

:: STEP2 CK JULY 2024

A patient presents with a long history of GERD. During an endoscopy, squamocolumnar changes in the esophagus are noted. Aside from prescribing treatment, what further steps would you take?

- a. No further management
- b. H.pylori screening
- c. Endoscopic surveillance

A child who had an upper respiratory tract infection three weeks ago is now exhibiting signs of heart failure, including an S3 sound noted in the cardiovascular examination. What would be the diagnosis?

- a. Pericarditis
- b. Myocarditis
- c. Complete heart block

An 6-week-old baby with a history of nonbilious vomiting and increased hunger after vomiting. What is the diagnosis.

- a. Duodenal atresia
- b. Pyloric stenosis
- c. Pancreatic divisum

A heavy alcoholic patient is inquiring about which liver marker is likely to be abnormal.

ALT

AST

GGT

A patient underwent surgery 3 to 4 days ago is now experiencing an increased respiratory rate and pulse rate. What would be your next best step?

a) CT scan

b) X-ray

A patient presents with right-sided heart sounds on auscultation and have a history of infection, although CFTR mutation testing was negative. What complication could they develop?

a) Infertility

b) Mesenteric ischemia

c) Brain tumors

d) Hemorrhages

A 36-year-old woman with a family history of breast cancer underwent breast surgery for breast cancer 2 to 3 months ago. She seeks pre pregnancy counseling. Can she proceed with pregnancy?

a) Yes, proceed with pregnancy.

b) Wait for 4 years before considering pregnancy.

c) Pregnancy is not advisable.

During a routine examination, a 4-year-old child is found to have an abdominal mass. A CT scan reveals bilateral renal masses, that do not cross the midline. The child is normotensive. What is the most likely diagnosis?

- a) Wilms tumor
- b) Neuroblastoma

A patient presents with a clear picture of heliotrope rash, suggestive of dermatomyositis. Which investigation would you do for diagnosis?

- a) Skin biopsy
- b) Muscle biopsy

After a car accident, a patient briefly lost consciousness, woke up with a headache, Conditions further Detroit and now has a blown pupil on one side and weakness on the opposite side of the body. What's the probable diagnosis?

- a) Epidural hematoma
- b) Subdural hematoma
- c) Subarachnoid hemorrhage

A woman complains of band-like headaches persisting for 8 months, intensifying during work hours and getting better at home. The pain has increased in duration and frequency, occurring more often than before.

What is the likely diagnosis?

- a) Migraine without aura
- b) Cluster headache
- c) Tension headache

A 17-year-old woman comes with sudden pain in her right lower abdomen, mild nausea. her last period was 2 weeks ago. She has tenderness in the right lower abdomen and pelvic area. CT scan shows nothing abnormal.

What should be done next?

- a) Give antibiotics
- b) Discharge with pain relievers
- c) Get pelvic ultrasound
- d) Plan surgery

A 26-year-old man arrives at the ER showing bizarre behavior after a party. He's paranoid, threatening, with a high temperature. Physical exam shows agitation, sweating, shaky eye movements, and occasional muscle jerks. he is confused, believes the doctor wants to harm him, and later becomes drowsy. Naloxone doesn't help. What's the likely diagnosis?

- a) Alcohol intoxication
- b) PCP intoxication
- c) Schizophrenia
- d) Amphetamines

A 64-year-old woman has fever and watery vaginal discharge. It's worse during the day and when she's upright. She had vaginal surgery recently. What's the likely diagnosis?

- a) Rectovaginal fistula
- b) Rectovaginal fistula

c) Urethral prolapse

A 17-year-old girl has cough for few months, mainly in the afternoon and evening. It's worse in cold weather but doesn't disrupt sleep or daily activities. No other problem and chest x-ray is normal. What's the likely diagnosis?

a) Asthma

b) Sarcoidosis

c) Tuberculosis

d) Cocaine use

A patient presents with a two-month history of sudden memory loss, specially struggling with remembering things shortly after being told.

Additionally, he exhibit a flat affect. What could be the underlying cause of these symptoms?

a) Major Depressive Disorder (MDD)

b) Alzheimer's disease

c) Creutzfeldt-Jakob disease

A patient with a history of third-degree skin burns and skin grafting is now required to work outdoors in construction. He is at risk for developing which condition?

a) Squamous cell carcinoma

b) Ulcer formation

c) Basal cell carcinoma

After a collision 32-year-old man arrives in ER in severe respiratory distress. His left chest shows swelling and reduced breath sounds. X

ray reveals subcutaneous air and a left pneumothorax. Despite a chest tube, there's still a big air leak. What's the likely diagnosis?

- a) Esophageal injury
- b) Ruptured bronchus
- c) Open pneumothorax
- d) Tension pneumothorax

A 34-year-old woman with AIDS complains of painful burning sensations in her hands and feet for the past 2 weeks. Physical and neurological exams are normal. What's the best first treatment?

- a) fluoxetine
- b) lorazepam
- c) nortriptyline
- d) prednisone
- e) Topical lidocaine to the affected areas

A person with schizophrenia, currently doing well on medication and managing daily tasks, wants to quickly overcome the condition. What might happen?

- a) His condition may deteriorate further.
- b) Therapy may fail.
- c) He may experience improvement

-Erythema neonatorum toxicarum picture.

-Port wine stain picture.

-Condyloma accuminata picture->ablate or re-examine in 3 months.

-Contact dermatitis scenario->topic steroids.

-A dignified physician having hearing problems, and now couldn't appreciate a murmur on a patient but a cardiologist could->What to do? Ask him to get a hearing test? Or Report him?

A child's mom had sent a friend request to a physician on a social media account, now they came to their child's visit. What do you do? Ignore it if she doesn't bring it up or discuss boundaries about social media use etc?

-A physician gets psychiatric manias->put him in a psychiatric hold?

-Diverticulitis sequential question get a CT->2nd one was perforation of the diverticulitis->laparotomy or Laproscopy?

-Acute urinary retention sequential->get a bed-side ultrasound->next catheterise i think.

-Femoral hernia diagnosis.

-Surgery in femoral hernia.

-Varicocele question, i think transillumination.

-Lipoma scenario.

-IgA nephropathy question.

-Kawasaki disease question->give high dose IVIG and ASA.

-Child w Disinhibited Social Engagement disorder.

-Panic disorder Q. -Phobia Question.

-PTSD Q.

-MDD w pseudodementia question.

A question about a PDD patient starting exercise, this will benefit him in->balance.

-Transverse myelitis->hypotonic->later will be UMN symptoms/spasticity.

-Epidural hematoma Q.

-Mobitz type 1->prolong and drop->Observe.

-I think a question on Prinzmetal angina. -An inferior wall MI w regurg now (probably MR).

-A patient on opioid withdrawal->will likely have seizures or nausea and vomiting?

NandV.

-Trochlear nerve palsy Questions, i think 2 of them. Patient was having vertical diplopia and a trauma history.

-Young patient w testicular mass and multiple mets on CXR->testicular cancer.

-Medullary thyroid cancer->Check calcitonin.

-Hypercalcemia->after albumin correction still Ca high->BNS->Check PTH.

-CML Dx.

-Sudden infant death syndrome->mom asks for advice for it.

-Ascites question w usual stuff->fluid restriction.

-OA->Dx.

->Stress fracture scenario check ALP or MRI ? Xray didnt show anything.

RA question and childs wedding coming wants to sew a dress->occupational therapy.

1. Multiple sclerosis prognostic factor male>complete resolution of symptoms between episode
2. Endometriosis sudden onset pain from last 1 month aggravate on movement>> cystectomy
3. aortic stenosis murmur
4. Adult> clearance of activity
5. Murmur in kid> echocardiography
6. Adhesion In surgeries > nasogastric decompression treatment
7. Diverticulitis>> intravenous antibiotics
8. Measles decrease after immunization>> herd immunity
9. Graph question> 4.9 times/hour grade low
10. Ecg wpw
11. Ecg IWMI
12. Cerebroform nuclei >> hiv testing
13. Hereditary spherocytosis> splenectomy
14. Pregnant lady supplement> vit b12 along with folic acid
15. Hopi>> endometritis ++ gentamicin
16. Mvp murmur> no prophylaxis in dental procedure
17. Copd vaccination> ppv
18. Asthma pt with inhaler and >> oral CS
19. PT develop flacid paralysis after lobectomy> spinal artery rupture
20. Rhabdomyolysis>> hyperkalemia
21. Sequential> thoracotomy

22. Sequential > pericarditis
23. 10 year menses develop> next vaccine> HPV OR TDAP
24. Epididymitis> chlamydia
25. Avoidant personality disorder pt can't date bcz she will not date but she was also
26. Necrotizing enterocolitis confuse intussusception
27. Tender abdomen liver tender and jaundice , direct bilirubin> ast alt raise
28. Pneumonia question> azithromycin
29. Bilateral crepts confuse with pulmonary embolism

30. Thyroid nodule> FNAC for diagnosis complete
31. Myotonic muscle dystrophy> biopsy or echocardiography
32. Root cause analysis
33. Pt surgery > debriding or time mode
34. APGAR SCORE low> oral pharyngeal suctioning
35. Kids with drooling and short sentences>> intubation
36. Kids given oxygen > no response> intubation
37. Warts > spontaneous resolution
38. Ant bite> acetic acid
39. Hydraticve supprative >> DMARD or antibiotics
40. Cellulitis case>.blaching with rash tender> cephalaxin
41. Endocarditis< blood culture
42. Steven johnson> recurrent
43. Septic arthritis osteoarthritis
44. Female pt abdomen pain > pelvic ultrasound or CT
45. Case series
46. Relative risk with null value>> low sodium diet
47. 1st treatment goal
48. 3:Dec Confidence interval with increase nmb
49. Mastectomy compare with chemotherapy looks easy
50. Colectomy kha po metabolic acidosis due to diarrhea
51. Aaa:treat at that time
52. Gout vs charcot
53. Restrictive lung disease : ratios
54. Sle: antibodies
55. Copd disease ratios
56. Copd ptnt heart changes :In parallel he did do read urself
57. Murmur AS

58. Inc time of physical activity
59. ABI: peripheral arterial disease
60. Diabetic ptnt with ulcer always first do imaging to rule out osteomyelitis
61. Coin serial imaging and observation
62. IDA
63. Tb case exudative pleural effusion values
64. Vancomycin: C. difficile
65. Men2: calcitonin
66. Odd vs reactive
67. selective igm def: CD40 L
68. Struge weber : seizure
69. Hypovolemic shock
70. Pneumothorax txt, diagnosis
71. Acute rejection whixh cells involved
72. Serretia Cgd
73. Rivastigmine alzheimer
74. Afib ecg difficult question asked nbs
75. Hyperthyroidism
76. Sheehan : inability to breast feed
77. Ectopic: methotraxate
78. Ocps
79. Medication induced headache
80. Copy past stem question what will u do
81. Bipolar physician : report to something
82. Transverse myelitis
83. JIA 2 questions RF, rashes fever etc dx JIA
84. Detrusor hypoactivity overflow incontinence
85. RMSF serology

86. Syphilis serology
87. Rash on trunk : Dx:
88. Tinea capitis
89. Hpv 15 years girl
90. Neisseria meningitidis pic arthritis b huas
91. Imatinib in CML
92. Hyperplastic colonoscopy aftr 10 years
93. Hernia question in child
94. MDMA
95. Opioid Withdrawl treatment: bupronorphine
96. Social anxiety : b blocker
97. Medicaid insurance
98. Anchoring bias vs availability bias
99. Active error ans vs latent error
100. Root cause analysis
101. Force functioning
102. Ct scan of neck pain with lateral movements: difficult question?? Epiglottitis vs retropharyngeal abscess
103. Conus medularis

1. Dermatomyositis (heliotrope rash) -> CK
2. Episodic vertigo -> Meniere's
3. Fish tank - Noncaseating granulomas - not TB, not MAC. What txt? Ethambutol, TB, antifungal, penicillin
4. Macrosomia, shoulder dystocia -> next pregnancy what to do? HbA1c kam karo - 10 tha
5. 40 yo woman - Turner, Trisomy, Angelmann syndrome, nondisjunction
6. Neuroblastoma maybe ??
7. Schizophreniform
8. ACEI in pregnancy -> renal agenesis
9. Acne q. Comedone, pustules, wanted to get pregnant -> benzoyl, doxy, tretinoin
10. Systemic fistula ban gaya after trauma - CO, PVR, DBP arrows q
11. Pulsus paradoxus - cardiac tamponade
12. Paraplegic - wants to go home - inc risk of? Autonomic dysreflexia, aspiration pneumonia
13. Tourette long term -> gets better w age
14. HPV - recurrence, malignancy
15. Trauma, kaan se khoon, what to do? CT head (basilar skull fracture)
16. Traumatic hyphema txt -> observe, tranexamic acid, surgery
17. Orbital trauma - CT showed normal inf wall, medial wall was fucked.
18. Sensation of middle finger gone. Factor for good prognosis? Injury (exciting event basially) maybe
19. Tuberous sclerosis ka kuch tha
20. Crying but daant mein dard, sinuses tender, what to do? self resolve, give antibiotics
21. Brain dead. Family ko batao, organ donation status check
22. Fibromyalgia - investigation? no further investigation
23. Restless leg syndrome - check ferritin levels
24. Osteoarthritis - crepitus waghera - ya tou physical therapy, ya NSAIDs and rest advice
25. Osteoporosis - DEXA karao
26. Pseudodementia - check TSH levels
27. Essential tremor, HTN bhi thi pt ko - primidone and propranolol both given
28. Triathlon athlete has temporal epilepsy - ketogenic diet or avoid swimming alone
29. 2 saal ka bacha - aik mein 50% speech intelligible - normal
30. aik mein less than 50% intelligible - do audiological testing
31. Middle aged woman with OSA symptoms, obese - neck width given. What to do? Polysomnography, do nothing

32. Acute dystonia - give diphenhydramine
33. Girl who used to get up with fatigue, head rush. BMI kam, no pallor, mild hypoglycemia. Cause? Hypoglycemia, anemia, orthostatic hypotension, BMI bhi kam?
34. Orthostatic hypotension, Parkinsons new symptoms. Cause? Parkinsons, dehydration?
35. Wegener (URTI, LRTI). Aur kya hoga? Hematuria
36. JIA dx
37. Kawasaki. Only 4 criteria poore. What to do? CRP, Echo
38. Child with sickle cell. Give penicillin
39. Splenectomy hui wi thi. What to do next? Pneumococcal vaccine, aspirin. Platelet count normal, so give pneumococcal vaccine
40. Rheumatic fever investigation? Anti ASO titres
41. Kartegener NBME pic stem same. What will happen? Infertility
42. Wilsons disease, blue aankhein. Txt? Penicillamine
43. Renal artery stenosis bandi ko. MR angiography, CT angiography, Duplex USG? Cr high so duplex
44. Cardiac tamponade - pericardiocentesis
45. Banda had cocaine 12 hours ago, now. Chest pain radiating to the back. Left radial and left femoral pulse kharab. Basically aortic dissection pic. Had to listen to murmur and dx but murmur was weird and audible everywhere. Dx? Aortic dissection proly
46. Trauma - blood at urethral meatus - xray given - fluid bw bladder and peritoneum. What to do? Cystourethrography, ex lap, CT scan
47. 3 saal ka bacha, recurrent pneumonia. Sab set tha. CT scan or bronchoscopy?
48. TLS. Which electrolyte raised? Phosphate
49. Afib treatment? Metoprolol, procainamide and some other drugs
50. PE picture. What to start? SQ LMWH, warfarin, DOAC
51. Pancreaticoduodenectomy, ampulla of Vater ka carcinoma. Fatty stools. Why? Bile acid insufficiency, pancreatic insufficiency, blind loop syndrome
52. Crohn's dx
53. Crohn's txt - steroids
54. Girl with UTI symptoms and abdominal pain. Cystitis vs urethritis
55. STEMI
56. Pregnant aurat ko UTI hua wa. Inc risk of? Pyelonephritis, preterm delivery
57. Thyroid swelling, hoarseness. Thyroid function normal. What to do? Thyroid surgery
58. Trypanosoma cruzii dx ke liye investigation? PCR blood
59. Image of ulcer. Sandfly given in vignette. Dx? Leishmaniasis
60. Vietnam mein rehta. Never had a blood transfusion, monogamous. Most likely chronic infection? Hep B, HIV, dengue, leishmaniasis, babesiosis

61. Agent orange
62. Cat bite. Tetanus given. What to give? Broad spectrum antibiotics, do nothing
63. Adrenal adenoma. Adrenal venous sampling done. 8 AM cortisol was high. Aldosterone raised. Dx? Conns syndrome
64. Diabetes step up mgmt after metformin. Pt overweight. What to give? Gliptin, TZD, sulfonylureas
65. Parathyroid nikaal liya. What will happen? Recurrence, will resolve
66. Cdiff dx
67. HUS txt? Plasmapheresis, corticosteroids, supportive
68. Cough, xray given, Calcium raised, 11. smthn, mild hyponatremia. Taking thiazide too. Cause of hypercalcemia? Malignancy or thiazide diuretic
69. Shy boy -> klinefelter
70. Boy with UL gynecomastia at puberty. What to do? Reassure
71. Central diabetes insipidus treatment
72. Hyponatremia another q but dont remember stem
73. Hypokalemia not being corrected. What to do? Check Mg
74. VHL. Fam history strong. Pt had cerebellum mein hemangioma. What next? Retinal hemangioma
75. Girl with hypoglycemia attacks, mother had DM1. Labs show hypoglycemia and raised C peptide. Cause? Insulinoma
76. Hemorrhagic shock. RBC given, BP falls more, wheezing. What to do? Stop transfusion
77. Anal fissure presentation but no physical exam finding
78. RLQ pain. Dx? Epiploic appendicitis, urachal cyst. Not appendicitis pic cuz MANTREL nai poora.
79. Aphthous ulcer. Prognosis?
80. Achalasia q maybe
81. Hyperpyloric stenosis dx? Ultrasound
82. Scleroderma q
83. Trauma q. See GCS. Might be intubation
84. Nephrotic syndrome. Now blue toes. What will be decreased? Protein C, urine antithrombin 3, platelet count
85. Vomiting. Boerrhave syndrome. What to do? Endoscopy
86. COPD. Oxygen, duonebs, steroids sab mil rahe. What to do next? Oxygen increase, steroid again, give salmeterol, azithromycin
87. Bachpan mein infections. Ab recurrent hemophilus infection as a teenager. What to check? B subtypes, T subtypes, immunoglobulins, CH50?
88. Thailand ja ke HIV. How to dx? Viral load, CCR5, CCR4, lymphocyte count

89. Measles type picture poori, but rash at diff stages of healing. Dx? Measles, varicella?
90. Pertussis txt
91. Laryngomalacia dx - inspiratory stridor when lies down and cries.
92. Cholecystitis simple q
93. Cholangitis simple q
94. Child with hoarseness for 6 months. laryngeal papillomatosis. What to do?
Removal
95. G6PD. Which drug to avoid? Atovaquone-proguanil, mefloquine, primaquine, doxycycline
96. Asbestosis. Pleural plaques, parenchymal mass. Bronchogenic CA or mesothelioma?
97. Shipyard worker + ILD signs -> Asbestosis, silicosis
98. PCP txt
99. ARDs dx, shayad weird tha
100. Pregnant woman with Rh isoimmunization. History of spontaneous abortion. What could have been done to prevent Rh isoimmunization? Treatment during previous spontaneous abortion
101. Hemophilia A
102. JAK mutation (primary polycythemia). EPO, erythrocyte mass, oxygen levels.
Arrows q
103. Restrictive disease, extrathoracic lung disease due to kyphosis. DLCO, residual volume, TLC. Arrows q
104. HIT
105. TB skin test pe 15 se ziada size. What to do? Txt start
106. Pneumonia. CXR done. Txt? Levofloxacin
107. Tinea capitis txt
108. Squamous cell carcinoma - NBME/free 120 pic
109. Infection control q: bedridden woman. What to do to reduce UTI? Intermittent catheter, avoid indwelling catheter
110. TMP-SMX, rash started, beach pe bhi jati thi. Aik jagah se shuru hou ke phail raha. Sunburn, drug induced?
111. Hypercalcemia, hyperparathyroidism. What will happen to bones? Resorption
112. Maternal T1D. Fetus inc risk of? VSD
113. Bandi is saying mere andar multiple embryos daal do. Doctor saying no. Which principle? Maternal nonmaleficence, maternal beneficence
114. PGY1 ne trochar andar daal dia. PGY4 supervising. Physician scrubbing in. What type of error?

