

1. Tinea capitis in an African American kid. Treatment:
 - a. Oral griseofulvin
 - b. Topical ketoconazole
2. Doctor who had a med student that he seemed to favor. He'd invite all med students for lunch then ask her to stay extra with him. You're worried he's gonna favor her over the others. What do you do?
 - a. Confront her
 - b. Confront him
 - c. Report to the med student supervisor
 - d. Don't do anything and go back to studying
3. Patient smoking, hypertension, tearing chest pain. You find descending aortic dissection, under the subclavian I think. What do you do?
 - a. Beta blocker
 - b. Urgent surgery
4. Asthma patient, needs beta blocker I think after MI. What do you give him?
 - a. Timolol
 - b. Nadolol
 - c. Metoprolol
 - d. Carvedilol
 - e. Propranolol
 - f. ...
5. Murmur: aortic stenosis in elder patient who has shortness of breath on exertion and so on. You can hear it in the carotids too.
6. Murmur: a kid that's healthy, I think it was normal (x2)
7. Murmur: I think it was MVP
8. Old man, has some kind of cardiomyopathy. He didn't have any signs or factors for dilated cardiomyopathy or restrictive so I assumed it was hypertrophic. It then had 4 columns: Yes/No → Myocyte lengthening, in series, in parallel...
9. Fire ant bites in a kid who comes in with itchy rash (this was an nbme question)
10. Nurse accidentally gave Td instead of Tdap, begs you not to tell anyone. What do you do? **Tell patient**, tell doctor...
11. Which vaccine to give to a 19 year old in college? She had childhood vaccines, then 2 HPV vaccines at 16, and 17, and Tdap 7 years ago, and other stuff... I don't remember what she had as comorbidities: answers included meningococcal vaccine, HPV vaccine, pneumococcal vaccine...
12. Very long question about pregnant lady. The question is "what will the baby have?" The last paragraph mentions complete atrioventricular septal defect → Trisomy 21. Other options were: Trisomy 18, 45, XO, 46, XY...
13. Bipolar patient gets severe epigastric pain. What medication caused this? Valproic acid
14. Man who attempted to kill himself by driving his car into a guard rail, after he drank a toxic substance. He doesn't know why he's depressed. He used to get irritable all of a sudden. He's got cuts on his wrists and arms. (He's got borderline personality disorder). What is the most common comorbidity?

- a. Bipolar disorder
 - b. **Major depressive disorder (BPD mostly related to MDD, it is also related to bipolar ~25% but mostly MDD)**
15. Kid has ADHD. He starts getting irregular motor movements. He can control it a little bit if he's asked to. His mom stopped his ADHD medication once these movements started, and his ADHD got worse. What does he have? **Motor tic disorder** or something, impulse control disorder...
16. An old man who is worried about his memory loss. He seemed depressed, doesn't enjoy stuff as much as he used to, doesn't socialize as much anymore → MDD.
17. A patient is psychotic (believes people are out to get her etc. She hears voices telling her to stab herself and/or her bf. He found her holding a knife and she was hearing voices). She doesn't socialize anymore, she used to be depressed as hell etc. You decide to hospitalize her, what do you give her?
- a. Psychotherapy + citalopram
 - b. Psychotherapy + risperidone
 - c. **Citalopram + risperidone**
 - d. Other stuff
18. Depressed man with insomnia → mirtazapine
19. Man has tardive dyskinesia symptoms. Is it due to dopamine blockade or dopamine hypersensitivity?
20. Adopted kid who's super friendly to everyone even strangers → reactive attachment disorder
21. Woman always thinks her parents treat her sister better, her relationship with men barely lasts a few months because of her jealousy. You try to talk to her and she asks if her parents set you up to be on their side. I picked paranoid personality disorder. Other options included BPD (no fear of abandonment), schizophrenia (no hallucinations or anything)
22. There was a case about a young man who was worried he was gonna be fired etc, I think the answer was buspirone
23. There was a patient who almost wanted to quit college cause of all the presentations and she was worried cause she got promoted at a job cause she's gonna see more people → social anxiety disorder
24. Patient had SLE on steroids recently. Started having hallucinations, saying there are cockroaches on the bed and stuff → decrease prednisone
25. Parents bring their 4 year old to the doctor cause they're worried about his behavior. He comes out of the shower with an erection and keeps saying "it's big like daddy's!" He doesn't have any other symptoms. He's asked if anyone has touched him in in "bathing suit area". He says no. What's the diagnosis? Sexual abuse, **normal kid behavior**
26. Kid gets injured on a bicycle, she hits her head and then goes unconscious. She then wakes up and talks normally. Then later on she loses consciousness again. Her eyes I think were deviated to the side. What's wrong? Epidural hematoma

27. Guy comes in after some trauma I think. His head is turned to the right. One eye is deviated upwards, and the gaze changes when you cover one eye → trochlear nerve injury
28. Hyphema treatment: surgical drainage, topical options...
29. 5 day old kid has an FS pattern on hemoglobin (free 120 repeat but different answer wording) → daily antibiotic/penicillin until he's 5 years old
30. Patient comes in after motor vehicle accident. All the signs/reflexes indicating death are present. What's the thing you gotta test to make sure he's brain dead? Apnea.
31. Case of a drunk doctor I think. What do you do in this case? Answers included telling the assistant who views patients with him usually to see the patients instead and discharge patients, cancel appointments for the day, I'm not sure if there was an answer of seeing patients yourself, report to the clinic director. (You basically wanna make sure he doesn't see the patient first, then you can deal with reporting him)
32. Motor vehicle accident. He has severe pain on his left side and shortness of breath on his left side. CXR was shown. He was hemodynamically unstable. JVP was present. It seemed like there was a pneumothorax on the left, the trachea seemed a little deviated to the right. Then again he might have also had a pneumothorax on the right but I'm not sure. Saturation was mildly low (low 90s). They say the cardiac exam was normal. There's diminished breath sounds on the left. What do you do? Echocardiogram, intubation, **needle decompression on the left**, tube thoracotomy on the left...
33. Patient came in with symptoms of ovarian torsion, also present on doppler I believe (decreased perfusion). What do you do? Laparotomy, **laparoscopy**...
34. Young man came in with weird feeling in his balls basically. There were irregularities when you checked when he was standing up. Increases on Valsalva → varicocele
35. Woman comes in with symptomatic ovarian cyst (~5 cm). What do you do? Double oophorectomy, single oophorectomy, **removal of the cyst**...
36. Man comes in with breathing issues. CXR shows mets. He's got a testicular nodule → metastatic disease
37. Woman comes in who was hooked on opioids. She started out after having an injury, then she started buying them off of people, she was rejected from opioid treatment. She says she needs hydromorphone. What's likely to develop? I picked tremors (there was also nausea + vomiting as an option)
38. A case about trauma in a patient. Her sodium is a bit low (low 120s). It seemed like she has SIADH. What do you do? **Restrict fluid intake**, give desmopressin (ADH), hypertonic saline
39. A case about trauma in a patient. She then starts having respiratory problems (likely ARDS). What do you do? I picked 6 mL/kg tidal volume with PEEP
40. A guy has HF, I think his ejection fraction was normal. What should you give him? ACE-inhibitor (there was also beta blocker etc)
41. 2 days after anterior MI, a patient develops SOB, crackles → papillary muscle rupture
42. Patient comes in who's asymptomatic. TSH is 2, but she has a nodule found on her thyroid, that's also seen on US. They show you a pic of the biopsy. (I didn't see Orphan

- Annie eyes). What do you expect to be increased in her labs? I picked PTH (there was also T3 or T4, calcium...)
43. There was a pregnant woman who was having labor normally. Then she has a monitor that shows late decels. She was given an epidural. What does this indicate? I picked maternal hypotension
 44. A young man presents before exercising for cardiac testing. Everything is normal. Normal S1, S2, normal breath exam. No family history of premature cardiac death. What do you do? Echo, cath, stress test, **nothing**
 45. There was a young man who came in, ECG seemed to show LV hypertrophy. Go for echo (r/o HOCM)
 46. There was an ECG that showed Mobitz 1 → do nothing (other options included pacemaker, AICD...)
 47. A 36 yo woman has mother with either breast or uterine cancer maybe, sister with uterine cancer, dad who had colon cancer at maybe 47. What cancer is she more likely to have? Colon cancer, uterine cancer, breast cancer etc. I picked uterine cancer.
 48. A man is found to have a sessile polyp on colonoscopy. Biopsy just showed hyperplasia. Everything else was normal. When should he have a next colonoscopy? 1 year, 3 years, 5 years, **10 years**, no colonoscopy is needed again.
 49. A hospital wants to decrease the duration of CVC durations and CVC infections. What's one thing to consider? **30-day rehospitalization rate**
 50. Diabetes patient is sick of not losing weight (barely lost 1 kg in 3 months). She can't keep up with her kids and wants to return to her pre-pregnancy weight. What do you do? HbA1c, limit calories and count, physical therapy and exercise (I picked this one, there were other options, this one was tough though. I'm not sure if there was orlistat or not, but there definitely was not bariatric surgery although she would have qualified)
 51. A young woman comes in with hypertension. She drinks a lot I think. No other symptoms on physical exam. What's the cause of her hypertension? **Alcohol**, fibromuscular dysplasia, renal artery atherosclerosis...
 52. A patient who drinks a lot, no symptoms at all. What is probably increased right now? ALT, AST, **GGT**...
 53. A resort calls in for a patient who was supposed to get on a mountain a week ahead of time, but got late and got there 2 days ahead of time. He had already taken acetazolamide as prophylaxis but he's now got symptoms of altitude sickness. What do you do? **Steroid + descend immediately**, acetazolamide + descend immediately, descend immediately, don't descend and get used to it...
 54. A young man (20s-30s) suddenly has respiratory distress. I don't remember the vitals too well. What do you do? CXR, CT of the chest, **V/Q perfusion scan**
 55. Confirmation bias question
 56. Anchoring bias question
 57. Availability heuristic bias question
 58. They're studying how one factor (hours at the school gym) affects another factor (score in PE class). One is considered "x" and the other is "y". They come up with a formula: $y = -4.95x + (\text{something})$. Correlation is -.018 or something. And then you have to pick the

correct interpretation of the study. I believe it was that: for every 1 hour at the school gym, the grade is decreased by 4.95.

59. They wanted to prepare for a new system to decrease a certain complication at the hospital. What should they do? Fishbone
60. A 2 day old baby presents with perioral cyanosis, hypotension, difficulty breathing, systolic murmur on 3rd left, low saturation... What does he have? Pulmonic stenosis, Tetralogy of fallot, truncus arteriosus (this was a tough one)
61. Patient came in with infective endocarditis (don't remember if they explicitly say it, but they do mention he had MRSA). Then he suddenly get a new murmur and a thing stuck to the valve, what do you do? **Go for surgical repair**
62. Patient had an ECG which showed hyperacute T-waves. I don't remember the question too well
63. Older patient came in with hepatomegaly, spleen is palpable. He may have been a little sick before that. They show a pic of a blood slide. His labs included: WBC ~66k, mostly lymphocytes, PLT ~ 670k. Diagnosis (this one was confusing, there was no CLL or ALL)?
 - a. CML
 - b. Folate deficiency
 - c. PV
 - d. B12 deficiency
 - e. Thrombocytopenia
64. Woman came in with a bulge under the inguinal ligament, no symptoms. What do you do? **Do surgery for it**, observation, wait until symptoms and then do surgery
65. Patient came in with bowel obstruction symptoms, he has a hernia that's non reducible. What do you do? Fix the hernia with surgery
66. Old woman came in with a history of osteoarthritis treated with NSAIDs. Her creatinine is shown to be elevated in the labs, she's got eosinophils that are high, WBC in U/A is high → stop NSAID
67. A patient needs NSAIDs but the doctor is worried about gastric side effect like ulcer. What combination should you give? Celecoxib + bethanechol, naproxen + omeprazole (confusing but I picked this one), something + famotidine
68. 65 year old man who used to smoke for 4 years I think shows up for check up. What do you do? Abdominal US
69. 60-62 year old man who still smokes shows up for check up. What is likely to decrease mortality? Stop smoking
70. A woman comes in with pulses lower in lower limbs compared to upper limbs (although upper limbs is also a bit low). I think it was coarctation of the aorta
71. A man shows up with severe abdominal pain, sudden in nature. They show an X-ray that doesn't show much. I'm pretty sure it was a rupture of AAA (he was a smoker and may have had HTN)
72. There may have been a patient who had flank and/or abdominal ecchymoses. Asked for a diagnosis
73. There were maybe 2-3 elderly abuse/neglect cases. They were very clear. They all follow the same principle — patient used to do fine, now this family member is involved and

now they're disheveled, the symptoms are worse but they say they're fine → adult protective services

74. An AAA was 4.2 cm 6 months ago, now it's 5.1 cm. What should you do? I say fix it surgically, that's very rapid expansion for a 6 months period (it was in the recalls but it didn't mention the size it was now)
75. There was a Zenker diverticulum case (old guy regurgitating food, trouble swallowing food etc, they didn't mention bad breath). They showed imaging that showed an outpouch.
76. Man whose gf got trichomoniasis. He's asymptomatic. Give metronidazole
77. Man goes to South America. They say the slide showed like triphozoids or something. What's he at risk for? Dilated cardiomyopathy
78. Woman comes in with urinary/STI symptoms. She's only with her husband. You ask her if she's at risk of STIs and she says she doesn't know/not sure, and opens up and says her husband forces her to have sex or he'll hit her, and knows he cheats on her. She's got bruises on her. Who do you report this to? Police, newspaper, adult protective services, **include it in the medical file**
79. Woman comes in and she's being abused verbally and physically by her husband. He doesn't hit the kids, but they have witnessed him abuse her. Call CPS
80. A patient is found to have colon cancer. Worried about her kids getting colon cancer too. **APC mutation**
81. Trauma patient comes in, everything is normal but I think there were rib fractures on the CXR. What do you do? Discharge, admit for surgical repair, admit for physical or respiratory therapy or something (I picked this one but not sure)
82. A woman is on warfarin and wants to go on a vegetarian diet. On top of extra monitoring of warfarin level, what do you suggest? Don't go vegetarian, eat keel and something more than others, eat tomatoes and something less than others (maybe this one), eat all vegetables the same
83. A young patient (20s) has a baker cyst I think. What are they more at risk for? Abscess, popliteal aneurysm (not sure if this was present), decreased ability to dorsiflex toes, varicosities...
84. A 6 week old baby has vomiting after feeding but goes back to nursing right after (happy/hungry feeder), has high bicarb, low potassium. What does he have? Duodenal atresia, pyloric stenosis (I think this one)
85. Baby came in with low bp, 40 mL/kg IV 0.9% NSS is being given or was give, dopamine and dobutamine 10 ml/kg is being given. He's still hypotensive, what do you do? Give NSS bolus, increase dopamine/dobutamine (not sure)
86. Patient is severely allergic to penicillin. What can't he take? Aztreonam, cephalexin, clindamycin...
87. HIV patient came in with CXR showing bilateral infiltrates. Probably PJP, give **TMP-SMX**
88. Post-cath patient came in with bluish lines in his lower limbs. I picked cholesterol embolism

89. Patient is practically dead. Family wants to continue therapy because he would have wanted to “fight as much as we can”. Doctor thinks it’s futile → ethics committee
90. Patient had renal stone ~ 8mm. Give tamsulosin
91. A repeat came from free120. 15 year old living in New Jersey who gets facial paralysis on one side of his face. Answers were sort of changed but it’s the same: Lyme disease
92. Patient is on hydrochlorothiazide, has severe pain in his knee. Temperature was 37 degrees, there was edema and redness and pain. Then they give you columns of what you expect to find? Negative birefringent crystals and no/low WBCs
93. Young man has condyloma acuminata on his penis. He undergoes ablation. What is the most likely outcome? Goes away, recurrence, malignant transformation and 1 more answer
94. Old man with Parkinson symptoms was admitted to the ICU for something. His daughter says he was making odd remarks saying “these (something like a marching band) visited me in the evening”. Now he’s alright, his recall might be normal, he’s oriented to place and person but not time I think. What’s gonna happen? He’s gonna get gradually worse (I think this one, although this may have been delirium from stay at the hospital, Parkinson’s is progressively going to lead to Parkinson’s dementia), he’s gonna get all cleared up, he’s like this for now but he’s gonna have a sudden severe decline...
95. An old woman is hospitalized, long story short, someone needs to decide her treatment cause she’s mentally retarded. You tell her husband about treatment options and it seems like he’s not understanding well, he’s got memory issues or something. What do you do?
96. SCID I think, 3 months old had low T CD3 cells (20%). Best treatment? Bone marrow transplant
97. Von-Willebrand disease confirmed by Ristocetin assay. What should you give the patient? Desmopressin and something else
98. Patient I forgot what the image was but suddenly starts bleeding out his IV lines and all. I think you should give FFP (probably has DIC)
99. Infant comes in with erythematous throat and bulging tympanic membranes → give oral amoxicillin
100. Abstracts: the first one I didn’t even read. The questions could be directly checked in the table. First question was comparing one treatment over the other, RR = 1.1 so one treatment was 10% worse outcome than the other.
101. One abstract basically said anastrozole decreased infiltrative breast cancer risk. The doctor said the patient should get on it. She’s got no symptoms but her sister got breast cancer and told her she should get on it. Why did he say she should get on it? I think it was due to family history. Other options said stuff like physical exam (which was negative), and other stuff
102. They show a pic of a breast finding on imaging. It’s like 3 cm. What do you do? FNA
103. ROC curve, they said they wanted to pick the best point. It’s for prostate cancer screening. If the patient has positive PSA, they’ll do this test, if they don’t have high PSA, they won’t do this test. Point A was the typical highest point on the left and all other points were to the right of it.

