(34) FAS pattern in newborn, asked
Rx

(A) prophylactic penicillin

(B) Hydroxyurea

(35) MVA, trauma Hx done
splenectomy what will you give
on 3rd day. all antibiotic mention

(A) clindamycin

(B) Ampicillin

(C)

(99) pl. DM + Hyperpigmentation
+ liver failure!
what will you find in labs?

(A) ↑ Transferrin Saturation

(B) ↓ [Iron]

(C) ↓ Ferritin

(100) Hyperplastic polyp:

(A) 10-year colonoscopy

(101)



Abstracts:

- ① Anastrozole breast (new one) → IN 3RD BLOCK
- ② GFR CUS (old one) → IN 7TH BLOCK

Sequential: ①

①+ Old age guy undergo surgery now can't pass urine. He has diffusely enlarged prostate & bladder is distended. What will you do?

Ans urography

② urography done now what will be the first line (initial) Rx? (pharmacologic)

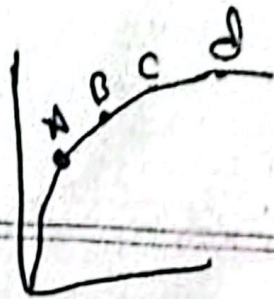
Ans I. ans (A) Tamsulosin (B) Finasteride

Sequential ② ① Diverticulitis Patient with severe pain, CT was already done mentioned in CU there also cyst present what will you do?

Ans CT guided drainage

② - forgot 2nd part.

④ ROC CURVE I chose (X)



⑤ senior physician auscultate no murmur but his junior auscultate diastolic murmur both disagree so third physician auscultate the ~~the~~ murmur which was also diastolic so what will you do about senior physician.

(A) Tell the Director to do his hearing test.

(B) He ~~did~~ did not auscultate the murmur & tell other resident and doctors:
Other

⑥ scleroderma (Raynaud phenomenon mentioned asked about the ESOPHAGUS
 • upper tone of esophagus → middle muscle motility → lower tone

ASKED in up & down arrows.

(76) Home delivery Baby + high arched
Back of baby what will you do
to prevent from severe complication

(A) IV antibiotic (B) 50% D/W

(C)

(77) MVA accident - of urethral suture,
cystourethrogram shown & ~~can~~ dye
~~not~~ ^{dispersed} pass beyond urethra, asked
MIS?

(A) urethra repair

(B) suprapubic catheterization

(74) facial nerve palsy feature is
drooping of angle of mouth
No wrinkle on forehead,
asked cause

(A) Sarcoidosis

(B) Lyme disease

(75) drooling, diplopia, pupillary
dilation 6mm, work in own
farm of vegetable also used
canned food (used pesticide
in farm) what advice?

(A) avoid pesticide

(B) avoid canned food

HEART MURMUR

① AS + radiated to the carotid
(Patient got really fatigued)

② Child (6 yo) child murmur
there was murmur what I understand
was ASD → ① Reassurance
may be still _{murmur} ② ECHO

① HOPES → ① Myotonic Dystrophy (Cataract, ^{came for surgery}
have baldness + unable to released _{Hand} Shakes

② Tinea Capitis → Picture →
A) Oral Terbinafine (~~I marked~~)
B) Oral griseofulvin (I marked)

③ & ~~the~~ Physician worked in
Peru very good now
has pressure speech arguing
with the nurse as colleague
what will you do?
Ans suggest her to go home
and take rest.

50 A kid using mobile 4-hrs
in a day & ~~have~~ he is obese

NBS

(A) stop using mobile (B) strengthen
exercise.