115. Pt with constipation, fever blah blah. Being txt for constipation again n again. Died. What type of error? Representation error, premature closure
116. 17 yo girl who was speeding. Gaari maardi. What to do? Take license, safe driving classes.
117. Research ethics ka sawal on funding ke u dont accept funding from the pharma company proly
118. Pt giving cookies. What to do? Reject, accept but baant dou staff mein
119. Pt-physician rxnship
120. Pt doesnt wanna tell parents about STD. What to do? Tell community health program cuz they maintain confidentiality, baki kisi option mein confidentiality maintain nai hou rai thi
121. PDSA cycle - but now quality falling again. What to do? New PDSA cycle, reminders to staff
122. Root cause analysis q
123. 2 treatment plans, plan A and plan B. Insurance doesnt cover the better option so pt takes the other one. She dies. Health care quality ka konsa part? Structural, outcome, process
124. pump isnt working: throw it, call company, observe closely
125. standardization
126. man with stroke. 10 yo will ke if i get a terminal illness, dont intubate or resuscitate me. refuses to take food now. what to do? follow will, force feed, dont do anything, ask surrogate (his son)
127. physician asks for txt for his wife. what to do? refuse
128. Coxsackie -> reassure
129. Assisted living facility mein pt, masla hou gaya. Call family ya phir call assisted living facility to ask for surrogate?
130. Girl with vvv hectic schedule, super busy. NO other symptoms. What is she at inc risk? MDD, GAD, inc chances of accident
131. Ankle pain but ankle mein koi masla nai tha. V high BP. What to do? Acetaminophen-oxycodone, do nothing, follow up with PCP
132. Aggressive pt
133. Delirium -> low dose haloperidol
134. Old guy who would wake up at night and walk around in confusion. What to do? Make environment safe or make sleep hygiene better
135. REM sleep disorder. Inv? MRI or EEG
136. Goron aur kaalon mein DM mein disparity. What to do? See if other factors r in control, see agar DM ke ilawa kisi aur cheez mein disparity hai
137. Woman with alcohol abuse NBME/free 120 repeat q

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138. Panic disorder
139. Woman whose husband died. MDD criteria nai poora, she was okayish. What to do? Grief counselling, fluoxetine
140. Implicit bias q
141. Alternative medicine q. You start googling prune juice and pt asks why are you googling? To practice evidence based medicine
142. BPD dx
143. Foster home ka bacha in his 4th foster home. Kuch maheene set rehta tha, but would get annoyed with each family. What to do? Parent management training
144. Tourette syndrome long term prognosis
145. Colonoscopy pe mass aa jata - unable to progress, biopsy of mass taken. What to do next? Resect mass, CT scan, repeat colonoscopy, barium swallow
146. Bachi with skin whitening in perineal and anal region. Dx? Lichen sclerosis
147. Mittelschmirtz wali pain -> reassure
148. Asherman syndrome -> hysteroscopy
149. HPV txt -> cream ka naam diya hua tha podofilox
150. urinary incontinence q
151. Breast mass -> mammo
152. Hydrocele -> reassurance
153. Cryptorchidism at 18 months -> wait for 6 more months, do orchiopexy rn, chromosomal analysis
154. Methotrexate high dose given -> give leucovorin
155. Guy was putting eye drops in his eyes and wanted an angiogram. Dx? factitious disorder, malingering
156. 18ish month old bacha agar khara hou tou both his toes pointed inwards but individual inspection mein his limbs were fine. Options: genu varus, genu valgum, metatarsus adductus, femoral anteversion or something, some other weird option
157. sigmoid volvulus. xray given. vitals normal. txt? sigmoidoscopy

1. Picture of hair loss + telling you that pulling hair test is positive, Dx? Alopecia areata.

2. Post-partum hemorrhage boggy uterus on exam – Oxytocin.
3. Child with heart murmur, hypocalcemia, lymphopenia – 22q11 mutation.
4. Boy with pallor, anemia, and HB-S – give penicillin.
5. Pleural effusion triglycerides 40 – TB.
6. Urea nitrogen >100 – dialysis.
7. Picky eater – lead poisoning.
8. Patient taking ACE inhibitors in pregnancy, risk of? Oligohydramnios.
9. 2 Questions PPV – One 40/40+5.
10. Picture of Neisseria asking about the Dx.
11. Case of SOB, fever, cavitation on one side, slide was shown (branching fungus) asking about the Dx – Aspergillus.
12. Typical becks triad — Tamponade.
13. Rheumatoid disease modifying Tx — Methotrexate.
14. Case of newly diagnosed HTN – DASH.
15. Child with fatigue, pallor, splenomegaly on exam, CBC Hb 8, platelets 30000, WBC 25000, asking for Dx – ALL.
16. Patient with fatigue, tremor, diarrhea, and weight loss – TSH low, T4 high.
17. Patient with thyroid nodule and normal TSH, NBS? FNA.
18. Patient with central Cath developed fever, MCO? Staph A.
19. ECG of inferior MI, cause? Plaque rupture.
20. Child with history of URTI 2 weeks ago present with bloody urine and hypertension: 1st Q what is the organism? Strep pyogenes.
21. 2nd Q with the same scenario asking what you will find in his labs? Low C3.
22. Po2: fio2 350 – Pulmonary contusion.
23. Diabetic patient, frequent vomiting, how to diagnose – Gastric emptying.
24. Baby with jaundice and pale stool, Dx – Biliary atresia.
25. Another Q telling you that US showing no gallbladder – Biliary atresia.
26. Boy presented with intermittent severe abdominal pain and blood in stool, showing X-ray – Intussusception.
27. Patient wants to travel to sub-Saharan Africa – Hepatitis A vaccine.

28. Female 12-year-old, took HPV and meningococcal vaccine, what to give at this visit? 2nd dose HPV.
29. Picture of thrombosed hemorrhoid with history telling you that the patient complains of severe pain – hemorrhoidectomy.
30. Patient on PTU present with sore throat and decrease in WBC – Side effect of PTU.
31. A physician with a picture of mania, BNS? Take him to ER for treatment.
32. Male with SOB, smoker, family history of liver cirrhosis - Alpha 1 anti-trypsin deficiency.
33. Men 2A, elevated metanephrines and history of recurrent renal stones, what to test? Calcitonin.
34. DM recently diagnosed with HF, asking what medication to avoid? TZD.
35. Child living in house built in 1960 – Venous lead level.
36. Picture in HIV patient – Seborrheic dermatitis.
37. Picture in HIV patient – Kaposi sarcoma. *Like the one in FREE 120*
38. Picture of rash at the chest and pain – Herpes.
39. Microcytic anemia, Mentzer index MCV/RBC (MCV was 56) – Thalassemia. 40. Pregnant lady with chronic HTN on ACE inhibitor, what to do now – Switch to CCB.
41. CKD patient on dialysis missed last one, now Cr is 10 and urea nitrogen is elevated, what to do next? Dialysis.
42. Hyperemesis asking what the risk factor is – Twin pregnancy.
43. Placenta previa at 20 weeks what to do next? US at 28 weeks.
44. Case of PMS, Tx? Fluoxetine.
45. Menopause – LH and FSH high, estrogen low.
46. Female 12-year-old, no menses, have secondary sexual characteristics – Reassure.
47. Elderly female with valvular lesion – Biopsy.
48. Boy with recurrent infections and absent tonsils – Bruton agammaglobulinemia.
49. Fever and chills after 30 minutes of blood transfusion, BNS? Stop transfusion and give acetaminophen.
50. Patient underwent fracture repair, present with hypoxia and rash, Dx? Fat embolism.

51. Child abuse retinal hemorrhage and subdural hematoma – Inflicted trauma. 52. Patient present with shoulder stiffness, active and passive movements are restricted, Dx? Adhesive capsulitis.
53. Restless leg syndrome – Gabapentin.
54. 18 weeks of gestation, US revealed spina occulta, what is the sequelae – Normal.
55. A mom telling you that her girl keeps washing her hands – OCD.
56. AAA size increase from 4.1 to 5.2 in less than 6 months – Surgery.
57. Klinefelter syndrome in male who is shy to change in front of his friends, what to do next? Karyotyping.
58. Another Q about Klinefelter, small firm testes with gynecomastia, asking what you will find? Hypergonadotropic hypogonadism.
59. Child with two fingers – Echo.
60. Describing radiology of knee osteoarthritis (osteophytes with joint space narrowing), asking for Tx? Quadriceps strength.
61. Case of BPPV (vertigo for minutes with head movement), BNS? Repositioning maneuvers.
62. Patient with recurrent infections like Serratia – Impaired oxidative burst.
63. Patient with hypopigmented spots on his back, history of seizure, and acne like rash – Tuberous sclerosis.
64. A new diagnostic test allows more cases to be diagnosed – Incidence and prevalence will increase.
65. Hyperparathyroidism (high Ca and PTH) – Sestamibi scan.
66. How to prevent high altitude sickness? Acetazolamide.
67. 2 pics CT scan – Akinetic mutism.
68. How to confirm brain death? Apnea test.
69. Emergency contraception? Levonorgestrel.
70. CT scan showing ascending aortic dissection? Thoracostomy.
71. Type B aortic dissection? I chose IV Esmolol. (IV nitroprusside were in the answers)
72. Patient taking lithium present with GI disturbance and tremor, what is the cause? Lithium.

73. Physician diagnosed a patient with pneumonia because the patients before her presented with the same symptoms and all of them had pneumonia – Availability bias.
74. Brief episodes of intense unilateral pain in jaw triggered by chewing – Carbamazepine.
75. Anal fistula with chronic diarrhea – Crohn's.
76. Rash after taking a drug with change in kidney function (Interstitial nephritis), asking what will find in urine analysis – Eosinophils.
77. RTA with chest bruise, normal ECG and later dies – Commotio cordis.
78. Tourette prognosis – Improve with age. **Abstract Q (Hemorrhagic Vs Ischemic strokes)**
79. Age <60.
80. Sorry I forgot this one, I think I chose the option with limited something.
81. 24%.
82. Auscultation question in a totally normal child, BNS? Reassurance. 83. Patient with MVP, prophylaxis before dental procedure? No need.
84. Patient remained hypotensive despite aggressive fluid, cause? Sepsis.
85. Recurrent left sided pneumonia in child, BNT? Bronchoscopy.
86. ROC curve – Pick the upper left point.
87. Child with restricted hip abduction and internal rotation, obese (SCFE), BNS? Hip X-ray.
88. How to prevent stroke? Warfarin.
89. Child with fever, erythematous conjunctiva, rash (Kawasaki), BNS? Echo.
90. HHS (adult patient with high glucose and history of polyuria), BNS? Aggressive IV fluid.
91. Stab wound, hyperresonance, trachea shifted – Tension pneumothorax.
92. HTN with hypokalemia and metabolic alkalosis – Hyperaldosteronism.
93. Vomiting, abdominal distention + X-ray of SBO – Surgical exploration.
94. Patient present with cough, coryza, conjunctivitis (Measles) – Airborne precautions.
95. Patient on heroin and ask about change in parameters – Normal P(A-a) O₂, High PaCO₂.
96. Patient with history of URTI present with tender thyroid nodule, Tx? NSAID.

97. Patient with sickle cell + dog bite – Amoxicillin.

98. Patient with history of URTI presents with symptoms of HF – Myocarditis.

99. Breast stage 4, pubic hair stage 2, Dx? Androgen insensitivity syndrome.

100.

101.

Breast stage 4, pubic hair stage 2, BNS? Karyotyping.

Patient underwent organ transplant presents with vomiting, diarrhea, and jaundice – GVHD.

102.

103.

18-year-old with long bone tumor invading soft tissue – Osteosarcoma.

20's female came for general checkup, sexually active, BNS?

Chlamydia testing.

104.

Patient with alcohol use disorder admitted to hospital, given lorazepam, he became agitated with normal vitals – Decrease dose of lorazepam.

105.

Patient with gallstone pancreatitis on IV fluid, what you will do next?

Cholecystectomy.

106.

Patient with essential tremor, started to drink more alcohol to improve his tremor, he is at risk of? Alcohol use disorder.

107.

Nonsmoker female came for COPD screening, the history telling you that she exposed to smoking from young age – I chose no screening indicated at this time. *NOT SURE*

108.

Patient underwent cataract surgery, asking about the prognosis? Full recovery of eye or vision.

Sequential Q

109. 110.

Patient presents with 6 weeks of dry cough mostly at night, BNS? PFT. PFT true because it was mentioned in the 2nd Q, here they asked something about the management – choose the one with steroid.

111.

Schizophrenic patients are more likely to harm which of the following – I chose they are not more violent than the normal population. ***NOT SURE***

112.

113.

1-month neonate with fever and fussiness, MCO? GBS.

Patient underwent splenectomy, what vaccines you want to give? **I really got confused** between H. Influenza, N. Meningitidis, Strep. Pneumonia and H. Influenza, N. Meningitidis, Strep. Pneumonia, Influenza – ending up by choosing the **2nd option. *NOT SURE***

114.

Infant with history of breech presentation, click on hip manipulation, BNS? Hip abduction harness.

115.

Female in labor with shoulder dystocia, BNS? Knee-to-chest position and suprapubic pressure.

116.

Man with history of hard to release objects from hand since childhood, asking about the Dx – Myotonic dystrophy.

117.

Case of pseudogout, knee pain with X-ray showing chondrocalcinosis (same as the one on NBME pic file), asking about type of crystals on analysis – Positive, Rhomboid.

118.

Facial palsy with decreased facial sensation, hearing loss and dizziness, asking about the Dx – Schwannoma.

119.

Patient who had a renal transplanted in the LLQ, presented with typical appendicitis case, they mentioned doing a CT with rectal contrast, the graft looked fine, and there was no contrast entrance in the appendix, after giving corticosteroids, what's the next step? I chose transplanted kidney biopsy.

NOT SURE

120.

Child with divorced parents comes with multiple bluish lesions on buttocks and back, parents say they were always there, BNS? Reassure (congenital dermal melanocytosis).

121.

Patient presented with murmur that increase with standing from squatting, Tx? BB (HOCM).

1: Aortic stenosis 0.7 surface area valve replacement

2: COPD prevalent process measure

3: 1 question of outcome measure

4: Aki in rhabdomyolysis is due to Myoglobin

5: Chondrocalcinosis rhomboid and positive birefringence crystal

6: SIADH only headache 122 NA fluid restriction

7: 3mm renal stone treatment asked increase water intake not hydrochlorothiazide because Ca^{++} was already 9.8.

8: Uremic pericarditis do hemodialysis

9: Creatinine 10 do hemodialysis

10: AIN thiazide diuretics cause it

11: GAS leads to PSGN

12: Give MMR to both siblings (3 year and 5 year old sibling) if 12 month old sibling get Measles.

13: SCD prophylactic penicillin

14: For splenectomy all 3 vaccines and influenza

15: Downs AML scenario so diagnosis by bone marrow biopsy

16: Bone pain and hematology profile deranged so ALL in child

- 17: mm serum electrophoresis
- 18: GVHD biopsy
- 19: Diarrhea after transplant so choose GVHD
- 20: Only Rash given after allograft transplant so GVHD, Epithelium may be shedd and lymphocytes in duodenum
- 21: Girl tooth extraction plus cousin with heavy menses vWF ritosctetin
- 22: Post chemo Neutropenic fever so give IV cefepime
- 23: Heparin loading dose FFP/protamine sulfate
- 24: Benzocaine leading to methhemoglobinemia.
- 25: one question of G6PD deficiency
- 26: Retrograde Cystourethrography for blood at meatus
- 27: Pregnant lady lisinopril oligohydromnios
- 28: No two fingers and dimple at wrist so leading towards amniotic band syndrome so reassuring would be appropriate.
- 29: Eiosinophils in urine in patients with acute interstitial nephritis.
- 30: Thiazide diuretic can cause AIN and not caused by citrizine so don't choose citrizine.
- 31: VHL gene should be tested in patients with hemangioblastoma
- 32: secondary enuresis motivation therapy
(Not imipramine before behavioural therpay)
- 33: Hysterectomy and scenario leading towards i guess ureter damage so what to do for investigation?
retrograde pyelography or usg (i choosed USG)
- 34: Negative bifrigence gout crystals so stop thiazide diuretics,
- 35: Mtx for rheumatoid progression
- 36: Frozen sholder or adhesive capsulitis ROM active passive both
- 37: Osteosarcoma do MRI no option of biopsy
- 38: In Rickets PTH will increase, Vita D will decrease, decrease phosphate, calcium may b low or normal so be careful my option was normal Calcium
- 39: Kawasaki scenario so do echo
- 40: Arthritis which cartilage resorb (hyaline or synovial or elastic cartilage?) dont remember i guess was asked about Osteoarthritis

- 41: Renal Failure i guess Creatinine was raised and gout give fiboxostat not allopurinol
- 42: Gout indomethacin
- 43: Septic arthritis
- 44: Slipped Femoral epiphysis X ray hip
- 45: Pelvic harness for DDH
- 46: Hyperaldosteronism
- 47: Pheochromocytoma check calcitonin
- 48: Pioglitazone should be avoided in Heart failure 49:
Thiozolidinedione should be avoided in Heart failure.
- 50: Arrows hyperthyroidism (TSH, T3, T4).
- 51: Nsaid for subacute thyroiditis
- 52: Hyperparathyroidism primary tc99 sestamibi scan
- 53: Hyperparathyroidism its most common cause is adenoma
- 54: Female again and again fall check glucose
- 55: PTU causes neutropenia
- 56: Adrenal insufficiency arrows for na and K etc
- 57: Androgen insensitivity diagnosis
- 58: Diagnosis of AIS by karyotyping
- 59: Gall bladder and bile ducts absent billairy atresia
- 60: Patient going to Africa give Hep A vaccine

- 61: Lap choly umbilical hernia (CT shown, wrong in recalls)
- 62: Esophageal perforation water soluble contrast esophagography
- 63: Celiac disease diagnosis by TTG antibodies
- 64: Crohn's disease leads to fistula
- 65: Diverticulosis normal coloscopy screening time after 10 years
- 66: Crescent shape on X ray so diagnosis is intusseption
- 67: Lactate increase in abd pain and bloody stool is ischemic colitis
- 68: SAAG to be calculated 0.8 peritoneal carcinomatosis
- 69: a1 antitripsin patient with chirosis in father and development of lung disease.
- 70: Painless jaundice pancreatic CA

- 71: PPI for 6 week if ulcer and h.pylori negative
- 72: After accident left quardant fluid and also pelvic fluid splenic laceration
- 73: Pancreatic cyst in tail mucinus cystadenoma
- 74: In UC which colon cancer chance increase
- 75: Hematemesis fluids given than do endoscopy
- 76: Sedated and drowsy patient alcoholic on lorazepam so next best is to decrease lorazepam dose.
- 77: Factitious in nurse warfarin
- 78: Tourette syndrome because normal with age
- 79: Alcohol use disorder acamprosate
- 80: Ask about factors leading to panic
- 81: Dialectical therapy for borderline
- 82: Anorexia nervosa heart rate 45 so clinical vitals criteria for admission
- 83: Parkinson carbidopa levodopa dopamine receptor hypersensitivity
- 84: Lithium toxicity leading to diarrhea and tremor
- 85: Priapism due to trazodon so change to citalopram
- 86: Karyotyping for shy boy (klienfilter syndrome)
- 87: Testicular torsion do operation immediately
- 88: Acute prostatitis tender urine frequency give flouroquinilones
- 89: Recurrent variable variable cord compression
- 90: PPH oxytocin
- 91: Breast ulcer does not resolve do biopsy
- 92: Ovarian torsion cyst removal
- 93: Lichens sclerosis do punch biopsy
- 94: Lichen sclerosis give clobetazol
- 95: Placental abruption
- 96: case of previa at 20th WOG so do repeat USG at 28 weeks
- 97: Hyperemesis gravidarum cause is multiple gestation
- 98: Acute abdomen b hcg ammenhorea for 6-7 weeks
- 99: Afp NTD and do ultrasound

- 100: Cervical 2 abnormal 1 normal and HPV abnormal so HPV can go to cancer 101:
Ocps still pregnant and taking Anti TB medicine so the cause will be rifampin.
- 102: Vanco and maropenum for Necrotising facitis.
- 103: Aspiration pneumonia mixed (aerobic and anaerobic).
- 104: Spontaneous pneumothorax (observation as vitally stable) in tube thoracostomy in recalls
- 105: sepsis in less than 1 month GBS or E-coli
- 106: Restrictive lung disease (arrows)
- 107: BL infiltrates ARDS
- 108: OSA and 2nd heart sound accentuation
- 109: Greater than 350 pO₂ / FIO₂ ratio plus 9 transfusions TRALI or lung contusion (I choosed Trali).
- 110: Sequential to diagnose is with PFT
- 112: Asthma then inhaled fluticasone
- 113: Mediastenal hilar mass flexible brochoscopy
- 114: Viral rhino sinusitis (clinical diagnosis)
- 115: Viral Rhinosinusitis (by adenovirus)
- 116: Post thrombotic syndrome (after dvt venous problem)
- 117: Pulmonary embolism in pregnancy
- 118: Tb negative pressure isolation
- 119: Tg40 so tuberculosis
- 120: Diaphragmatic hernia leads to pulmonary hypoplasia
- 121: Acetazolamide for mountain lung edema
- 122: Commodo cordis after chest trauma by baseball
- 123: MI s4 gallop patient diabetic and st elevations
- 124: Carvedilol for hocm
- 125: Iv drug abuser infective endocarditis pulmonary stenosis
- 126: Afib ecg given so give rivaroxaban 127: For
long term anticoagulation give warfarin
- 128: Myocarditis leading to heart failure.
- 129: Child on 5th day diaphoresis all pulses gone HF symptoms (hypoplastic left heart syndrome)
- 130: Di George deletion of 22 chromosome

- 131: Hypertension DASH diet
- 132: Cardiac canthoma v small on hands lipid profile
- 133: Aortic dissection on CT oral propranolol
- 134: One question of Aortic dissection than esmolol.
- 135: V wave prominent (constrictive pericarditis or pulm hypertension?) i marked PH
- 136: Septic shock as fluids do not correct shock
- 137: No prophylaxis in MVP dental procedure.
- 138: Sensorineural loss, tinnitus so Acoustic neuroma
- 139: TGN treatment asked so carbamazepine
- 140: Transverse myelitis below umbilical sensory loss and hyperreflexia
- 141: Complete facial paralysis in parotid dissection
- 142: Height, weight normal and head circumference at 97 so do MRI
- 143: Epidural hematoma lucid interval
- 144: Pregnant lady migraine so give acetaminophen
- 145: Lewy body dementia hallucination
- 146: Huntington genetic counseling.
- 147: Tb sclerosis seizure and acneiform lesion.
- 150: Akinetic mutism
- 151: Armed wavy door and drusen bodies.
- 152: HPV discovered incidence and prevalence both increase
- 153: Ppv table flipped 40/40+332
- 154: Sensitivity to calculate from normal table.
- 155: Cohort study to find the association of exposure and development of disease.
- 156: Herpes simplex genital lesion pic was to diagnose
- 157: Cholesterol emboli leading to levido reticularis.
- 158: Absence Seizure treatment with Valproic acid if no ethosuxamide option.
- 159: Trypomastigote leading to Dilated cardiomyopathy
- 160: Aspergillus fumigatus picture.
- 161: Still murmur so do observation
- 162: Hypoosmolar state and increased glucose so firstly give IV fluid.