104. Woman shows up with swan neck deformity, what should she do for it? There was no methotrexate in the answers. Options included: physical therapy (maybe this one), injection of glucocorticoids, other answers
105. Patient had back pain that was more apparent when waking up, it may have decreased along the day, so I picked inflammatory arthritis
106. Woman is brought by her bf because she's having "seizures", which last like 20 mins or something. Video EEG during "seizures" don't show anything. What should she get? **Psychotherapy**, SSRI, I think there was also neuropsych consult...
107. Patient had a weird mass apparently on the groin, weirdest question so far. It shows squamous cells and maybe keratinocytes. Answers were like: anal cancer, rectal cancer, cervical cancer... There were no condyloma acuminata or anything
108. Patient had pancreatitis, ALT was 150, amylase was ~500s. US shows gallstones, CBD was normal and no stones there. Eventually pancreatitis goes away and she's ready for discharge. What do you do? ERCP, cholecystectomy, nothing...
109. Patient I think had C diff or something, point is they came in very sick and the bowel was dilated to 10 cm (toxic megacolon). What do you do? Rectal tube, exploratory laparotomy (I picked this cause the patient was very unstable) etc
110. Pregnant woman comes to the hospital after eating at a picnic (I don't think instantly after but recently). She had a prolonged rupture of membranes (~20 hours). Her neck was a little painful. The baby was either sick or stillborn. What's the cause? E coli, Listeria, other stuff. There was no GBS
111. Pregnant woman comes back cause she's got a bad headache. She had an epidural at the hospital during delivery → epidural blood patch
112. Woman just had a baby and asks what's the safest way for the baby to sleep. **Avoid crib bumpers** (risk of suffocation), elevated head board, sleep on the side, sleep with the baby
113. Woman had purple-ish rash on her hands that looks like Gottron. She also had shoulder pain and stuff. What do you do? Muscle biopsy, CK levels, EMG and nerve studies or something, other options
114. Adult who can't breathe out of their nose well. I think they had a history of seasonal allergies and childhood asthma etc. They say inferior nasal turbinates were a little inflamed, and can't see the nasal passage well. Diagnosis? Adenoid hypertrophy, nasal polyps, septal nasal deviation... I picked nasal polyps
115. Sequence questions: older patient comes in with fever, LLQ tenderness, imaging shows 5 cm fluid collection. What do you do? **CT-guided aspiration** (I picked this)
116. After you do CT-guided biopsy, later on he starts having really bad abdominal pain, hemodynamically unstable. What do you do? Repeat CT-guided aspiration, **exploratory laparotomy**
117. Young woman comes in for epigastric pain especially after eating. I think she had an illness recently with flu-like symptoms. Do EGD (second question said you did EGD, and then I don't remember the question well)
118. Patient comes in with renal stone, What should he do to prevent it from happening again? I picked increase fluid intake

119. Patient went abroad and came back with RUQ pain, fever, high bilirubin, ALT and AST above 1k → check HepA IgM
120. Question about foul smelling diarrhea, I think it was a school teacher, other kids have been sick around this time. They show a pic that I think is Giradia so Giardia. Other options were either bloody diarrhea or a bacteria (while the pic showed a protozoa)
121. I think there was a question about Crohn's disease in a young smoker. Tell him to stop smoking
122. There may have been a question about IBD who comes in for a few weeks of symptoms. I chose steroids since it's ongoing instead of mesalamine
123. Crohn's disease diagnosis: colonoscopy showed ulcers in some places then separated by normal epithelium
124. Ulcerative lesion on the labia majora in an old lady, vaginal exam was difficult to do due to patient pain. I think it was vulvar cancer
125. Patient who comes in hypotensive, low sodium (~132), K~5.1. You give fluids and still hypotensive → give hydrocortisone
126. Case of a kid I think with lucency in bone or something, it seemed like he had rickets but I forgot the question
127. Diabetic patient who feels full shortly after eating, I don't remember the details but this was the gist of it → gastric emptying test
128. 7 year old with sore throat, fever, malaise, and they show you pics of small lesions in the back of his throat. I looked up pics on Coxsackievirus it was almost identical. Other options included EBV, CMV...
129. Patient who had an allergic reaction to something, maybe twice. Now they're good. What should they have to decrease the event of this happening again? IM epi
130. There was a case of a 22 or 27 year old with repeated infections, this was fairly easy, it was CVID
131. I think there was a case of a kid who had a recent viral illness and now has a limp. No fever and normal ESR/CRP. They either asked for a diagnosis or treatment. Either way, Dx: transient synovitis; Rx: NSAIDs (eg, ibuprofen)
132. Screening for a person who drinks a lot and have no other symptoms or diseases. I picked hepatocellular carcinoma
133. Person who was in contact with someone who got TB. Her PPD before was negative. Now it's negative and CXR is normal. There's no option that says don't do anything. I selected keep her in respiratory isolation. Other options included isoniazid, RIPE...
134. Pregnant woman came in, last menstrual period was 4-5 months ago. What's the best method to predict his age? Last menstrual period, leopold maneuvers, heigh measurement, ultrasound (I picked this one)
135. Patient with a history of PCOS wants to get pregnant. What is she at risk for? Preeclampsia, **gestational diabetes**
136. Woman gets BRCA test (+). Her sister wants to find out if she also is BRCA + but she doesn't know her sister got a positive result cause her sister told you she doesn't want to tell anyone. In what case is it appropriate for the doctor to inform the sister?

- a. Tell her
 - b. If she has a court order telling you to tell her
 - c. If she becomes one of your patients
 - d. Once she gets a positive BRCA test
 - e. **In no scenario can he tell her**
137. Kid comes in with puffy eyes, after a recent illness. He also has lower limb edema. Long story short you find proteins in his U/A. What is decreased? **Albumin, C3 or C4...**
138. Man came in cause he's not having kids even without protection + regular intercourse. Libido is low and so on. Ask him about alcohol, smoking and stress
139. There were 2 questions about a pubertal boy with gynecomastia. Nothing in their physical exams was worrying. Testes were normal, weight for one of them was 65% percentile → reassure
140. Army man returning from abroad, and then they show you a pic of a lesion on his arm, I picked leishmaniasis
141. Acne is a patient who wanted to become pregnant, she had open and closed comedones and some papules and maybe vesicles. What should you give her? I picked benzoyl peroxide, the only other med that was close was topical tretinoin but it's not recommended because its side effects in pregnancy are not studied enough
142. There was an error that happened that did not result in patient harm → near miss event
143. There was a near miss event, what should you do? It was a bit tough but I chose to report the incident to the safety thing at the hospital
144. A new nurse was putting in a catheter and idk what she even did, that resulted in the patient suffering harm. She might have pulled it when the balloon was inflated or something. I just checked Negligent error
145. Someone's trying to insert a catheter but it causes hematuria and pain. Later on the patient develops UTI symptoms and culture shows Pseudomonas. What could have prevented this? I checked using a smaller catheter but answers were close.
146. Kaplan-Meier graph on drug X and placebo. It showed patients living longer for the first 3 years but at 4 years mortality rates of both drugs overlap, same for 5 years. I picked that the 5 year survival rate is the same in both cases
147. Patient had UTI symptoms, what would show the diagnosis for sure? **Urine culture**
148. I believe there was a case about a patient who quit smoking a few years ago but they had a 40-pack smoking history or something. How would you screen? **CXR, CT of the chest...**
149. Patient comes in with a BMI of maybe 27 or something and maybe HTN. It was a diet question but they didn't outright say DASH diet
150. Patient came in seeing things wavy wherever he looks, obvious macular degeneration
151. Woman with vertigo, hearing loss and I don't remember the rest too well. Options included audiometry, and CT scan of the temples

152. There was a patient with clear signs for CREST (reflux, skin tightening/firmness). Then they give you 3 columns on findings in EGD: Resting pressure, LES resting pressure, and muscle contraction
153. There was an nbme repeat of the patient that responds to asking them how they're doing with "blah". I'm not sure which one it was but it was the exact same text so you gotta look that up for sure.
154. Patient is going to be prescribed TNF-alpha inhibitor. The doctor says it might reactivate old infections. Which of the following might be reactivated? (There was no TB) I picked histoplasmosis
155. They want to do a study and to divide participants, they let a computer randomly choose in which category each participant goes to. What does that help with? Helps with known confounding bias, **helps with known and unknown confounding bias** etc
156. Trauma patient who got a splenectomy, what vaccine should you give them? I picked Strep pneumo but I think there was also meningococcal. I figured I'd pick the most common infection
157. Kid has UTI symptoms, you find E coli > 100k. What do you do? I picked renal and bladder US, another option was the test to see if there's VUR
158. A trauma patient came in, he's got blood at the meatus. They do imaging and show you the urethra basically spilling contrast. What do you do? I picked repair the urethra, other options included foley catheter and so on
159. Woman in her late 40s had her periods become more late, she had hot flashes and sweatiness. Her last period was 4 months ago. What should you do? Pregnancy test
160. A 27 year old woman I think came in with either LSIL or HSIL, maybe HPV was positive. I picked colposcopy. Other options included LEEP etc
161. A man dies at the hospital. His wife says he wanted to donate organs but they didn't have the time to fill all the paperwork. His daughter I think didn't want him to do it. Options were: **call organ transplant company for possible transplant**, check if there's a hospital patient who needs a transplant, can't transplant cause no paperwork, can't transplant because of his disease (it wasn't something contraindicated)
162. Patient with a ganglion cyst. What should you do next? Check if it **transilluminates**
163. What should be mentioned in the consent form prior to surgery? A bit confusing. Alternative treatments, possible injuries to other organs, her right to refuse the surgery (I picked this one)
164. A 15-year-old was brought by his mom to get a vaccine. He says he refuses to have the vaccine. What do you do?
- Don't give vaccine
 - Give vaccine regardless
 - Explain the risks and benefits of the vaccine to the patient**
 - Tell the mom to go back home and talk it out
165. Woman comes in for contraception. Her periods were normal and she had no diseases. Copper IUD

166. Case of necrotizing fasciitis (that was the answer, it asked for a diagnosis) The patient had a greyish wound with the stereotypical nomenclature
167. Guy who uses cocaine and heroin. Gf brings him to the hospital confused I think. His CK was ~55k. What is he at risk for? Kidney injury (I picked this one), cardiac arrhythmia...
168. TIA in an old man, just do carotid US. Other options included echocardiogram (his HR was regular and no history of cardiac problems)
169. Guy had sudden intense 10/10 pain in his arm, it had symptoms of arterial embolism instead of venous (decreased pulses, cold etc), so I picked arterial embolism
170. Woman came in with UTI symptoms and she has a sulfa drug allergy. What should you give her? I think there must have been a fluoroquinolone in the options
171. Typical G6PD patient, they give you labs showing hemolysis, increased reticulocyte. What's the best way to diagnose? **G6PD something assay**, Coombs test, LDH
172. Kid who had cleft palate that was fixed, and some deformities. It was a clear case of DiGeorge syndrome → FISH for microdeletion at chromosome 22
173. Patient who had many infections that had abscess that were drained → no respiratory oxidative burst (CGD)
174. Kid doesn't have one of the testes in place. What is he at risk for? **Germ cell tumor**, Sertoli tumor, and so on
175. Patient had calcium of 13, I forgot what the potassium was. I think the answer was that the patient was at increased risk of calcification (multiplication of Ca x Ph from UW > 55)
176. High calcium, what do you check next? PTH
177. Questions where mistakes were done → root cause analysis
178. Question where 2 healthcare providers are talking- radiologist and someone else. They wanna give contrast to a kid and they're doing the math. They have the vial of contrast on the table. The radiologist is doing the math. The other guy asks the radiologist "you sure we give all this?" Radiologist says "yes" thinking he's talking about the answer he got doing math, the guy thought the "yes" was for the entire vial. He gives the entire vial and nothing appears on imaging. What should be done? Report the mistake to the (something where you report mistakes at the hospital); or work on closed-loop communication, there were 2-3 other answers that seemed wrong
179. ITP case, platelets were super low like 9k. What do you do? I picked high dose steroids, other options included PLT transfusion and splenectomy. There was an nbme maybe 14 where the PLT was 9k and they said steroids so that's why I picked that one
180. Very typical full on Kawasaki disease in a 4 year old. What do you do? **High dose steroids (I think) + Ig and repeat echo in 2 weeks**, High dose steroids + Ig and repeat echo in 6 months, Ig and repeat echo in 2 weeks. It was the same answers but different combinations of it
181. Piercing done in a young woman and now she has like a keloid → inject it with steroids

182. Tattoo done 1 day ago, now has symptoms that look like cellulitis (blanching erythematous lesions). I chose giving abx, other options included doing an US or debridement of the area
183. Cases of C diff, how to prevent it? Wash with soap and water
184. There was a case of renal transplant from living brother. He had previously had a kidney donated from cadaver. Now his creatinine is elevated and so on. Do biopsy
185. A 12 year old patient sends you a Facebook friend request. You then see the 12 year old with her mom at the clinic and she doesn't mention it. What do you do?
- Talk to the patient
 - Talk to the mother
 - Explain the rules about social media use with doctors (I picked this one)
 - Delete your social media and create one using an alias
186. You treat a young woman. Then one day you see her at a library. You notice you have similar taste in books. She asks if you wanna go for coffee to talk about books. What do you do?
- Go out with her
 - Say it's illegal for you to go on a date with her
 - Thank her but decline the invite (I picked this one)
187. Case of a guy who has back pain whenever he stands up and is relieved by rest/lying down. The pain shoots down his legs and has been there for many months. What's the diagnosis? Spinal stenosis (I picked this one although they didn't mention the shopping cart sign), radicular pain, ankylosing spondylitis etc...
188. ~2 months old baby born at term, doing good. He's exclusively breastfed. What should be added to his diet? Vitamin D
189. May have been a question about a woman with a BMI in the 30s who got pregnant and comes for the first prenatal visit. You should do a glucose tolerance test
190. Picture of a port-wine stain on a baby. The kid is going to be at risk for increased... I think there was seizures so I picked that one
191. A woman is pregnant, you find an intrauterine pregnancy, but you also find a 4-5 cm cyst on the ovary. What is she at risk for? I picked ovarian torsion, other options included threatened abortion
192. A picture of a newborn who comes in after maybe a week I'm not sure with a sort of rash on his body. I picked erythema toxicum neonatorum, other options included fetal acne
193. There was a question where the answer was "social justice".
194. Wrong limb surgery done. What could have prevented this? Surgeon marking the site with the help of the patient prior to surgery. Other options included the surgeon marking the site, the nurse marking the site etc
195. Young man in his 20s, had been losing weight without trying. He has both male and female sexual partners. Otherwise he's healthy. They show you a picture of a violaceous lesion on his arm and say these lesions are also present elsewhere → Kaposi sarcoma
196. A picture of longitudinal lines on the nails and they ask for the diagnosis

197. A patient is having a non-productive cough at nighttime and it's waking him up. What do you do? I picked PFT with and without albuterol. Other options included PPI...
198. Woman is coming in for an elective surgery. She speaks Spanish and very little English. Her son is bilingual. You usually use a translator but he's not available today. What do you do?
- Tell her son to translate
 - Give her a consent form in Spanish and ask her to sign it
 - Wait for another time when the translator is available (I picked this one since it's an elective surgery. If it were an emergency then ask the son to translate)
199. Anemia question where the answers were different option of either increased or decreased TIBC, transferrin, ferritin (eg, a. increased transferrin, b. decreased transferrin, c. increased TIBC...)
200. Parents come in to remove a "lump" on their baby's forehead. It's firm, flesh colored, non-tender. They ask for a diagnosis. I picked lipoma
201. Old patient had transient vision loss many times and has been having headaches especially in her temporal lobes. I think it just asked for a diagnosis → temporal arteritis
202. Milestones by 2 years old. I think the kid had normal development. They ask what more you need to do: audiometry or something else or nothing

For Down syndrome: Typically, hCG and inhibin A levels are higher than average, AFP and estradiol levels are lower than

1- hi up. Down syndrome (trisomy 21), quadruple screen given.

2- 75yr old smoker, usg screening.

3- Seq

A- Pehla hemothorax dx. →

B- Doosra thoracotomy (ans).



yo pt ma chai >1500 ml hwattai bleeding hunxa tube ma so that is indication for thoracotomy

5- run chart vs pareto chart

-Physician impairment pe kafi sawaal, physician in emergency and alcohol pi hui, aik ki gf chhor gai hai and he is sad etc.

6- aik banda aya hospital mein, bp check karwana tha, stay time delay ho raha tha, kamm karne k liye kia step karwana chahiye to evaluate causes?

pareto chart in options

7- sponge reh gya banday k andar, aik aurat thi, operation karwa k gai, 2 haftay baad bhi abd pain. Future mein kese prevent kar saktay? RCA kara dia, ab kia implement karen gay k future mein na hosakay?

8- rota virus vaccine contraindicated wala

9- 10yr old hpv

9 to 13 then 15 to

HPV vaccine

10- 17yr. Meningococcal

1st 11-12 yr with catchup up to 26

safe up to 45 yr

11 booster 16-18 can be upto

11- sponge reh gai, kia karna hai? Disclose the information to the patient, remove the sponge first (confirm urself).

ati ma qale surgeon la inform then to pt n den to hospital admin at last

12- Physician impairment mein program director ko report.

13- PHP ko batao, gf wala sawaal.

yo ni physician health impairment nai hola

As long as patient-doctor relationship cha mildaina. Psychiatrist ho bhaney lifelong mildaina

14- myesthenia gravis, ncs karwai, action potential kam ho raha, asked?

Maximal exp force, fvc, dlco (spiro parameters of myesthenia esp the maximal exp thing i.e dec or normal).

Aru dec Chest alveoli ma no issue so DLCO normal

Fvc ta decreased

15- UC wala banday ko stricture mil gaye 20 saal baad wala. (crohn disease ans).

16- turner synd features described (wide chest nipples), askd about Increased LH and FSH (ans).

Hypergonadotrophi

webbed neck

short stature

17- 20 din pehle aurat ne transplant karaya bhai se, aik pehle karwaya tha 2-3 saal wo reject hogya tha, ab Creatinine raised hai, flank pain bhi hai, nbs to make diagnosis? Renal biopsy (he did), usg. (confirm urself).

acute rejection - biopsy (confirmatory)

18- ecg 2,3, avf with FH features, hypotensive tha, s3 given, kia treatment nbs? Cardiac catheterize (he did), fibrinolysis etc.

Hospital entrv bata 90 min

19- gvhd, banday ko renal ya koi transplant, 2-3 weeks guzar gaye, rash mil raha fever mil raha.

gvhd - Maculopapular rash, jaundice, diarrhea, hepatosplenomegaly

20- pt ko koi cortisol deficiency lag rahi thi, asthma ka mareez steroid le raha tha, koi tabiyyat kharaab honay ki waja se dawai chori, ab glucose 60,

secondary adrenal insufficiency

hypotension, k+ high tha, poocha tha kia dengay IV fluids k sath? Option B with 0.2% hydrocortisone something option.

Hypotension with hyperkalemia

21- HTN ka patient tha, K+ ziada tha, Na+ kamm tha, asked Renin, angio2, aldo (arrows asked)

lyesto ho re hydro chai preferred tara available chaina bhane chai methylprednisolone ra dexamethasone dine tesko mineralocorticoid activity kam bhako le fludrocortisone ni add garne rechha

22- banday ko lung mass kafi arse se, chronic dyspnea, lambi smoking history, aaj subah confusion shuru hui, lab me na+ 121. What is the next step in

Fluid overload - Fluid overload is a condition of having excess fluid in the body. It is a common complication of heart failure, kidney failure, liver failure, and certain medications. Symptoms include swelling, weight gain, and shortness of breath.

management? Tolvaptan, restrict fluid(right option), 0.9% saline(he did)(no hypertonic saline in option) (seems like SIADH).

23- ecg of pericarditis aur sath friction rub given.

24- diaper rash, treatment? Petrolatum jelly.

25- 13 saal ka bacha, sports se pehle aaya murmur, reassure(he did)

Functional heart murmur (physiological or innocent)

26- bara aadmi ko 2 saal pehle MI, ab auscultate karna tha murmur, MR(he did).

27- aik aur murmur, bari age ka aadmi, LUSB pe ziada aa rahi thi(confirm yourself), is banday ko bounding pulses(154/84 something bp).(why not PR).

28- recurrent abscess+ pulmonary infections bachay(5-6 saal) ko last year se, is patient mein diagnosis bananay k liye kia check karogay? Ch50, DHR(he did), quantitative check IG levels.

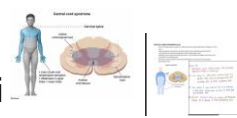
29- LLQ mein pain, fever. Diverticulitis, high fever, mgmnt asked? High fiber diet, antibiotics (he did)

30- encephalopathy, subah se AMS, ^{Altered mental} lambaa sawaal, liver mein pain, clock figure nai bana pata, hath jaib se bahir nikalta tou tremor milta, what should be given to patient? Lactulose(option B), no rifaximin. ^{Hepatic encephalopathy}

31- patient ko chronic osteoarthritis, acetaminophen regular use kar raha, ab ringing in the ear, sensorineural hearing loss, kaan mein bhi kuch halka sa mil raha, phone sunta hai tou sunai nai deti theek se awaaz. ^{kia waja hai symptoms} ki? Age related, acetaminophen overdose(he did). ^{Over-the-counter (OTC) pain relievers, such as aspirin, naproxen, and acetaminophen may cause hearing loss and tinnitus (ringing in the ears), but generally only after prolonged use of high doses}

32- patient ka accident hua hai, head achanak peechay jaa k agay aaya hai, upper extrem weakness greater than lower, dx? Central Cord syndrome.