51 A girl have anxiety only on giving
presentation in class where she
has to give only vocal presentation
in class regularly - no problem
outside class or with forced
due to anxiety she left to attend
class diagnosis

(A) Specific phobia

(B) Social anxiety / phobia

(52) 67y male + Smoking Hx

ulS of abdomen

(53) 48-y female have post-menopausal feature — worried about symptom

Reassurance

(54) Variable CTG deceleration

cord compression

14-year

(55) BMI > 95 percentile, B/L breast enlargement, + embarrassed while swimming & wears wide skirt
What advice

(A) weight reduction

1. Female pregnant came at the 20 weeks of gestation on ultrasound baby Intestinal content were protruding(commig out in the umbilicus) what complication it can develop in future
 - A. gastroschesia
 - B. omphalocele
 - C. mesentic ishenia

2. . Long history of gerd in endoscopy the squmular to columnar changes in the esophagus mention in CV no pic the beside prescribing th point what will you do

Ans= endoscopic Surveleine

3. 2-3 weeks ago have urti now have hf signs with S3 mention in CV asked for diagnosis

I did myocarditis.

4. Patient 2 to 3 days ago have the Myocardial infarction now have murmur lungs bl crakle caused aksed

I chose papillary muscle rupture.

5. . COPD patients fev1to fvc ratio 50 what will you see in changes in the heart asked in ups and downs arrow question. >sarcomere added in series >sarcomere added in parallel.

6. schizophrenia patient comes to follow already drugs now stabilize doing routine activities going to college taking major courses to complete his wants to get quickly rid of schizophrenia what will happened .

- A. His condition further deteriorates
- B. failure of therapy
- C. will get better

7. Schizophrenia patient on haloperidol develops the signs of akathisia asked MOA of drug

- A. Sensitization of dopamine receptor
- B. dopamine blocks

8. Patient have previous history of 3rd degree skin burned got skin graft now to work as construction have to work at outdoor what he is at risk of

- A. SCC due uv light
- B. Ulcer

9. Patient with 2 months history of acute memory loss cant remember things short question also there was flat effect asked cause MDD Alzheimer's crudz jacob disease

10. Womens with band like headaches for 8months pain worse when she goes to job until she comes home and pain has inc in duration previous 2 to 3 times a weeks now has inc frequency dx

- A. Migrane with out aura
- B. Cluster
- C. Tension headache

11. patient with moter vehicle accident got unconscious at the than got up having headache than Conditions further Detroit with Ipsilateral blow pupil and contraleral hemipersis dx asked

- A. Epidural
- B. Subdural
- C. Subarachinod

12. Dermatomyocyte question with clear picture of heliotrope rash wat investigation will you do for diagnosis

- A. Skin biopsy
- B. Muscle biopsy

13. 4 year child on routine examination abdominal mass on physical exam ct pic given with bid renal mass but respecting midline was not cross midline according to me normotensive dx asked

- A. Wilms tumor
- B. Neuroblastoma

14. Patient heavy alcoholic asked which marker will be deranged

2 to 3 line question

- A. Alt
- B. Ast
- C. Ggt.

15. 36 year old girl with family history of breast cancer

underwent breast surgery due to breast cancer 2 to 3 months ago comes to doctor pre pregnancy counseling can I get pregnant.

- A. yes you go with pregnancy
- B. wait for 4 year then go for pregnancy
- C. you can not go with pregnancy.

16. Patient with heart sounds on right side ct given, history of

infection but CFTR mutation is negative what complication can he develop
I understand this case as Kartagener syndrome.

A. infertility

B. mesenteric ischemia

17. Baby 8 weeks year old with history of Nonbilious vomiting
and after vomiting feeling hungry asked diagnosis

A. Pyloric stenosis

18 patient underwent some surgery 3 to 4 days ago now having
Inc RR pulse rate Tachypnea what will you do.

A. Ct

B. Xray

19. Patient work in coal Furnace were the burn coal and made
something of marble what Organ is he at most like risk

A. Lung

B. Pancreas

C. Bladder

20 Abstract: Chronic Back pain yoga

GFR Japan

Long scenario,, 32yr female,, at last mentioned her ASCVD score was 2%,, what to do?

- a. Life style modification
- b. Aspirin
- c. Ezetimibe

Another similar one,, around 72 yr,,he or she needs 10% jasto aayo,, similar option

- a. Life style modification
- b. Aspirin
- d. Gemfibrozi
- c. Ezetimibe

21. Young female, chronic back pain,, progressive,, pain scale 7-8 out of 10,, she have huge breast F size mentioned in CV,, pain medications not helping that much..