- 163: FB x-ray given but not visible but question description was given
- 164: Biliary pancreatitis so do choly cystectomy
- 165: Herpes zoster pic given was to diagnose
- 166: 12 year girl already taken one HPV dose so next best step was again HPV vaccine
- 167: Osteoarthritis scenario so i go for quadriceps strengthening exercises
- 168: another osteoarthritis question and i went for resistance exercises
- 169: Old house of grandmother so check lead levels
- 170: Lead Capillary level was high so confirm with venous lead level
- 171: Breast cyst with debris and posteriorly enhanced so did excision
- 172: Nipple Crack was option in female with difficulty to feed
- 173: Root cause analysis question
- 174: femur fracture and SOB so fat embolism.
- 175: Bruton gamma globulinemia
- 176: CGD (S aureus and serratia) oxidative burst
- 177: IgA deficiency so treat with antibiotic when symptoms develop no IVIG
- 178: PR bleed so do colonoscopy
- 179: Mucocele at lip after trauma
- 180: Herpangina picture and Organism asked (Coxackie virus).
- 181: BPPV so repositioning
- 182: Recurrent pneumonia so do Bronchoscopy
- 183: hypothyroidism in neonates can lead to cognitive impairment
- 184: Macrobert maneuver (kindly do discription of it)
- 185: Neural tube defect so no sequale
- 186: Sarcoidosis CXR given
- 187: restless leg syndrome so treated with gabapentin
- 188: diabetic neuropathy treatment with duloxetine 189:
- Menu pause so decrease estrogen and increase LH and FSH
- 190: TCA are contraindicated in Bipolar disorder.
- 191: Febrile non hemolytic so stop blood transfusion and acetaminophen
- 192: Primary adrenal insufficiency arrows given

- 193: ROC curve given marked point A
- 194: metabolic alkalosis due to NG suction
- 195: Kaposi sarcoma histology
- 196: Bacillary angiomatosis in HIV
- 197: Parkinson disease and deranged due to autonomic instability
- 198: Clostridium difficile after colectomy
- 199: MRI spine given and compression asked so did Bladder hyperactivity
- 200: Hep B health care worker so give both Vaccine and IVIG
- 201: Dog bite so given augmentin
- 202: Blisters on mouth so did due to medication patient started TMP-SMX.
- 203: Sibhorric dermatitis diagnosis
- 204: Alpacia areata
- 205: candida infection so oral fluconazole
- 206: congenital dermal melanocytosis 207:
Actinic keratosis so cryotherapy.
- 208: Stridor on rest so resimic epinephrine
- 209: case of trauma Low GCS so 1st intubate tha fast scan
- 210: Fetal brain development Zinc? Or what?
- 211: Case of epidermal inclusion cyst.
- 212: Spiral fracture of femur call child protective services
- 213: Giardia lamblia.
- 214: case of inflicted trauma to child

These are recalls from exam held in Western Europe

- Question about decompression sickness, I chose give oxygen
- A question about insanely loud sound in front of right ear with little blood, I chose barotrauma
- Question about young man with prostatitis, I chose answer Chlamydia, this is correct I think?????
- Question about black kid with round thing on head, I chose tinea capitis

- Second part of qs I chose, wash clothes and do not share hats
- Some question about a bite by an armadillo or some weird animal, then had round whitish lesion with decreased sensation, this mycobacterium leprae right?
- Some question about penis trauma while stiff, I chose some membrane rupture as answer, not sure
- Multiple ethics qs, but all easy with common sense to be answers
- Question about man who wants to have sex with gay man and now is hating on wife, this is reaction formation right?
- Same question with reaction formation about porn and anti porn I think
- Conduct disorder vs pyromania very hard qs, I think answer was pyromania
- Question about guy with priapism, answer was low flow priapism I am sure of it,
- Sickle cell disease and type of priapism, they asked if sickle cell causes low or high flow priapism, very hard qs, not sure
- Blood pressure low in man with PHT who has nitrates and tadalafil answer was venous pooling I think
- Risk factor for stroke, answer HTN
- Yellow Fever question, very hard, answer was the drug, I do not remember
- Question about Lung transplantation, and prophylaxis, nothing made sense, I just chose trimethoprim because of PCP
- Aids question in pregnancy, RNA count super high and cd 4 count low, I chose give triple anti retroviral AND zidovudine pre birth
- A lot of annoying obstetrics qs, but doable
- Quality safety all from amboss, easy to answer
- No calculations in my exam
- Question about leg fracture and then muscle atrophy, I chose long laying down as answer
- Question about compartment syndrome, answer was immediate surgery
- Question about fall from 4 m ladder after repairing roof, answer was surely ct cervical spine
- Osteosarcoma question and question was, do funduscopy in this baby
- Adverse effect of isoniazid
- Ethambutol, adverse effect, answer was ocular damage
- Bells palsy nbs, I chose nothing, is this correct or steroids??

- Babesiosis in child, dx
- Woman raped, what is best pill to give, oral levonorgestrel right?
- Multiple qs were adult protective services and CPS was right answer
- Woman with dermatomyositis, answer was pelvic examination, I am certain this is correct
- 3 questions about stain myopathy, polymyositis differential
- Blood at meatus, answer as retrograde urethrography
- Bladder rupture in pelvic fracture surgery, nbs, I chose as answer cystography, is this correct???
- GM1 Ganglioside Antibody in CIDP
- Galactocele as answer
- Second answer about galactocele, I chose resolves spontaneously, is this correct?????
- Patient with dextrocardia, answer was surely immotile sperm in Kartagener
- Child with urinary cyanide nitroprusside test in urine, I chose hexagonal crystal as answer, I think rare cysteine deficiency transporter disease
- Acalculous cholecystitis, I chose percutaneous cholecystectomy as answer
- Second answer to this qs was make sure he receives pip taz, weird order but okay
- Caustic ingestion, answer upper endoscopy, I am sure this is correct, this is amboss repeat
- Prazosin to decrease nightmare frequency in patients with PTSD, is this true, do you really give prazosin ? I just guessed
- CLL smudge cells
- Severe CLL symptoms , answer was fludarabine, cyclophosphamide, and rituximab
- Patent proc. Vaginalis as answer
- Actinomycetes and penicillin allergy, is doxycycline the answer???
- Super hard question about ankylosing spondylitis, I chose prednisone as answer, but I think incorrect, answer is tnf alpha inhibitor
- PBC dx, treatment ursodeoxy acid

1. Dermatomyositis (heliotrope rash) -> CK

2. Episodic vertigo -> Meniere's
3. Fish tank - Noncaseating granulomas - not TB, not MAC. What txt? Ethambutol, TB, antifungal, penicillin
4. Macrosomia, shoulder dystocia -> next pregnancy what to do? HbA1c kam karo - 10
tha
5. 40 yo woman - Turner, Trisomy, Angelmann syndrome, nondisjunction
6. Neuroblastoma maybe ??
7. Schizophreniform
8. ACEI in pregnancy -> renal agenesis
9. Acne q. Comedone, pustules, wanted to get pregnant -> benzoyl, doxy, tretinoin
10. Systemic fistula ban gaya after trauma - CO, PVR, DBP arrows q
11. Pulsus paradoxus - cardiac tamponade
12. Paraplegic - wants to go home - inc risk of? Autonomic dysreflexia, aspiration pneumonia
13. Tourette long term -> gets better w age
14. HPV - recurrence, malignancy
15. Trauma, kaan se khoon, what to do? CT head (basilar skull fracture)
16. Traumatic hyphema txt -> observe, tranexamic acid, surgery
17. Orbital trauma - CT showed normal inf wall, medial wall was fucked.
18. Sensation of middle finger gone. Factor for good prognosis? Injury (enciting event basially) maybe
19. Tuberos sclerosiis ka kuch tha
20. Crying but daant mein dard, sinuses tender, what to do? self resolve, give antibiotics
21. Brain dead. Family ko batao, organ donation status check
22. Fibromyalgia - investigation? no further investigation
23. Restless leg syndrome - check ferritin levels
24. Osteoarthritis - crepitus waghera - ya tou physical therapy, ya NSAIDs and rest advice
25. Osteoporosis - DEXA karao

26. Pseudodementia - check TSH levels
27. Essential tremor, HTN bhi thi pt ko - primidone and propranolol both given
28. Triathlon athlete has temporal epilepsy - ketogenic diet or avoid swimming alone
29. 2 saal ka bacha - aik mein 50% speech intelligible - normal
30. aik mein less than 50% intelligible - do audiological testing
31. Middle aged woman with OSA symptoms, obese - neck width given. What to do?
Polysomnography, do nothing
32. Acute dystonia - give diphenhydramine
33. Girl who used to get up with fatigue, head rush. BMI kam, no pallor, mild hypoglycemia. Cause? Hypoglycemia, anemia, orthostatic hypotension, BMI bhi kam?
34. Orthostatic hypotension, Parkinsons new symptoms. Cause? Parkinsons, dehydration?
35. Wegener (URTI, LRTI). Aur kya hoga? Hematuria
36. JIA dx
37. Kawasaki. Only 4 criteria poore. What to do? CRP, Echo
38. Child with sickle cell. Give penicillin
39. Splenectomy hui wi thi. What to do next? Pneumococcal vaccine, aspirin. Platelet count normal, so give pneumococcal vaccine
40. Rheumatic fever investigation? Anti ASO titres
41. Kartegener NBME pic stem same. What will happen? Infertility
42. Wilsons disease, blue aankhein. Txt? Penicillamine
43. Renal artery stenosis bandi ko. MR angiography, CT angiography, Duplex USG? Cr high so duplex
44. Cardiac tamponade - pericardiocentesis
45. Banda had cocaine 12 hours ago, now. Chest pain radiating to the back. Left radial and left femoral pulse kharab. Basically aortic dissection pic. Had to listen to murmur and dx but murmur was weird and audible everywhere. Dx? Aortic dissection proly
46. Trauma - blood at urethral meatus - xray given - fluid bw bladder and peritoneum. What to do? Cystourethrography, ex lap, CT scan

47. 3 saal ka bacha, recurrent pneumonia. Sab set tha. CT scan or bronchoscopy?
48. TLS. Which electrolyte raised? Phosphate
49. Afib treatment? Metoprolol, procainamide and some other drugs
50. PE picture. What to start? SQ LMWH, warfarin, DOAC
51. Pancreaticoduodenectomy, ampulla of Vater ka carcinoma. Fatty stools. Why? Bile acid insufficiency, pancreatic insufficiency, blind loop syndrome
52. Crohn's dx
53. Crohn's txt - steroids
54. Girl with UTI symptoms and abdominal pain. Cystitis vs urethritis
55. STEMI
56. Pregnant aurat ko UTI hua wa. Inc risk of? Pyelonephritis, preterm delivery
57. Thyroid swelling, hoarseness. Thyroid function normal. What to do? Thyroid surgery
58. Trypanosoma cruzii dx ke liye investigation? PCR blood
59. Image of ulcer. Sandfly given in vignette. Dx? Leishmaniasis
60. Vietnam mein rehta. Never had a blood transfusion, monogamous. Most likely chronic infection? Hep B, HIV, dengue, leishmaniasis, babesiosis
61. Agent orange
62. Cat bite. Tetanus given. What to give? Broad spectrum antibiotics, do nothing
63. Adrenal adenoma. Adrenal venous sampling done. 8 AM cortisol was high. Aldosterone raised. Dx? Conns syndrome
64. Diabetes step up mgmt after metformin. Pt overweight. What to give? Gliptin, TZD, sulfonylureas
65. Parathyroid nikaal liya. What will happen? Recurrence, will resolve
66. Cdiff dx
67. HUS txt? Plasmapheresis, corticosteroids, supportive
68. Cough, xray given, Calcium raised, 11. smthn, mild hyponatremia. Taking thiazide too. Cause of hypercalcemia? Malignancy or thiazide diuretic
69. Shy boy -> klinefelter
70. Boy with UL gynecomastia at puberty. What to do? Reassure
71. Central diabetes insipidus treatment

72. Hyponatremia another q but dont remember stem
73. Hypokalemia not being corrected. What to do? Check Mg
74. VHL. Fam history strong. Pt had cerebellum mein hemangioma. What next?
Retinal hemangioma
75. Girl with hypoglycemia attacks, mother had DM1. Labs show hypoglycemia and
raised C peptide. Cause? Insulinoma
76. Hemorrhagic shock. RBC given, BP falls more, wheezing. What to do? Stop
transfusion
77. Anal fissure presentation but no physical exam finding
78. RLQ pain. Dx? Epiploic appendigitis, urachal cyst. Not appendicitis pic cuz
MANTREL nai poora.
79. Aphthous ulcer. Prognosis?
80. Achalasia q maybe
81. Hyperpyloric stenosis dx? Ultrasound
82. Scleroderma q
83. Trauma q. See GCS. Might be intubation
84. Nephrotic syndrome. Now blue toes. What will be decreased? Protein C, urine
antithrombin 3, platelet count
85. Vomiting. Boerrhave syndrome. What to do? Endoscopy
86. COPD. Oxygen, duonebs, steroids sab mil rahe. What to do next? Oxygen
increase, steroid again, give salmeterol, azithromycin
87. Bachpan mein infections. Ab recurrent hemophilus infection as a teenager. What
to check? B subtypes, T subtypes, immunoglobulins, CH50?
88. Thailand ja ke HIV. How to dx? Viral load, CCR5, CCR4, lymphocyte count 89.
Measles type picture poori, but rash at diff stages of healing. Dx? Measles,
varicella?
90. Pertussis txt
91. Laryngomalacia dx - inspiratory stridor when lies down and cries.
92. Cholecystitis simple q
93. Cholangitis simple q
94. Child with hoarseness for 6 months. laryngeal papillomatosis. What to do?

Removal

95. G6PD. Which drug to avoid? Atovaquone-proguanil, mefloquine, primaquine, doxycycline
96. Asbestosis. Pleural plaques, parenchymal mass. Bronchogenic CA or mesothelioma?
97. Shipyard worker + ILD signs -> Asbestosis, silicosis
98. PCP txt
99. ARDs dx, shayad weird tha
100. Pregnant woman with Rh isoimmunization. History of spontaneous abortion.
What could have been done to prevent Rh isoimmunization? Treatment during previous spontaneous abortion
101. Hemophilia A
102. JAK mutation (primary polycythemia). EPO, erythrocyte mass, oxygen levels.

Arrows q

103. Restrictive disease, extrathoracic lung disease due to kyphosis. DLCO, residual volume, TLC. Arrows q
104. HIT
105. TB skin test pe 15 se ziada size. What to do? Txt start
106. Pneumonia. CXR done. Txt? Levofloxacin
107. Tinea capitis txt
108. Squamous cell carcinoma - NBME/free 120 pic
109. Infection control q: bedridden woman. What to do to reduce UTI? Intermittent catheter, avoid indwelling catheter
110. TMP-SMX, rash started, beach pe bhi jati thi. Aik jagah se shuru hou ke phail raha. Sunburn, drug induced?
111. Hypercalcemia, hyperparathyroidism. What will happen to bones? Resorption
112. Maternal T1D. Fetus inc risk of? VSD
113. Bandi is saying mere andar multiple embryos daal do. Doctor saying no. Which principle? Maternal nonmaleficence, maternal beneficence

114. PGY1 ne trochar andar daal dia. PGY4 supervising. Physician scrubbing in. What type of error?
115. Pt with constipation, fever blah blah. Being txt for constipation again n again. Died. What type of error? Representation error, premature closure
116. 17 yo girl who was speeding. Gaari maardi. What to do? Take license, safe driving classes.
117. Research ethics ka sawal on funding ke u dont accept funding from the pharma company proly
118. Pt giving cookies. What to do? Reject, accept but baant dou staff mein
119. Pt-physician rxnship
120. Pt doesnt wanna tell parents about STD. What to do? Tell community health program cuz they maintain confidentiality, baki kisi option mein confidentiality maintain nai hou rai thi
121. PDSA cycle - but now quality falling again. What to do? New PDSA cycle, reminders to staff
122. Root cause analysis q
123. 2 treatment plans, plan A and plan B. Insurance doesnt cover the better option so pt takes the other one. She dies. Health care quality ka konsa part? Structural, outcome, process
124. pump isnt working: throw it, call company, observe closely
125. standardization
126. man with stroke. 10 yo will ke if i get a terminal illness, dont intubate or resuscitate me. refuses to take food now. what to do? follow will, force feed, dont do anything, ask surrogate (his son)
127. physician asks for txt for his wife. what to do? refuse
128. Coxsackie -> reassure
129. Assisted living facility mein pt, masla hou gaya. Call family ya phir call assisted living facility to ask for surrogate?
130. Girl with vvv hectic schedule, super busy. NO other symptoms. What is she at inc risk? MDD, GAD, inc chances of accident
131. Ankle pain but ankle mein koi masla nai tha. V high BP. What to do?

Acetaminophen-oxycodone, do nothing, follow up with PCP

132. Aggressive pt

133. Delirium -> low dose haloperidol

134. Old guy who would wake up at night and walk around in confusion. What to do?

Make environment safe or make sleep hygiene better

135. REM sleep disorder. Inv? MRI or EEG

136. Goron aur kaalon mein DM mein disparity. What to do? See if other factors r in control, see agar DM ke ilawa kisi aur cheez mein disparity hai

137. Woman with alcohol abuse NBME/free 120 repeat q

138. Panic disorder

139. Woman whose husband died. MDD criteria nai poora, she was okayish. What to do? Grief counselling, fluoxetine

140. Implicit bias q

141. Alternative medicine q. You start googling prune juice and pt asks why are you googling? To practice evidence based medicine

142. BPD dx

143. Foster home ka bacha in his 4th foster home. Kuch maheene set rehta tha, but would get annoyed with each family. What to do? Parent management training

144. Tourette syndrome long term prognosis

145. Colonoscopy pe mass aa jata - unable to progress, biopsy of mass taken. What to do next? Resect mass, CT scan, repeat colonoscopy, barium swallow

146. Bachi with skin whitening in perineal and anal region. Dx? Lichen sclerosis

147. Mittelschmirtz wali pain -> reassure

148. Asherman syndrome -> hysteroscopy

149. HPV txt -> cream ka naam diya hua tha podofilox

150. urinary incontinence q

151. Breast mass -> mammo

152. Hydrocele -> reassurance

153. Cryptorchidism at 18 months -> wait for 6 more months, do orchiopexy rn, chromosomal analysis

154. Methotrexate high dose given -> give leucovorin
155. Guy was putting eye drops in his eyes and wanted an angiogram. Dx? factitious disorder, malingering
156. 18ish month old bacha agar khara hou tou both his toes pointed inwards but individual inspection mein his limbs were fine. Options: genu varus, genu valgum, metatarsus adductus, femoral anteversion or something, some other weird option 157. sigmoid volvulus. xray given. vitals normal. txt? Sigmoidoscopy
1. Cervical cancer diagnosis
 2. Pneumothorax treatment
 3. Labour stage arrest cervical dilation more than 6 cm----- management--- expectant delivery
 4. Labour stage arrest fetus move from +1 to -1 station mangemnet--- vaccum delivery
 5. Acel in pregnancy cause oligohydrominos
 6. Pancreatitis diagnosis
 7. Varicose diagnosis
 8. Case of mastitis --- tretament----- doxocaxillin
 9. Pulmonary embolism--- spiral ct
 10. Abdominal aneurysm---- ct angio
 11. Pt presented in er with abrasion on abdomen NBSIM--- FAST scan
 12. Hospital management 4-5 question include role of chief and how to satiisfy chief
 13. Root cause analysis
 14. Old lady have pancreatic cancer... doctor have told the pt that u will die on table if we proceed
with procedure but pt insist to perform that procedure what should be doctor response-----
non melefiance
 15. One question answer was beneficence
 16. Murmur--- aortic stenosis
 17. Murmur---- TOF

18. 70 year old girl what will be changes of aortic valve---- mild calcification
19. Nephrotic syndrome case
20. Rhabdomyolysis case---- iv fluid
21. Vhl have RCC what will be eye problem--- hemangioma
22. SLE easy diagnosis
23. Rheumatic fever what will be best investigation--- echocardiography
24. Couple age more than 35 what are chances of abnormality--- 1 opt trisomy
25. Methamphetamine case
26. Crohn disease weird case confusion between IBS pt have history of diarrhea AND WEIGHT LOSS
27. Sequential question of crohn--- cobble stone appearance
28. Small bowel obstruction----- pt have hx of hysterectomy and appendicitis
29. Ethics--- mechanical pump dysfunction---- report to authority
30. Infant with case of bone age
31. Female got raped and developed dysmenorrhea--- ocp(progestin implant)
32. Tourette syndrome diagnosis improve in adulthood
33. Scca of skin--- given keratin pearl
34. Image with soldier returning--- black lesion--- leishmania
35. Osteosarcoma diagnosis
36. Ewing sarcoma with lamellated and interrupted periosteal reaction
37. Hydrocephalus diagnosis
38. Dka--- iv fluid
39. One question of relative risk or RRR
40. Sickle cell anemia prophylaxis---- penicillin
41. Alzheimer disease diagnosis
42. Army person from vietnam develop night mare--- prazosin
43. Image tinea capitis
44. Bipolar diagnosis
45. Schizophrenia diagnosis
46. Schistosomiasis
47. Crohn disease cause ans---- anal abscess

48. Diabetic drugs cause hypoglycemia
49. Uti ---- nitrofurantoin----
50. Uti--- ceftriaxone or fosfomycin
51. Neuroleptic syndrome diagnosis
52. Ulcerative colitis diagnose
53. Hyponatremia caused by small cell lung cancer---ct chest
54. Pt was found lying down have hx of high blood pressure not control with 2-3 medicine---
-
- subarachnoid hemorrhage make sense
55. Hiv pt with PJ--- tmp-sx
56. Refractory hypocalcemia--- hypomagnesemia
57. Skeletal disorder of fibromuscular dysplasia
58. Parkinson diagnosis
59. Restleg syndrome---- ferritin
60. Image herpes genitalia
61. Newborn with persistent vomiting ---Pyloric stenosis
62. Cystic fibrosis diagnosis
63. Hyperthyroidism girl taking estrogen--- what will effect on thyroxin---- free t3/t4 remain same and total thyroid increase.
64. One question from Ocp
65. Duchenne muscular dystrophy ---- dystrophin protein defect
66. Dmd with increase enzymes aldolase and ck

Digeorge - fisher of ch 22

-Pul emb- to diagnose. ECG was also given, pt took 8 hrs flight.