33- patient ki Rt. upper arm and Rt. Lower arm achanak weakness after pt ki shyd Pul. Emb Ki treatment k baad? Left middle cerebral art embolism/ thromboembolism(he did).



34- MVP ki history, dental extraction k liye jaa raha, penicillin allergy hai(for distraction)no antibiotic prophylaxis.

Small text block, possibly a reference or note.

Abstract: Chronic Back pain

Long scenario,, 32yr female,, at last mentioned her ASCVD score was 2%,, what to do?

a. Life style modification b. Aspirin c. Ezetimibe

Another similar one,, around 72 yr,, usko chahi 10% jasto aayo,, similar option a. Life style modification b. Aspirin c. Ezetimibe d. Gemfibrozil ??

*DP! Macro
cardia*

Young female, chronic back pain,, progressive,, pain scale 7-8 out of 10,, she have huge breast F size mentioned in CV,, pain medications not helping that much.. a. Breast re_duction mammoplasty.... b. Not mentioned about supportive bras or other... c. K garney raixa hernu hola aru opyion yaad ayena

47yr female Colon cancer,, surgery done, biopsy positive for high grade microsatellite instability and MSH-2.. what else advice a. Prophylactic hysterectomy b. Screen for pancreatic Ca c. Screen for prostatic ca

ynch

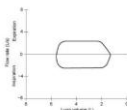
History of urti 1week ago now presents with continuous vertigo, Tinnitus. Due to? A. Bppv b. Verstibular neuritis c. Schwannoma

A physician A with maniac episode? In the viral illness pandemic (in emergency department). What would to do the physician A Send physician A to psychiatric department?

40 y.o man with gastric and duodenal ulcers, and a mass in pancreas. What other parameters you have to measure? A. Prolactin, b. PTH, c. calcium

Female, 30s History of intubation. Removed awhile back now presents with inspiratory stridor. No other symptoms. A. Tracheomalacia b. Tracheal stenosis c. Epiglottitis

A 55-year-old woman with poorly controlled asthma comes to the office for "noisy breathing" and dyspnea. Two months ago, she was hospitalized for status asthmaticus that required intubation and mechanical ventilation. The patient reports slight hoarseness but has no cough or sputum production. Vital signs, including pulse oximetry saturation, are within normal limits. On examination, both inspiration and expiration generate audible noises that can be heard without a stethoscope. The pulmonary flow-volume loop from pulmonary function testing is shown below.



Which of the following is the most likely cause of this patient's symptoms?

- A. Bronchiectasis
- B. Persistent asthma
- C. Pulmonary fibrosis
- D. Tracheal stenosis
- E. Vocal cord dysfunction

Correct answer is D.

A study conducted to see the efficacy of ear drop. Randomisation done. Before study is begin run in analysis is done, subject where give dyed ear drops and only those with coloures eardrum were chosen. What did run in do? A.Decrease confounding b.Decrease generalizability C.Increase confounding D.Increase generalisability

Unilateral massive pleural effusion after trauma x ray given, a.tube thoracostomy vs b.thoracocentesis
Echocardiogram is indicated for all patients at diagnosis to assess for coronary artery aneurysms and repeated after 6-8 weeks because arterial diameter can increase after the acute illness.

Hopi of Trapimosigoide ----- Dilated cardiomyopathy

Hopi Kawasaki disease----- IVIG-aspirin

high dose

Some error, next step: design fishbone diagram

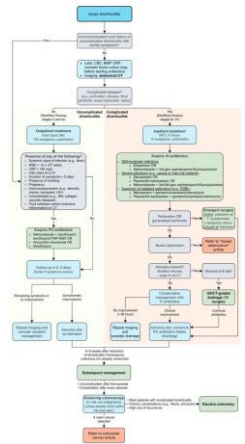
Classic cluster headache Rx asked: verapamil sumatriptan

lithium

r 100:1.02 via face mask

For prophylaxis

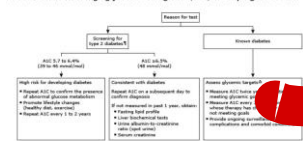
Diverticulitis, no improvement - repeat ct



HA1c 6.2 nbs : repeat in 1 yr (prediabetes should repeat annually)if less than 5.7 then repeat Hba1c in 3 yr

Ectopic orthostatic hypotension: operative

Initial evaluation of high glycated hemoglobin (A1C) in nonpregnant adults*



Symptoms of celiac, Nbs: serum antibodies

*SIADH
cushing
Lambert Eaton*

*Anti TTG
Anti Gliadin*

Small cell lung cancer, synaptophysin positive

enzyme chromogranin

Primary enuresis in a 7 yr old: alarm

| Primary nocturnal enuresis |
|--|
| Definition - Nighttime urinary incontinence age ≥5 |
| - No prior prolonged period (≥6 months) of overnight dryness |
| Pathogenesis - Central maturation of bladder control |
| - 1) Nocturnal urine output (eg. 1 evening voids, 1 ADH) |
| - 2) Bladder capacity |

| Risk factors |
|---|
| - Family history (greatest risk factor) |
| - Older age at onset |
| - Urinary tract infection (UTI) |
| - Urinary tract anomalies (eg. vesicoureteral reflux) |
| - Urinary tract surgery |
| - Constipation |
| - Sleep apnea |
| - Diabetes mellitus |
| - Hypothyroidism |
| - Medication (eg. diuretics) |
| - Psychological factors |

| Evaluation |
|---|
| - Urinary tract infection (UTI) |
| - Urinary tract anomalies (eg. vesicoureteral reflux) |
| - Urinary tract surgery |
| - Constipation |
| - Sleep apnea |
| - Diabetes mellitus |
| - Hypothyroidism |
| - Medication (eg. diuretics) |
| - Psychological factors |

| Management |
|--|
| - Treatment of comorbid conditions (eg. constipation) |
| - Behavioral modification (eg. nocturnal enuresis bellini) |
| - Desmopressin therapy |
| - Alarm therapy |

Primary nocturnal enuresis often resolves with time. For children who do not respond to therapy, primary nocturnal enuresis is the most effective long-term intervention but can take 3-4 months to be effective. Pharmacotherapy with desmopressin is also considered first-line therapy for those who desire immediate improvement. Child management with anticholinergics to decrease urine production during sleep. Patients should be counseled on minimizing fluid intake in the evening to prevent hypotension with therapy. In addition, the rate of relapse on discontinuation of desmopressin therapy is high.

Primary nocturnal enuresis is a specific antecedent that can be considered for nocturnal enuresis that is not due to an underlying medical condition and is refractory to first-line management.

FEMALE taking **penicillin**, sulpha drug what is the cause of hemolysis?

Cervical dilation 2 cm, effaced 50% contractions duration 30 seconds occur every 5 mins at 28 week (not sure) dx asked a. premature contractions, b. **premature labor**, c. cervical insufficiency

↳ For prevention: progesterone if there is no previous preterm labor

Someone with crohns did ileocollectomy some long time ago now presenting with chronic watery diarrhea, Rx asked **cholyseramine** vs crohns drugs.



A study conducted to see the efficacy of ear drop. Randomisation done. Before study is begin run in analysis is done, subject where give dyed ear drops and only those with coloured eardrum were chosen. What did run in do? A. Decrease confounding .D_e_c_r_e_a_s_e_g_e_n_e_r_a_l_i_z_a_b_i_l_i_t_y C. Increase confounding D. Increase generalizability

A 30 year male presented with whitish lesion in mouth. History of asthma controlled under ics and arbuterol. What to do for diagnosis? A. Biopsy b. **KOH mount** c. Gram stain d. HIV testing

Op: oral candidiasis

70year man had a episode of dizziness after abruptly standing up. His bp reading while sitting 130/90, standing 100/70. Later he was advised to drink plenty of water and stand slowly. Nbs? A. Dexamethasone b. Prednisolone Hydrocortisone c. **Nothing**

A week old child presented to clinic, he **has smooth philtrum, thin lips**. His mother didn't have routine care during pregnancy. During examination child has murmur. What's the most likely cause? **A-VSD** b. PDA c. TOF

Op: Fetal alcohol syndrome


A 18yr rugby player is tackled in the field. He was tackled by his neck and shoulder. He had tingling sensation in right arm for 30mins, mild head ache for 10mins. He didn't lose consciousness. He has history of being tackled 4 weeks back. Diagnosis? **A. Cervical strain** b. Concussion c. SDH

Strain Antecedent history of neck injury
Pain/stiffness with neck movement

:::For More solved and Recent files visit USMLEPROMAX.COM

42yr female has completed her family with 2 children and wants a reliable contraceptive method as she doesn't want more children. She has chlamydia. Advice?

A. Hysterectomy b. Tubal ligation c. OCP d. Diaphragm



30s female complains of pain in her amputated leg and difficulty to wearing her prosthetic. On examination 3mm wound dehiscence is seen. What will you do to guide the antibiotic treatment? A. Blood culture b. Bone biopsy and c. culture d. Nothing

1. Question about old man having obstructive incontinence symptoms, DRE showed enlarged prostate. Histology pic was given, seemed highly glandular. Options had BPH nd prostate cancer, chose Bph bcz of symptoms.(no histo expert)

2. Another question about old lady taking thiazides, potassium nd some other stuff, she was having urge to urinate but couldn't reach washroom on time. Post void was 100ml. chose functional incontinence cuz she was 92 or something, no reason for urge incontinence.

3. One weird question where a person 55yrs old came for follow up of his laboratory results for insurance. Results had fasting glucose in 130, nd everything else normal. Question asked what other serum test would reach his underlying diagnosis? Options were albumin, tsh, calcium, nd something else. Couldn't make an association but chose albumin.

4. Patient had diabetes and hb1c in 5.6 or something, asked about most likely complication pt is likely to suffer? Chose hypoglycemia. Other options had DKA, retinopathy, nephropathy, neuropathy etc.

5. stats questions were simple enough. One was calculating odds ratio from given data. One was about choosing the right ROC curve by calculating sensi and speci.

6. Drug ads were better than uworld or amboss. Or maybe I got them right lol. Asked thing about : why this study can't be generalized to general population? What is the purpose of matching in this study? What is the result? (note that significant relation does not mean causation!)

7. another question of stats where an odds ratio and confidence interval was given. Asked about the quality of evidence and effect size of the findings. Chose low evidence but large effect size bcz the confidence interval was wide (but did not had the null value)

8. marmaris, one was ASD. Pt was normal and other options didn't make sense. Other was Aortic stenosis (obviously)

9. BUNCHED ECGS. I didn't study ecgs before my test. I wish I did. MI, PE, sinus tachy, atleast that's what I thought that was.

10. CTG showing variable deceleration, asked about the cause > cord compression.

11. 15 year old girl having sex with mom's 35 year old boyfriend. Consensual. What to do next? CallCPS or report boyfriend to police? Was confused between these two.

12. another minor came to doctor with mom. Asked about sex. Mom gets angry and leaves the office. What to do when she comes back? Tell her that it is normal behaviour.

13. an old man brought by son about memory problems. Seemed fine. MMSE was 24. Normal aging?

14. military questions: one was dengue, (severe pain behind eyes nd fever, dec platelets) one was leishmania (shme nose question pic was given)

15. Woman was in first trimester, had to go to Africa for a meeting in one month. Worried about zika virus. What to tell her? Use mosquito repellent? Don't travel while pregnant? Travel only when third trimester? I think I chose mosquito repellent, could be anything tho.

16. question about meth Hb, child got purplish, was using benzocaine for tooth pain, qs asked about the cause. options were stuff like, cytochrome b5 reductase decreased activity, Naph reductase increase activity, increased formation of Hb-M, yeah, figure that one out. Chose b5 reductase.

17. a bunch of questions about Patient A and patient B. one of them had doctor caring for a male patient with ESRD and other female patient wd something, takes laboratory tests from both. The result of male patient came with High creatinine (basically hinting that results have been mixed) asked what to do next. Options were: repeat lab tests? Ask lab personnel for testosterone levels of patient having high creatinine. I chose repeat lab tests.

18. Another similar question where two patients gets mixed up because they had the same last name and doctor used their last name and room number for identification. Question asked about how to prevent such errors, chose not to use room number as patient identifier.

19. Another question where a drug abuser is admitted, wants to leave for an interview in a nearby home. When he comes back nurse suspects him to be intoxicated. She mentions this in Patient record. Shifts change. Another nurse finds the patient unresponsive. Turns out he had barbiturate poisoning. What could have prevented this error? Chose the option where nurse A should communicate unwritten hercliminal suspicions to nurse B, other options were things like not allow pts go outside before discharge, physician should evaluate pt health record every hour or shh like that.

20. question where two physicians at shift change are having hand off at the nurse's station. Physician A tells B that pt is at risk of hyperkalemia and if such occurs give insulin, when Physician B later on checks lab results patient had hyperkalemia but he did not correct it. What could prevent this error? Chose that handoffs shd occur in quiet place?

21. sequence question about a child having asthma attack, asked what should be done first, chose albuterol. Next question had that after 45 min the patient is still wheezing and o2 is not much improved. Chose give albuterol again lol. Other options were to give Epi, giveivprednisolone etc.

22. patient is having shrimp allergy, wants to eat shrimp. What should u suggest? Use diphenhydramine one hour before taking shrimp? Carry epi with uandusewhen get allergy. Eat only cooked shell fish? Gradually increase exposure to shellfish in 3 weeks period. Chose this.

23. patient was cutting trees, almost amputated his leg. Leg was fixed. Now in icu and intubated. Lungs have infiltrates. Pao2/fio2 is 300. Heart seems normal. Confused between fat embolism and pulmonary confusion. Other options were such in which pao2/fio2 should decrease.

24. pictorial questions were a bunch.
One was trachomonas turnip shaped organism on slide

25. One was a breast with fluctuance pt was lactating. Chose surgical drainage.

26. one was ear and symptoms of otitis externa. Asked what to do next? Ct temporal? Mri? Ct sinuses? Culture of ear swab. Chose this one as it didn't look like malignant otitis externa.

27. one was about enveloped shaped crystal shown on slide. Asked the cause. Chose hyperoxaluria as nothing related to calcium was present.

28. patient had hematuria and no symptoms of UTI. Treated with tmp smx. Now came for followup. Again having hematuria but no signs of uti. Culture had 25000 genitourinary organisms growing. Patient was training for marathon so I thought this is benign hematuria of marathon (lol). Chose option regarding do nothing or observe.

29. patient had antenatal history of occipital lobe malformation. After birth pic was given that showed a large lesion on one side of face. It was flat. Asked about patient at risk of what in the future? Options were seizure, hypertension, hemorrhage. I was confused between PHACE or sturge weber. Ultimately chose seizures.

30. Duchene dystrophy question asking about most likely cause of death. Cardiac dysfunction.

31. another Duchene question asking about next best step. Chose check creatinine kinase.

32. 4o year old lady having bilateral symmetric pain in wrists, elbow, shoulder joint. Says joining are on fire. Also had 1 month history of weight loss and fever. Question asked about what shd you check for in serum. Options were.

ANA, anti rf, ch50
Ana anti rf, DdDna
ANA, ANCA, anti rf.

Basically combinations of these. Didn't seemed like lupus so I went with first one.

33. x ray showing femur joint, looked like having sclerotic and lytic lesion. Patient also had hearing loss history. Asked what wd be increased in patient. Seemed like pagets so I chose Alkaline phosphatase.

34. multiple myeloma question, patient was 60 yr old, had a compression fracture of spine. Labs showed hypercalcemia, increased creatinine.

35. CML question, labs had increased basophil.

36. weird question about a child having pain in calves and knees, now present with high temperature, pinpoint no blanchable rash, smoky cervical lymphadenopathy, no edema of hands and feet. LDH was raised, abdominal exam was non tender and no organomegaly. Options were toxic synovitis, septic arthritis, ALL, HSP. Wanted to go with ALL but lack of HSP made me doubt. I think I went wd toxic synovitis but I don't think that even exists lol.

37. question where a 2 year old was having intermittent abdominal pain, vomiting and bloody stool. Basically looked like intussusception, also had a mass in RUQ. Xray was given that was weird, one side was white out like enlarged liver or something, anyways I chose intussusception bcz of symptoms. Other options were diverticulitis, duodenal hematoma, volvulus, hirsutyrng etc.

38. old age male having history of constipation. Now presents with abdominal pain, distension, vomiting,tenderness in LUQ. Chose volvulus.

39. poor lady having 2 jobs but no insurance, has 200 dollars left after taxes. Now pregnant. Asked what should physician suggest. Options were : ask pt to contact a social worker, ask patient to contact medicare. Ask patient to look for job that has insurance. I chose medicare option.

40. child having symptoms of ADHD. Teacher and patient were complaining. Asked what to do next. Behaviour rating scales? Or methylphenidate. Chose behaviour rating scales.

41. patient was on tramadol. Comes with priapism. Stop tramadol.

42. patient was on SSRIS, TCA, BB, and other stuff. Now starts using tramadol for post operative pain. Has flushing, sweating, tremulousness etc. nothing severe like serotonin syndrome. Asked about what drug interactions caused this. I chose SSRI but don't know it.

43. question about serotonin discontinuation syndrome. Patient had flu like symptoms and stuff.

44. patient drinks alcohol, ran a marathon recently, eats meat. Wakes up with severe knee pain. Knee is red, hot and tender. Asked about what will we find on joint aspiration? Chose mono sodium urate crystals. Septic joint was also in options.

45. 2 questions about developmental dysplasia of hip. One was asking about pavlik harness - other was indirectly saying " harness that keeps hip abducted (that's what pavlik harness does)

46. question showing x ray of hand. Looked rheumatoid arthritis. Asked what would slow progression of disease. Chose methotrexate. Other options were acetaminophen, ibuprofen etc.

47. patient had crohn disease. Not being controlled with mesalamine and steroids. Physician is starting a new drug. What should we check before this new drug? Chose TST.

48. patient was taking ibuprofen as needed for headache. Now has stomachache symptoms. What to do next? Replace ibuprofen withacetaminophen, EGD, Anti Hpylori therapy. Chose the first one.

49. patient had history of shipyard working. Now presents with what looked like pneumoconiosis. Asked about what would improve disease? Options had o2, steroids, lung percussive therapy. I chose the one that basically sadnothing canreverse the changes now. Could be steroids tho.

50. boyfriend and girlfriend use condoms during sex but not during oral sex. Girl presents with "raised erythematous rash on vagina and thighs and having flaking skin and clear blisters" was confused between HSV and latex allergy. Chose latexallergy but could be wrong.

51. Bunch of HPI questions. Amboss had these, uworld didn't. one was about food getting stuck in pt chest, also had history of asthma and allergy. Asked best next step. I thought it was eosinophilic esophagitis so went with EGD. Other options were barium, manometry etc.

52. patient underwent transfusion and had anaphylactic reaction. Labs showed decreased igA. Asked how to prevent in future. Chose use washed RBCs, steroids

53. another question about transfusion reaction where patient got impending doom, chest pain, pain at transfusion site. Transfusion was stopped. Asked what shd be done next. Chose the one where u call the bloodbank to confirm the bloodtype. Other options were coombs test and other things that would take time.