- A. Breast reduction mammoplasty....
- B. Not mentioned about supportive bras or other...

22. 47yr female Colon cancer,,, surgery done, biopsy positive for high grade microsatellite instability and MSH-2.. what else advice

- A. Prophylactic hysterectomy
- B. Screen for pancreatic Ca
- C. Screen for prostatic Ca

23. History of urti 1week ago now presents with continuous vertigo, Tinnitus.
Due to?

- A. Bppv
- B. Verstibular neuritis
- C. Schwanoma

24. A physician A with maniac episode? In the viral illness pandemic (in emergency department). What would to do the physician A Send physician A to phychiatric department?.

25. 40 y.o man with gastric and duodenal ulcers, and a mass in pancreas. What other parameters you have to measure?

- A. Prolactin,
- B. PTH,
- C. calcium

26. Female, 30s History of intubation. Removed awhile back now presents with inspiratory stridor. No other symptoms.

- A. Tracheomalacia
- B. Tracheal stenosis
- C. Epiglottitis

27. A study conducted to see the efficacy of ear drop. Randomisation done. Before study is begin run in analysis is done, subject where give dyed ear drops and only those with coloures eardrum were chosen. What did run in do?

- A. Decrease confounding
- B. Decrease generalizability
- C. Increase confounding
- D. Increase generalizability

28. Unilateral massive pleural effusion after trauma x ray given

a.tube thoracostomy vs b.thoracocentesis

- Hopi of Trapimosigoide.----- Dilated cardiomyopathy
- Hopi Kawasaki disease---- IVIG-aspirin
- Some error, next step: design fishbone diagram
- Classic cluster headache Rx asked: verapamil sumatriptan
- Diverticulitis, no improvement - repeat ct
- HA1c 6.2 nbs : repeat in 1 yr (prediabetes should repeat annually)if less than 5.7 then repeat Hba1c in 3 yr
- Ectopic orthostatic hypotension: operative

- Symptoms of celiac, Nbs: serum antibodies
- Small cell lung cancer, synaptophysin positive
- Primary enuresis in a 7 yr old: alarm
- FEMALE taking penicillin, sulpha drug what is the cause of hemolysis?

29. Cervical dilation 2 cm, effaced 50% contractions duration 30 seconds occur every 5 mins at 28 week (not sure) dx asked

- A. premature contractions
- B. premature labor,
- C. cervical insufficiency

30. Someone with crohns did ileocollectomy some long time ago now presenting with chronic watery diarrhea, Rx asked

cholysteramine vs crohns drugs.

31. A study conducted to see the efficacy of ear drop. Randomisation done. Before study is begin run in analysis is done, subject where give dyed ear drops and only those with coloured eardrum were chosen. What did run in do?

- A. Decrease confounding
- B. Decrease generalizability
- C. Increase confounding
- D. Increase generalizability

32. A 30 year male presented with whitish lesion in mouth. History of asthma controlled under ics and arbuterol. What to do for diagnosis?

- A. Biopsy
- B. KOH mount
- C. Gramstain
- D. HIV testing

33. 70year man had a episode of dizziness after abruptly standing up. His bp reading while sitting 130/90, standing 100/70. Later he was advised to drink plenty of water and stand slowly. Nbs?

- A. Dexamethasone
- B. Prednisolone Hydrocortisone
- C. Nothing

34. A week old child presented to clinic, he has smooth philtrum, thin lips. His mother didn't have routine care during pregnancy. During examination child has murmur. What's the most likely cause?

- A-VSD
- B. PDA
- C.TOF

35. A 18yr rugby player is tackled in the field. He was tackled by his neck and shoulder. He had tingling sensation in right arm for 30mins,mild head ache for 10mins. He didn't lose consciousness. He has history of being tackled 4 weeks back. Diagnosis?

- A. Cervical strain
- B. Concussion

C. SDH

36. 42yr female has completed her family with 2 children and wants a reliable contraceptive method as she doesn't want more children. She has chlamydia. Advice?