-ITP- child, mild infection month ago, fever 3-4 days back and rash. Platelet size normal

- After Circumcision bleeding, Platelet count normal. What to check? Thrombin time, factor 8, platelet antibody etc options.

- Girl, factor 8 mildly decreased- type 1 vwd
- GFR 40/min, hypokalemia/hyperkalemia (asked arrows about renin, aldo etc)
- RAS- invesgaon asked to diagnose(renal doppler)
- yoga abstract. 1 queson was to calculate NNT
- Transient synovis treatment? Nsaids? No reassurance.
- Kawasaki treatment. High dose aspirin + echo 2 weeks
- Child-- ataxia, bilateral papilledema— intracranial tumor
- Hemangioma, forehead had lump flesh coloured that enlarge with time . 18 months old.
- Nigerian lady, delivery has to be done, labia majora cut, grade 4 laceraon has occurred which has been fixed jo , family says do it the same as before . What principle? Autonomy, nanmalificence. - Sharp ulcers in mouth, sore throat, female, cervical + inguinal lymphadeno. dx?

HIV

- Hematopoic transplant, after that diarrhea, rash—gvhd - Pregnant, ast alt 500, Hep E?
- 16yrs girl, 12 yrs --- UC has occurred but no flare ever,now jaundice, ast alt raised, inc. Direct bilirubin—Primary sclerosing. No PBC in opons.
- Bone tumors, osteochondroma, what to do? Biopsy or reassurance?
Seq of Intersal cyss a)invesgaon cystoscopy then diagnosis(intersal cyss)
- Seq. GA operaon, anuria. Inv? Us then b)alpha blocker
- In Covid period excellent work by physician realted . Bipolar related symptoms? Take to ER?
- Highest risk in Borderline ? A)cyclothymia b) bipolar - Bhcg 64000, what type of risk ? Hyadadiform mole?
- 1st me 16weeks gestaon, now which option is approp to establish WOG? Fetal height, or ultrasound?
- Trauma, xray on both side pneumo.
- SII murmur, AS ka , MR ka.
- Child has connuous murmur, what to give? Indomethacin.
- Sturge weber rash? What can develop ? Epilepsy

- NF 1 rash described, what gonna develop? Peripheral sheath tumor or Schwannoma? -
Osteo related question. What to do? Vigorous exercise, light exercise, resistance exercise
two times a week.
- 65 yrs old, player of what, gaining weight, osteoarthritis has not been cured by conservative
therapy, now what to do, 6 weeks more exercise or topical diclofenac etc - RA, hands have been shown, be
ka jora seena hai? What to give? Splint or steroid?
- Varicella lesions pictures, most appropriate next step in management? prevent from coughing
and sneezing or oral acyclovir.
- 46 yr old homosexual, what will you do? HPV?
- DM type 1 and pregnant? What is the greatest risk? Accreta, previa, abruptio, preeclampsia?
Which vaccine at 32 weeks? Tdap
What will you check before pregnancy? Varicella??(confirm yourself)
Women had myelomeningocele from childhood, vegan, pregnant incidental? In addition to prenatal
vitamins, what will you give? Folic acid, vit d, b12?
- 48 yrs old, amenorrhea, what will you do? B-hCG, fsh, do nothing(confirm yourself)
- Pt alcohol addicted, not leaving now, kal raat ko pee k neend aajaye, kal court meeng pe
jaana, kia karogay? Blood alcohol, usg, do nothing? Ast is 80, alt 40. (Rao 2:1)
- Aortic dissection, 90/60. CT angiography or echo
- A person, intermittent explosive disorder, has beaten a 6 year girl one month ago, but
remorseful. Psychotherapy or CPS?
- Seizures after party, it was getting hot, BP high, Temp? Cocaine, LSD, MDMA.(confirm yourself)
- Alzheimer—rivastigmine
- Parkinson medicine started, symptoms improve but develop psychosis, he says medicine is not
working, kia karogay? Quetiapine.
- smoker, hematuria, histo given(RCC), what assoc h? Hb>20, or urea nitrogen >80?
- IgG level is very high, ca normal. Bone biopsy he did for myeloma.
- Patient has stones, ulcer which heals after eating? What will you check? Gastrin.
- Urine metaneph increase, ca increased? What will you do? Calcitonin.

- Patient is penicillin allergic, what is it contraindicated ? Cephalexin?
- Bartonella related two questions. One asked about papule and chronic(5-6 weeks) tender unilateral lymphadenopathy. In second scratches on hand and again tender lymph
- CGD--- staph aur

SCID best treat??. Transplant.

Sickle cell— penicillin prophylaxis

G6pd def scenerio— all ani malarials menoned, which ones causes it?(highest risk).

Primaquine?(confirm urself)

- Cml scenerio, metamyelocytes etc given, asks about pathophys— bcr-abl fusion related. - Bipolar paent, which drug contraindicated? No ssri in the opons, went with Lorazepam.(confirms urself)
- Personality disorder— starts with something related to ADHD(paent says he has read about adhd in adults etc)— then switches to paent describing himself that he has many newspapepers and does everything perfect, wish everyone was like him etc etc... narcissisc personality disorder, histrionic, ocpd??
- Pt on escitalopram therapy for mdd, takes over the counter cough syrup for 2-3 days. His roommate brings him in with symptoms like DTRs 3+, ankle clonus etc— dx? Serotonin Syndrome. - Pregnant lady, has acne(probably comedonal, not moderate nor severe), Tx? Isotrenoin, oral doxycycline, benzoyl peroxide(he marked this). What if reassurance in the opons?(confirm yourself)
- 6-7 yrs old(age could vary) bacha/bachi, adopted, easily adjust hogya with new family, in shopping malls gets comfortable with other people, also to doctor “big fat hug” , Dx asked? Disinhibited child disorder.
- Endometriosis scenerio with associated inferlity—Tx? No ocp in opons, so Laparoscopy (he did)
- Ectopic pregnancy scenerio with bhcg <5000, asked management? Misoprostol, mifepristone, methotrexate(he marked)
- Mother had endometrial cancer, sister has ovarian, this patient has some menstreaon problem, which cancer is she at inc risk for? Endometrial cancer(he did)
- Arrows for IDA and Anemia of Chronic disease.

He thinks one question for hemochromatosis, asked Tx? he did Phlebotomy. Case control Cohort (retrospective)

- Ecological study— county level study
- HOPI of gvhd
- 3-4 days baby, tsh high, t4 low— primary hypothyroidism?
- Creat 1.5, Diabetes type 2 diagnosed now, tx asked? (not sure about pregnancy). Metformin, glyburide, glitazone, insulin etc.
- Exudative pleural effusion

abs breast cancer anastrozole vs placebo 1-Seq qs of Hemothorax.

A. Thoracostomy answer

B- Thoracostomy done, 1800ml blood, nbs? thoracotomy.

2- Pericarditis sequential, pericarditis (post viral), A- which test? Ecg

B- 2nd part, ecg done, triphasic crunching sound, nbs? Nsaid (ibuprofen), thoracostomy (he did) (confirm yourself, why not ibuprofen).

3- HS, baby, lush sounds musical, well child visit, STILL murmur (answer) 4- Another HS. After 2 years of MI.

5- Operation, sinus tachy, sudden SOB, tachypnea... PE (dx)

6- RCA questions

8- 75yr old man, smoker, abd USG screening

9- Vaccine in 17yr old male, meningococcal booster answer (all the vaccinations were done by age 11), no HPV in opion.

- 10- 62 yrs old, no comorbidity, zoster vaccine(ans).
- 11- 10yr old, no meningococcal opo, hpv(he marked).
- 12- TVUS given, full black, 37 weeks and bleeding management asked? C sec(he did)
- 13- Mri of child is given, of brain , chest xray also given,dx?
- 14- NEC XRay abd— (NEC answer) baby is preterm ,there was also a fever.
- 15- Child with disruptive behavior, teacher said learn but he start doing something else even when asked about the alphabets he did not tell anything, when his mom teaches him at night he's still distracted —dx? specific learning disorder.
- 16- Question related MDD in adults mein.
- 17- Question of Bipolar (girl, dec need for sleep, delusion)
- 18- ASD—tx asked(CBT answer)
- 19- 23yr female breast mass—usg
- 20- Thyroid nodule—usg
- 21- Patient is taking diabetic drugs along with some other drug, now facing urge incontinence , which drug? Canagliflozin(ans), he chose tca(amytryptalline)
- 22- Hydatiform mole tx—uterine evacaon
- 23- Endometriosis—pt stable but the ovary has some mass(cystectomy, oophorectomy(he picked), medical management is also in option).
- 24- Last line of qeson ... Opioid has to be administered, before that which test should be dn? Check QT interval(ans).
- 25- Cutaneous warts picture female genitals to diagnose.
- 26- Cutaneous warts picture of male genitals, asked prognosis? Recurrence has occurred

- 27 purulent discharge from anal abscess, picture also given, asked now what it is? Anal fistula(he did)
- 28- Graves disease to mother (lid lag etc present) some antibodies also present , now what complication will baby ? (Confirm yourself). Hyperthyroidism(he did), hypothyroidism .
- 29- Rhabdomyolysis, CK 20,000. Hyperkalemia(ans)
- 30- Refeeding syndrome vigorously, Anorexia nervosa patient, lost 10kgs in 2 weeks, put on nutrition rehab, what will happen? Hypophosphatemia(ans)
- 31- Question about RAS , bruit given and resistant htn, what next, renal artery ultrasono(ans) 32- Pelvic fracture, retro urethrogram normal? What next? Cystography(he did) to rule out bladder inj.
- 33- Patient has UC many years ago , remain in remission for 20 years, now again coming and has strictures? Now what it is? Crohn dis(he did), flare of UC, cancer was not in options.
- 34- 8 years ago UC diagnose has dx, now what to do? Screening colonoscopy.
- 35- Up down arrows queson. 3 week old baby , showing yellowing .
- 36- Achalasia (bird beak sign in xray) up down arrows for les tone, peristalsis, something else related to les.(confirm yourself esp for peristalsis)
- 37- All sx of parkinson , just got treatment diagnose , asked that now what will happen? Alzheimer demena, dry mouth, urinary retention, and one more which he picked(by rule out method)
- 38- Queapine is taking along with some other drugs ,he got encephalopathy , ammonia is high, which drug resp? Pt history of schizo and seizures. Queapine, valproate etc options.(review drugs that cause encephalopathy or are hepatotoxic)
- 39- ROC curve, screening test feature? Top left curve.
- 40- A doctor lives at a place where there are new cases of new diseases, he wants to describe abt these diseases? What study? Case series(he did), rct, case control study.
- 41- A girl, don't want to use iucd ,now what will you prescribe to her? Medroxyprogesterone inj, levonorgestral patch(he did)
- 42- TB queson, last line was something like ppd 15mm? going to administer the drug ,,what gonna happen? There's Latent infection . Ans (hepatic due to isoniazid)
- 43- Crohn treatment, going to give tnF-a ,which disease will you check for ?

TB (ans)

44- Cryptosporida treatment asked. Options -- antibiotics, albendazole, nitazoxanide(he did)

45- Last line of question, Na 120, urine osm 400, kis drug ne karaya hai? Paroxetine(he did)

46- OA patient, acetaminophen was given, pt said NSAIDs causes ulcers , now what to prescribe?
NSAIDs plus PPI(he did), NSAIDs plus H2 blocker, NSAIDs plus calcium carbonate etc.

47- Bronchiolitis scenario, retractions, nasal flaring , wheezing, what to give? Nothing(he did) 48-
Centor's criteria, cough absent, high fever , tonsillar exudates, ant. Cervical lymphadenopathy.
Organism asked? Strep pyogenes(he did), no EBV in the options.

49- Pic given of gout foot, risk of which type of stone ? Uric acid nephrolithiasis(he did).

50- MVC, seat belt injury, what to do? ECG(he did), no FAST scan, no X-ray in options.

51- Pt's ----lung white out , absent left sided breath sound, hemodynamically patient is stable ,
intubation has done, what happen to patient ? ETT in right lung(he did), hemothorax of left side etc.

53- Sickle cell disease patient, experiencing chest pains , xray shows bilateral infiltrate, nbs
in addition to IV resuscitation? IV Ceftriaxone, one has oral antibiotic , other one is antibiotic(confirm
yourself)

54- hidradenitis suppurativa with picture, tx? macrolide weekly, , TMP-SMX daily dengay, estradiol
related.(confirm yourself)

56- HIT... switch to argatroban

57- Cholesterol emboli. long statement of livedo recularis, bun . Legs are suffered with livedo .

58- Hematology disorder for which diagnosis desmopressin is being used , what disease it could be?
VWD(he did), hemophilia etc.

59- At the age of 12-13 years symptoms of bleeding, ecchymosis, gingival bleed? VWD(he did) 60-
CVID(he did) immunoglobulin dec, 21 saal mein present kia, absence of tonsils. Other options X
linked agammaglobulinemia(ruled out on age basis)

61- A doctor, gave a patient antibiotic for 3 days, something like that, patient developed C.diff infection
asked why this happens? Should wash the hand, related to doctor negligence(he did)

62- Fibromyalgia(dx), point tenderness on neck on hip .

- 63- Complex regional pain syndrome. Fagued, the pain has been there in one place for many many years.
- 64- Polymyositis, PM weakness is more
- 65- Central cord syndrome(dx) upper extremity weakness is more than lower extremity weakness.
- 66- DMD investigation was asked? Dystrophin gene tesng(he did), EMG and nerve conducon studies.
- 67 Renoblastoma in one eye, nbs? Do the inquiry of Family history , check rb gene(he did), xray hips.(confirm yourself)
- 68- Scrotum outside shows ridges , unilateral, young boy, cause? lvc thrombosis, rcc, patent process vaginalis etc.(confirm yourself)
- 69- hereditary spherocytosis---peripheral blood smear, mchc on upper limit , reticulocytes number increased, tx asked? Splenectomy (he did)
- 70- osteoporosis poor risk factor? Diabetes(he did), weight(patient was obese), height(chho height thi) confirm yourself.
- 71- Takes deli meats , had diarrhea and also meningitis, asked about org property? Survives at low temp(listeria , he picked)
- 72- surgery of git, ecchymosis present? Vit. A, vit.C etc(confirm yourself).
- 73- Patient of Breast cancer, now may be recurrence in progress and Pleural effusion was getting, best next step? Thoracocentesis(pleural tap, he did), mammography, etc.
- 74- postpartum fever, which abx to give? Clindamycin+Gentamycin.
- 75- 12yr old kid, came for checkup before participating in sports, auscultation points are given which to be heard , sounded pretty normal. Nbs? Okay to participate in sports(he did)
-
1. Question on COVID, asked what you would check...**Immunoglobulins**
 2. 3 days of vomiting which electrolyte would be deranged...**hypokalemia**
 3. Post strep glomerulonephritis....**Type of hypersensitivity...3**
 4. Venous ulcer for 3 weeks treatment...**compression dressing**
 5. Transfusion reaction of MVA case

6. Sjogren syndrome diagnosis **ant ro anti La (ssa and ssB)**
 7. Vaccination schedules for adult 65
 8. Vaccination schedule for child 2 years post emergency splenectomy
 9. SCD **penicillin prophylaxis**
 10. Graft versus host to make a diagnosis
 11. Treatment of AML...**retinoic**
 12. 3 questions on HHV 8...one histology other **purple lesions on palate**
 13. 2 questions on **Whooping cough**...diagnosis and prophylaxis
 14. HIV patient with upper lobe opacification, PPD negative...**treat TB**
 15. Laryngomalacia to diagnose
 16. Acute otitis media + sepsis ...**IV antibiotics**
 17. Rhinosinusitis...**conservative management**, no antibiotics
 18. Cat bite...**antibiotics**
 19. Tertiary syphilis(cardiac) in elderly man previous history of STI:: = vasa vasorum affected
=aneurysm
 20. **Strongyloides** with pulmonary symptoms
 21. Measles in an adult..**craniocaudal rash**
 22. **Herpes labialis** to diagnose
 23. Post chest tube **empyema thoracis**
 24. Puncture wound treatment;; = **give ciprofloxacin or piperacillin tazobactam**
 25. Mitral regurgitation murmur in adult
 26. Pansystolic murmur in month old infant started having symptoms 3 weeks ago...VSD/TOF
 27. Initial treatment for psoriasis...steroid and some immune modulators
 28. Treatment of acne for someone with fertility wishes...oral/topical retinoids/oral tetracycline.
- Benzoyl**
29. Angular cheilitis
 30. Number needed to treat calculation
 31. Acute Interstitial cystitis treatment:: = **behavioural modification**
 32. Diabetic gastroparesis...initial treatment...**diet**
 33. MDD with anorexia low libido...**mirtazapine**/SSRI
 34. Factitious disorder...diagnosis

35. Availability bias....saw many cases with similar presentation
36. Odds ratio calculation
37. Relative risk calculation
38. Clinical trials
39. Confounding bias
40. Recall bias
41. Many questions on advance directives (incapacitated woman from home care...best decision maker...call home care to ask next of kin or sister who lives in other town)
42. Physiological splitting :: = on inspiration
43. Initial Management of transposition of the great arteries:: = PGE1
44. Tetralogy of fallot diagnosis
45. Atrial septal defect to make diagnosis
46. Seborrheic keratosis diagnosis
47. Mockenberg sclerosis diagnosis:: = calcification of tunica media of medium sized vessels, no blood flow obstruction.
48. Cholesterol emboli syndrome management...post liposuction::supportive
49. Subclavian steal syndrome...to diagnose
50. ECG MI
51. ECG cardiac tamponade
52. Next best step acromegaly:: = Measure IGF-1
53. Subacute thyroiditis to make diagnosis pain in thyroid
54. Medullary thyroid cancer...congo red stain slide
55. Familial hypocalciuric hypercalcemia to make diagnosis...lab parameters given
56. DKA with RBS 160 what to give;;give dextrose
57. Waterhouse friderichsen syndrome...to make a diagnosis;; = Meningococemia
58. Screening diagnosis for 62 year old with history of adenomatous colon surgery few years ago, significant smoking history....chest ct, colonoscopy, abdominal usg
59. Treatment of hypertrophic pyloric stenosis;; = Pylorotomy
60. Plummer Vinson syndrome...IDA,dysphagia, webs
61. Chronic gerd complications...BARretts
62. Rash on extensor, diarrhea, IDA...celiac...asked treatment;; = Gluten free diet and dapsone

63. Associations of Ulcerative colitis...PSC
64. Treatment of Zenker diverticulum;; =cricopharyngeal myotomy
65. Diagnosis of Meckel diverticulum
66. CT scan of intussusception (target sign) to diagnose in adult
67. Reye syndrome child post aspirin...to diagnose
68. Conjugated bilirubinemia, dark liver...Dubin Johnson
69. Acute pancreatitis sec to gallstone seen on USG, resolved with ERCP bns...cholecystectomy
70. Complication of asymptomatic bacteriuria in pregnancy...pyelonephritis/preterm labor
71. Basophilic stippling slide....cause...lead/b12/g6pd
72. Fanconi anemia to diagnose
73. Acute intermittent porphyria...abdominal pain, colored urine confusion...treatment...glucose and heme
74. Reversal of Factor Xa...andexanet.....also monitoring of rivaroxaban
75. BNS mgt of TTP;;steroids and plasmapheresis
76. Mid humerus fracture..which nerve involved;;radial nerve
77. Monitoring for rivaroxaban....INR. Nothing. PT.PTT
78. Osgood schlatter...diagnosi

1::Thoracic vertebral compression fracture. What deformity is the patient at risk of?