54. patient had osteomyelitis of bone. Surg was done to remove necrotic bone and stuff. Asked what would increase chances of good prognosis in this patient. Chose early mobilization. Forgot other options.

55. questions about foreign body aspiration. Xray was given in inspiration and expiration. One side was whitish other seemed expanded. Asked what to do. Chose bronchoscopy.

56. question where patient had history of syphilis treated with penicillin. Now presents with lower motor neuron signs in left leg and arms. Decreased proprioception and light touch. Lower facial nerve weakness. Asked about what to do next. Was confused between head CT/mri and csf analysis. If it was stroke it would be UMN. If it was tabes dorsalis would facial nerve be involved? Chose csfanalysis anyways.

57. child with chediak higashi. Asked about what is!
true regarding this. Chose that live vaccines shouldn't be given.

58. Patient had features of meningitis; CSF analysis was given that was viral in picture. Asked most likely cause. Options had both enterovirus and herpes virus. Chose enterovirus bcz csf analysis did not mention RBCs.

59. another question where patient had lesions on hand and feet, picture of mouth was given showing whitish vesicles. Asked most likely cause. Again chose enterovirus.

60. patient had features of dermatomyositis. Asked about most likely complication. Options were renal failure, cardiac failure, gastroparesis, etc. chose cardiac failure.

61. patient had lung mass that was positive for chromogranin and synaptophysin. Small cell lung ca.

62. patient was on morphine but pain was not being controlled. Also had some problem with swallowing. Asked about what to do for pain management. Chose fentanyl patch.

63. old lady had femoral neck fracture. Now in rehab center. Doesn't want to ambulate since 2 days. Asked next best step; chose encourage ambulation while respecting patient autonomy. Other options were giving low molecular wt heparin, compression stockings and some other stuff I don't recall.

64. male person was raped. Asked what shd the physician do. Confused between calling the authorities and giving prophylaxis for chlamydia and gonorrhea. Chose prophylaxis.

65. Child had retinal hemorrhages, bilateral subdural effusions. Asked what shd physician do. Call CPS.

66. elder lady was unkempt, son was answering most of questions. Had no time for interview. Got angry when physician ask to interview patient alone. Chose call adult protective services.

67. pregnant lady with hyperrtension and no signs of preeclampsia, asked next best step. Chose nifedipine. Other options were immediate delivery, nitroglycerine, magnesium etc.

68. Pregnant lady at 38 weeks had rupture of membranes. No contractions. After some observation she still had no contractions. Asked about next step. Choseinduce labour. Other options were like send patient home. Do c section etc.

69. patient having myasthenia gravis and pregnant. Question asked about what would be contraindicated in this patient. Chosemagnesium sulfate.

70. patient had like 8kids. Now pregnant again. Question about what is most likely complication. Chose uterine atony.

71. pregnant patient had a few days back. Now presents with hematuria and sudden onset of flank pain. Options were abruptio placentae, flankhematoma, pyelonephritis etc.

72. patient had features of postpartum bleeding. Asked what is next best step. Chose oxytocin.

73. question in which patients with something and patient without some disease were recruited. Given questionnaire about their exposure. Found out about their association. Asked what type of study was this. Chose case control. Confused with cross sectional though.

74. trial was given comparing experimental drug and standard of care. Asked which phase of trial is this. Phase 3.

75. patient on ventilator now having features of VAP. Increased secretions, increased breathing requirements. Asked next best step. Chose culture oftracheoalveolar lavage. Forgot other options.

76. patient was started on antipsychotic drug. Asked what should be checked periodically. Chose lipids.

77. question about lithium toxicity. Tremors, vomiting, diarrhea, slurred speech.

78. a woman in board meeting couldn't talk properly. Tells doctor she drinks socially etc. couldn't do heel to shin or tandem walk. Asked complete 2 tasks but not 3 tasks. Chose alcohol intoxication. Other options didn't make sense.

79. child who took marijuana socially and alone. Has had weight gain. Decreased concentration. Falling grades etc etc. chose marijuana abuse. Depression was not in options.

80. question about social anxiety disorder. Chose SSRI for treatment. Confused with propranolol.

81. kid who had to count till 11 in his head for some reason and was being unable to concentrate because of it. Felt embarrassed. Chose OCD, other options were not making sense.

82. cerebral palsy question, child had delayed gross motor skills. Legs had hypertonia increased reflexes etc.

83. pedigree question, some males and some females were affected. Question mentions that those affected had trimucleotide repeat expansion and mental retardation. Asked about diagnosis. Was confused between fragile X and dentatorubral-pallidoluyisan atrophy. If its fragile x it may be due to incomplete penetrance in some family members that they didn't have features of disease.

84. graft versus host disease question. Patient underwent hematopoietic stem cell transplant. Now presents with rash, liver enzymes elevated. Nd some other stuff.

85. Patient who previously did not have healthcare now comes with features of hypertension. Question mentioned arteriovenous nicking. Renal function tests showed creatinine of 10 or something. asked next best step. Chose hemodialysis.

86. another question about ESRD patient. Having bleeding problems. Question asked about what shd be done to decrease risk of bleeding. Chose give desmopressin.

87. question where patient was asymptomatic. Was taking iron supplement. Hb was low, mcv was low. Chose thalassemia trait. Other options were iron def anemia, anemia of chronic disease, hemolytic anemia etc.

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88. child had vesicular rash on forehead, in the area where previous visit testing was done for head circumference. Asked next step. Chose acyclovir. Other options were give penicillin, give tmp smx etc.

89. patient calls office and says that condom broke while having sex 2 days back. Worried about being pregnant. Wants contraceptive options. Options were; tell to take emergency contraception now. Ask to come to office for a pregnancy test today. Chose the later one bcz I thought we don't give contraception if patient is pregnant.

90. another rape patient. Asked about how to prevent pregnancy. Chose oral levonorgestrel (plan b).

91. patient having irregular menses, having hair on face. Testosterone was elevated. DHEA-S was normal. LH fsh seemed normal. Looked like PCOS. Glucose was normal. Asked abt next best step in treatment. Chose ocp. Metformin was also given but didn't chose it bcz glucose was normal.

92. question about primary dysmenorhea. Classic features.

93. old lady 65 years of age. Had normal pap smears in the past. Last pap smear was 2 years ago. Asked if she could stop testing. Options had: stop testing now. Tell her to come back in 1 year. Tell her to come back in 3 years etc. confused. Chose come back in 1 year.

94. question about aortic dissection. Ct given showed dissection in descending aorta. Bp was high. Chose iv nitroprusside. Emergency thoracotomy was also given. So was propranolol. No labetalol was given.

95. patient had been gardening. Now has lesion that were described like type 4 hypersensitivity reaction. Asked about prevention. Chose avoid working in weeds. Other options were like avoid rose gardening, sun exposure etc.

96. patient wanted to travel to Africa. Asked what shd be vaccinated against. Chose hep A.

97. HEP b serology was given. Positive HBsAg, anti hbC, no anti HBS. Chose chronic hep B.

98. patient was above 50 years age. Had already gotten varicella. Chose give zoster vaccine.

99. Child had SCID. Mother was worried about him contracting chickenpox from cousin. Cousin was diagnosed with chicken pox 2 days back. Child had erythematous rash on hands feet and trunk. No vesicles described. Options were acyclovir, VZIG, vaccine.

100. newborn with Hb findings showing hbS. Asked what is most likely cause of severe infection in this baby. Strep pneumo.

101. 2 questions about gastroenteritis and some sort of association with cheese consumption. Chose listeria both times.

102. patient had history of diverticular bleeding. Colonoscopy was given showing diverticuli. Asked best next step. Chose increase fiber intake. Other options were hemicolectomy and what not.

103. patient had mitral valve prolapse, described as valve protrudes into atrium etc. asked what is most likely outcome. Chose remain asymptomatic. Other options were endocarditis, rheumatic fever, heart failure etc.

104. question about HIT. Post operative patient was on subQ heparin, now has decreased platelet count and signs of dvt. Asked what shd be done next. Chose replace heparin withargatroban. Other options were replace heparin with iv heparin. With enoxaparin, etc.

105. patient had features of pulmonary embolism. Asked next step in diagnosis. chose CT scan of chest. No option of CT angio, other options were echo etc.

106. patient had features of cardiac tamponade. Xray given had a big heart. Asked next best step. Chose echo. No option of pericardiocentesis.

107. patient had features of brain death. No cranial reflexes etc. asked what shd physicians do next. Chose apnoea testing. Amboss had a question where answer was to improve bp bcz u can't diagnose brain death wd low bp, hypothermia etc. here bp was low. But options were all related to brain death diagnoses. So chose apnoea testing.

108. patient had features of Rem sleep behaviour disorder. Asked what will he likely develop. Chose lewy body dementia.

109. patient had Parkinson like symptoms and couldn't look up and down. Chose Progressive supranuclear palsy.

110. old lady had an adnexal mass. Ca 125 was normal. Ultrasound showed a benign ovarian cyst. 2 weeks later she comes again. What to do now? Repeat CA 125, surgical exploration, repeat ultrasound. Or observe. Chose observe. Although old ladies with ovarian cyst-unlikely.

111. patient had features of essential tremors. Easy to pick. Answer was primidone.

112. patient had hypospadiasis. Question described that the penis was also curved downward distally. Asked about treatment, options were like:

Correct meatal opening only. Correct meatal opening and correct curvature. Only correct curvature.

Chose middle one.

113. child with features of indirect hernia. Coughs causes bulge. External opening was widened. Asked about best next step. Options were to do surg bcz of risk of obstruction, strangulation. To observe bcz defect is small. Do emergency surg now. Chose the first one. But not sure.

114. patient had hypertension not being controlled with aceI, also had obesity. Felt tired in the morning. Qs was steering towards

OSA. Asked next best step in diagnosis. was confused between Doppler of renal artery or polysomnography. Chose k bcz question said abdominal examination showed nothing. Maybe the bruit was not heard bcz of obesity tho.

115. post operative patient had decreased urine output since last 8 hours. Labs were given that showed bun/cr >20. Asked next best step. Chose fluid challenge. Forgot other options.

116. patient had features of addison's disease. Asked in addition to cosyntropin testing, what else shd be measured. Chose ACTH. Other options were not making sense at the time.

117. elderly lady had features of orthostatis. Falls. Was given sodium, fluid etc but still not controlled. Also had diabetes. Abdominal examination had diffuse tenderness. Asked about next best step. Chose givenfludrocorticone. Options also had prednisone, gabapentin etc. was confused between diabetic autonomic dysfunction nd adrenal insuff.

118. diabetic patient had trace proteinuria on urinalysis. Asked what shd be done next. Chose measure urinealbumin/cr ratio. Other options were measuring 24 hours protein. Measure serum creatinine etc.

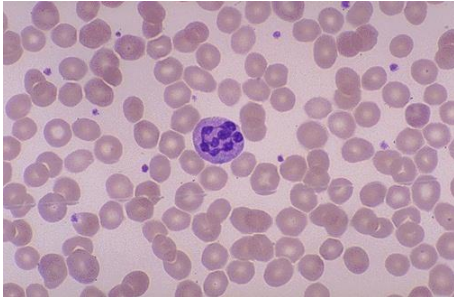
119. patient was in accident. Bones fracture xray was given. Now has severe pain with passive flexion etc. compartment syndrome. Chosefasciotomy option.

120. patient had some head trauma or operation. Now presents with polydipsia. Serum Na was high. Asked about other findings. Chose highserum osm,lowurineosm,lowdesmopressin.

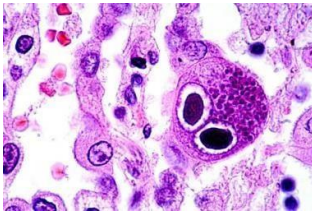
121. Question describing graves disease. Asked about what treatment would result in more complete remission. Options had Pu, methimazole, radioactive iodine, thyroidectomy.

122. crohn's patient had underwent bowel resection. Now has diarrhea. Asked about treatment. I thought it was bile induced so chose cholestyramine. Forgot other options.

1. Jelly fish bite treatment – Vineger
2. X ray of pneumothorax given- treatment asked. A. thoracotomy, b. thoracostomy
3. Picture of HSV infection in female genitalia- diagnosis
4. Picture of one hypersegmented neutrophils with macrocytes. What deficiency? – B12



5. History of cough and fever with Histology pic of CMV affected cell in lung biopsy. (Large cell with large nucleus). Dx: CMV infection. Pic 70% resemblance



- 6.
7. CT of 2 year old baby with skull fracture and hemorrhage (Looks like one entire hemisphere involved). Mother says baby was in room, she went to close the tap in kitchen, when came back baby fell down from chair. Ans: I went with CPS
8. Hopi question: Cut injury by knife in throat below mandible. Other hemodynamic parameters given. What will you do next? Answer was Intubate the patient.
Forgot next ques...
9. Stab injury on chest, distant heart sound. Patient collapsed. NBS? A. Thoracotomy b. thorocostomy. (As patient collapsed thought of massive bleeding.. went with toracostomy)
10. Up down arrows in case of COPD – Lung compliance.... Lung Recoil..... FEV1
11. Girls dx with Ulcerative colitis 7 years bacj, her father died of colon ca, sister has breast ca. What is she in risk of? Ans: Colon Ca
12. ?CT/MRI of cervical and thorasic spine lateral view of old aged lady. I saw The discs were protruding anteriorly. Went with disc prolapse. Other options: SONDYLOSIS, OA,

13. Heart sound poorly audible. One was Pansystolic murmur in preterm infant. Options: PDA, ASD, MS. Went with PDA
14. Another heart sound with systolic murmur loudest in mitral area. Only plausible option was MVP.
15. Case of DMD- check aldolase level
16. CXR with mediastinal lymphadenopathy(white patches). H/O fever wt loss. And inguinal and cervical lymphnode. Ans: Sarcoidosis (no tb or nhl in option)
17. 17 year old comes for treatment of UTI and doesn't want her parents to know- Proceed with treatment
18. ECG: Atrial fibrillation (can be easily recognized): Which area of heart future complication arises in. Ans: Left upper part of heart (Left atrium)
19. ECG of Inferior wall MI. Dx
20. African male . PPD done 18mm what next ?
a. Start Isoniazide b. IGRA c. CXR d. Sputum culture
21. Forklifting machine fell on a person. Suprapubic tenderness . When catheterized blood in urine.
A. CT b. Retrograde cystography c. Voiding cystography
22. Child with WT1 gene mutation. Future risk of
a. Nephroblastoma b. neuroblastoma c. RCC (No Wilms in option)
23. Diarrhoea with anal fissure : DX: Chrons
24. 3 yrs child : few Features of autism?? Don't know what it was
25. Similar 3 years child with less words and his speech also difficult to understand: NBS: Auditory examination
26. Case of Pertussis (Post tussive vomiting) Treatment asked.
27. 16 year old child with pain and swelling in lower end of femur with xray description of cortical destruction and periosteal elevations (not xray given): Osteosarcoma
28. Swelling of finger involving DIP only with limiting range of motion... PIP and metacarpophalangeal joint normal. (OA). Treatment? : a. joint aspiration b. antibiotic c. physio/exercise??

29. Blueish discoloration in sheen border of tibia with ?? h/o trauma. What is future complications?
Forgot other options. Went with.. ...unable to extend the toe.
30. Rash in child in trunk especially more in area of diaper. Which cancer she is increased risk of...
forgot options.
31. Sequential : CXR upper lobe of on side completely white. What to do next? Ans: CT scan
32. CT scan done and biopsy taken. Mass shows keratin pearls. What will removal of mass do to patient? A. Increase Quality of life B. prolong life C. Decase pain D. Increase quality and prolong life. (I went with D)
33. ROC curve- best test? Ans: Top upper line
34. Serpentinous rash photo— ivermectin
35. 67 year old male ..Dtap, pneumococcal conjugate vaccine, Zooster all vaccine given what to give now? Ans: pneumococcal polysaccharide vaccine
36. Worker works in aluminium factory where it is moulded into something inside coal furnace? Which organ will be involved? Bladder, Lung, kidney. (Thought of pneumoconiosis -lung)
37. Electric/ insulation worker . Commonly lesion seen in? a. Pleura b. Lung parenchyma (thought Bronchogenic Ca more common so went with lung parenchyma)
38. Resident had party last night. Has hangover. Now she is caught mixing ondem in soda water for her own consumption by consultant . On inspection she has taken that ondem from autodispenser in ICU by entering name of patient. Now she is expelled from duty for 1 week and reported to hospital director. What to do next? A. Report to state medical board b. Do nothing. (I went B)
39. Pneumothorax chest Xray: (Easy) Dx
40. Growth chart.. most of dots were low below last line..so diagnosed as growth delay. NBS: Check Growth hormone
(Learn to interpret growth chart)

(4)

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

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

49. Female comes for routine examination. Doctor notices signs of physical violence. But wife only says her husband shouts at her sometimes. Cv indicated like she didn't want to report violence. NBS?

- a. Inform police
- b. Support service
- c. Ask for safe place

50. 8 months of worrying and anxiety –GAD

51. Mother had all features of hyperthyroidism. Child will have hyperthyroid features due to?

52. In followup after surgery patient presents with fever. Found that gauge was left inside. RCA was done .Nurse said they have counted gauge before closure. But surgeon is rude so no one want to meddle with surgeon. What to be done to prevent this in future?

Ans: Make everyone able enough to speak up in team. (decrease hesitance types)

53. Bronchiolitis features in infant.discharge plan.vaccine missed during illness of 4 weeks .What next?

- 1) Give all vaccine
- 2) Vaccine as scheduled
- 3) Post pone after resolution of illness (I did)

54. Alzheimer diagnosis with loss of insight.

55. Effective vs efficient care Scenario: Hospital wants to improve patient treatment by taking -Vitals immediately, decrease stay in hospital, fast lab result

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

58. Patient have previous history of 3rd degree skin burned got skin graft now to work as construction have to work at outdoor what he is at risk of= A. SCC due uv light B. ulcer

59. Cluster headache (pain in front of one eye) treatment asked.

60 Picture of tinea capitis in black. Treatment asked: no griesofulvin in option. Did terbinafin. Other opt: fluconazole, ketoconazole. Pic:60%



61. AAA size 6.1 cm. Treatment: Surgery

62. CLL diagnosis by description only (nopic) – smudge cell in description given.

63. Hyperplastic multiple polyps. colonoscopy aftr 10 years

64. Patient in Er diagnosed with fetures of gastritis. discharged.. dies at home after few hours.
ans: Anchoring bias

65. One ques from forced function type.. like need to confirm by 2 physicians before closure.

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

- Stop linezolid which pt was takin

- BM bx

young patient was admitted for appendectomy.

They described strabismus and the eye cover test. Fundoscopy picture given looked normal. They now asked the future complications

acute angle glaucoma

retinal angiogenesis B) no complication

(no blindness, no amblyopia in option given)

50 year old with right frontal and right temporal headache, now has sudden onset of loss of vision in right eye 45 minutes ago. She had floaters in vision yesterday. No scalp tenderness. Fundoscopy showed no visible structure (exact words used in the station). (No past medical history mentioned)

Retinal detachment

Temporal arteritis

newborn with fever and meningism. Conjunctiva redness. Multiple erythematous vesicles on baby back. Delivered via vaginal delivery. Mum had no prenatal visit. Strong sexual history in mum.