- A. Hysterectomy
- B. Tubal ligation
- C. OCP
- d. Diaphragm

37. 60s female complains of pain in her amputated leg and difficulty to wearing her prosthetic. On examination 3mm wound dehiscence is seen. What will you do to guide the antibiotic treatment?

- A. Blood culture
- B. Bone biopsy and
- C. culture
- D. Nothing

38. 60y / female → family history of fracture mentioned → female don't have any complication → Vaccinated as per schedule → vitals stable → asked for NBS

- A. DEXA
- B. colonoscopy
- C. No need for any Intervention.

39. Inferior wall MI & CV

A. from ECG.

B. pt. had H/O DVT → Presented with SOB → No chest pain → Very long CV at last ECG finding hinting towards inferior wall MI.

40. Young Man → went on vacation during summer → presented with non-itchy, painless hyperpigmented macule → well demarcated margin. → author just went with actinic keratosis (no pic given)

41. CV of raised ICP → Papilloedema + → NBS

A. Hyperventilation

B. Mannitol.

42. CV of pneumothorax → resolved happens → Presented with fever (101°F) → x-ray findings → half of left lung whiteout ... asked for diagnosis

A. retained pneumoth

B. Pneumonia

C. Pneumothorax.

D. Lung abscess

43. PT ↓ treatment takes Penicilin → after a wk presented with rash . Asked what type of Hypersensifivity?

A. Type I

B. Type II

C. Type III/IV → (both in same option)

44. An old age man presented by himself with complains of forgetfullness. Recently he forgot his granddaughter birthday → Normal old age dementia.

45. Depression 3 quection.

1. SIGECAPS (+) → was to diagnase.

2. Depression with psychotic feature(+).

3. Depression scenario → SIGECAPS(+) (sucidal Ideation mentioned). →

→asked for treatment. A. CBT B.SSRI

46. CV of PTSD → ↓SSRI mentioned in STEM → NBS ?

.....Nightmare

→ Prazosin Add

47. Roc curve given → asked about the diagnosis of disease → went with top left (most sensitive & most specific).

48. ↑ed BP | episodic Headache(+) → had family h/o smoking in father & DVT in mother, Asked NBS → VMA, no option for 5-HIAA.

49. Young adolescent female raped → history of Migraine(+) → NBS details.?

- LNG.
- Cu IUD.
- contraceptive patch.
- contraceptive pill

50. HOPI → fluctuant breast mass circumscribed lesion → fibroadenoma to diagnose.

51. Breast Mass + in a woman 35yrs → NBS → Mammogram.

52. MSM → non receptive → frequent intercourse with partner of STI status unknown. → Asked for NBS.

A. Antibiotic for gonorrhea

B. Pre exposure HIV prophylaxis.

53. DMD Seenarto → NBS for diagnosis →

- A. CK
- B. genetic testing
- C. biopsy

54. 2yr child → 20 words → other milestone achieved as per age → language delay.

55. Mastoid tenderness + fever → History of barotrauma → asked for NBS

- A. CT scan of Head.
- B. CT scan of Head+sinus.

56. CV of ICH → BP 185/100 mm of hg → contraindication of which of following.

- A. Thrombolysis
- B. Thrombectomy
- C. Alteplase.
- D. Anticoagulation.

57. Lichen Sclerosus Scenario in child (8-9yr) → vulva finding → thin | whitish itching | → asked for treatment

- A. no treatment required
- B. clobetasone

58. KLCLO RA →cv asked which of following value is increased?

- A. DLCO
- B. FEV₁/fvc

59. LVH scenario → ECG given → Where would you auscultate for this finding?

60. femur #→ 10cm below the hip→ probably along the shaft→No xray given→ asked for complication..

- A. AVN.
- B. Malunion
- C. Nonunion

61. Painless ulcer with Painful LAD. →? diagnosis.

62. Motor Vehicle accident → loss of consciousness → By the time he reaches hospital regained consciousness → Which initial Investigation to be done ?

- A. CT Scan
- B. MRI brain.