- Kyphosis
- Scoliosis
- Lordosis
- Spondylosis
- Spondylolisthesis

2:: Problem with Shoulder abduction, biceps reflex, and loss of sensation over the palmar aspect of the thumb. Which nerve root?

- C5
- C6
- C7
- C8
- T1

3:: Pain on shoulder movement since 6 weeks Had a steroid injection but no relief Only 25 degree shoulder abduction, 15 degree external rotation and 45 degree internal rotation What is the cause?

- adhesive capsulitis
 - biceps tendinitis
- (No option for rotator cuff injuries)

4:: Meralgia paresthetica in an obese best advice?- Lose weight

5. IP joints and knee involved in a mechanic- OA

6. OA resistance training twice a week

7. RTA-splenectomy done in around a 12 yrs old boy Some abrasions on legs Same day ko thiyo am they asked which vaccine to give him at the moment?

- Meningococcal
- Tetanus

8. Widened mediastinum after rta. Patient's vitals seem stable, SBP 100 or 110 and is alert. Breath sounds normal What to do next?

- Precordial ECHO
- CT chest
- Bronchoscopy
- Esophagoscopy
- Laparotomy

9. Myotonic dystrophy typical cv to diagnose

10. Murmur MR. AS, still

11. ECG AF in hyperthyroid female. CHADVas score was 4

- Oral anticoagulant

12. EGG. PVCs in an adolescent boy who drinks 4 coffee/cay Stop coffee

13 Picture of Condylomata lata (vagina) nbs?

- Penicillin
(All options of treatment)

14. Pic of genital wart (penis) course of the disease?

- Recurrence

15. Pic of asymptomatic osteochondroma size 28mm*...., nbs?

- Do nothing
(No option for resection only)

16. MSM pre-exp prophylaxis 2 ques

17. Child with papules on ginger and tender lymph node on axilla (no info on exposure to cat)
bartonella henselae

18. 2 weeks of diarrhea (non-bloody) and weight loss garciasis

19. Erythematous macular rash over trunk and limbs in a newborn of 5 days

- Erythema toxicum neonatorum
- Neonatal acne
- Mica
- Neonatal pustular melanosis

20. 15 y boy had HPV and MOV first dose at age 12, which vaccine to recommend now?

- HPV
- MOV

21. Kawasaki:

Ivig, high dose aspirin and echo at 2 weeks

22. Around 50 yrs man, point tenderness shoulders, hip girdles ESR-20 CRP-raised clearly. What is the diagnosis?

- Complex regional pain syndrome
- Fibromyalgia
- Temporal arteritis

23. a 6yrs girl with hip pain, mild limping had URTI 1 week ago. Ofe, does not lock ill, temp 100 WBC-10,000, ESR-5 NBS for now?

- NSAID
- Synovial fluid analysis

24. CV of thyroid gland swelling tsh normal usg 16cm solid mass? Nba-FNAC

25. CV of paget disease of breast, nbs?

- bll USG
- Punch biopsy

26. Lactating mother, flu 1 week under antibiotic for mastitis, redness improving but still some pain O/e fluctuant swelling of 4.5cm* 25cm Nbs?

- Fine needle aspiration
- Continue same antibiotic treatment

27 A 5 days newborn, tsh inc, t4 dec

- central hypothyroidism
- Primary hypothyroidism

(No separate option for congenital hypothyroidism)

28. Pic of graves ophthalmopathy with typical cv of graves disease, nbs?

- beta blocker
- Radiolodine
- Surgery

29. Young man with pheochromocytoma, just diagnosed with increased metanephrines. What else would be increased?

- calcitonin

30. Cv of IE in a iv drug user, s2 accentuated, antibiotic?

- Vancomycin
- TMP-SMX

31. Infectious mononucleosis in a football player. When to return to sport?

- After 2 months of diagnosis
- After 2 weeks of symptoms onset
- After splenomegaly has subsided

32. Cv of ulcerative colitis, increased nsk for?

- PSC

33. Personal and family history Lynch associated cancer. What to evaluate in the children?

Microsatellite instability

34. PPH case managed. What to counsel the mother?

- lactation failure

35. Pic of nevus flammeus, complication?

- Epilepsy Hearing loss
- Truncus
- ataxia

36. Pic of gottran papules, nbs in diagnosis?

- Check creatine kinase activity
- Skin biopsy
- Muscle biopsy

37. Heavy menstrual bleeding in a 30s woman, generalized weakness, Hb-10, what to give?

- Oral ferrous gluconate
- Oral ferrous sulphate
- IV ferrous sulphate

38. Swollen inguinal lymph node, explained as a nontender nodular swelling on the right groin in a mido aged woman. On hpe, keratin pearl seen, what is the underlying cause? No other features given

- Cervical Ca
- Rectal Ca
- Anal Ca

30. Picture of soft palate, looks like oral thrush

- arafingal lozenges

40. 24 yrs sexually active female

- chlamydia screening

41. 17 yrs female, recently diagnosed with kallmann syndrome, what to give?

- Estrogen only
- Estrogen and progesterone
- Progesterone only

42. 47 yrs female with signs of post menopausal symptoms, no menses for 18 months, what next?

- FSH
- Nothing required

43. Middle aged female, IPV, physically abused by husband and the children had seen it sometimes
What to do next?

- contact women social welfare
- Contact aps
- Contact cps
- Do nothing

44. Cavitory lung lasion on right hillum with weight loss in a smoker, Dan?

- Small cell Ca
- SCC
- AdenoCa
- Large cell Ca

45. Raised maternal alpha fetoprotein ung shows protrusion of abdominal content inside the ublical
cord what is the baby stisk of?

- Omphalocele
- Gastroschisis
- Hirschsprung disease
- Meconium aspiration

46. Case of SBP explained in detail, asked about the prophylacted antibiotic

- Ciprofloxacin

47. Patient on flaphenazine developed tardive dyskinesia (explained as serotonin s syndrome
without autonomic features ,got lost for a while), nbs to do?

- Forgot the option but only one option was related to the treatment for tardive, rest irrelevant
to diagnosis

48. Cases of bulimia nervosa, pretty straightforward, Rx

- One of the drugs from SSRI

49. MDMA easy one to diagnose

50. Perfectionist and ego-syntonic behavior

- OCPD

51. Male first tanner staging question, 12 yrs old boy curious about it

- Testicular enlargement
- Pubic hair growth

52. AIS straightforward question to diagnose

53. RTA, chest xmy given, no breath sound on both lungs could only appreciate pneumothorax on left (could see vascular markings on right though, couldn't understand why no breath sound on both lungs) nbs?

- Needle thorocentesis on left
- Pericardiocentesis
- CT scan

54. Degrading grades in an adolescent girl with issue with lens (very long cv)

- Homocystinuria

55. CV of course granulomatous disease, could easily be diagnosed, asked about its pathology? □

Defective resp burst (but explained in long phrase)

56. Simple case of Wiscott to diagnose

57. A young female came in with dry cough, b rales, low grade fever as well CXR explained (no may b image) as bilateral lung field reticulonodular infiltrates, dxn?

- Mycoplasma
- All other options for bacteria causing pneumonia

58. SLE arrows: ESR OSDNA, RF, anti-Sm

59. 90yrs woman on routine visit, colonoscopy done within 10 yrs, mammography done last year, nbs?

- DEXA
- Colonoscopy
- Mammography
- Motturg

May 2024

- A lot of social ethics-like Qs, not many MSK Qs like on UW Qs, not a lot of Peds milestones or age for immunizations, some task force guidelines
- 2-part question on gas leak in the home, pt has CO poisoning.
 - What labs do you obtain → ABGs?
 - What is the treatment → admit to ED with Hyperbaric oxygen therapy
- Pregnant mother goes to trip to India, what precautions do you give mother → Boil water for 1min or give malaria prophylaxis ??
- Pt is on dronate, has 1-week hx of GERD, see distal esophagitis. What's the cause: dronate (Aldronate..Bisphosphonate...etc)
- Older lady with metastatic lung cancer question? How to treat??
- Lichen planus: pix of pruritic, purple, polygonal plaque → Hep C
- Male with A.Fib and right lung opacities on XR, what do you get? → ECG or Xray or Echo or high-resolution CT scan??

- acanthosis nigricans → adenocarcinoma of stomach
- Pt has end stage renal failure within 5 yr has risk of osteoporosis hypercalcemia
- A 24yo starting to work in the MR population should get → Hep B
- picture of ring worm → RX -azole
- picture of tinea versicolor, Rx → topical ketoconazole
- picture of clue cells, Rx → metronidazole
- 16 yo girl student see bf and ex bf fight, run away w best friend for drinking of 3 days but still keep honor student → Adjustment disorder
- A positive TB pt remission for 10 years see hilar and paratracheal lymph node on CXR → active TB or sarcoidosis or silicosis
- Pt has liver cancer w 2 palpable mass and 5cm under costal boarder, should get CEA → Alpha-fetoprotein
- Question on number needed to treat
- Question on definition of specificity
- Smoker best way to stop → cognitive behavioral therapy
- Pt with DM with max dose of metformin still 9.3% hba1c → should add bedtime basal insulin
- DM with increased CR should start ACE-I 31. Pt first dg HTN failed → decrease pressure w exercise, start diuretics

- 60-year-old woman comes in she has COPD, and is now on oxygen, her mother died of an MI, and her sister recently died due to colon cancer, you tell her its recommended to get a screening for her, she says no, and says even if she were to find out that she had cancer she wouldn't want treatment, what's the next best step → don't do anything
- Pt wants to decrease risk of DM should → start regular exercise/lose weight
- Pt w asthma has inhaled corticosteroid and still use 6-8x albuterol for rescue should add → oral corticosteroid for a week
- Tx scabies → Permethrin
- Girl with warm legs, just took a flight, quick onset SOB, what imaging do you do? → CT angiogram
- picture of the lower legs, red spots → Erythema Nodosum or Cellulitis
- 24-year-old, history of Chlamydia/Gonorrhea, Next Test? → HPV, HSV1, HSV2, HIV?
- bilateral calf edema → remove CCB
- total abdominal hysterectomy → no pap smear
- ECG, 100 irregular, no p waves → A.fib
- carotid artery stenosis, what drug for prophylaxis? → Clopidogrel, Warfarin, Beta Blocker
- anemia, asymptomatic female, target cells, low iron → genetic testing to dx Beta- thalassemia
- heart failure, stage? → Stage I, Stage 2, Stage 3, Stage 4 (look up guidelines)

- 27yo F, N/V, severe headache, BP 160/X, regular menses, bilateral eye redness → Renal Vein Thrombosis or Renal Artery Stenosis.
- kid with decrease speaking, he holds a pen → autism
- Old woman came in for osteoporosis screening. She is 66 and white. What test → DEXA; Osteoporosis = <-2.5
- KNOW ALL THE PRENATAL VACCINES
- Scaly rough lesion on forehead for 6 months → Actinic keratosis
- A man with pyelonephritis → IV ANTIBIOTIC because his vitals were unstable
- Red swollen tympanic membrane and ear pain → tx Amoxicillin

3rd June 2024

Abstract.

Alcoholism in teenager in ER. Study is systemic review, age is less than 21. is about screening tool and their accuracy

1. study type

a. systemic review b. retrospective

c. prospective

2. How many have TN ??? . how many non alcoholic patient will have negative test a. 78%

b. 73%

3. Limitation of study

ER sample only

4. exclusion criteria

Age should be greater than 19 year

5. why doctor use these test for diagnosis of alcohol use disorder ?

Because this test is reliable for teenager and clinic is for teenage alcoholic.

CVS ...

ECG

1. P.E S1Q3TE

2. MI 1,2,avF

3. Pericarditis diffuse ST elevation , PR interval prolongation

4. ECG normal, tachycardia after sometime patient is calm what DX. Panic attack

5. A.fib

6. HCOM

Murmurs

1. Still murmur child was well appearing

2. Murmur at LUSB radiating to all heart area what is next best

a. Lisinopril

b. Diltiazem

c. Beta block(not sure)

3.2 sound of aortic stenosis

AS murmur HX clearly indicating valve area

0.7cm NBS valve

replacement surgery

4. 60s bicuspid right left bruit **aortic stenosis**

Questions ...

1. pt in acute distress ct showing aortic dissection

(AD) BP 190/80

a. **iv nitropruside** (only when bp not control
with bb)

2. AD **iv**

labetolol

MVA mediastinum widening , increase bp chest pain

CT Angiography

AD 2 ct given oral propranolol , descending oral labetolo see these too

3 . sequential question

1. pericarditis cv raise jvp, dyspnea , ascites lower limb edema childhood Hx of Hodgkin

lymphoma tx with radiations **DX ASK PERICARDITIS** what will have this patient on ECHO a.

inelastic fibrous pericarditis

b. Giant cell myocarditis

2. Echo confirm pericarditis NBS

a. Pericardiocentesis b. Burofen

4. peripartum cardiomyopathy MR nbs?

5. venous ulcer medial malleolus Doppler usg done already

pulse absent 9 arterial disease).

a. arterography b. culture c. Doppler

1st.ABI

2nd .arterography

6. picture of medial malleolous ulcer given look like pyoderma gangrenosum but HX represent it is due to varicose vein leg discolouration to brown was given . no HX of IBD . NBS

DOPPLER USG OF LOWER LIMB

7. Atherosclerosis pain with exercise nbs

a. calistazol

b. continue exercise

c. no option for aspirin

8. claudication question do not relief with exercise

NBS

CALISTAZOL

8. atherosclerosis and ABI question

9. Female 32 y old father have HX of stroke

a. lipid screening

10. Ejection fraction and previous pregnancy Ef 22% now 53% contraindication to pregnancy EF

, diastolic

11. HTN 140/90

12. Vasovagal syncope prodrome symptoms given

13. S4 is given pt have increase BP what is cause of S4

a. inc bp

14. Hemothorax 600ml of blood in chest tube >1500 than emergency thoracotomy

15. 3-4 valvular vegetations IE cv . perivalvular abscess

NBS

a. surgical replace

b. reassurance

c. Gentamycine

16. Pulsating bruit asymptomatic AAA of 6.6 cm male came to PCP . no symptoms no PCP says we will do elective surgery and send him to cardiothoracic surgeon. Surgeon send him to anesthesiologist for fitness. Pt become symptomatic and died

a. surgeon should not send him for fitness

b. immediate elective surgery

17. Hx of MI young 18y old child recurrent MI eye picture showing xanthelasma TG 300 Choletrol 400

a. familial hypercholesteriloma

b. LPL defi

18. Taking HCTZ for HTN now develop gouty arthritis NBS

Stop HCTZ

19. 16 y/o girl came for well child examination lipid were elevated besides life style modification what else you recommended

a. statin

b. fibrates

c. follow up in 6 month

20. PT have DVT otherwise normal what will u give

a. Heparin

21. myocarditis after urti nbs **do**

echo if echo not given than MRI

ENDO

1. diabetic gastroparesis HbA1c

Empty gastric scan

2. HbA1c 5.4 nbs

Life style modification

3. primary hyperaldosteronism

Inc bp, inc Na, dec k

4. parathyroid PTH high, ca high

Sestabam scan

5. Thyroid mass TSH 2.0 done NBS

a. usg

b. RAIU

6. Thyroid nodule found while shaving. solid mass on usg and TSH=20 past HX of radiation

a. RAIU

b. FNAC

7. Hyperthyroidism constipation, insulinoma prolactinoma

MEN1

8. pt have 2-3 masses in pancreas , dec blood sugar level also have hyperthyroidism nbs

prolactinoma

9. congenital hypothyroidism

10. BP dec, fluid given 110/70 after sometime bp again decrease adrenal insufficiency

NBS

Steroid hydrocortisone

How to check adrenal insufficiency

Cortiso level check

11. CT scan was given on pituitary marked X . all feature of prolactinoma what will occur in future

a. Mass effect (other option forget) agranulocytosis wbc count 1100 cause ptu

hyperthyroidism pt give ptu now erythematous tonsils ptu induce agranulocytosis

GIT

1. Hemorrhoids fresh blood in stool anoscopy shows stage 4

Hemoroidectomy

2. Diaphragmatic hernia

3, Endoscopy shows crihosis 1st time diagnosis

Do prophylactic endoscopy for varices

4. Celiac disease growth chart

Monitor the patient for 1 week

5. Lesser trelet sign

GI carcinoma

6. Crohn diseases is DX txt is givwen pt develop tb what is cause

TNF.α inhibitors

7. Gastric bypass surgery

B12 deficiency diet within 3 months if

not followed

B12 within year

8. Eosinophilic esophagitis patient has history of asthma

9. GI procedure done endocarditis enterococci

Gentamycin

10. 80-year-old uncle is brought to clinic unwillingly by a kid colonoscopy 6 years ago, Tdap and pneumococcal 3 years ago no history of smoking NBS

a. Give pneumococcal b. Abdominal ultrasound

c. PSA antigen

d. Colonoscopy

e. Nothing

11. Hemochromatosis bronze diabetes

Phebotomy

12. 45-year-old female with complaint of right upper quadrant pain aggravated by feeding and nausea ultrasound finding 2 cm or mm mass ct shows same thing NBS

a. Cholecystectomy b. Nothing

13. patient renal transplant 8 years ago taking immunosuppressant Rifampin, tenderness – on

scar side, vomiting, guarding, fever all positive, leukocytosis 16000, CRP 2.2 contrast enema

given no filling of appendicular lumen nbs

a. appendectomy

b. renal biopsy

c. ct with contrast

14. foreign body have to DX 2 x. rays given

15. esophagus perforation x ray no good pick from cv. Nbs **esophagography**
with contrast

16. sialadenitis what will you give sour candy

16. child folding legs x rays show crescent bloody stool **intussuception**

17. omeprazole def of

B12

18. Old male chronic smoker , weight loss , cachexia abdomen epigastric pain mass on usg
obstructing biliary tree DX

Adenocarcinoma of pancreas

19. Pic of light brown macula on forearm of old pt ask what is associated with **a.**

GI malignancy

b. Rcc

c. Adrenal tumor

20. Child has inguinal pain and abdominal pain

Urgent surgery

21. HYPEREMESIS GRAVIDUM : XRAY CREPTIUS ,; ESOPHAGEAL RUPTURE

22. CHILD CYST : CHOLANGIOCARCINOMA PREVENTION

23.SQUAMOUS CELL CARCINOMA or ZENKER DIVERTICULUM: related question

Blood

1.Young pt have blood in urine , urine analysis shows blood 1+, rbc 40 to 60 ck normal .mother says he was practicing for marathon when he develop red urine. He was on ibuprofen 3-4 times a week there was no rash or joint pain cause ask

Exercise induce hematuria

AIN

2.Scld pt present in acute pain crisis with severe pain pt says he is allergic to morphine previously given hydroxymorphine nbs

a.give morphine and asses b.give hydroxymorphine

c. give iv fluids and reassure that pain will go away with fluid

3.velvety skin on neck acanthosis nigrican insulin resistance

4.MVA 4th transfusion start having reaction ask how to diagnosis

5.Bigblast myeloblast leukocyte count

50000,bicytopenia peripheral picture given no auer rods nbs

Bone marrow biopsy

6.B/l crackles Fio2 <300 blood transfuse from 1 day

ARDS

7.HIT platelet 30000

Change heparin to dabigatran

Platelet count less than 20000 dx ask

Itp

9.Fanconi anemia absent thumb txt

a. Bone marrow transplant

b. Fludrabine

10. 14 y old heavy menses , siblings also have menses

cause ask

a. VWF

11. sickle cell trait both hbF and HbS present what will sequel of this

No sequel

12. leukemia in down syndrome **auer rods** given

13. Male Cr N , Ca N . Plasma Ig kappa chain level are elevated on SPEP . Also have history of

HCV

a. Monogamopathy of undetermined significance

b. Monogamopathy of plasma cell

c. Monogamopathy of kappa chain

d. Monogamopathy of lambda chronic HEP C

: **MULTIPLE MYELOMA ???????**

14. Down syndrome age > 5

ALL

REPRO

1. HEAVY VAGINAL BLEEDING : 20S ABDOMINAL EXAM REGULAR MASS, PROTRUDING

INTO UTERUS WHAT WILL PT DEVELOP : a.

CARCINOMA,

b. ANEMIA

2.ENDOMETRIAL BIOPSY : 40 YEAR AGE (NEW PYRA

3.PREGNANT PT WITH MIGRAIN : ACETOMINOPHEN

4.CTG : CORD COMPRESION

5.AIS : tanner 4 breast, 2 pubic hair mass in inguinal area, BLIND POUCH

WALA

6.AIS 2 : tanner 4 breast ,deffer pelvic examination, 46xy

karyotyping no masses what will increase

a.Testosterone

b.Estrogen

c.Progesterone

7.PREGNANT FEMALE : MORPHINE (NARCOTIC) PARTIAL AGONIST BUPRONORPHINE IN
PREGNANCY IS CONTINUED

8.ECTOPIC PREGNANCY unstable : LAProtomy

9.TERATOMA : 7 CM : LAPROSCOPY cystectomy

10..PRE ECLAMPSIA: INDUCTION OF LABOR

11. PRIMARY DYSMENRHEA : DIAGNOSIIS

12.30 or 43 y plus female mammography

13. TWIN PREGNANCY : with severe vomiting and
+urine ketones dx ask

14. TWIN PREGNANCY : hyperemesis gravidarum

15. PRETERM labor

16. HEP B PREGNANCY : IMMUNOGLOBULIN

infant ivig and vaccine

17. VULVAR ULCER : BIOPSY

18. LICHEN SCLEROSIS DIAGNOSIS

.