Cause of symptoms in baby A) HSV

B) Chlamydia

repeated vomiting now vomits blood has pneumomediastinum no pneumothorax and left sided pleural effusion. SpO₂ is 88%

Nbs A) surgery

B) needle thorocentesis

C) tube thoracostomy

40 year old man repeat pneumonia in same lobe as shown on previous xrays Nbs

A) CT chest B) bronchoscopy

6 year old 10th percentile of height and currently taking pancreatic enzyme who had URTI last week and now has pneumonia. Has been having recurring pneumonia.

How do you confirm organism

CT chest

pet scan C) MRI

D) bronchoscopy and acid fast bacillus of aspirate E) bronchoscopy and gram stain of aspirate.

patient died and relatives query 2 malpractice in the death, so they want to take the dead body to another hospital for continued care and they don't even believe in organ donation but the dead patient already has advance directives for organ donation after death.

Nbs

anything that won't involve organ donation for now as body is needed

donate organ

transfer to another hospital

18 yr old with sharp object into the right eye. Eye penetration during MVA. (Vitals are fine, she was not in acute distress)

They brought to A&E and you have given fluid and antibiotics. You called ophthalmologist on call for review.

Ophthalmologist said refer to another hospital because her insurance doesn't cover emergency eye care and as such he can only see her tomorrow

call hospital administrator

admit her and let ophthalmologist see tomorrow

transfer to another hospital

histology of medullary thyroid cancer given. Asked what to check to monitor A) calcitonin

diffuse thyroid mass on palpation. Tsh was 2. T4/T3 was not given.

Nbs: ct neck
Uss neck
RAIU
FNAC

bloody discharge from nipple but mammography was normal.
intraductal papilloma
B)dcis
C)paget breast

picture of skin color genital wart on penis
Whats the long term complication
malignant transformation
B)recurring
no complication

10year old boy with acute sudden severe epigastric pain.
On examination has blue discoloration of umbilcus and flank region. (They basically described cullen and grey turner sign in words). Temperature was normal. Bp was 90/60.
Diagnosis
A)acute pancreatitis
B)peritonitis

bulging under tongue while with severe pain no fever no lymphadenopathy no sorethroat
Tx:
a-sour candy
b-sweet candy
c-ct of head and neck
tinea capitis- oral griseofulvin

opiod arrow: low o₂, high co₂ and normal DLCO

barium swallow of zenker diverticulum shown and in history- halitosis and regurgitation symptoms
Future complications- Barret's
Aspiration

rheumatoid arthritis woman who was driving and after she passed through bump road there was sudden bony tenderness at mid thoracic region. Other examination findings were normal
What will you expect on imaging?
A)posterior subluxation
B)anterior subluxation
C)wedge shaped vertebrae

essential thrombocythemia slide. In the lab only platelet was very high 675,000 other labs were fine
Diagnosis: essential thrombocythemia

baby with hypocalcemia from birth and also has cleft palate, fish mouth, hypertelorism and cardiac defect.
Diagnostic test: chromosome 22

man who was exposed to agent orange but already had neuropathy in the station. What other complications
cataract
B)cardiomyopathy

portswine stain in baby. Future risk of ?
A)seizure

murmur- normal heart sound
-aortic stenosis

patient had abdominal surgery and afterwards had urine retention. Nbs; bladder uss23b)bladder uss now showed enlargement prostate. Nbs: tamsulocin

baby with perioral cyanosis. Reduced Pulses in lower limbs. Upper limb pulse arepalpable.
-coarctation of aorta

diverticular abscess of 5cm. Gvn antibiotics and iv fluidNbs- ct guided drainage
25b)few days after drainage repeat ct showed air under liver and fluid in abdomen.Bns: surgery

viral myocarditis. No echo in option.
-cardiac mri

they described someone with weight loss, nausea. Vomiting. Rash that is ring-shaped that blisters, erodes and crusts over. itchy and painful and after healing leave behind abrown mark. The rash started from face to hands to entire body.
No fever

The other options his blood glucose is between 200-300 asked about the most likely complication
recurrent thromboembolism was the answer (gluconoma)

a women with 2.5 cm mass palpated on the groin biopsy of the mass show keratin pearlswhat is the diagnosis

- A- anal carcinoma
- B- rectal carcinoma
- C-cervical carcinoma

29-a man has multiple episodes of shortness of breath especially when he exercise ecg is given (normal) pulmonary function tests are normal nbs

- A- echo
- B-exercise ecg
- C-air flow loop

30- a woman with diffuse goiter tsh high t3/t4 low biobpsy kinda shows lymphaticinfiltrate what to do to make the diagnosis

raiu
serum antithyroglobulin antibody

31-A girl with two months history of cough with sputum fever and chest infiltrate given antibiotic with no relief symptoms goes on its own after two days there was eosinophilianbs for diagnosis

- A- acid fast of pulmonary secretion
- B- gram stain
- C-stool analysis for eggs and larva

patient with metastatic cancer high calcium level is 13 what is the most likely complication
acute renal injuryb calciphylaxis

man with ascites edema basically decompensated cirrhosisNa level of 120 nbs

- A- use aldosterone agonist
- B- restrict water to 1000 ml per day

A man comes with his daughter two weeks ago he was hospitalized since then daughter told you he has been acting weird he told her that he saw some halusensation in hospital he hasnot been sleeping well and has impaired attention has a shuffling gait a right hand tremor when asked to draw a clock he could not because of the tremor what is the prognosisof this condition

- A- return slowly to baseline
- B- continue with no change

C- stay stable with sudden decrease 28)Firmmass on the forehead. PainlessA)epidermal cyst\$
lipoma

8weeks recurrent chest tightness,sob. He is in choir and whenever he sings, it exacerbates the chest tightness. Also a known asthmatic. On examination he has wheezebilaterally. Ecg shown in station: normal.

Nbs
Peak flow\$

Stress ecg Echo Ambulatory ecg

finger nail shown with plenty wavy line on it
Ans: Beau line if the wavy lines is horizontal
normal aging if the wavy lines are vertical

which vaccine shld you ensure a woman has bfr she gets pregnant.
A) varicella**
B) hpv

diabetic with long standing ulcer x 5 weeks. Xray now showed osteosclerosis or osteolytic lesion. No fever.
Ans: Bone biopsy and culture

young boy. Basketball player. Pain in anterior lower knee
Ans: avulsion of tibia tubercle (osgood schlatter)

xray of normal foot. The scenario described something that sounded like stress fracture of midfoot.
Nbs Ans; mri

copd

Heart remodelling changes Put arrows on the following

Sarcomere are added in parallel (high)
Sarcomere are added in series (Normal Sarcomeres length (normal)
Sarcomeres surface area (high)

generalized occipital headache no vomiting no visual changes lasts for 18 hours now frequency increase from two times a month to two times a week takes nsaid for relief diagnosis
tension type headach medication induced headache

lucid interval description of a young lady who had rtc and became unconscious and conscious again and later unconscious.

Ans: epidural hematoma

septate fungal with acute angle shown in a slide stained with periodic acid schiff. Candida or aspergillosis?????
Looked like aspergillosis because of acute angle but i'm not sure. They asked for tx: voriconazole\$ and fluconazole was there

man came. Asymptomatic but mentioned his gf is receiving treatment for trichomonas. Nbs

Do nothing

Gv metronidazole \$

woman wants to get pregnant in future. Currently has nodulocystic acne
A) topical benzoyl peroxide\$
topical retinoid
oral doxycycline
oral isotretinoin

Acute pancreatitis sec to gallstone seen on USG, resolved with ERCP
Nbs...cholecystectomy

obese pregnant woman. (No other co-morbidity). Greatest risk for which complications in pregnancy

A) pre eclampsia B) gestational dm\$

C) preterm labor 43) shoulder dystocia

Nbs: flex hip and bring knee towards chest (McRobert maneuver)

fluctuant swelling in wrist. Tender. No fever. How can you diagnose (sounded like ganglion cyst) A) transillumination B) MRI C) CT scan

aortic aneurysm station. Asymptomatic patient. Diameter was like 4.1 or so and they said after 6 months now 5.4
Ans was elective surgery (because it's >0.5cm increased in 6 months) (also note that it can be or >1cm increase in a year)

station on a woman who wants to start taking warfarin and wants to now become a vegetarian
tell her to maintain balance and consistency in the vegetable types she eats
increase green leafy vegetables
increase kale spinach

glomerulonephritis picture was painted in a 22-year-old man who has urti 3 days ago or 5 days ago.
They write complement was normal. Ans: IgA nephropathy

case of DIC Hematocrit was 15%
Platelet was 40,000

A) packed red blood cells B) platelet
(No fresh frozen plasma or cryoprecipitate in option)

WVD lady with breast cancer and you want to do biopsy Nbs; desmopressin
lower motor neuron facial nerve palsy description (can't wrinkle right forehead + can't close right eye)
15-year-old boy. No travel history was mentioned. Cardiopulmonary examinations were fine. No other lab except CSF given.
CSF - normal opening pressure Normal glucose
Wbc was mildly raised (higher lymphocytes No rbc)

sarcoidosis B) West Nile virus C) Lyme***

HOPI type question man travelled to Africa. Now has a skin lesion "chancre" on forearm. Picture was shown. Looked like red boil
No other symptom was mentioned in the scenario. No sexual history in scenario. A) leptospirosis
trypanosomiasis - Leishmaniasis
picture of vesicles in posterior oropharynx shown Ans - enterovirus

67-year-old man who smoked for 25 years and stopped smoking 20 years ago. Screening A) abdominal USS
B) low dose CT chest

asthma patient who 1hr ago had wheeze and sob. Used formoterol pump and got better. Now 20mins ago had wheeze low bp and rash and brought to A&E, was given epinephrine and fluid and got better.

What will you discharge patient home with? A) epipen*

steroids

refill formoterol pump

copd patient who has DNR is deteriorating despite on oxygen mask Nbs

Intubate and ventilate B) Nothing

CT abdomen of big left kidney that didn't cross midline to diagnose (it didn't cross midline)

In a 3yr old girl and bp was fine. No hematuria. Patient was asymptomatic A) wilms tumor

neuroblastoma C) angiomyolipoma

high altitude station

A young boy went to the mountain a day before the others and when others met him there he was listless, weak and tired (it was difficult to know if they were trying to describe HACE- cerebral edema or just acute mountain sickness.)

The boy already used acetazolamide. They now asked nbs A) give dexamethasone and let him keep climbing

give dexamethasone and let him descend *

give acetazolamide again and let him keep climbing

give acetazolamide and let him descend

baby with hb F and S. nbs- give penicillin till 5yrs

man with resting tremor and bradykinesia and shuffling gait Nbs

trial of levodopa*

MRI of brain

(Basically asking if you need to do imaging diagnosis of parkinson before treatment)

a breastfeeding mother who has breast abscess has already taken antibiotics then symptoms still there and uss showed fluid cyst in deep breast pockets.

Nbs

fine needle aspiration

more antibiotics

black mass in vulva

vulva melanoma

paget of vulva B) cervical cancer

17yr old sexually active girl. migraine with aura. Wants most effective contraception A) progesterone only pill

copper iud

others were estrogen based

patients with heavy menses in the last 2 months. Uss showed submucosal protrusion. What's the likely complication

A) iron deficiency * B) fibroid

ovarian torsion in a woman. Intraop you have untwisted it and blood supply is back. Nbs

A) cystectomy B) oophorectomy

high grade squamous intraepithelial lesion on pap smear. Non pregnant

Nbs A)colposcopy B)LEEP

19 year old boy who had to do surgery to remove kidney stone. Stone is calcium oxalate Diet advice

drink lots of fluids

increase salt

increase protein

reduce calcium intake

interstitial cystitis. Drank lots of coffee. Take alcohol only on weekends. What to avoid in this patient

coffee* B)alcohol

patient sounded like insomnia initially. She said she can't sleep and needs sleep tablet to make her sleep. She later said she can't stop her legs from shaking at night and that's why she can't sleep.

Nbs A)melatonin B)gabapentin*

man who used antipsychotics for 20 yrs. Now has lip smacking and sticking of tongue out.

Which of the following is the most likely underlying cause A) dopamine receptor blocking

dopamine receptor downregulation

dopamine receptor super sensitivity *

71- long hopi question you will find trypanozoma in last line asking about complication dilated cardiomyopathy

Ethics

1- A doctor who is old having some hearing problems missed a couple of murmurs what should you do

A- tell the department head about your concern

B- suggest a hearing test to doctor

2- a doctor had his wife dead in an accident 3 days ago, you started to notice he is not doing well nbs

A- ask him how is he doing

-report him to local medical board

3- a attending physician his breath smells like alcohol other staff members told you that it is not strange to him nbs

Report to senior resident

Report to hospital administration Prevents him from seeing patients

4- a doctor who is having an argument with nurse during covid pandemic you follow him and find that out that he is printing his own guidelines for covid management he told you that he has not slept for several days and you find out that he worked 18 hours and slept in hospital for the past two weeks nbs

Tell hospital administration

Accompany him to emergency psychiatric department

An athlete is admitted to hospital his heart rate is 58 the nurse asked the resident to set alarm to heart rate of 50 instead of 60 (hospital guidelines) if the resident does not set the alarm to 50 what will be the results

He will be under questioning for not following guidelines Alarm fatigue

He will compromise resident autonomy (sth along these lines)

a nurse find that two venous lines are unlabeled she reported the incident to hospital reporting system there were no adverse events for the patient this is an example of

Near miss Latent error Sentinel event

a nurse is trying catheterization in patient with bbh the procedure is difficult whenshe pump the catheter the patient felt sudden pain and a blood comes from meatus this is an example of

Preventable adverse event/Sentinel event

elderly man comes to clinic he is independent of his house work his son visit him weakly he told doctor that he is afraid his son stop visiting him and told doctor that he hopes that the doctor do not give up on him like previous doctors nbs

advice the patient to go out more and engage in social activity
B-tell him to keep a journal of what he feels and think a women stage 5 renal failure she is independent lives alone she told you she feelsoverwhelmed nbs

A-make scheduled nurse visit

b - ask her about about any spiritual believes that helps her coup with her illness 10- a young model comes to doctor symptoms of panic disorder she told doctor she feels

that way because she is afraid of rejection 5 weeks later she met the doctor accidentallythey discuss their shared interest of some author later she invited him to drink coffee and discuss author latest works nbs

A-accept the invitation and told her that it can not be a date

B- tell her if he accept the invitation she can not be his patient in the feature

C- thank her for the invitation and told her it will not be the best idea

11-a patient died in hospital there were 2 documented medical errors he has a previous document that he wants to donate his organs the family was advice by their attorney to seek a medicolegal autopsy regarding this situation what is the most appropriate answer
A- the family has the right to patient autonomy once the patient die

B-the doctors should keep the body intact for the autopsy

C- doctors should proceed by the wishes of patient to organ donation

a 17 year old female of history of eating disorder comes to physician beforeenrolling into university nbs

A- discuss her majors with herb - discuss stress reduction C- advice her to wear a helmet

18yr old with sharp object into the right eye. Eye penetration during MVA. (Vitalsare fine, she was not in acute distress)

They brought to A&E and you have given fluid and antibiotics. You called ophthalmologiston call for review.

Ophthalmologist said refer to another hospital because her insuredoesn't cover emergency eye care and as such he can only see her tomorrow

call hospital administrator

admit her and let ophthalmogist see tomorrow

transfer to another hospital

young girl with abdominal pain comes to doctor the doctor has diagnosed 3 cases ofappendicitis in the past two months there is no fever no classical features of appendicitis doctor order us no findings then order ct no findings and blood work is normal, doctor still convinced it is appendicitis and submit the patient into hospitalthis is an example of

A- anchoring bias B-availability bias

C- confirmation bias

15-a similar case but doctor has not see the diagnosis recently ordered laboratory andimaging and both come negative asked about bias

A- anchoring bias B-availability biasC-confirmation bias

16- a female with ppb was managed accordingly has tampons doctor told her it will beremoved before she leave she left without it being removed asked what could have prevented this

A-do radiology before she leaves to make sure nothing is there

B- something along the lines to put it in a checklist

17- a patient who is hospitalized for copd exacerbation couple weeks ago he told doctorthat he would like not to be resusitated you can not reach his wife right now nbs

A- intubation

B- do not intubate

C- bilevel positive airway pressure

18- abstract anastrozole and breast cancer prevention first q why did the doctorprescribe the medication a-family history\$ b-personal history

second question RRR and was 10%

third question asks why there was not any difference in adverse events a-unknown confounders\$
exclusion criteria

1. Herpetic whitlow picture on NBME.
2. Resident had alcohol last night at the hospital, next morning took ondansetron and wrote this to patient. A. Internal medicine team, B. Report board, C. Residency, D. Discuss with residents.
3. Beckwith-Wiedemann syndrome - what's diagnostics?
4. Cardiac tamponade - pericardiocentesis.
5. Transplantation - Epstein-Barr virus.
6. Adolescent girl with asthma vaccination: PCV, PPS, nothing.
7. 22-month-old with fractures - ?
8. Linezolid - decreased neutrophils - stop it.
9. ADHD boy + on methylphenidate with manic attack features. DS? Bipolar/methylphenidate overdose.
10. Larva migrans treatment - ivermectin.
11. HSV presentation. NBS - PCR/biopsy/Tzanck smear.
12. Biostatistics: Specificity higher sensitivity (TP-54, FN-6).
13. Rocky Mountain spotted fever - lab finding: decreased thrombocytes.
14. Watery diarrhea military man - I think E.coli.
15. Older lady that died, her husband - higher risk of development - MDD or Takotsubo myocarditis.
16. Men sex with men - how to decrease risk of HIV - lifestyle change.
17. G6PD deficiency - Primaquine.
18. Opioid-induced constipation treatment - methylnaltrexone.
19. Parkinson's disease features - increased risk in future - dry mouth.
20. Dystonia features treatment - there were haloperidol, metoclopramide, and one other drug (I chose this drug).
21. Antisocial personality disorder.
22. Spherocytosis treatment - splenectomy.
23. Root cause analysis.
24. Abstract: anastrozole and breast cancer.
25. Chlorhexidine hand wash and regular wash.
26. Unable to do rapid alternating movements properly, patient with CF - vitamin E deficiency.
27. Gastric ulcer disease - NBS endoscopy.
28. Empyema case - thoracostomy.
29. HIV patient CD4 <200 - TMP-SMX.
30. Malaria case.
31. Infectious mononucleosis - when to participate in contact sports - after resolved splenomegaly (no option 4 weeks).
32. Lynch syndrome - family members with cancers related to this syndrome - genetic counseling.
33. Adolescent, knee pain, scanning shows cortical involvement, soft tissue malignancy in distal femur - osteosarcoma/Langerhans cell histiocytosis/MM/AML/CML.
34. Down syndrome with VSD (auscultation) - NBS echo.
35. Increased hCG and inhibin - Down syndrome.
36. MDD case.