63. Pt. multiple medication one of them being TMP-SMx. → presented with black skin over foot → No H/o fever → asked for its cause.

- A. TMP-SMX
- B. Clostridium

64. Vit B12 → clinical feature & lab finding suggestive of Vit B12 def → what will you look initially for.

- A. Vit B12
- B. Methylmalonyl CoA
- C. Homocystine

65. CV of MCAD (Hypoketotic + Hypoglycemia, mentioned in cv.) → Asked about which lab value hints towards its diagnosis? → → (↑ Ammonia level.)

66. Sexually active pt → H/o unprotected sexual intercourse → presented with painful, tingling sensation in lower limbs → x-rays showed lytic lesion foot over calcaneum + navicular → author went with Charcot arthropathy. (other option: tabes dorsalis)

67. Pic of hyphema given → H/o trauma to Rt-eye during play. → NBS?

- A. Measure IOP
- B. Refrac. Error
- C. Fluorescence

68. RA prolonged history → most common ocular symptom?

- A. Anterior uveitis
- B. Keratitis

C. scleritic

69. Discrepancy between Rt & Left breast. At breast (Tanner3) & left breast (tanner 1) CV asking about long term Complication

- A. Malignancy
- B. fibroadenoma
- C. No complication

70. CV mentioned fluctuant mass with circumscribed lesion on breast.

cv asking regarding its complication.

- A. fibroadenoma
- B. Malignancy

71. Pt. prolonged Immobilization → well score high →DVT diagnosed→ presented with sudden calf pain→ distal pulse not palpable→swollen legs,tendon→NBS?.

- A. Heparin
- B. fasciotomy

72. ILD finding mentioned→ CV asked which of following is req for its diagnosis.

- A. Fev
- B. FvC
- C. DLCO

(no option of fev1/fvc)

73. Huntington disease+ in dad → Similar H/o in past Pq Mother worried about her child so did genetic testing → absent in infant → Which principal did you violate

- A. autonomy
- B. beneficance
- C. Non-Maleficance
- D. social justice.

74. Clinical Scenario of Wilsons disease → (↑ed ceruloplasmin), → asked for treatment → (Penicillamine.)

75. Cutaneous Larva Migrane → Pic given asked for trt → Albendazole / Ivermectin.

76. Catch-22 scenario given → asked for electrolyte Imbalance

(hypocalcemia

mentioned

In question)

- Hyponatremia

- Hyponatremia
- Hypokalemia
- Hyperkalemia
- Hypomagnesemia
- Hypermagnesemia

77. Red Grey Tongue , H/O fever & cough → CV hinting towards Diphtheria. No feature of Obstruction → asked regarding its complication → → no option of myocarditis.

78. CV of cord compression given. → No History of fever → fetal Heart rate 110 bpm. → Asked for NBS (No option for resuscitation)

- Abx
- CIS
- Tocolytics
- observe

79. sharp chest pain & frequent bout of cough → X-ray shows Mediastinitis → Pt. had past H/O Pneumothorax. → asked for diagnosis.

- Esophageal rupture.
- bronchial rupture

80. Simple CV of Ogilvie syndrome → asked for NBS → look for electrolyte.

81. Gestational size increased → H. mole (asked for diagnosis)

82. Infant 1 mth history → non-billous Vomiting → lab report awaiting → what it is the Suspected diagnosis. → H. Pyloric stenosis

83. Epiglottis feature + → stridor + → NBS.

A. Abr

B. steroid

84. Reddish-purple rash present on foot No H/o immunocompromised → Author went with Kaposi .

85. Myxoma scenario → CV mentioned Mid-diastolic rumbling murmur over apex → Plop sound → + asked complication → Stroke

86. Grade 4 lung cancer metastasis to bone patient asymptomatic patient understand pros and cons and wants quality of life NBS: ?hospice, ?nursing care, go with treatment.

Ans: hospice

87. Old age female on health proxy no advance directive: daughter wants treatment son says mother does not want treatment (intubation) NBS: go with son wish.