19. Old age female pituitary of vagina given she scratches a lot txt Ask ...steroid

20. FIBROID : ULTRASOUND

21. ROM at 38 weeks since 24 hours. Greatest risk of what ? a. precipitous delivery

b. chorioamnionitis, c. uterine rupture

22. Pregnant pt with urethral stone pt in pain give iv fluid NBS

a. Morphine

b. laparoscopy

For opioids in pregnancy low dose with close monitoring is recommended

23. Female came with buprenorphine use disorder HX of many times relapses she want to conceive what advice should be given

a. Continue buprenorphine use and conceive

b. Stop use buprenorphine

24. Female with slight urinary urgency and frequency cloudy urine leukocyte esterase nitrites all

+, no fever NBS ask

a. Urine culture

b. **TMX.SMX**

25. 22y old female with cervical discharge severely increasing lower abdominal pain come to ED

. fever

102 f CMT + no nausea and vomiting nbs

a. **Iv broad spectrum abx**

b. **Oral broad spectrum abx**

26. Pregnant female taking Lisinopril what will be effect on her child a.

Vsd

b. **absence of carpus callosum** c. no option for renal

27. Male 13 y old scrotal enlargement what will happen next

a. **Penile lengthening breast** b. bud development

28. 15y old female with 1 ammenorrhea came with mother her says I have menses at this age . breast

development is normal no pubic development occur she also defer pelvic examination what will

increase in blood ? AIS

a. Estradiol

b. **fsh**

c. **LH**

d. **testosterone**

30..33 old female screening

Pap and HPV testing every 5 year

31..Female rape by EX BF . did not use condom whitish discharge from vagina what will we screen

Chlamydia

32. Girl rape 3days ago donot want to tell anyone what will you give her **Oral**

Levonorgestrol

33..Multiple calcification on breast peritoneal ascites 10cm mass what is source **a.Ovary**

b. colon

34..Hyperemesis gravidrum is treated what will give to sach patient

a.Vitamin B9

b.Vitamin B12

c.Vitamin b1 with fluid

35..Down syndrome on prenatal screen pt came at

23 WOG

a.Quardriple 2nd trimester screening test **b.Aminocentensis** definitive test

36..Post delivery abdominal pain and high fever

Chorioamionitis

37..Female rupture of membrane what will be at risk

a.Chorioamionitis if >18 hr of rom , ir postpartum than endometritis

38..Neonate bilateral breast bud beneath the aerolea no sign and sytoms a.Usg

b.Reassurance

39..Primary amenorrhea 16 y old girl nbs **b.hcg**

40..pregnant lady migraine like headache relief by OTC drugs stop taking otc drugs by thinking that it would harm the baby currently have headache and she ask what is best pharmacology for her

a.sumatriptin

b.valproate

c.propranolol

d.acetaminophine

41...pregnant female BMI 18 gain 9 kg weight **nutrition rehabilitation**

42...35y old with alcohol use disorder trying toconceive but not successful what is cause of her infertility

a. Age

(with age follicle depleted) b. alcohol

43..lucid place few month ago now no stings are visible on examination also not in intrauterine came with lower abdominal pain and bleeding may be Nbs

a.laprotomy **b.Abdominal x.ray**

c.Placenta previa Call again at 28 wog

44..62y old female with previousy all PAP normal last one was 2y age.now she has funfating mass at cervix and intermestral bleeding

a.Endometrial biopsy **b.Pap smear**

45..Female came at 17WOG for 1st prenatal visit everthing was normal than came again at 28wog did sugar test normal HB 11.5 taking prenatal vitamins fundal height is normal nbs a.No intervention

b.Iron supplementation

c.3hr ogtt test

d.Usg

(2nd usg at 16 to 22 usg) . if painless bleeding than p.previa

46..Preeclampsia with severe features at 38 WOG nbs

Induction of labour

47..Child with undescended testes if not remove what will he at risk

a.torsion of testies

b.Sex cord stromal tumor

c.Germ cell tumor

48..33 y old female taking ocp from 2year now stop taking from 3 . yet have not menses what is cause

a.Due to primary amenorrhea

b.Due adhesion

c.Due to ocp

49.Pph give oxytocin

50...20 to 26 y old have breast mass maternal aunt also have breas cancer at age 40 y nbs . a.No intervention is needed

b.Bilateral mammography

c.u/l usg

50..female at 32wog have HTN 145/100 use labetolol and prenatal vitamin G2P1 previously normal vaginal delivery . have abdominal pain severe contraction on ctg normal FHR . nbs

a.no tocolytic penicillin dexta in option b.oxytocin

c.hydralazine d.Mgso4

51.CAUDAL REGRESSION : PRE GESTIONAL

52. Diabetes screening in pregnancy 23 wog

53. Female pt have ECTOPIC PREGNANCY with hemodynamically stable doctor give her methotrexate but patient did not take it b hcg was

3500 art that time .now came with severe pain right sided hemodynamically stable fluid in pod Bhcg 3912 NBS

a. Methotrexate

b. Laparotomy

54. IUD: DEVICE : ABDOMINAL DISCOMFORT: ULTRASOUND DONE (DEVICE WAS NOT IN THE UTERUS) :XRAY CT MRI CT IS RIGHT

infectious

1. 8 TO 10 WATERY DIARRHEA: NO IMMUNOCOMPROMISED:

ORGANISM: CRYPTOSPORIDIUM

OR SALMONELLA... traveler diarrhea 8 to 10 than
crypto . parasitic diarrhea is always prolong

2. DIPLOCOCI: NESSRIA meningitis on methylene blue stain .all sign and symptoms of meningitis pic given its 2nd time

(COMPLEMENT DEFICIENCY)

1. HIV (LYMPHADENOPATHY) (MOUTH

3. TB :

a. NEGATIVE PRESSURE b

.hippa filter single room

c.hippa filter double room

4. Tb air borne precaution

5. TINEA CAPITIS : TERBINAFINE also griesifulvin

6. ENTAMEOBA HISTOLYTICA QUESTION: 26 27

QUESTION FROM NEW PIYARA

7. C DIFFICILE: STOOL ENTEROTOXIN

8. LESISMIANISIS: nose pic

9. STREP PNEUMNIA : ERYHTME MULTIFORM FEVER ,

10. TX OF HYPONOZITE : PRIMAQUINE

11. Measles precaution air borne precaution

12. Pneumonia skin abcess , ulcer

Melidiosis

13. Army man pneumonia with effusion rash otitis media caused by

Burkhuldela pseudomonella

14. Necrotizing fasciitis scenario high

grade fever

15. female multiple sex partner have hiv what will we give triple

therapy

16. 1-2 month old vesicular hsv lesion what will you give

Iv acyclovir upto 3month iv

Oral acyclovir

17. Varicellar rash dermatomal distribution treatment in HIV pt

a. Acyclovir + dexamethasone b. Acyclovir

c. Dexamethasone

d. ART

18. Painful vesicular fluid filled with erythematous base cluster

a. Oral acyclovir b. Topical mupirocin

19. Female coughing a lot from 2 to 3 days retinal hemorrhage how to diagnosis

Nasopharyngeal swab for B. Pertussis

20. Budding yeast pic of candida to diagnosis

Purple colour pic given

21. Female travel h/o from middle east presents with lower lobe of pneumonia 1 day of erythematous papular rash on bilateral legs patient Burkholderia

Pseudomonas S aerus

Legionella Mycoplasma

22. Most common organism for CLABSI S aerus

23. 6 month old boy brought to clinic with poor feeding lethargy and flat face RR 15 laboured breathing

. mother is farmer takes child with her in fields drooling + , week poor sucking

Organophosphate poisoning

Botulinum

Opioid toxicity

24. Hopi of sore throat but did not fulfill the centor criteria

Symptomatic treatment only

25. Hopi sinusitis from 10-12 days facial pain fever+, no purulent discharge txt

Ciprofloxacin

Amoxu-clauvalic acid Azithromycin

Symptomatic

26. Army man going to Africa

Hep a

27. ZOSTER : RASH than IV acyclovir if no rash than ivig

Immune

vaccination

screening

1. 62y old visit grand child vaccination

a. Zoster

b. No pneumococcal option given

2. Pt came with nail pick TDAP 5 YEAR AGO. nothing repeated every ten year tdap given after 10 y

3. Scid ivig

4. VACCINATION 28 WEEKS GESTATION Tdap

5. POST TRANSPLANT LYMPHADENOPATHY : EBV

6. Serum sickness (anti venom) urticarial rash after 8 days arthralgia

7. LYMPHOCYTE NORMAL, 100 FEVER. FLANK PAIN WITHIN 6 MONTH: ACUTE

REJECTION OR CYCLOSPORINE TOXICITY

8.:shripine allergy but wants to eat **EPI PEN**

9.CVID:

10.CGD

11.HEP B PREGNANCY : **IMMUNOGLobulin infant ivig and vaccine**

12.Neonates x ray showing sailor ship

Thymus

13.Digeorge syndrome

Hypocalcemia

14.Burton x agammaglobunemia 2uncle died

Absent tonsils

15.Cgd serrtia +s aerus

Oxidative burst

16.Cgd increaserisk of

S aerus

17. Iron at 1 year

.

18.Transplant 3 month ago scenario of acute argan rejection pt was taking
immunespression now have abdominal pain vomiting Bun inc Creatinine inc steroid start
what will you do

Renal biopsy

19. Fever develop 5 days ago rash of parvo virus what precaution you will take **Nothing**

20. Mva on snowy road splenectomy done 2 week ago what will give

SHINE + pneumococcal VACCINE SHINE vaccine

MMR Varicella

21. Forearm picture vesicle contact dermatitis

Avoid weed

22. Hopi old male pt came to clinic for checkup in autumn . last well check was last year what you give him at this visit

Influenza vaccine

23. Wiskot Aldrich syndrome low platelets eczema infection

Derma

1. BROWN MACULE : SMALL FARMER : SQUAMOUS CELL

Carcinoma actinic keratosis

2. INFANTILE HEMANGIOMA : REASSURE

3. DERMATOMYOSITIS HERPETIFORM

4. SELENIUM SULFIDE : seborrheic dermatitis

5. Lesion on hand black in color like in 300 a. Seborrheic dermatitis

b. Seborrheic keratosis c. SCC

d. Albinism

6. SEBORRHEIC KERATOSIS diagnosis with picture

7. SUNSCREEN BOTH QUESTION

8. Kissing ulcer on uvula

Hsv

9. Smoking Hx lesion on tongue what will you do after cessation of smoking

Biopsy

10. Contact dermatitis already on emollients no relief txt **steriod**

11. Atopic dermatitis already on emollients no relief txt

Steroid

12. Hidradenitis suppurativa pic of armpit DX ask

MSK

1. GOUT ARTHRITIS : **ARTHERCENTESIS**

2. OSTEOSARCOMA : **BIOPSY**

3. GOWER SIGN : **DEATH CARDIO** (BECKER) 15

YEAR AGE

4. **STEROIDS** : PROXIMAL MUSCLE WEAKNESS: CK NORMAL : IATROGENIC induce

5. POLYMYALGIA RHEUMATICA : OPTIC NEURITIS: **TEMPORAL BIOPSY**

6. ABDUCTION HARNES

7. DDH : **ultrasound**

8. TRANSIENT SYNOVITIS (NO UPPER RESPIRATORY TRACT INFECTION) HIP PAIN,
ESR INCREASE(60) MILD FEVER

9. OSTEOARTHRITIS joint space narrowing , osteophytes given :

QUADRICEP STRENGTHENING

10. Pt taking Lisinopril and other drugs now develop gout attack , start NSAID and
colchicine creatinine increase from 1.2 to 3 and gout symptoms got worse a. Give
fluid

b. Stop nsaid

11. Pt has a injury at knee he is a player now has a mass on medial and above the patella NBS

Excision

Biopsy

12. Osteomyelitis early range of motion

Pt came with fracture of knee synovial fluids show blood and fat cells

Tear of ACL Tear of pcl

Tibia plateau fracture

Patella fracture

13. Ankylosing spondylitis back pain and morning stiffness x ray was given txt

Infliximab

Abiximab

Rituximab

14. Rheumatoid factor is normal but ccp is elevated txt ask

Naproxem Methotrexate

Sequential

15. 7,8 year old child mother says he have morning stiffness remain through out the day

Pain on MCP

RF

16. Rf + and anti ccp + what will be your pharmacology

Nsaid in child 1st nsaid 2nd MTX in adult

MTX Methotrexate

17. PAGETS: ALP

18. Male monement above 90 not possible crepitus from 5 year worsen from few months a.OA

b. Rotator cuff tear

c. Laberal tear no crepitus than

adhesive capsulitis

Cns

1. RESTLESS LEG SYNDROM :

a. CHECK FERRITIN b. ROPINIROLE ANY ONE OPTION

2. CENTRAL CORD SYNDROME : SYRINGOLMIL

3. WAVY DOOR

4. RHINOSINUSITIS : PERIORBITAL SINUS : CT , ASPIRATION XRAY

5. SUPRA NUCLEAR PALSY (NO PARKINSON

6. BPPV: REPOSITIONING MANEUVER treat epley diagnostic diplick

6. BRAIN DEATH TEMP 35 : NO RESPONSE TO CO₂ a. APNEA TEST ,

b. TRANSCRANIAL ULTRASOUND

7. VASCULAR DEMENTIA DYSARTHRIA

8. Child not speaking in school parents are worried when doctor try to speak he did not speak and making indication to mother to speak to doctor

a. Selective mutism

9. Nodules in iris of female of child brown light brown pigmented macules café e lait spot and biopsy taken from the skin histo pic given Dx

NF1

10. Fell from 10 feet high nexus criteria

Ct with contrast

11. Lower tongue cyst

Mucocele

12. AV nickling on fundoscopy

Htn retinopathy

13. MS MRI done in scerenio what will confirm DX

a. Lp

b. Signs of meningitis c. Xray

14 .Dm difficulty driving at night

Cataract

15. Female left sided of lower face is involve left sided weekness of the body bp 205/110 how will you dec future risk of reccurance

a .Bp control

1st bp than cholesterol control

b.Statin

c.Aspirin

16.Upper limb sensation decrease LL normal up slightly decrease cape like distribution **Central cord syndrome**

17.Patient of Parkinson diseases is on increase dose of levodopa –carbidopa to control it . but develop hallucination he did not want to decrease the anti.park dose wht nbs

a.Start zolpidam **b.Quetapine**

c.Tamazepam

Psychiatry substance

1.3 MONTH CAT DIED 1 MONTH BREAKUP :

a.ADJUSTMENT DISRDER

b.COMPLICATED GRIEF **(always greater than 12 month) :**

2.Girl having delusion for 3 days after a stressor

Brief psychotic disorder

3. TOULENE : MOUTH RASH **INHALANT** TEEN BOY RESPIRATORY **NORMAL**

MYDIATRIC pupil(HEROINE COCAINE OXYCODONE WRONG)

4.DRESSING ROOM : **KARYOTYPE**

5. OTITIS EXTERNA : **TYMPANIC DISCHARGE**

6.TOURTTE SYNDROME : CLONIDINE

7. ZINC PERIORAL RASH

8. PATIENTS TRANSFERRED, ADMITTED IN SCHOOL. FROM LAST 3 YEARS ANEUREISM,
CHILD IS EMBARRASSED, ALARM DONE, DID NOT WORK. GO FOR DESPMOPRESSIN

8. Postpartum depression scenario pt came after 14 days of delivery MDD criteria fulfill

Start ssri

9. Female in 40 with opioid intoxication was found by friend who was watching tv in other
room After 45 mins on examination h examination hypotension, bradycardic and rr 6. O2

dec co2 inc A-a gradient normal

10. Perioral rash slurred speech drowsy

Inhalant toxicity

11. Haloperidol given what will you check a. Bp

b. Hba1c

c. Lipid

d. Bmi

12. Trazodone to escitalopram

13. Young male says I am sleepy all the day since 2 yrs in the class sleep in metro drowsy but cannot
sleep until midnight no cataplexy or hallucination in vacation I wake up at 11AM. a. Narcolepsy

b. No option for REM sleep

c. Circadian rhythm disorder

13. Headache tingling sensation dizziness all labs normal multiple doctor visit

a. Conversion disorder

b. Somatoform

14. Female wearing colourful clothes become treaful while taking to the doctor and than tell doctor I love friends whose parents are well known in country and making comments to get compliment attention of others

a. Histrionic

b. Schizotypal

15. Child not speaking in school parents are worried when doctor try to speak he did not speak and making indication to mother to speak to doctor

a. Selctive mutism

b. Language disorder

c. Social phobia

16. Grand mother house 12 y old child screening a. Depression screening

17. Female with Fibromyalgia that is uncontrolled she says I have body pain and fatigue . she was on doluxetine and pain killer some other durg. Which durg will interact a. Tramadol

b. Pregablin

c. Lamotrigene

18. Pt with mania and depression which is contraindicate

a. Busprion

b. Clonazepine c. Clonidine

d. Valporate

19. Post chemo therapy emesis not control with aprepitant refractory to it what will you add next

a. Dronabinol

b. Erthyromycin

20. Boy age 18 grade decreasing weight gain adopted 18 month ago a. **Marijuinia**

21. Postpartum blues depress effect tearful agitated fatigue. who can you help a. Fluoxetine

b. Resolve within 2 weeks

c. Bipolar disorder txt

d. Quetapine

22. Child live at parent home which is child proof now they are renovating so spend most time in grandmother home what is child at risk

Lead poisoning

23. pt with schizo taking risperidone was fine , after sometime he did not take take medicine . he hear voices which says to him not to take medicine because they are chips for tracking you

a. Change risperidone to ziprasidone b. Start again medicine

c. Change from oral to deport form

24. PATEINTS TRANFERED, ADMITTIED IN SCHOOL. FROM LAST 3 YEARS ANEUREIS, CHILD IS EMBARASSED , ALARM DONE, DID NOT WORK. GO FOR **DESPMOPRESSIN**

Renal

1. RETROGRADE UROTHROGRAM DONE PELVIC INJURY : **DO SUPRA PUBIC CATHETER**

(Uncle involved in boat accident. Pelvis against steering wheel. Blood at urethral meatus.