37. Resident wants date with patient, patient said this to another resident. What to do?
Report/tell to resident it is not good to use patient electronic chart...
38. Girl raped by her brother, they live together - CPS.
39. Daughter of elderly - EPS.
40. Community-acquired pneumonia in HIV patient - treatment.
41. HIV patient with symptoms of meningitis, photo of fundus shows edema - CSF analysis.
42. DM patient, ulcer on lower extremity, symptoms of sepsis. What is the cause of patient hypotension - fungal sepsis/hypovolemia/cardiogenic?
43. Vulval lesions, future risk - vulvar cancer.
44. Warts on penis, long-term complication - malignancy transformation.
45. Crohn's disease.
46. Perianal abscess - NBS incision and drainage/antibiotics.
47. PBC case - positive mitochondrial antigen.
48. Hepatic encephalopathy - asterixis - give lactulose.
49. What option indicates severe hepatic injury - PT, INR levels.
50. Young male, sport, lesion on trunk like tinea corporis - NBS KOH, biopsy, microscopy.
51. Duchenne dystrophy - NBS dystrophin gene analysis/biopsy.
52. Post-exposure prophylaxis hepatitis B.
53. Contrast-induced acute kidney injury mechanism - tubular necrosis/renal ischemia.
54. Sequential I: 1. CXR given, right upper lobe consolidation, elderly man, NBS CT scan. 2. Lung cancer scenario, given histology, DS - SCC/carcinoid tumor/other options.
55. Sequential II: 1. Exercise-induced asthma scenario - Diagnosis - Asthma 2. Management - inhaled albuterol before exercise.
56. Vasospastic angina.
57. MI, II, III, AVF ST-elevation, arrows: AVL and V2 lead changes on.
58. Arrows primary adrenal insufficiency - renin, angiotensin, aldosterone.
59. Arrows in patient with menopause - FSH, TSH.
60. Patient with ton of drugs, asked which drugs cause myopathy? - steroids, statins, ACE inhibitors.
61. In the management of a hyperosmolar hyperglycemic state, the first step - a. increase intravascular volume. B. Decrease glucose. C. Decrease K.
62. Guidelines when we should give statins, fibrates.
63. 5 y.o. Boy wasn't dry at night - management - night alarm.
64. <2 y.o. Boy, UTI, what confirms cause - voiding cystourethrogram/US of bladder and kidney.
65. Interstitial cystitis management - lifestyle change.
66. Urge incontinence - detrusor instability.
67. Transverse myelitis - MRI/CT/lumbar puncture.
68. Ischemic stroke, given CT <4 hr, next step - alteplase/MRI/carotid dopplerography.
69. Anorexia girl, severe features, what to monitor - DEXA/serial ECG.
70. Patient with widened mediastinum, unclear aortic knob, DS - aortic rupture/esophageal rupture/diaphragm rupture.
71. Bilateral parotitis, future risk - epididymo-orchitis/encephalitis.
72. HIT - stop heparin and start argatroban.
73. Herpangina picture, treatment - supportive.

74. Acute pancreatitis - NBS 0.9% saline.
75. Baby undergoes ileocollectomy due to necrotizing enterocolitis, what deficiency will occur - vitamin D/iron.
76. Patient undergoes bypass surgery, what will develop?
77. In baby develops rash, bullae after sun exposure for 15 minutes - Xeroderma pigmentosum.
78. Knock knees, 5 y.o. Mnmt - reassure/x-ray/operative

1. RA under medication, deformity on hand. Treatment = exercise
Splint
2. Previous year taken Influenza vaccine, what vaccine will be taken in next year = **influenza** (every year after 19years)
3. Screening question; single 0.8cm adenomatous polyp on colonoscopy = **screening at 10years**
4. **Hydatidiform mole** typical vig
5. **Fibroid uterus**
6. **Variable deceleration CTG**
7. 12weeks gestation, anmbroyonic usg, beta hcg 3500NBS
Mesoprostol
8. Dermatomyosistis (gatron rash) NBS: **Muscle biopsy**
9. Breast Abscess (breast feeding , redness all resolved on med, 2,3cm fluctuant mass felt) NBS: **Aspiration**
10. BRCA mutatuion : **TVUS yearly**
11. Osteosarcoma : 60years, trauma, mass felt; Confrirm = **biopsy**
12. DM Diabetic patient, prick comes with cellulitis,ulcer,NF types , most common cause: **S. Aureus** (pseudo not in option)
13. Recently born GBS meningitis ; What screening to be done on later in infant?: **BERA**
14. Crohns disease, before giving infliximab what infection can be flare up? (Fungal, **CMV**, no TB in option)
15. Shock presentation, On Examination left anterior chest fracture Dx: **Cardiac tamponade**
16. Opoid toxicity, **pao2 low, paco2high, A-a gradiant normal**

17. HOPI: **Myotonic dystrophy**

18. Seratine consumption, later left and present with discontinuation syndrome, what medicine should be give?

Stop SSRI, **give BZD**

19. Delirium ans: **later resolves**

20. Depression : MDD (Low mood, fatigue, loss of appetite, previous not sleep now sleep) US gako bela fight ma sathi marya hunxa,guilt garcha ma bhako bahye bachauthe bhanera management:

- **SSRI** - psychotherapy

21. Dx of **Borderline personality**

22. DVT : apixaban(NOAC), LMWH tds, warfarin

23. CPS

24. Aortic Dissection

25. Kawasaki , Echocarotidarteryisnormal. Whentorepeat Echo? **2weeks**, 6weeks [first f/u after 1-2wks then 4-6wk]

26. 32year's female,case of HTN = **Fibromuscular Dysplasia** - ideopathic

27. keto acidosis, ABG Compensation asked.

28. **Forcing Function**

29. Adolescent, Fever , leucocyte esterase positive, nitrates positive started on nitrofurantoin started on 5day ; hemolytic feature in 4day , Hb 8, but spleen is enlarge, NBS: **G6PD deficiency** -Coombs test

30. Child, Sporty , Shin tenderness , Tibial tuberosity , cartilage is inflamed, Dx: **Stress Fracture**. -osteochondroma

31. Endometrical Cancer, NBS: **Biopsy**

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SURVIVOR

ABSTRACTS

1. Ocps vs progesterone only pills
2. Young smokers and cancer
3. Aortic dissection -90/60
 1. echo 2. cta
4. Pulm embolism
5. Young female deploying to other country with recurrent uti 1. if urinary symptoms take nitrofurantoin
7. Sponge missing in ot what type of error? Active, latent, surgical
8. Students appointed for postsurgical instruments counting what type of measure it is ?
9. High calcium high pth .risk of? osteoporosis, osteomalacia
10. Sodium 121 tx? 3% saline
11. Elderly Htn resistant to 3 anti htens? Ct angio renal artery
12. Boy 14 age shorter in class with delayed puberty associated kidney condition? ureteral duplication, horseshoe kidney
13. Cysteine stone ? Increase fluid intake
14. UTI female trying to get pregnant? Fosfomycin, nitrofurantoin
15. Pyelonephritis? Ciproflox
16. HIV pt with urinalysis blood 1+, protein 1+? hiv asso nephropathy
17. Elderly female with incont I felt it is urge type ? Nerve blockade , sling
18. Elderly with acei-incr creat? bilt ras
19. Man working in Iran and steel blast furnacing risk? Bladder , lung cancer
20. Nocturnal enuresis tried evening restriction , alarm nbs? Desmopressin
21. Functional constipation in child
22. Boy 7 yr old with renal scarring and rec uti ? vur
23. Child with only proteinuria 1+? Nephrotic syndrome, benign proteinuria
24. IPF worse prognosis? Decr dlco, decr fev1
25. Laryngomalacia in 2 month old
26. In child after uri now tooth ache no abscess tx? amox
27. Laryngeal papillomatosis tx? laryngectomy, debridement
28. Boot shaped heart asso conditions? Rvot obstruction, vsd
Copd exacerbation? Nippv
29. Kid with eczema, cough after uri? asthma
30. Pulm htn nbs? echo
31. After pneumonia -half lung is white out? empyema
32. After revascularisation of lower leg , now with more pain , swelling ? fascitis nbs?
Debridement

33. Decompression sickness ?hyperbaric oxygen
34. Foreign body aspiration in child while at party
35. Trali vs taco ,no contusion in the option
36. Diaphragmatic paralysis risk ? Pulmonary hypoplasia
37. ECG of pericarditis ,2 3 avf st elevation-mi,atrial fibrillation
38. Murmurs-elderly -aortic sclerosis vs stenosis ,vsd,continuous murmur on right
-venous hum -so physio murmur
39. Child-bact endo with new mitral regurg murmur
40. Child with pharyngitis risk of ?valvulitis
41. Unrepaired valvular problem -prophylaxis before dental procedure ?amox
42. Fight -then headache ,tearing pain ?carotid artery dissection
44. Elderly with bradycardia ?pacemaker
45. 3-4 questions on heart failure drugs ?
46. venous ulcer what reduces the risk of?stockings ,
47. 2-3 questions on anaphylaxis one diagnosis,one epinephrine tx ,
48. cardiac syncope vs orthostatic syncope ,
49. prosthetic valve -bio vs mechanical-risk of thrombogenesis and requirement of replacement,
50. Tricuspid atresia
51. Blunt abdominal trauma nbs?fast
52. Thyroid nodule along with tsh?usg
53. Euthyroid sick syndrome
54. Resistant hypotension after surgery?hydrocortisone
55. 2 qs on dka
56. Vipoma
57. Men1-mc pancreatic tumor?gastrinoma
58. Pms
59. 80 age women screening-all are done went with ? Dexa
60. Pcos-2qs
61. Pid with tuboovarian abscess nbs?metro add
62. Eryth scaly rash on areola nbs?biopsy,observation
63. Mass in vagina nbs?excision
64. Pap showing atypical squamous in young female nbs? Observation
65. Ovarian partial cystic nbs?cystectomy
66. Ais
67. Wilson nbs?pencillamine
68. Communicating hydrocele in 1 months nbs?observation
69. Reduce hiv contracting risk?partner questionnaire,lifestyle modification
70. pregnant lady accident-bleeding vagina-nbs?rhogam

71. Cord hanging out of cervix in labor with normal fur and accelerations nbs?put it back ,c section
72. Footling breech nbs?c section before labor
73. Dysmaturity syndrome
74. Eosinophilic esophagitis
75. Diuretic abuse
76. Cirrhosis questions around 77.2-3-one is weight loss for nafld,
78. Hepatic encephalopathy-nbs?lactulose
79. Splenic laceration in trauma
80. Elderly with bloody diarrhea ?celiac,inflammatory bowel disease
80. Ischemic colitis
81. Anal fissure
82. 68 man remote smoker screening?low dose ct,usg abd
83. 2 month boy with loose stools with blood nbs?hydrolysed formula
84. Pyloric stenosis nbs?usg abd
85. Rec eso varices now resistant elderly do not want cpr ,daughter insists ? Have to respect your father's decision
86. Gluc 6 dehyd def contra?primaquine,quinidine
87. Charcot neuropathy word to word same q as NBME with the same picture
88. Osteosarcoma nbs?biopsy,no mri in the options
ltp in hiv pt
89. Cancer pain ?switch to fentanyl patch
90. Numerous seborrheic keratoses nbs?ct abd,esophagoscopy
91. Sjogren tx?saliva substitute,rituximab
92. Neonate with pronated forearm?brachial plexus injury
93. Elderly with looser zone labs vit d ,pth,calcium,phosphate
94. Septic arthritis nbs?serial aspiration
95. Heliotrope rash nbs?cancer screening
96. Trauma on ventilator,abs reflexes nbs?apnea test
97. Complex regional pain syndrome
98. Candidal intertrigo nbs?clotrimazole
99. 2 month baby with white patches on tongue nbs?topical nystatin,observation
100. Nail melanoma nbs?excision of nail bed,or only nail
101. RIs nbs?ferritin conc
102. Elderly started bppv like symptoms after trauma nbs?ct ,dixhallpile
103. Vague long vignette sah nbs after ct which is normal ?lp
104. Elderly with htn high risk of aneurysm ?mca,aca,carotid artery,carotid artery ,no lacunar arteries given
105. Pronator drift in ms already on vit d,interferon beta ,nbs ?ct for new stroke

106. Elderly with all normal except some word finding difficulties and misplaces keys
nbs?nothing,depression questionnaire
107. Trauma with postauricular hematoma nbs?ct
108. Elderly in institution,no answers to questions except expressions ,when aide goes out says she doesn't like living in facility ? Aps? Change to other facility
109. Afib in elderly?apixaban
- 110.Imperforate hymen
- 111.Female with migraine ? Oral levonorgestrel
- 112.H pylori tx
- 113.Colon cancer screening after 3 hyperplastic polyps ? Regular screening
- 114.Infectious mononucleosis contact sport should be avoided upto? 3 weeks, resolution of splenomegaly
- 115.Pfps nbs? Activity modification
- 116.Ocd tx? Fluoxetine
117. Mdd in elderly with parkinson ?ssri
118. Oppositional defiant disorder tx? Ssri , parental therapy
- 119.Delirium tremens ? Bnz
120. Bruton agamma in 7 month old
121. Kidney transplant recipient and donor both are cmv sero negative ,now with fever , kidney dysfunction after 2 yrs? Cmv, delayed rejection
122. Pertussis prophylaxis in close contacts ? Azithromycin
123. Hpv warts tx? Imiquimod and laser therapy , both are there in options
- 124.Pet Cat(all immunizations done)bite nbs? Nothing, rabies ivig
- 125.Patient provocative and abusive to hosp staff whenever she comes to ed , and always lama nbs? Call pt. Saying she is no longer a pt to the hospi and arrange for transfer of care , call pt saying she is still a pt until she choose other hosp
- 126.Elderly rejecting chemotherapy and son is against it ? Check capacity , tell son to respect father
- 127.2 nnt qs
- 128.1 hazard ratio q
- 129.Forcing function
130. Focus on ethics qs got around 10 qs in each block

56 yr ama breast cancer diagnosed arko lai ovarian cancer aba 19-year lai ke screening garne

Sti screening

Tvus

Mammogram

Celiac disease sanga ke presentation hun6a

IDA

| Clinical manifestations of celiac disease | |
|---|---|
| Malabsorption | <ul style="list-style-type: none"> Diarrhea, steatorrhea, weight loss Anemia Flatulence/bloating Low albumin or protein levels, or abnormally elevated T-cell lymphoma |
| Neurological | <ul style="list-style-type: none"> Peripheral neuropathy Ataxia Myoclonus |
| Autoimmune | <ul style="list-style-type: none"> Autoantibodies to transglutaminase Autoantibodies to gliadin |
| Reproductive | <ul style="list-style-type: none"> Infertility Abnormal sperm |
| Other | <ul style="list-style-type: none"> Oral ulcers Iron deficiency anemia Autoimmune thyroiditis Autoimmune hepatitis Autoimmune diabetes Autoimmune osteoporosis |
| Systemic | <ul style="list-style-type: none"> Iron deficiency anemia Proteinuria Neuropathy Depression |

HEMOCHROMATOSIS MA KE DINA HUNA

SHELLFISH

ASBESTOSIS VIGNEETTE WHAT IS NBS

PFT YEARLY

CHEST X RAY YEARLY

PNEUMOCOCCAL VACCINATION

| A. Testing procedure |
|---|
| <ul style="list-style-type: none"> 1) Serology (screening) or chest x-ray (diagnostic) 2) Serology (diagnostic) or chest x-ray (diagnostic) 3) Serology (diagnostic) or chest x-ray (diagnostic) 4) Serology (diagnostic) or chest x-ray (diagnostic) |
| B. Monitoring |
| <ul style="list-style-type: none"> 1) Chest x-ray (diagnostic) or chest x-ray (diagnostic) 2) Chest x-ray (diagnostic) or chest x-ray (diagnostic) |

| Recommendations for management of asbestosis |
|--|
| <ul style="list-style-type: none"> 1) Smoking cessation 2) Smoking cessation 3) Smoking cessation 4) Smoking cessation |
| <ul style="list-style-type: none"> 1) Smoking cessation 2) Smoking cessation 3) Smoking cessation 4) Smoking cessation |
| <ul style="list-style-type: none"> 1) Smoking cessation 2) Smoking cessation 3) Smoking cessation 4) Smoking cessation |

10 YEAR CHILD 1 DOSE HPV VACCINATED PRESENTED AT 15 YEAR WHICH VACCINE TO GIVE

2ND DOSE OF HPV

<15 2\>15 3

MENINGOCOCCAL VACCINE

| |
|--|
| <ul style="list-style-type: none"> 1) Meningococcal vaccine 2) Meningococcal vaccine 3) Meningococcal vaccine 4) Meningococcal vaccine |
|--|

INTIMATE PARTNER VIOLENCE

DO NOTHING

| Intimate partner violence | |
|---------------------------|--|
| Evaluation | <ul style="list-style-type: none"> Routine annual examination Dispositional symptoms (eg, bruising) Prenatal visits |
| Consequences | <ul style="list-style-type: none"> Homicide Mental health disorders (eg, PTSD) Unintended pregnancy Pregnancy complications (eg, abruptio placentae) Sexually transmitted infections Safety planning (eg, local shelter referral) Psychosocial counseling |
| Management | <ul style="list-style-type: none"> Safety planning (eg, local shelter referral) Psychosocial counseling |

It affects all genders, ages, races, and sexual orientations and is highly prevalent, with a lifetime risk of approximately 1 in 3 for women and 1 in 4 for men. Because of the overwhelming disparity between high prevalence and low disclosure rates, screening is performed in all women of childbearing age at routine (eg, well-woman, prenatal) medical visits.

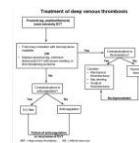
Screening commonly includes both open-ended (eg, "How safe do you feel in your relationship?") and specific (eg, "Have you ever been hit, slapped, or kicked by your partner?") questions to improve disclosure rates. Patients who screen positive should be further assessed for immediate safety and given additional resources (eg, local shelter referral) for long-term planning.