88. Baby in ER pediatrics doctors duty off NBS: stabilize and refer to other hospital (free 120 like) Amala question

- Sentinel event, Near miss and active error all 111 question
- Neuroleptic malignant syndrome
- Generalized anxiety disorder

89. Parkinson cog wheel rigidity bradykinesia 2 weeks before levodopa dose increased had symptomatic relief now patient presents with visual hallucinations NBS:

- A. give dopamine
- B. give quetiapine,
- C. reduce dose of levo and carbidopa?

Ans: decrease dose

- Used OCP electrolyte abnormalities of Na and K?

- OCP complications:3 questions
- Typical dementia question
- Hospital acquired delirium question gets better in 2 to 3 weeks old pq
- One single hypoplastic polyp on colonoscopy in normal screening asymptomatic:repeat in 7 to 10 years
- 2 questions of papilledema unilateral papilledema question
- Player American game 15 degree bandage hand restricted left shoulder pain not improved with NSAIDs and steroids diagnosis?:?Adhesive capsulitis,?bicep tendinitis No rotator cuff in option
- Right arm pain shoulder blades pain along with numbness in middle finger: ? C5 ? C6 ? C7: Ans: C7
- Old pq osteochondroma treatment:do nothing
- Round 2nd year surgery resident had alcohol smell you're intern NBS:report to medical supervisor
- Young female goes to study in college wants to drop out from college as she can't give presentation, but speaks well with normal group friends: social anxiety? ,performance anxiety
- Young female cervical cancer diagnosed wants to get pregnant later NBS: hysterectomy? ,chemo?, LEEP?
- Treatment of tardive?:? valbenazine and clozapine?
- Tell about medical error 3 to 4 questions.

- Swan neck deformity RA mentioned grand daughter marriage hand tremor while working best advise to improve motor function? wrist splint, occupational therapy, steroid?
- Diabetic patient pregnant what is the risk in pregnancy: diabetes before present under insulin controlled: what is the risk to the baby?
- 15 years regular follow up previously vaccinated for hpv and meningitis now what will you give: no tdap in option HPV dine?
- Bronchiolitis infant discharged after treatment late for vaccination due to bronchiolitis NBS: give vaccine as schedule, give all, postpone, give while discharge? ans: vaccine as schedule?
- Female brings her child due to illness unable to pay won't do treatment cant take help from charity due to religion what will you do?: go through court order
- 82y f staying with her daughter who is poor give her mother rotten foods she also eats same food due to poor financial status mother mental status intact NBS: APS?
- Round 2nd year surgery resident had alcohol smell youre intern NBS: report to medical supervisor
- Young female cervical cancer diagnosed wants to get pregnant later NBs: hysterectomy?, chemo?, LEEP?
- Valvular lesion ulcerative picture under ocp not like lichen planus sclerosis what might be complications: Fistula? , infertility? Ans: Fistula?
- Sclerosis treatment clobetasone old pq

- Diabetic patient white plaque on tongue like oral thrush what would you give: cotrimazole? , chlorhexidine mouth gargle ? Ans : cotrimazole lozenges?
- Chlamydia trachomatis young female treatment received pregnant complication in baby what screening?:?ocular herne
- Baby nose bleed no family history bleeding for 20 minutes even after minor injury factor 8 within range what is diagnosis : Vwd1? Vwd2? Vwd3? Hemophilia A? hemophilia B?
- Hyperchromatic nuclei with keratin pearl
- 17 y /f bf pregnant want to do the abortion parents know risk and benefit wants to abort child :go with procedure
- Picture: port wine stain : truncus arteriosus hearing loss ?what would be the complication.
- ECG : cardiac tamponade : mild chest pain no Beck's triad NBS : Echo
- DVT and pulmonary embolism : risk factor, treatment, diagnosis Wells score .
- Graves disease : feeling hot tsh decrease t3 t4 increase : finding? increase t4 ? increase peroxidase antibody,
- ILD:histology criteria diagnosis
- Right carotid bruit, numbness tingling rt hand jvp raised: subclavian steal syndrome ?venous insufficiency?