1a. Rta pelvic fracture HD. stabel 2 x rays given cystourethrogram .it was spillening in surroundings

Suprapubic catheder

Urethera surgey

1b. Blood at meatus MVA suprapubic tenderness present what to do initially fast normal

x-ray wired look like pelvic fracture

Suprapubic catheter

Urethral repair

No option for urethrography urethral catheterization is contraindicated 1st suprapubic catheter 2nd surgery

2. Hemodynamically stable. Retrograde urethrogram given. Options were Urethral Repair, Suprapubic catheter, angioembolization, surgery exploring right groin)

3. ALBUMIN CREATININE RATIO: DIABETES

nephropathy,,,,, 30 to 300 mild greater than 300 medication

4. RCC polycythemia : PARTIAL NEPHRECTOMY

5. HEMODIALYSIS CREATININE : 10

6. 16 TO 17 YOUNG AGE 170 BY SOMETHING: ABDOMINAL BRUIT : RENAL ARTERIOGRAPHY OR

MR ARTERIOGRAPHY OR VENOGRAPHY 1. duplex ultrasonography 2, MR or ct arteriography

7. NEPHROTIC SYNDROME: WILL DEVELOP IN FUTURE RENAL VEIN THROMBOSIS, most with

8. Pigmented cast in urine female drinks alcohol

Wbc normal

RBC negative Cast pigmented

Rbc positive

9. 18y old male with polycystic kidney disease where else cyst will develop

Brain Liver

Heart Intestine

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10. Female have lesion on bladder dome and ligament what are there lesion

Cystitis glandularis

Malakoplakia

11. 6 TO 17 YOUNG AGE 170 BY SOMETHING: ABDOMINAL BRUIT : RENAL ARTERIOGRAPHY OR

MR ARTERIOGRAPHY OR VENOGRAPHY 1. duplex ultrasonography 2, MR or ct
arteriography

12. NEPHROTIC SYNDROME: WILL DEVELOP IN FUTURE RENAL VEIN

THROMBOSIS, most with membranous nephropathy

13. Female old age take diphenhydramine for allergy have suprapubic fullness and urinary retention

Stop drug

14. Adult male 30 to 40 y have stone .father died of leukemia also have family history of stone what is cause

a. Bacteria b. Dietary habit

c. Stricture

15. Women dehydrated albumin 5.5 , ca 10.9 . repeat after 1 week ca 9.2 what to do next

a. Nothing b. Pth level c. Ionized ca level

Respo

1. Father with cirrhosis son a have copd

A1 antitrypsin def

2. TRAUMA : 8 TO 9 TRANSFUSIONS : BILATERAL PULMONARY CRACKLES EDEMA (PULSE 150) : SINUS TACHYCARDIA (AFIB) : PULMONARY EMBOLISM (wrong)

3. METHOHEMOGLOBINEMIA :

4. 165 ASTHMA EXACERBATION : For chronic control of asthma... Budesonide inhaled

5. CYT B5 REDUCTASE

6. Benzocaine gel

a. Methohemoglobinemia

7. PLEURAL EFFUSION : TUBE

8. SUPERIOR VENA CAVA SYNDROMA

9. SARCOIDOSIS ERYTHYMA NODOSUM

10. Female increase fever lung x ray large effusion at base of the lung

a. Inc glucose b. Decrease ph

c. Dec protein

11. Normal young pt nonsmoker come to you no symptoms lungs are fine passive smoker as his father and mother are smoker they have copd .he wants to know what are chances of copd develop In him

a. No test needed .b. Spirometry

c. Cxr

d. AFB culture

12. Kid with tonsillar hypertrophy

Polysomnography

13. LH ratio high so exudative

Malignancy

14. Young boy stable on left chest 4cm from left sternal border outside the school by other student

bp 90/60 increase jvp heart sound normal pt is in distress nbs

a. Thoracotomy b. Pericardiocentesis

c. Needle decompression

15. Pneumothorax leading to cardiac arrest

a. Large bore needle insertion into the chest

b. Thoracotomy

16. X-ray of 2 foreign bodies

17. Female BMI 43 early morning headache HTN and accentuated S2 cause a. IHH

b. Obesity hypoventilation syndrome

Ethics and biostatistics

1. 2 RETROSPECTIVE COHORT STUDY

2. Study done value 0.1 Power 80% ask for type 2 error iopsies mention 0.1 it is a error 20%

3. SPECIFICITY (TRUE NEGATIVES CALCULATE) PERCENTAGE

(be attentive most

4. ETHICS : FORCING FUNCTION (ANESTHESIA AND FEMALE PATIENT) (INCOMPATIBLE
DEVICE.

IV AND SPINE)

5. 90 YEAR FEMALE END STAGE RENAL (FED UP WITH DIALYSIS) PHYSICIANS

ROLE:

FAMILY MEETING (WRONG)

6. DAUGHTER MEDICAL STUDENT : HISTORY OF PT WITH ACCIDENT IN THE END : RESIDENT

ASSUMES THAT PT MAYNOT BE ABLE TO AFFORD :

EMPATHY (WRONG)

ANS : BIAS

7. R SH NNT placebo 20 intervention 10 : 10

8. WOULD RESPECT MOTHER DECISION) (WRONG) TELL THE RISK AND BENEFITS

9. MISTAKE DONE : ROOT CAUSE ANALYSIS

10. SENSITIVITY AND SPECIFICITY : GRAPH WHICH OF THE FOLLOWING THE PHYSICIAN SHOULD
SELECT TO MAX THE CASES . HIGHEST SENSITIVE

11. PREMATURE CLOSURE

12. 162 SUBDURAL HEMATOMA : CALL CPS

13. 163 INFLICTED TRAUMA: CALL CPS

14. Medical resident present pt to senior as she is graceful lady she is african american so can not
afford the medicine so we get her some medicine from the hospital insurance what is problem

Bias Favoritism

Empathy

15. Some study is down . what will be role of IRB Dec harmful effect during the study

16. Study done 55 to 85 age group taken all position filled only one position left. many
candidates for that position of this age . intervention cause lot of nausea that was
disclosed to pt and they agree what will determine the selection of candidate on last
seat

a. People who can understand risk and benefit b. Who can tolerate the adverse effect

17. ROC curve

18. Force functioning epi given instead of bupivacaine

19. Hospice care female of 90 on morphine cr increase dr want to do dialysis she says I understand but I donot want to do it psychiatric evaluated her and says his capacity is fine . her morphine is ended too

- a. Convince her
- b. Give her morphine and discharge
- c. Do hemodialysis
- d. Do not refill morphine

20. Structure ,process done outcome came out to be something what will be balancing

- a. Option in which it compare with other health system

21. Doctor drink alcohol now going to duty what to do

Inform progem drictor

22. Cholecystectomy done 8m ago pt have abdominal pain from 8m but did not come for folloe up . now came with say pain same were it was. doctor do imaging and finds the sponge in abdomen.

Doctor tell him casually that there is sponge in abdomen how it can be prevented ?

- a. Come follow up early don't delay so long
- b. No option for time out

23. 4 to 5 time worgn surgeries done by same surgeon to prevent this he sets 2 tiome out 1 in preoperate room and 2 in operate room makes a very long checklist all steps of tomeout are follow what else we should do

a. 3

rd

time out

- b. There is no need to do anything
- c. Add some thing in time out process
- d. More some item in preoperative list

24. 65y come for routine examination previous examination was denied but reason is not disclosed doctor suggested DRE pt things it will remind him of past sexual abuse by his uncle in childhood nbs

- a. Allow the pt to do or not the examination
- b. Stop examination immediately at patient request

25. A doctor in rural hospital no other hospital nearby a patient he sees in church and other social gatherings come to visit and talk about his erectile dysfunction what to do

- a. Ask the pt if he is comfortable with the doctor
- b. Treat the patient and continue
- c. Request the patient to change the doctor
- d. Go to another church

26. Pt with cholecystitis very cool patient dr was called to see patient but the doctor came late patient condition deteriorated doctor it is gallbladder what is problem if we remove it which principle is harmed

Autonomy

- a. Beneficial
- b. Non-maleficence
- c. Justice

27. Pt A goes under some procedure and discharge after procedure and talk to her friend pt B who undergone the mini-invasive procedure by same doctor. Pt A sued the case by stating that he was never given option of minimum-invasive procedure. Doctor says I don't offer mini-procedure on my own unless pt asks what did the doctor violate

Autonomy

28. Doctor prescribes medicine to patient what told him how to take these. Now said to pt repeat it what is he addressing

Health literacy

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Medicine reconciliation

29. Pt come for colonoscopy she tell the doctor he tell result to her daughter colonoscopy result are suspicious so biopsy is sent doctor tell the

Abstract ① Influenza/pregnancy Denmark

② Ruko Tara... Sabra Karo

2nd Abstract :

use of Sunscreen and wide width hat in US Postal

Services :-

Method : some kind of Randomised control trial

2350 or 2500 people

Many details in between. I read question I searched for answer in abstract.

| | cross Case | Control | |
|------------------|-----------------------|---------|-----|
| Use of Sunscreen | 3 month | 36 | 22% |
| | 1 year | 38 | 24% |
| | 3 year | 44% | 26% |

| Use of wide width hat | 3M | n | A |
|-----------------------|------|--------------|---|
| | 1yr. | Y <td>B</td> | B |
| | 3yr. | 2 <td>C</td> | C |

Conclusion :- use of sunscreen some +ve result

NOW a gentleman ^{from some club} comes to doctor office and said he want to do some research related to use of sunscreen hat and prevention of Melanoma. Physician's assistant disagree with the gentleman, why?

(Actually one of the member of his club ~~got~~ died due to melanoma and he wants to raise fund of \$2000 000 (exact) for research)

- a) because club Member demography is different
- b) because study doesn't concluded about Melanoma
other option I ruled out

Q2) NNT (regarding of use of sunscreen) at 3 yr ?
(Note: all these options and questions were in elaborated form). When I calculated NNT it was 5.6. Now, options were like

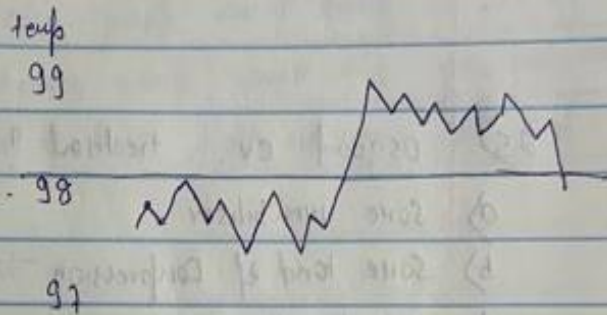
- a) 6 people were using sunscreen from different sunscreen brands (actually they created many stations where different kind of sunscreen were available for posted men.
- b) 6 people have benefited from
- c) 6 people during 3 year of duration have benefited.

Q3) Why the study is Some positive thing?
I chose:

people who attained orientation regarding use of sunscreen has increased used of sunscreen at the end of 3 year.

Q.2. (28yr) Lady came with infertility issue. Husband has 8 yr kiddo from previous marriage. Her cycle is regular and she is trying since 18 months. Now she came with her temperature variation in one month. What is the cause of her infertility? (she has history of severe chlamydia infection at age 16.)

- a) Anovulation
- b) Tubal Blockage
- c)



Q.3) Travel history present -

- a) Rickettsia
- b) Syphilis
- c) Coxsackie
- d) dengue



Q.4. Kidno 10 days old, restless, not feeding well, non-cynotic & think crackles int (not sure though)

- a) PDA
- b) TOF
- c) A Hypoplastic RV
- d) COA

Q.4 Left Side Paralysis of face, left side hand & leg.
artery involved

a) Right Middle cerebral artery

b) vertebral artery

c) Post inferior cerebral artery

Q.5) Osgood cv... treatment 9

a) Some immobiliser

b) Some kind of Compression

c) Quadriceps strengthening

Q.6) 6 Month baby, he can move head upto 90° degree
can roll.... something something

a

| | Gross motor | Fine motor |
|--|-------------|------------|
|--|-------------|------------|

a) delayed normal

b) normal delayed

c) delayed delayed

d) normal normal

Note: Many option were not like previous pg. For
example in place of listeria in option, it was
written like bacteria which is resistant to cold.
Have good night sleep before exam.

| | | |
|---|--|--------------------------------------|
| → | IS-20 HOPI Questions | |
| → | 1 Mg - due to decrease Excretion (Renal) | take Antidiabetic |
| → | Before K^+ check for Mg. | |
| → | Urine Calculi - Inc: Loop diuretics. | |
| → | child Cr^+ Anemia → | Horse shoe kidney. |
| → | Female - 32 yrs. TBP - | Arteriovenous dysplasia |
| → | Down Syndrome - Parameter | HCG, AFP |
| - | Turner Syndrome → | ↑LH, ↑FSH - |
| → | Adison's disease ↓ | Cortisol - |
| → | Q&A on Pulmonary Embolism - | S_1, Q_3, T_3 - |
| → | Abdominal Ultrasound - | Smoker 65 yrs - |
| → | Low dose chest CT scan | Smoker |
| → | Q&A on B. Pertussis - | Azithromycin - Self and Contact |
| → | Void Ultrasonogram - | recurrent UTI. |
| → | CT - Pelvis. Abdominal Injury - | Pelvic Pain. |
| → | A. Bacterial - Acute Cystitis - | Bladder pain Syndrome |
| - | HOPI → Rash - | Stop Amoxicillin |
| → | HOPI → | Ostrosthetic Hypoketion Management - |
| → | 11 ys child | Varicella Vaccine - |
| → | COPD - pt: | Pneumococcal Vaccine |
| → | Hep - B - | Booster Vaccine - |
| - | HIV EXPOSED | Anti retroviral therapy. |
| → | 3-4 Root cause Analysis - | Question |
| → | Dobutamine for | Heart failure - |
| - | Diphenhydramine test | |
| - | Dihydro Ergonamine test - | COPD. |

Ch: hypertension → ↑ risk preeclampsia

→ Entamoeba - CT scan - Absent -

→ Optic Cuppling - Glaucoma -

→ PA: Papillary edema - LP

→ 2D: Refeeding Syndrome - Easy -

→ Nephrolithiasis CT scan -

→ TRALI Easy One -

→ HOPI - DMD dystrophy -

→ Prion disease - within 2 months -

→ Sex - during Pregnancy Reassure -

→ Invermation - Esophagitis - Cutaneous lesion

→ Omran -

→ Splenectomy - Meningococcal vaccine -

→ Post coital bleeding - Punch biopsy Cervix

→ Contact Hospital Administration - of CPS -

→ Urinary Suger ↑ SGLT, causing this

→ Food Intake - ↑ Insulin - Glipitin

→ High risk fine. Arum - for MDD -

→ PA: Kidney rejection Renal biopsy -

→ MVP - No prophylaxis -

→ ~~write~~ write a stories to Grand Child for

→ distraction of mind -

→ Classic Case of Polymyositis Rheumatica -

→ Dermatomyositis - CA - risk factor -

→ Early Strictly Uncontrolled diabetes

→ 2D - Hysterectomy - only Estrogen therapy

| DATE AND TIME | |
|---------------|--|
| - | Colon Ca - Anemia I DA - Painless |
| - | Acute Pericarditis - Indomethacin |
| → | High Pitch - cry - unable to feed - Substance Use during pregnancy. |
| → | Normal Azine. |
| → | Femoral-Artery fistula - Isint - HOPE. |
| → | Diuretic - high fiber diet |
| - | SIADH - IV Clopitan - |
| - | Methadone - Step-UP - therapy - Check ECG. for QRS - Prolongation |
| → | Polycystic - Atresia - ↑ Marker Inc: |
| → | Zika old - Condom - |
| → | Multiple Sclerosis Hx - No findings on EEG - EBT. |
| → | TG - 250 - Atorvastatin |
| → | Vacuum Cath - 2 week Arthritis Resolution |
| → | HOPE Type 1 hypersensitivity Mast cell - |
| → | Unilateral conjunctivitis Red reflex zone Amblyopia. |
| → | 6-yrs - old high risk of cholestasis - |
| → | CT Angiography - Aortic Rupture |
| → | HOPE - ground emmum - Endoscopy |
| → | 2Q - CPS - and 2Qs - APS - |
| → | Consent pts for Abortion |
| - | PQs Check test |
| → | Check stones when sponges remain inside. |

| | |
|-----|---|
| - | Osteoporosis - Risk factor - Small height. |
| → | QD - Classic Case OA - physical therapy |
| → | Tattoo → Rash → Pain only → Oxycodone/Acetic |
| → | Accident - Body Pain only → |
| - | MDD - Sertraline after surgery - |
| → | Breast Mobile - Max US - |
| → | Malaria - Immigrant from India - |
| → | Boggy uterus - Uterine Atony - |
| → | DEXA - Seen - Boys - |
| → | Religious belief - End stage CA - |
| → | Hospice care for Extensive Metastasis - |
| → | Pt: Ataxomy - |
| - | Pt: Non Malignant - |
| - | HOPI - Arterio Embolization - Uncontrol Nasal bleeding |
| → | Proleptinoma - Cabergoline |
| → | BPD - to Dx - |
| → | Methamizole Angerulocytosis - sore throat - |
| → | HIT - |
| → - | Take a consent for DNR - Advance directive |
| → | Stress - ECG - Brother Brugada Syndrome - |
| → | TTEG - HOCM - |
| → | Foal Acid Pregnancy - |
| → | Recurrent Pregnancy Loss - |
| → - | Atherosclerosis Risk factor Smoking |
| - | Septic Shock Parameters - |

| | |
|---|---|
| → | Stalps in Abdomen - full - Patient. |
| - | PQ's Near Miss Anent. |
| - | Advice Pharmacist to update New Prescription |
| → | Poor prognosis. GCS-5 - Neurosymptoms - |
| - | Poor prognosis. SAH - Extensor posture. |
| → | Poor prognosis - Long & Fine Metastasis - Secondary lesion - |
| - | PQ: Cross sectional study - Snap shot. |
| → | Dx: Endometriosis - |
| → | ARDS - Antubation |
| - | QD: Genetic Counseling |
| - | Heper - PCR - |
| → | Primary CNS - Lymphoma - EBV - |
| → | ITP - CBC - (Viral Infection) Tx. |
| → | CKD - desmopressin |
| → | Vitigo Ass; RA. |
| → | JIA - RF +ve - |
| → | Transient Synovitis Knee - Day - |
| → | Pentad Triad - Cholystis - US Abdomen |
| → | Good prognosis - Crat Normal - |
| → | CU recurrent Pneumonia - Check Ig's. |
| → | HOPI - HLA-B*57:01 Gene - Epidermolysis bullosa |
| → | Leukoplakia biopsy. |
| → | Bronchoalveolar biopsy - |
| → | SBO - QDs - |

- Opioid poisoning - Diazepam -
- ADHD - toxicity Methylphenidate Toxicity
- 30 painless bleeding on lips - CS section
- → Co-action of AcetH - HOPI.
- HS - VSD, AS, SHII Mummie (alveolar infection)
Free stem - for Conclusion.
- → BZs toxicity PFT-
- PD - EIVAR action.
- UIC - Adeno Carcinoma -
- Acute stress disorder -
- BP - monitoring Secondary Life cycle Modi.
- PD: Electrophysiology.
- Peri-Anal Abscess - IBD -
- Anal fistula - Crohn disease -
- Ileostomy - Cholestyramine -
- HIV - Propylgats - 200 TMP - SMX -
- Asbestos - pleural plaque -
- Oral Fidoxamycin - c-def:
- Allergy to sulfa - fosfomyine.
- HPV - Cytotherapy.
- ROC Curve PD - A¹
- PD: Foreign body Xray.
- remove fBody by Endoscopy - Nowhere
- Congenital Hypothyroidism - typical.
- Interview bias.
- ERCP - Pancreatic CA - Hx.

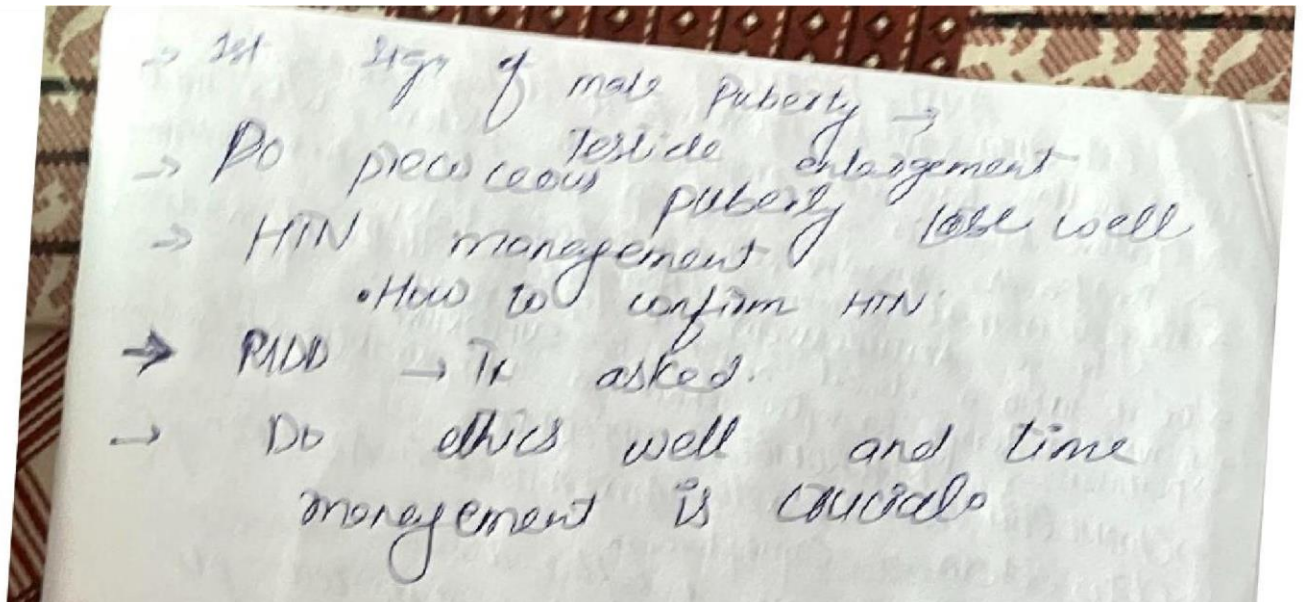
| | | |
|---|---|--|
| - | CMV - Ganciclovir. | |
| - | Lynch Syndrome - Uterine Risk. | |
| - | Bungs Cancer Chance - Coal France | |
| → | ROTA Vaccine - Contra - SCTD. | |
| → | Shoulder dystonia - Reversal - | |
| → | Central Cord Syndrome - Spinal Life - | |
| → | FVC - Check to Induce Mechanical Ventilation. | |
| → | Rt - vertebral to Emboli - flaccid Paralysis | |
| → | Admit pt - 5 days back. to switch warfarin to Heparin | |
| → | Parkinson - ↑ MPOD in Next year. | |
| → | Reactive cell - Pap smear Every Year. | |
| → | RD. Functional Incontinence - failure to reach bathroom. | |
| → | Seq: | |
| | Influenza Dx - Ampicillin - Sulbactam Antibiotic for Sepsis Infection. | |
| → | Riluzole - ALS - | |
| → | Seq: Hemothorax. Thoracotomy | |
| → | Disseminated - Army Men Gastroenteritis - Lash Pic on Hand - | |
| → | RD: Petroleum Jelly trapped Lash. | |
| → | COPD Airways. | |
| → | Myasthenia Gravis Airways - | |

| | |
|---|---|
| → | Q old Abstract. |
| - | Antiestrogen - vs Progestin - |
| - | Estrogen ↑ Breast Cancer. |
| → | OCP - stop - due to migraine hx. |
| → | Propranolol - preventive therapy of migraine. |
| → | Petefloferonol - brace - |
| → | DVT - LMWH. |
| → | Amplicin - Disproccoci Inj; |
| → | HRCT - Intestinal lymph disease - |
| → | Urinary retention after surgery - US. |
| → | NF-2 - SNO. |
| → | US - Parathyroid Nodule - MEN1 |
| → | Autism spectrum - QD. |
| → | Symptomatic Cranial Cyst - remove - |
| - | Phonons - recurrent UTI surgery. |
| - | Lipoma - resection - |
| → | DMI, Urine Albumin ratio. |
| → | Peritonitis sign - Explanandum Laproto |
| → | Cat-scratch disease - B.H IgG. |
| → | Amblyopia - Otorotoxicity |
| → | Enucleation |
| → | Graves - diffuse high uptake. |
| → | Ankle sprain Xray. |
| → | Pericardial prophylexis (Syr - |

| | | |
|----|--|--|
| - | CAH - No further testing needed | |
| - | ID - polyp - risk factor CA colon. | |
| - | Nicotinic patch - MOD - Smoking history | |
| -> | Asthma - SA - SA Albuterone | |
| -> | Lead & Radon test - | |
| -> | IGRA test for TB - Trancillex - | |
| -> | PD: close loop communication - | |
| -> | 17 yrs old girl - High risk factor Cummeli | |
| -> | PD: Pseudogout - Clinical - | |
| -> | | |
| | Imp: Note - | |
| -> | Read Seminar efficiently - | |
| - | Paper is Deable - | |
| - | Keep - Summary of NBMEs - | |