LOT OF QUESTIONS FROM DVT AND PULMONARY EMBOLIS

10-12 questions

SAPHENOUS VEIN HEMATOMA WHAT COMPLICATION DEVELOP

CVI



ANKLE RELEX ABSENT, KNEE RELEX INTACT WHICH NERVE ROOT INVOLVED

L5-S1 NERVE ROOT

SEPTIC BURISITIS

IV ANTIBIOTIC

DRAINAGE

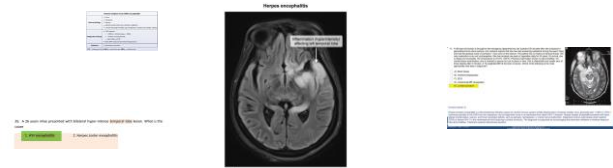


Nonseptic bursitis [3][2]
Rest, ice or heat, elevation, and NSAIDs
Bursal aspiration for significant swelling
Bursectomy is a last resort but should not be performed during acute inflammation. [6]
Septic bursitis [4][2]
Antibiotics: Empiric coverage for S. aureus and Streptococcus spp. [4][5][2]
Bursal aspiration: Repeat every 1–3 days as needed for persistent purulent effusion. [2][5]
Surgical intervention: Consider for severe, recurrent, or refractory purulent effusions. [2][5]
Incision and drainage
Bursectomy

SEPTIC ARTHRIS FEMALE AND SEXUALLY ACTIVE WHAT IS THE MOST COMMON ORGANISM TRIAD OF NESSERIA NOT GIVEN

STAPH AUREUS

HSV ENCEPHALITIS MRI TEMPORAL LOBE DIAGNOSE



GONOCOAL BUDA LAI BUDI LAI KE GARNE

IV XONE STAT GHAR PATHAUNE

ETHICS

BUDO MAN6E 63 YEAR DIVORCED ADVANCE DIRECTIVE NOT GIVEN INTUBATE GARDA KE GARNE

SON SANGA PERMISSION LINE

KAWASAKI TREATMENT

IVIg
High dose aspirin
Echo at 0.2.6 weeks

INTERSTIAL CYSTITIS HISTO FEATURES

runner lesion



runner lesion - cystoscopy interstitial

STRUGE WEBER SYNDROME COMPLICATION

EPILEPSY

GLAUCOMA

ABSTRACT

TPA INJECTION MA DINE ARKO KUN ROUTE MA DINE

YOGA VS PLACEBO VS PHYSIO

SAMPLE SIZE BADHDA CONFIDENCE INTERVAL KE HUN6A

OUTCOME KEHI HUDAINA

NNT NIKALNE

HOPI

ECTOPIC PREGNANCY Unstable ra stable ko

AAA Within 6mo 4.2 to 5.1 Ma k Surgery

AAA
Surveillance USG
3.0 - 3.9 cm: At 3 years
4.0 - 4.9 cm: At 1 year
5.0 - 5.4cm: At 6 months
-uptodate

| Abdominal aortic aneurysm | |
|--|---|
| <ul style="list-style-type: none"> Prevalence 1% - 10% Increasing with age Male > Female | <ul style="list-style-type: none"> Mostly asymptomatic Mostly retroperitoneal Distal aortic aneurysm more common |
| <ul style="list-style-type: none"> Diagnosis: physical exam Ultrasound CT scan MRI | <ul style="list-style-type: none"> Medical management Observation Surgery |
| <ul style="list-style-type: none"> Medical management Observation Surgery | <ul style="list-style-type: none"> Observation Surgery |



FIBROID UTERUS COMPLICATION

-PRETERM malpresentation obstructed labour

SCHIZOPHRENIA delusion hallucination Abnormal behaviour Disorganized or catatonic

SCHIZOD PERSONALITY schizoid= no friends no interest avoidant= no friends want friends

IMPULSE BURST DISORDER BACHA

2TA BACHA BACHA HARU KHUB KARAUNE DOCTOR LAI SODH6A KE GARNE AABA

FAMILY MEETING

FIBROID COMPLICATION
Preconception: Subfertility
Pregnancy
1st Trimester: Abortion(Submucosal>Intramural>Subserosal)
2nd Trimester: Malpresentation > Preterm labour (26%)
IUGR, PROM, Red degeneration of fibroid
During delivery: PPH
Increase risk of operative vaginal delivery/ caessarean section
Post partum: Torsion Necrosis

ADHD

BRONCHOGENIC CYST KO COMPLICATION

INFECTION

PERTUSIS TREATMENT lazithro close contact lai prophylaxis dine

BUNDLE CARE PAYMENT

| Bundled Payments | |
|--|---|
| <ul style="list-style-type: none"> Prevalence 1% - 10% Increasing with age Male > Female | <ul style="list-style-type: none"> Mostly asymptomatic Mostly retroperitoneal Distal aortic aneurysm more common |
| <ul style="list-style-type: none"> Diagnosis: physical exam Ultrasound CT scan MRI | <ul style="list-style-type: none"> Medical management Observation Surgery |
| <ul style="list-style-type: none"> Medical management Observation Surgery | <ul style="list-style-type: none"> Observation Surgery |

- iliac resection has occurred, child 3-4 months, now which supplement would you give?

Iron, folic acid, Vitamin B12 (he did), vit. D.

- patient had internal rotation and pain while adduction in shoulder, no tender point below acromion, occurred while picking the luggage of his daughter, now what to do? Arthrocentesis, MRI (he did), not sure about NSAID.
- 60 year old man, tender points in shoulder little bit weakness 3/5, taking statin /or not (look for it) Dx? PMR (he did), dermatomyositis, no fibromyalgia in option.
- gastropap picture on hand, what can be the risk? Cancer
- Man had LDL 170, TG 230 maybe, age 41-42, Bp 135/85, also has diabetes, What will you give? High dose rosuvastatin option B

40 and 41- related to diabetes

1- GFR < 45, surgery has to be done, nbs? Discontinue metformin (he did).

2- GFR mention, Now what will you give for diabetes, insulin or metformin. (do it well)

42- Father had a brain tumor don't know the type, patient had abdominal ulcer it will decrease after eating, doctor confuse that either it is MEN1 or RET mutation, what other findings will doctor find in the patient to confirm MEN? Confirmation of pituitary tumor in father (he did)

43- Baby has a cough, non prod from 5 days, runny nose, also any sore in the mouth? Measles (he did), parvo, rubella,

44- pt had CD4 205, what is in the management of the patient prophylaxis? TMP-SMX, gancyclovir, azithro

45- Renal transplant --- patient, now any pulmonary infection SOB, which org? CMV (he did), no Pneumo in options.

46- urine has glucose > 1000 on urinalysis, female pt, vulvar itching, 5 times urine a day, which drug? Empagliflozin.

47- sitagliptin, some research was done and some drug was made to be given which block incretins breakdown? (sitagliptin vs exenatide). (confirm yourself)

48- fever, rash, urinalysis deranged, pain killer start ki thi, AIN?

49- Female pt, she experiences pain while urination, long question like that ?

Interstitial cystitis

50- a patient witness red urine, urinalysis shows 50-100RBCs, 15 yr smoking history, nbs? Cystoscopy(he did)

51- child came after 3 weeks hepatomegally,

Pale stool , markers asked? ALP, AST, ALT, GGT, direct bilirubin.(all increase)
(also look for indirect bilirubin)

52- patient has seual relation with both male and female, discharge from urethra, he says I will not go for diagonosis as my parents will came to know about my sexual activites through the insurance company , physican response? Get treatment from community hospital something. (2 such questions)

53- Female came with her daughter, 4 year old , girl is understress , vagina has pruritis, physician told her mom that her bf is sexually abusing her, her mom says that she had trust on her bf, but I do understand your concern isliye that's why from now when I go to work I ask my collegue to take care of my daughter but you don't have to tell anyone? Physician resp? ok ill if you want it as secret.. etc,or call CPS(he did)

54- Specific learning disorder, school teacher and mother when tells a story at night etc something like that

55- Mother said her child is so much inattentive,always bothers me,always running in house.. etc, next step in evaluation? Take record from School or parents something type ans

56- pt came a said I have depression , standard dose of citalopram using since 3 months , mild improvement but not the desired results, know what will you do? Stop citalo, inc citalopram(he did), change to fluoxetine(but its of the same class), one lithium related option.

57- 8 year old girl, parents said she sleeps only for hours after that she wakes up and start writing long paragraphs ,girl said she is tye best, she's making some sort of plan which makes her famous worldwide etc. Dx? Bipolar disorder(he did), narcissistic, anti social, cyclothymic disorder.

58- dark tvus, pp , painless bleeding at 38 weeks, nbs? C-sec(2nd option)

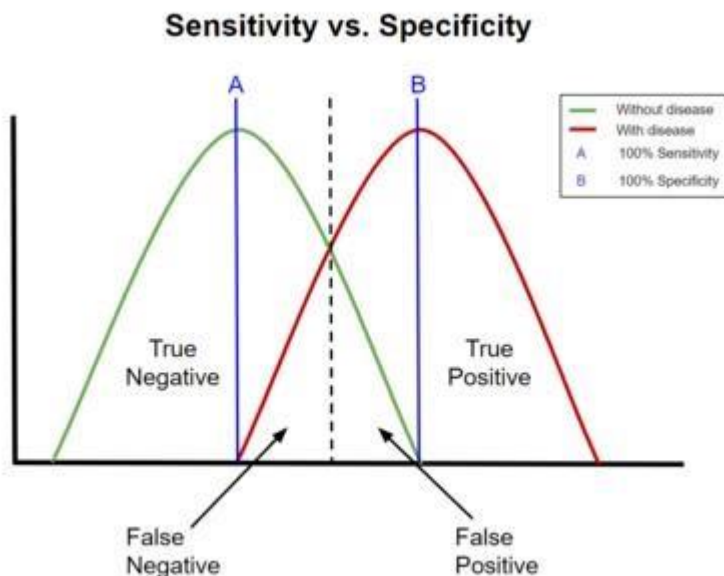
8th May 2024 (I have written question which were new to me .) Don't trust answers.

Exam is doable. They have mostly changed the options and the question is same with answers in different wording.

1. Sporothrix questions from pastpapers. Is not sporothrix. Looks like weeping lesions of contact dermatitis. Rash was on hand and neck and back. Picture of hand given only. The lesions were not in a straight line. Patient was working outside (rose, thorns and weed exposure). Looked like contact dermatitis. My answer is avoid weed. Could also be avoid thorn.

2.Group x FP is 40% and group y is 60% FP

Group x has lower sensitivity



3. Full term 6 hour old infant is cyanotic, improves on tickling of abdomen- no TOF in option

Guy chose

choanal

atresia

Another high yield association is tracheal collapse (VACTERL)

4. foot X-ray given, Diabetic patient seems to me to have a charcot foot ulcer defined. . what's the cause of this presentation?

Osteomyelitis vs **charcot foot**

5. Father presents a 4 year old to ED. He has difficulty walking, pain over ankle, and consistently crying. Babysitter said the baby fell 1 hour before but the picture showed markings on arm pits (maybe from shaking baby). No other signs of abuse. What is NBSIM?

a. Get ankle x ray he did

B. Report to CPS

I WOULD GO WITH CPS

Would say skeletal xray first to confirm location of injury (metaphy/epiphys = abuse; shaft=accidental). Confirm?

6. Elderly mom being taken care of by 2 daughters. Brought to ED. daughters Said they are working Hard to care for her but don't have money for it. Exam shows patient is febrile with 3 sacral ulcers. Daughters or ladies say don't treat her aggressively. What is NBSIM? a. **Start IV antibiotics**

b. Notify adult protective services

c. Debride necrotic tissue

d. Don't remember

ITS EITHER A OR B

7. **Free HB/ Call blood bank** PQ THIS IS BLOOD BANK 100%

8. you are a resident in the call room. Another resident comes by off-hours, very drunk, and confides that he and fiancé are applying for competitive fellowships. Their relationship strained from working hard. Goes on rant then starts walking away. You ask where, he says to go home. What is NBSIM?

a. Tell him to go back to break room until sober

b. Let him go home

c. **Discuss with program supervisor**

d. Report to medical ethics board

95% SURE ITS C

9. Patient came on 10 weeks of gestation, no fetal pole, Beta HCG 300,000, adnexa normal on ultrasound?

**a) Chest xray and evacuation of intrauterine mass
CONFIRMED**

10. patient on 10 weeks of gestation? **Hep B**, Tdap

HEP B IS 100% CONFIRMED

Tdap given 3rd trimester in all pregnancies regardless if previous

11. AIS pubic hair 2, axillary 4?

+ **Minimal to no axillary or pubic hair** development occurs due to peripheral androgen resistance. **So this is not AIS**

+ Patients with Müllerian agenesis have primary amenorrhea. These patients have otherwise normal female development (eg, **normal pubic and axillary hair**).

BE VERY CAREFUL THIS IS NOT AIS MOST LIKELY Mullerian agenesis

| | Uterus Present | Uterus Absent |
|-----------------|---|---|
| Breasts Present | Workup as secondary amenorrhea <ul style="list-style-type: none"> Imperforate hymen Vaginal septum Anorexia nervosa Excessive exercise Pregnancy before the first menses | Order testosterone levels and karyotype <ul style="list-style-type: none"> Müllerian agenesis <ul style="list-style-type: none"> – XX karyotype, normal testosterone for female Complete androgen insensitivity (testicular feminization) <ul style="list-style-type: none"> – XY karyotype, normal testosterone for male |
| Breasts Absent | Order FSH level and karyotype <ul style="list-style-type: none"> Gonadal dysgenesis (Turner's syndrome) <ul style="list-style-type: none"> – XO karyotype, FSH elevated Hypothalamic-pituitary failure <ul style="list-style-type: none"> – XX karyotype, FSH low | RARE <ul style="list-style-type: none"> Not clinically relevant |

Table I Differential diagnosis between MRKH (Mayer-Rokitansky-Kuster-Hauser) and AIS (androgen insensitivity syndrome)

| MRKH | AIS |
|---|--|
| Genotype XX | Genotype XY |
| Normal female serum T levels | Normal male T levels |
| Normal female pubic and axillary hair | Decreased pubic and axillary hair |
| Normal female height | Increased height compared with female counterparts |
| Normal ovaries located high on the pelvic side wall | Intra-abdominal testicles |
| No increased risk of gonadal malignancy | Gonads removal recommended after puberty due to increased risk of malignancy |

Note: Milder forms of AIS might present a less affected phenotype.

Abbreviation: T, testosterone.

Make sure to study amenorrhea algorithm

12. Director noticed most patients aren't receiving pre op antibiotics 1 hour before the surgery? **Administer antibiotics in the pre op waiting room**, administer antibiotics in the ward.

DONT KNOW ABOUT THIS ONE

13. patient with bilateral lung infiltrates history of pelvic and femur fracture, PCWP 16?

Fat embolism,

ARDS (he did),

Heart failure (PCWP >18)

MIGHT BE PULMONARY CONTUSION

14. Obesity BMI 41- **BARIATRIC SURGERY**

15. 73 years aortic stenosis is **dec surface area**

16. Transgender **HPV testing** or alcohol

17. Adenosine for SVT in kid - **pause** Prolongs PR interval.

Stable: Adenosine

Unstable (lowbp etc): Shock em

18. Question about vegan parents: **IM B12**

19. Placenta previa bleeding **Mother hemodynamic status**

20. Endometritis cause - **GBS**

Amp/Gent

21. Vignette of PCOS with AUB- endometrial biopsy

Skip US in high risk unopposed estrogen

22. 9-Brain death corneal reflexes absent, gag reflexes absent, cant breath already on ventilator bp100/60 temp 36, family says in their

community believes cardiovascular function death is brain dead now what?

**asses for
spontaneous
spontaneous
respiration
she did**

extubate and
declare brain
dead

perform
transcranial
usg

performMri
brain perform
eeg and echo

23.Cv catheter needs to be passed in patient,
resident is there to pass and he had passed the
catheter but taunt/damaged the catheter another
candidate who is standing beside he usually passed
50 catheters a day what should we do prevent this
event?

PDSA

FMDA

root cause analysis she did

Tricky, If asking “what can be done to prevent future even” then **RCA**.

If asking “how could have been prevented?” then **FMEA**

24. 60s old women had colonoscopy 8 years ago
back normal, mammo 1 year back normal, pap 2
years back normal also normal BMI 26-27 smoking
history of 20/40 pack year which screening now?

No option of hep C

Xray chest

Serum chemistry profile she did

Mammo

Pap smear

colonoscopy

25. police man had incident in front of him of
gunshot had symptoms of lower half of face
numbness evaluation of trigeminal nerve injury
oxycarbamazepine reassure the patient it will
resolve on its own she did

Acoustic shocks are brief exposure to loud sounds that do not cause substantial hearing loss but can trigger a cluster of debilitating symptoms, i.e., otalgia, ear fullness, ear tension, tinnitus, sound intolerance, dizziness and head, face or neck aches (1, 2). In most cases, these symptoms are temporary and disappear within a few hours or days following the acoustic incident. However, in certain cases, they can become chronic and seriously affect quality of life (1). The pathophysiological mechanisms underlying these symptoms remain unknown, even though some authors have hypothesized a dysfunction in the tensor tympani muscle (TTM) (1, 2). The patient described here was able to precisely report his symptoms, their temporal evolution, and take pictures of his eardrums over time during symptom severity fluctuations. The psychoacoustic characteristics of his tinnitus and the functional integrity of the middle ears were also investigated. This invaluable dataset provides critical insights into the pathophysiology of the acoustic shock injury (ASI) and beyond, i.e., tinnitus, hyperacusis, and otalgia.

26. 2 wine shots weekly not exceeding normal
limit, BMI 19, smoker, exercises in moderate,
what to do to prevent osteoporosis?

maintain current BMI

reduce smoking

reduce alcohol

| Nonmodifiable | Modifiable |
|--------------------------------|---|
| Advanced age | Smoking |
| Female gender | Inadequate calcium intake |
| White/Asian race | Inadequate vitamin D |
| Low peak bone mass | Low body weight (BMI <21 kg/m ²) |
| Family history of osteoporosis | Estrogen deficiency |
| Personal history of fracture | Hypogonadism |
| Low Body Mass Index | Chronic glucocorticoid therapy (see table 3 for other medications) |

27.25 years old patient with ankle pain and tenderness, physician did xray to rule out fracture And found no fracture, now physician is doing some research and found a medicine is effective in controlling in pain in osteoarthritis in 50s of age, but he started this meds on patients and had no benefit from that medications, whats limitation?

confounding

external validity she did

observer bias would see the opposite since observer would be skewing data for significance

28.lady 35 years of age, with abdominal pain, no adenaxal mass on pelvic ultrasound, there a new test which detects mass in adnexa, mean ? this test is not valid because

her pelvic ultrasound didnt show adenaxal mass (pathan)(This is more logical) this test is not valid because of her age she did

29.lady with headache, neck stiffness, fever
100 flue like illness Lp analysis showed, Pressure
130mmhg, proteins 40, glucose 112mg ,
leukocytes count 35, fundoscopy showed disc

pulsations with normal optic disc margins
NBSIM?

oral acetaminophen/nasids she did

oral
antibiot
Antiviral

| | Bacterial | Viral | Fungal | TB |
|--|-----------------------|-----------------------|----------------------|-----------------------|
| Opening pressure (N: 4–18 cm H ₂ O) | Elevated | Slightly elevated | Normal or high | Usually high |
| WBC (N: ≤5/mm ³) | > 200/mm ³ | < 200/mm ³ | < 50/mm ³ | 20–30/mm ³ |
| Differential (N: ≤3 PMNs/mm ³) | PMNs | Monocytes | Monocytes | Monocytes |
| Glucose (N: 45–80 mg/dL) | Low (< 60% serum) | Normal | Low | Low |
| Protein (N: 23–38 mg/dL) | Very high | Normal | High | High |
| RBC (N: ≤ 5/mm ³) | Few | None | None | None |

30. 75-Year-old lady came with daughter, presents with echymosis, clothes smell of urine, malnourished, disheveled, daughter thinks we don't need further evaluation now?

report EPS she did

interview alone (look out for this)

31. osteomyelitis patient going to be discharged what to advise: Early range of Motion

Should be **Late ROM**

32. IgA deficiency case? Cephalexin, **TMP-SMX**, immunoglobulins

33. Small cell carcinoma patient diagnosed what will you find? Elevated ACE, antibodies against K⁺ channel
ACTH, SIADH, Lambert-Eaton (Ca channels)

34. Couple after 1 year of marriage, female had normal menstrual history, husband had 7 year old child from previous marriage? **Semen analysis**

FSH should be next if semen normal

35. An adult patient with history of sore throat, fever and non productive cough comes in he is a music teacher or something in a school but none of his own children or anyone at school were affected, picture of his throat was given which showed congested pharynx and kind of like solidified pus over the tonsil not clearly visible, what sequelae might he develop ?

Cardiac

No sequelae

Neurological

Use CENTAr - Cough, Temp, Nodes, Temp, Age

Interpretation

- Score ≤ 1 : no further diagnostic testing needed
- Score ≥ 2 : Consider rapid strep test and/or throat culture.
- Score ≥ 4 : Consider empiric antibiotic therapy (controversial) [2][10]

35. Old adult thorax spine MRI thorax mentioned, Lower limb reflex 3 plus, upper limb normal, what will happen ?

A. detrusor hyperactivity

B. Lower limb weakness

36. Physician B went to restaurant, whatever patient I send him, he make him dead, now what physician A do ? Physician A

confront , but physican B saying nothing big , I am sexually procative , A. Report state board

Patient admitted to the ER with all features of cocaine toxicity.