- Thoracic outlet syndrome?
- Hernia inguinal and spigelian old pq
- Somatoform disorder
- Extra pyradimal syptoms bata treatment
- Acute dystonia and tardive dyskinesia treatment
- Treatment of tardive: valbenazine aliu.
- Dr. gives Anastrozole, and later tells not to take it. Why? No significant difference even with Anastrozole
- Calculate NNT for vasomotor system.

$NNT = 1 / YARR$ (Intervention-control)

$NNH = 1 / YAR$ (exposed-unexposed)

- Blinding is done. whom to be blinded to ↑ better result?

Patient (Double blind) Data analyzer (Triple blind)✓✓

- Inhaler fluticasone for allergic rhinitis.
- Colonoscopy cutaneous manifestation
- Acute otitis media treatment asked
- Ascending Cholangitis
- Asus screening

- Mucosal neuroma present paternal uncle has thyroid cancer present with symptoms of pheochromocytoma
- Fentanyl patch for pain control in multiple myeloma
- USG for thyroid nodule
- Secondary hyperthyroidism
- Uvula deviated with Duputren contracture
- Lichen sclerosis vulval lesion
- Ruptures ectopic pregnancy
- Mdma intoxication
- Alcohol
- Bulimia nervosa
- Renal stone of oxalate risk factor hypercalcemia with oxaluria
- Cholecystectomy answer.. plan after discharge from gb stone leading to pancreatitis
- Enteral Vancomycin for clostridium difficile infection
- Pagets disease of breast
- Infertility hysterosalpingography
- Generalised lymphadenopathy..syphilis
- Pancytopenia methotrexate

- Infective endocarditis
- Iv drug user
- Necrotising fasciitis meropenem and Vancomycin
- Venous ulcer compression
- Newborn with heart block? Cause Maternal antibodies of sle
- Roc curve.. most sensitive test for screening a disease outbreak
- History of exposure to asbestosis presented with pleural effusion.. findings
- intrapulmonary mass or pleural plaques
- Toxic megacolon treatment
- Primary prevention
- H/o Migraine contraceptive levonorgesterol IUD
- intrapulmonary mass or pleural plaques
- Toxic megacolon treatment
- Primary prevention
- Obese pregnant women...weight gain during pregnancy
- Army men gay like symptoms when stress cut his wrist.. mgmt admit the pt Mantoux 18mm..isoniazid therapy
- 1. Ebv symptoms given.Asked when should the child should play sports

- After fever subsides -after splenomegaly subside - Afte 4wks

- Penis wart leison given. Asked future course
 - Chronic - waxing n wanning - Recurrence

- efficient vs effective scenario

- Hospital planned for sepsis prevention / early t/t for which they made protocol which included things like
 - when pt arrives at er take vitals within 5 min

 - lab workup within 30 min.....

 - 2 other points were also there similar to further diagnosis n t/t!

- Tourette syndrome associated with adhd

- Anchoring bias

- ARR calculation

- Prazocin PTSD under sertraline with history of night mares

- CML cbc report with splenomegaly

- Cutena Larva migrans Albendazole

- Abstract stroke

- Intravenous thrombectomy vs tPA

- Ocp vs thromboembolism

- DEXA scan 68 yr female.
- Sequential AAA screening,
- ECG
- AF, MI
- MR, VSD, AS
- Incomplete abortion with absent fetal cardiac activity
- Complete abortion Rh negative mother
- ILD answer HRCT
- Early marker for lung function assessment in ILD DLCO
- Empyema chest X-ray given, pt presented with fever cough SOB with history of traumatic
- pneumothorax 3 weeks back.
- Allergic rhinitis fluticasone
- MVA 15 question
- Anal fissure
- Wilson treatment penicillamine eye picture of Kay-Fleischer ring
- History of Arcus senile
- Charcot arthropathy

- Subconjunctival hemorrhage
- Osteosarcoma xray biopsy
- ankle sprain splinting
- Bacterial meningitis
- Abscess picture I &D
- Picture genital wart treatment asked
- Chronic granulomatous disease infection risk of stap
- Tampon induced tss
- Inhaler fluticasone for allergic rhinitis