- Brain Death Schema → should be confirm by two physicians/doctor
- Chagas Dx → NBS → ECG
- MC organism of N. fastus (Pirgins showing Bulli → so pyogenes
- Course of Aphthous ulcer.
- Too much Questions on errors in hospital settings.
- Screen for Pt is DM → retinal imaging (3 marked)
- Age 65 → Pneumococcal vaccine.
- Age 56 + recurrent metatarsal fractures
Dexa scan
- Mutations were Asked.
 - ① Hodgkin (CD-30)
 - ② CML (2d:19)
- Mutation in Lynch syndrome
- Ovarian CA screen by TVUS
- X-ray showing coin in esophagus + no symptoms → observations
- There was some kind of thyroiditis + palpitation → NBS → Propranolol
- Maternal complication of GDM → PPH (1 marked) due to Macroalbuminuria

- Nat ↑, Dry skin, HR ↑ → NBS Notumbalan
- ~~By~~ One addition scenario (very long) → this
MDMT (as Temp ↑, Not ↓)
- ~~One~~ One sequential of interstitial cystitis
Don't wait USG (i did it wrong)
→ Mark cystoscopy.
- One seq. of Acute urine retention
after surgery → Do USG → then
BPU was found → NBS → α_1 -blocker
- CPS → 2 Qs
- APS → 2 Qs
- If surrogate and other family members
disagree → first arrange family meeting
- If power ↑ → Col will ↓.
- Focus on whether BNS or Best asked.
- Normal Adolescent
- Normal Aging
- Fibroid → BNS → USG.
- Papet Dx of Breast → Biopsy
- Autonomy
- Bias (Confirmation/Availability)
- Spirometry in ILD. Finally?
- Antibodies in SLE
- Sjogren syndrome → Anti-SSA
- P.E given, next BS for cause →
(Pancreatic CA) hint given → USG Modern



- Young male patient, who was previously allergic to eggs and have recurrent hx of allergic attacks to eggs, but now he is not allergic to eggs anymore which of the following test/allergic test will you do/perform?
Ⓐ Allergy test for eggs only Ⓑ Allergy test for multiple allergies.
- Venous ulcer picture easy to appreciate next best step?
Ⓐ Biopsy Ⓑ ABI.
- Juvenile Parkinsons dx = Adolescent \bar{e} s/s of Parkinsons
- Sudden onset of flashing headache, severe dx = SA hemorrhage.
- SAH another CT scan was normal NBS = LP. (xanthochromia).
- Intracranial hypertension. Female obese patient. WEDNESDAY 10^{١٢} ^{sign}
- Spinal stenosis dx = Back pain relieved by flexion (shopping cart)
- Multiple sclerosis dx.
- Osteoarthritis = 40-50 old male patient started pain in shoulder joint which was worsening of working = Gleno-humeral joint OA. pain was initially started after taking heavy weight
- Osteophyte formation on x-ray dx = OA.
- BPPV = Repositioning maneuver.
- MURMUR = infant = Ⓐ = still murmur
- VSD = Holosystolic murmur.
- Foley's catheter was passed after surgery, patient develops signs and symptoms of UTI NBS = If no need to pass foley's.

- SATURDAY 12
- SSA diagnosis young child presents \bar{e} history of 6 weeks.
 - Colles' \neq x-ray young boy presents after fall during playing football.
 - Raynaud phenomenon = finger tips cyanosis \bar{e} on cold exposure \neq = CCBs.
 - Raynaud phenomenon 1^o test diagnosis = Nailfold capillaroscopy.
 - Features of Scleroderma, how presents \bar{e} renal complaints = Renal crisis.
 - Pulmonary embolism dx.
 - Pulmonary embolism investigation CT angiography.
 - Pulmonary embolism treatment in ER = 5/10 heparin
 - ~~60s~~ 60s male patient h/o smoking what will do ^{صفر ٢٨} SUNDAY 14 for screening? U/S Abdomen ~~for~~ (AAA).
 - ~~30-35~~ 30-35 yrs old female h/o -ve screening test = Fasting lipid profile.
 - Tuberculosis diagnosis.
 - ~~Child~~ Young boy h/o camping stay, TST $>$ 5mm, CXR \bar{e} = Tx of latent TB
 - Young boy at party \bar{e} parents, playing and eating develops sudden symptoms of respiratory system dx = Foreign body impaction.
 - Bronchiectasis dx = clinical features after sputum removal improves.
 - Renal artery stenosis = CT angiography.
 - HTN patient on 3 anti-hypertensive drugs + Pulmonary edema = RAS.
 - Nephrotic syndrome lab findings = \uparrow risk of infection.

- Complement value normal dx = IgA nephropathy.
- Diabetic nephropathy = chronic hx of DM then develop renal symptoms then asked treatment = ACEi.
- Urinary symptoms, costal angle tenderness = Pyelonephritis.
- Pyelonephritis in pregnant patient complication = Preterm labor.
- BPH = Tamsulosin.
- CAH → Kallman Syndrome = Anosmia, hypogonadism.
- Mullerian Agenesis.
- RTA (Renal tubular acidosis)
I and II diagnosis.
- Pt present ē infection, penicillin was given now presents ē hematuria and WBC's in urine = Interstitial nephritis.
- Female multigravida, have hx of both stress and urge incontinence but now presents ē the complain of stress IC management = Kegel's exercise.
- Pregnant pregnant presents ē painless bleeding dx = Placenta Previa.
- CTG variable dx = Umbilical cord prolapse / compression.
- CTG deceleration dx = HTN, DM.
- CMV in infant didn't pass hearing test = Sensorineural HL.
- Gestational HTN.
- Actinomycosis tx asked = Penicillin.
- Nocardia tx asked = Sulfonamide.

الربيع الثامن 18
THURSDAY 18

FRIDAY]

→ Abstract - Mammograph.

Three groups were divide d/c to age into three groups. mammogram was ~~see~~ normal and other of criteria were mentioned. One of the criteria was normal mammogram.

① On which criteria it was included in study?

Normal mammogram.

② NNT some values not remembered (kindly go through the formula).

③ Bias = Confounding Bias

→ Atrial fibrillation = irregularly irregular pulse was mentioned in question stem what will you check? Only TSH was relevant option. by thinking of hyperthyroidism

→ MVP = No prophylaxis (same as old/past).

→ Synopsymyelia = clinical features were mentioned in question NBS? = Tx = laminotomy??

سفر 6
SATURDAY

→ Leishmaniasis = ~~the~~ Infected sand flies were mentioned in question

→ Signs and symptoms of Crohn's disease dx was asked.

→ Crohn's disease tx = Steroids.

→ Peds = On Echo Rt and left ventricles were enlarged only relevant information in question dx was asked??
VSD, ASD, TOF, Pul HTN.

→ Young age lady was presented in her ~~office~~ ^{office} in OPD, her ~~mother~~ ^{sister} was BRCA +ve what will you do??
① Genetic counselling ② Not tell to sister.

→ OCD = young age lady repeatedly checking stove in kitchen.

→ MDD dx easy to pick

→ Schizophreniform = 4 months hx of delusions and hallucinations.

- Pt presents w/ the complaint of sudden onset of upper limb motor neuron lesions e.g. spasticity, hyperreflexias, seizures
dx = Zika Virus.
- HIV +ve patient = HepA vaccination.
- Pyloric stenosis = 3 to 4 weeks old baby presents w/ nonbilious projectile vomiting, urge to feed, olive mass on Abd examination
dx = asked.
- Cellac disease dx.
- Acute pancreatitis dx = Young boy was playing sports, hit by ball and presents in ER w/ complaint of ~~stomach~~ center Abd pain, pain was increased on lying supine.
- Acute Appendicitis = Guarding and rebound tenderness was +ve. الجمعة ٢٢
MONDAY 22
- Hypotension patient in ER what will you give? Normal Saline.
- Hypotension patient not improving after NS cause? Sepsis.
- Hypotension and other signs of sepsis fluids were given NBS? ^{injection} Norepinephrine
- Adrenal insufficiency = electrolyte imbalance, symptoms B/P not improving after giving fluids = NBS = Steroids.
- Sigmoid Volvulus X-ray dx asked.
- EBV = ~~def~~ infectious mononucleosis +ve splenomegaly what will you advise?
Ans = Avoid contact till splenomegaly resolves.

- (Ch. liver disease vaccination)
- pt \bar{e} Hepatitis β which vaccine. P? ^{influenza.} hep A, hep B. check uworld table.
- abscess in anal region \rightarrow tt. incision & drainage
- pregnant \bar{e} uncomplicated cystitis ?? erythromycin or cefalexin _{xx.} - ✓ ✓
- Turkish girl \bar{e} microcytic \bar{a} . \rightarrow Thalassemia ??
- pertussis ~~III~~
- ECG - inferior MI \rightarrow Give saline. 0.9
- (II, III, IVF)
- Dyslipidemia. (statin)
- DASH diet - OCD - Avoidant if $LDH > 70$ Statin ✓
- pt \bar{e} DM. ly modify \rightarrow which is needed \leftarrow
- Acid base ?? Aspirin toxicity \leftarrow
- Diarrhe.
- \uparrow BP, \uparrow HR, hallucination $\xrightarrow{\text{stimulant toxicity}}$ Cocaine بلابل
- UL \rightarrow strictures \rightarrow Colonoscopy thin stool \rightarrow Cancer ✓
- 26 girl \bar{e} multiple sexual relationship ??
- + bicornate ut ? Contraindication of IUD. C, PID or bicornate
- Crohn's \uparrow \bar{e} Smoking.
- pt safety amboss. / root cause analysis / failure of
- umbilical hernia $< 5y$ \rightarrow reassurance
- tension pneumothorax \rightarrow thoracostomy
- ethics mild dementia not affect decision making
- 60y. varicella ?? Varicella (oster.) ✓
- transfusion $\bar{I}gA \downarrow \rightarrow$ leukoreduction. ??
- GVHD: skin rash - $\sqrt{\text{omegly}} \uparrow$ LFT - Diarrhea. how to diagnose P??



- melanoma: RF ^{64y} Age, ^{white} ethnicity PP
- Colorectal Cancer + MHS1 → Remove Ovary
- 18y homosexual what to screen PHBV, HIV, Syphilis | if ♀
 annual. every 6m. chlamy
- Asbestosis Pleural calcification, ferruginous body
- How to DO TB, SiliCosis PP
- Scabies tt
- Erectile dysfunction arrow J. PP
- toxicity of Vit D
 \downarrow SN \uparrow Ca \downarrow PTH (25) Vit D \uparrow
 1 - specificity
- B-error \uparrow power
- α error

- vaccine 12y girl & vaccinated up to 5y only
- otitis med. \uparrow amoxicillin
- Cervical lymphadenitis ?? UW \rightarrow causative organism.
- pneumothx ??
- Foreign body xray hyperinf
- transplant rejection
- posterior urethral valve \rightarrow bilateral hydronephrosis
- Newborn Auscultation benign Reassurance
- AS
- HOCM
- Molluscum: cryotherapy ??
- STEM: management catheterization
- Antipsychotic QT prolongation \rightarrow \uparrow Mg
- Jehovah witness Adult \rightarrow transfuse
- Don't Resuscitate Order.
- Availability big.
- Framing bias depending on his pt past history.
- Anchoring you confirm diagnosis
- ataxia - CN7 \rightarrow pontine tumor
- hgeic stroke
- Akinetic mutism: $\left(\begin{array}{l} \text{CT edge in Frontal Lobe} \\ \text{قائه واجب لانتكاه ولد يتزل} \end{array} \right.$
- myocarditis young pt \bar{e} sudden HF
- pericarditis
- Zika virus
- asymptomatic placenta previa at 37 US

- vaccine 12y girl & vaccinated up to 5y only نقطه ای ۹۹
- otitis medi. tt amoxicillin
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(CT edge in Frontal Lobe)
- myocarditis young pt e suddn HF
- pericarditis
- Zika virus
- asymptomatic placenta previa
at 37 US

Abstract

Anastrozole effect in Breast Cancer

① 57 Yr female had no symptoms but her mother had breast cancer at the age 57 Yr and sister had breast cancer at 42 Yr. Her menopause at 47 Yrs. Which is the strong factor for risk of breast cancer in this patient?

① family Hx (I marked this) ② Age } Asked about RR?
③ Age of menopause } Validity of study?

Abstract

Estrogen only hormone causing breast cancer they gave multiple types of estrogen hormones like vaginal estrogen, transdermal estrogen, oral estrogen. The study compared b/w them and calculated RR. It was so difficult don't remember exactly.

① Which of the following limits study?

① Exclusion Criteria ② outcome

③ Sequential

① MVA Case had chest trauma showed X-ray showing left sided opacity + tracheal deviation to opposite side asked Diagnosis?

① hemothorax (correct)

② After diagnosing hemothorax chest tube placed but after some time still patient's condition didn't improve what to do next?

① thoracotomy (marked this).

④ Sequential

① Case of Acute Rhinosinusitis had to diagnose this.

② asked it's treatment don't remember options.

⑤ Pt: underwent stem cell transplantation develop rash + diarrhea + Jaundice → GVHD (marked)

⑥ Pt: underwent kidney transplant has developed SOB Pneumonia Histo Pic given showing owl eye inclusions asked treatment?

① oral acyclovir (602 of CMV)

⑦ Patient was diagnosed w HIV asked this patient is most likely to develop cancer due to what?

① EBV (marked this) ② Kaposi Sarcoma ③ CMV

SOLO

- ⑤ 17 Yrs old patient → Vaccinations upto date what to do next → Meningococcal booster.
- ⑥ 11 Yrs old girl every thing normal what to do next?
- give HPV vaccine
- ⑦ Scenario of Crohn's disease given Pic given it looked like Perianal fissure so I marked Perianal fissure.
- ⑧ another Qs about Crohn disease pt undergone ileocolicectomy but after some days had abdominal pain + diarrhea now next step in management?
(a) give Ceftriaxone (b) give prednisone (c) mesalamine
- ⑨ Patient had pneumonia + recurrent skin abscess diagnosis KO E Rose confirm Kerna haic?
- I did Dihydroamine test (CGD thought)
- ⑩ Clostridium difficile prevention → hand washing
- ⑪ Clostridium difficile treatment → (a) IV Vancomycin
(b) oral fidaxomicin (marked this)
- ⑫ Patient had Rt upper Quadrant pain + diarrhea w/ery first later bloody CT given showing liver abscess
→ E. histolytica (marked this)

- 16) Scenario of Pseudotumor Cerebri, funduscopy shows papilledema what next? \rightarrow LP
- 17) Patient had lg lung cancer had several lymphadenopathies and also some findings in liver asked the poor prognostic factors?
 \rightarrow Secondary lesions (marked this thinking of mets)
- 18) Trisomy 21 markers \rightarrow β hcg, inhibin b, estriol, α -fetoprotein
- 19) Diagnosis of interstitial cystitis asked.
- 20) Young aged male had HTN not treated \bar{e} medications asked Cause of Refractory HTN. abdominal bruit absent.
- (a) fibromuscular dysplasia
 - (b) Renal atherosclerosis
 - (c) Essential HTN
 - (d) Hyperaldosteronism
- 21) Case of Rhabdomyolysis \rightarrow girl doing excessive exercise had pink urine no other symptoms.
- 22) Refeeding syndrome case asked first laboratory change u get \rightarrow \downarrow phosphate levels (marked)

Date _____

23) Anorexia nervosa Case give asked lab changes?
→ ↓ K⁺

24) Patient of MVA got 6 Pints of blood transfusions
+ 6 Pints of FFP, after 30 minutes he
developed SOB + Bil lung infiltrates
asked Cause?

- (a) TACO (b) TALI (c) pulmonary Contusion.

25) Hematuria + flank pain going to scrotum
next step of diagnosis?

- (a) CT Scan of Kidney (thought nephrolithiasis)

26) 3-4 Questions on ~~overflow~~ urinary incontinence

27) child had 2nd episode of UTI age
was 41 yrs what to do next?

- (a) Renal ultrasound (b) Voiding cystourethrogram

28) 12 WOG - pregnant lady came had Hx of
chronic hypertension. What is she at risk of?
→ Preeclampsia (marked this)

29) 38 WOG pregnant lady had vaginal bleeding
but now stopped U/S shown what to do next?

- (a) plan for C/S (I thought this as placenta previa)

SOLO

2000

- 30) Scenario of Pertussis case give Paroxysmal ~~cough~~ Cough & vomiting asked what to do next?
(a) give azithromycin to room mate (I marked that)
- 31) other scenario on pertussis asked it's treatment?
(a) macrolides.
- 32) patient present with vomiting abdominal pain Constipation ↑ bowel sounds asked diagnosis
(a) Small bowel obstruction.
- 33) Young girl found unconscious by her mother mother found acetaminophen bottle next to her ~~case~~ Activated Charcoal given next step?
(a) Gastric lavage (b) Intubation (c) fluids
- 34) Confusing question on Hypercalcemia and ↑PTH asked Cause but the options were so difficult I couldn't interpret it as it was the case of primary hyperparathyroidism but options were difficult.
- 35) other Qs on hypocalcemia but it was moderate and asymptomatic asked treatment.
(a) I/V normal saline.

5010

→ ROZ Causis

- ...
- ... Hepatic use:
- BPPV ⇒ Respiratory

- oral cholestyramine

→ Clostridium Difficile
(cefazolin)

- MS ⇒ Intoxication

- Azithromycin - (Lymphocytes - 47%)

→ DIC.

- Cholesterol Embolism - (No 9ultration)

→ Hep - C + HIV ⇒ Hepatic, Encephalopathy.

→ IS 40s - (Janner ⇒ 2).
Palm USG.

→ Implantation ⇒

→ Heart → CMV.
Transplant:

⇒ Bronchogenic Carcinoma ⇒

- ~~Trans~~ Transbronchial Biopsy.
- Bronchoscopic Biopsy

- Aspiration ⇒
Pneumia.

- Infective Bronchogenic
cyst.

- Sequential ⇒ Sertanin

↓
6 months follow up.

- CTS → Pain therapy.
- Pulmonary Embolism (PE).
- Nurse - 450 - Hypoglycemia - Documentation. → Insulin secret cystitis ↓ life style note
- Epinephrine - wheeze. → Doxycycline.
- None: - Osteoarthritis - notes.
- Cervical cytology - 1 year.
- Carcinoma - Pancreatitis: → Low-malt stillborn.
- 2 years - Mumps - USD.
- Attack - Rate. → DM - medication (Pancreatin)
- Efficiency. → Rosuvastatin (30/16).
- Hypothyroidism - wt gain 10 kg.
- PTU - 200.
- Breast milk Jaundice. → Mg/Zn - (muscle ache) only
- Biliary Atresia. → Zn - (3/8) toxicity.
- CVD.

→ 6 Steps testis.

MIGHTY PAPER PRODUCT

Date: _____

→ Hydracholine - Asthiz.

- DLCO in Spont. Emphysemp.

(↓)

↓✓

(↑ TLC)

110%

- 2 year old (only 5 - words ⇒) (Hearing loss) / Autism

- Multiple Myeloma - Cr. 1.8, CA = 14.3,

- Atelactam - Corticosteroids 5 days.
- Antibiotic

→ Long-term inhaler Disodium ✓

- Inhaler fluticasone

- Spontaneous Respiration - 5 months - ventilator but days

- X-ray machine - out of order

Date: _____

• Suprapubic Catheterisation.

• Troponin normal + no LUS -
ACS - U

• WPN \Rightarrow Metoprolol.

• OLD - (2/3 Qs).

\rightarrow Statistical significance.

\rightarrow subtle hints } brain
- PRP
- thrombin

- Rosuvastatin.

- Early Range.

- Elderly Home \Rightarrow Flu in Summer.

- GERD \Rightarrow Barrett's esophagus.

- Thyroid Nodule \Rightarrow Lobectomy.

\rightarrow Ulcerative Colitis \rightarrow Stricture
chronic

\rightarrow Sigmoid Vein \checkmark
Duke \checkmark

\rightarrow Brown Squares - Babinski

\rightarrow Flow chart \checkmark

MIGHTY PAPER PRODUCT