Now asking if left untreated what will occur to this patient? a)

Elevated and hyperactive mood

b) Seizure Vasospasm

c) Severe depression

Question had a three year old kid who had a history of heart murmur since

birth but he was healthy and had no problems. He was going to get some

dental procedure done. He had history of penicillin allergy. Heart sound was

given. Prophylaxis was asked.

a. Clindamycin

b. Azithromycin

c. Penicillin

d. No prophylaxis

60 year old woman who fainted while doing some yard work. BP was given.

Heart sound was given. Murmur was radiating to carotid it seemed. Cause of

murmur was asked

a. Bicuspid aortic valve

b. Mitral regurgitation

c. Pulmonary stenosis

Another SOAP style question. A son brought his dad to ER with presenting

complain "dad is behaving confused since morning" the patient had history of

dementia. There was whole lot of past medical history. Patient was on many

medication for diabetes, hypertension, dementia and recently started on some sleep aid. It had labs which were normal so it ruled out electrolyte abnormality and UTI as cause of delirium. Then the cause of delirium was asked.

- a. Diphenhydramine
- b. Forgot other options.

There was a long question about a patient with sickle cell disease having pain and tenderness at shin (tibia). ESR elevated. Scan shows lytic and sclerotic

areas. How to best prevent complication after treatment. (I wasn't sure if we to prevent complication of treatment or complication of osteomyelitis itself)

- a. Leg brace
- b. Crutches
- c. Physical exercise

Q. Rhinitis medica mentosa = stop the drug .

Q. first trimester low hb = yes go for the MCV to look for the cause

Q. OLECRANON BURSITIS = agree go for the aspiration .

Diagnostics

Usually, clinical diagnosis is sufficient.

Aspiration of superficial bursas to rule out infection or gout

X-ray (or less commonly, MRI) may be considered to exclude bone involvement if suspected.

Treatment

Rest, ice or heat, elevation ,and NSAIDs

Antibiotics if septic

Operative measures may become necessary (e.g., drainage of pus, bursectomy) for recurrent bursitis that fail to respond to conservative management.

Complications: septic (purulent) bursitis, usually caused by *S. aureus*

Q: CERVICAL SPONDYLOSIS symptoms, cause is asked. = they said osteophyte? (I don't agree) =

osteophyte can cause the central cord syndrome. in which there will be presentation like

syringomyelia = cape like distribution.

if the symptoms of spondylosis were presented it's because of the protrusion/compression

The intervertebral disc consists of a dense outer ring (annulus fibrosus) and a gelatinous core (nucleus pulposus).

These structures work together as a shock absorber by distributing high axial pressure evenly onto the

cover plates and base units of the vertebral bodies.

High pressure on the vertebral discs leads to fluid loss, and as a result, body height decreases

physiologically by 1–2 cm during the day.

Compression, tension, shear, and torque stresses on the spinal disc → degenerative changes (e.g.,

dehydration, annular tear) → disc protrusion or herniation through the annulus fibrosus into the

central canal → adjacent nerve root impingement → sensorimotor deficits in affected nerve root

Intervertebral discs usually protrude/herniate posterolaterally, as the posterior longitudinal ligament

is thinner than the anterior longitudinal ligament.

Usually, the affected nerve root is the one below the level of disc herniation (e.g., L4–L5 disc

herniation leads to L5 radiculopathy)

Q. PE - abg's will show that there is respiratory alkalosis .low co2 and increase in ph .

Q. congenital diaphragm hernia pic

Q. retal prolapse= strengthing exercises ? (WRONG)

right - for mucosal we can go for conservative measurs and for the full thikcness prolapse we can go

for the surgery rectopexy

Mucosal prolapse

Mucosal prolapse is generally managed nonsurgically.

First-line: reduction of mucosal edema, digital repositioning of the rectum, and pressure padding the

perineum

Second-line: injection sclerotherapy

Grade III and grade IV internal hemorrhoids that are often associated with a mucosal prolapse should be treated with hemorrhoidectomy (see “Treatment” in hemorrhoids)

Full-thickness rectal prolapse

Full-thickness prolapse requires surgical treatment with either an abdominal or perineal approach.

Abdominal procedures: laparoscopic rectopexy with/without sigmoidectomy

Perineal procedures

Short, full-thickness prolapse: Delorme procedure

Long, full-thickness prolapse that cannot be treated by abdominal procedures:
Altemeier procedure

(perineal rectosigmoidectomy) .

Q. pulmonary embolism ? = right sided heart failure ? question ?

Q. crohn's disease scenerio- pt had increase oxalate stone cause is asked = it's because of the increased oxalate absorption. in crohn's there is fall malabsortption that will bind the calcium in intestine and the oxalate will be freely absorbed

Q. septic abortion hX? now has fever tenderness etc = this is probably because of the RPOC , leading to generaliszed sepsis /

Q. female with features of VIRILIZATION , previoulsly there were noraml menses , and now has

oligomenorrhea USG of the abdomen is normal? =cause ? FROM GIVEN ANSWERS THE ANDROGEN

TUMOR IS MOST LIEKLY

/ NEED MORE INFO . differentials are as follows =

PCOS= she has oligomenorrhea and virilization/hyperandro features .

or there is an androgen secreting tumor most likely .

Q. infectoin with B-strep treated with antibiotics next best step? = intrapartum antibiotic prophylaxis

Q. phenytoin = neural tube defect = likely cause is the folic acid deficiency

Q. juvenile myoclonic epilepsy case

Q. NARCOLEPSY SLEEP CHANGES question= remember hypnagogic ,
hypnopompic and excessive day time
sleep etc . it's rx is modafanil /

Q. sequestial question = pt with G6PD deficiency = started on the TMP-SMZ,
other was the pt developed target lesion because of the drug may be pointing
towards the erythema
multiforme

Q. POOR prognostic factor for the liver dysfunction = loss of synthetic function
like low ALBUMIN,
increase PT etc

Q. ant. lymph nodes enlarged , exudative tonsils ,= B-strep infection

Q. joint pain like RA, patient's APTT is increased , = this question is probably
pointing towards the SLE /antiphospholipid antibody syndrome .

Q. congenital syphilis diagnosis asked features were there . =

Early congenital syphilis (onset < 2 years of age)

Hepatomegaly and jaundice

Rhinorrhea with white or bloody nasal discharge (also called "snuffles")

Maculopapular rash on palms and soles

Skeletal abnormalities (e.g., metaphyseal dystrophy, periostitis)

Generalized lymphadenopathy (nontender)

Late congenital syphilis (onset > 2 years of age)

Typical facial features: saddle nose, frontal bossing, short maxilla

Dental findings: Hutchinson's teeth (notched, widely spaced teeth); mulberry molars (poorly

developed first molars)

Eyes and ears: interstitial keratitis, sensorineural hearing loss [8]

Skin: rhagades (perioral fissures), gummas

Skeletal: saber shins (anterior bowing of the tibia), painless arthritis in knees and other join

Q, cataplexy etc Rx asked = go for the modafanil .

Q. cant' understand the abstract . =

Q.question on the commotio cordis - it results in V.FIB following the chest trauma . we'll go for the

DEFIBRELLATOR .

Commotio cordis (Latin, "agitation of the heart") is an often lethal disruption of heart rhythm that

occurs as a result of a blow to the area directly over the heart (the precordial region) at a critical time during the cycle of a heart beat, producing what is termed an R-on-T phenomenon that leads to the condition.

Q .47 female has irregular bleeding, what next step? = pt is premenopausal we'll do nothing . we can go for the FSH that will be raised .

Q. child age 6 has genu valgum. next step? = reassurance.

at this age it's normal

Physiological valgus may improve by the age of 7 years and should be managed with close

observation and reassurance.

Medical treatment of the underlying pathology

For persistent symptoms in patients older than 10 years, surgery is indicated.

Q. question about terminal stage patient, with advance directive , family member say save this patient, next step? = respect wishes of the patient

Q. Hep C infection most likely route of transmission = it's needles

Q. question about the sentinel event= a medical error that is a never event/ like leaving a sponge in the body .

near miss= a medical error that could have resulted in serious adverse effect , like prescribed a

medicine that was wrong but was caught by nurse,

Q. NNT question

Q. ECG normal , question of the panic disorder

Q. P VALUE was given , question about the significance

Q. CHILD adolescent and the parents suspect that he is doing drugs and ask you to run a blood test, best response in this case? = try to explore the reason they are asking, like what change did they see in the child?

Q. Pt is in terminal stages and the son is healthcare attorney, who will u consult / = of course the child.

Q. HMO insurance of the patient with a chronic disease, now wants to see a specialist. what will u do

next? = refer him or tell him that the insurance won't cover the cost of treatment.

i think refer him, because the HMO does cover the specialist cost when the primary care

physician refers, so first one seems feasible

Q. Patient goes out of hospital and return intoxicated. how to prevent this? = don't let them go out of

the hospital.

Q. graph about the sensitivity

Q. 89 female on polypharmacy, now presents with adverse effects, how to prevent?

it depends on the level of independence of the patient/

if they aren't free in activities of daily living then go for nursing home,

if they are free in activities of daily living and want to live free then go for health care worker visit

if they are compliment and still taking wrong medicine in that case go for thr techback.so based on this info we will go for the answer.

49. Multiple Myeloma only calcium 12, NBS: **serum electrophoresis**

51. Platelet 9000, bleeding management : **Platelet infusion**
52. Female IAI trichomoniasis, **partner should also be treated**
53. Renal transplant, cr inc, Biopsy what should be done? **Increase dose of steroid**
54. **IgA deficiency**
55. **Digeorge**
56. 12years, meningitis, School meningococcal vaccine indication?
School setting - travel to endemic area
57. Trypanosoma: **DCM**
58. **Lyme disease** diagnosis: free 120
59. **Leishmaniasis**, hand ma cha ulcer
60. Pertussis: treatment: **Azithro**
61. **Strauss weber syndrome** dx- pot wine stain
62. Mobitz type 2 ecg, treatment= **pacemaker**
63. Cardiac tamponade, sarcomere = **parallel sarcomere inc/series**
64. Dx of **Candidal diaper dermatitis** pic given
65. Tinea capitis treatment = **griseofulvin**

66. Old case na 120 what next = **water restriction**
67. HACE typical scenario; treatment = **descent and dexamethasone**
68. **Cml** typical vignettes : splenomegaly, blast 10%; myelocyte
69. Heart sound = **AS, steel murmur, normal**
70. Complications of NAFLD = **macrovascular steatosis**
71. Correlation coefficient
72. Kaplan- meir curve = **no survival benefit in 5 years**
73. Child is over friendly, hug everyone, overfamiliarity = **disinhibited social engagement disorder**
74. Cover uncover test; left cover and right cover alternatively eye move up and down
- respectively, cause ?
- **abducens palsy** -INO
palsy
75. Psychotic patient under medication, shows aggressive behavior, what to give next ? **antipsychotic + sedation**
76. IE , drug user, fever present AR not resolved what next = **aortic valve replacement within 24 hr**
77. Aortic aneurysm, 4.2cm-5.2 in 6 month, next best = **surgery**
78. Child with upper limb fracture with presentation of shock,
- (on examination there is no cardiac finding)
-hemorrhagic shock
-
- cardiogenic shock**

79. Botulism toxicity question, agricultural patient drink can food how to prevent - **stop can food**
80. Pcos, bmi 38, want pregnant, what complications in near future - **GDM**
81. Seizure+ dm+ first child with NTD, next child ma NTD hune chance k le garda huncha ?
-antiseizure medication
-**DM**
82. Migraine patients with anxiety, best medication**Topiramate**
83. Thyroid mass = **FNAC**
84. Recurrent sinusitis = **igA deficiency**
85. Nephrolithiasis, stone 8mm = **Tamsulosin**
86. Ig M spike, waldersstorm Later- **Hyperviscosity**
87. BPH first drug = **Tamsulosin**
88. Appendicitis case seen on 3 months back, now patient came With the sign and symptoms of lower gi, but doctor try to. diagnosed the appendicitis but he can't do, what bias ?
-**confirmation bias**
89. **Wilms tumor** CT, cv mention hematuria.
90. 12 yrs male sore throat, hematuria, C3 normal = **igA nephro**
91. HTN under enalapril, s3/s4 sound, edema, bp is controlled, next best drug = **Furosemide**
92. Mva pt, blood in urethra, nbs = **suprapubic catheterization**
93. Qu about sleep hygiene,12/13 yrs old, late sleep, early awake.
-**normal adolescent**

94. Acne under ocp, plan for pregnancy, what to give ?
- topical isotretinoin. -**sodium benzoate**
95. Qu about **Brainstem infarction**
96. Qu about **scc cervix**
97. Brain death = **sleep apnea**
98. Lots of **medical error** qu

1. Alcoholism: Portal hypertension- what will be increased? Cortisol
(Estrogen was not an option)
2. Akinetic mutism- b/l frontal hemorrhage shown on a CT scan
3. Some chick with cholelithiasis on US and shows some mark in the liver...
BNS? CT abdomen
4. XLA absent tonsils: options: acquired deficiency, Mannose Binding lectin
, NK killer cell def , CVID
5. XLA diagnosis, absent tonsils, uncle with similar symptoms
6. 2 biliary atresia
7. 2 PPV, easy ones, do not have to calculate
8. Don't remember second sequence
9. COPD up down arrows
10. Abstracts: OCP & Hemorrhagic stroke
11. Sequence questions: girl had + pregnancy test at home, uterus at the
umbilicus, BNS? Pelvis US... while patient was in office she passed some
tissue (looked like grapes AKA molar pregnancy)... BNS? Methotrexate
12. Vitamin E deficiency with symptoms of Ataxia, nystagmus

13. 10 year old, already has menses.. what vaccine to give? HPV
14. Placenta previa around 20 weeks, BNS? Repeat at 28 weeks
15. 2 CXR, wheezing unilaterally... Dx? FB aspiration
16. Thrombocytopenia with purpura scenario dx
17. Coxsackie virus x 2... how to treat? No treatment
 - a. Second one was a photo of the herpangina and just Dx
18. Pericarditis scenario... BNS? Echo, cath lab (no NSAID option)
19. Acute gout... BNS? Allopurinol
20. EKG: 3rd degree AV block
21. Osteogenesis imperfecta scenario.... Risk of developing? Aortic aneurysm
22. Grandmas house... she was treated for TB 2 years ago... Lead toxicity
23. Child abuse... inflicted trauma (bilateral hemorrhages)
24. CT showing aortic dissection.... NBS? Oral propranolol
25. BV photos of clue cells What to tell patient? To avoid alcohol while on medication
26. Leptospirosis , guy who worked in waters with rat shit.... Has jaundice
27. Chronic venous ulcer..... has varicose veins, DP pulses normal.... BNS? Duplex ultrasound
28. 32 F , family history of CAD.... BNS? Lipid profile
29. Olanzapine... what to check? Hemoglobin A1c
30. Central line organism .. staph aureus
31. Few hours old newborn... meningitis... GBS
32. Hysterectomy, TNP with insulin, confusion... hypoglycemia?
33. Pt had foley cath removed 8 hours ago, receiving IVF.... Has not urinated since.... BNS? US of bladder of place the foley again
34. microcytic anemia... on iron supplements... Thalassemia trait
35. Patient is shy in locker room..... Klinefelter ... DO KARYOTYPE
36. Gynecomastia and small testes... Dx Klinefelter
37. Cisplatin... Idiopathic pulmonary fibrosis
38. Essential tremor-.... Gets better with alcohol.. treat with primidone
39. Pleural effusion... TG 40.... Tuberculosis
40. Patient with brain death.. cannot be weaned from vent.... BNS? Apnea test versus transcranial ultrasound... I chose TCU because seems like they did an apnea test

41. Shrimp allergy.... What do you recommend for the patient who still wants to eat shrimp? Use Epi pen as needed
42. Patient diagnosed with osteomyelitis...
43. MEN2A/b syndrome....pheochromocytoma... At risk of medullary carcinoma....
44. OA- Exercise – strength training
45. DMD.... BNS? CK levels
46. 2 month old... pelvic CLUNK questions DDH.... ABDUCTION Harness
47. Flat out metabolic acidosis... Ph low... Co2 was in normal range... HCO3 was low..
48. BPPV in an older patient.... BNS? Position maneuvers (Epley)
49. Old guy with LLQ pain... had a colonoscopy 8 years ago that was normal... BNS? CT abdomen
50. Menopause.. what will be elevated? Gonadotropins
51. Patient with N. Meningitis... had it 2 years ago too... look for complement def
52. Tuberous sclerosis diagnosis... kid developed seizures and had ependymal tumors
53. Patient with multiple pregnancies 8 I think.... What will she be at risk of developing? Uterine atony
54. Patient with PPH, what to give? Oxytocin
55. Add Spironolactone in a DM/CHF patient who's K was already low and was on Ace-I /loop
56. Androgen insensitivity syndrome
57. Patient with endometritis... what organism? E. Coli
58. Patient with mastitis... Give Clindamycin (Nafcillin wasn't there)
59. Patient with vaginal rugations....some biopsy showed lymphocytes... Treat with Clobetasol
60. OM/Sinusitis → Step pneumo
61. Picture of chest rash.... Shingles dx
62. Septic shock not responding to steroids
63. Lynch syndrome... pt is 18... family history of someone diagnosed at 20 years old with colon cancer... wants medical clearance to play a sport... what BNS? Colonoscopy now
64. Patient with Ulcerative colitis flare... what to check before starting meds? I put PPD... but unsure because they were already on Azathioprine?
65. Patient with history of lymphoma/some cancer... also history of asthma... inhaler not working... had some lymphadenopathy and some

wheeze.. also weight loss.. night sweats maybe... BNS? I put CXR(looking for recurrent CA)

66.Patient on a few meds... develop serotonin syndrome.. what caused it?

Cough suppressant medications

67.what medication to give premature ejaculation? SSRI – Sertraline ...

Sildenafil was also an answer but is WRONG

68.Chronic bladder pain syndrome... how to treat? They had 2 negative work up for UTI in past 6 months..

69.Diagnosis of urgency incontinence.... Detrusor overactivity or something related to weak sphincter ..

70.Ketonuria... Twin gestation Dx

71.Hyperaldosteronism... High BP, Low K ...

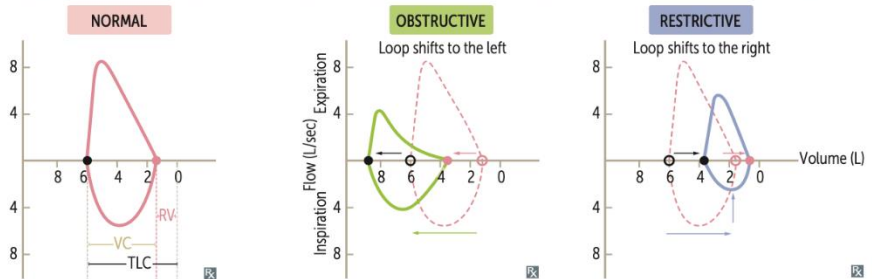
72.Adrenal insufficiency... Low BP, High K ..

73.Osteomalacia.. Vit D Deficiency... Up down arrows for Phosp, 1,25 dichol, and PTH

74.DKA really weird options.... Urine osm decreased or High K? No acidosis answers

Flow-volume loops

| FLOW-VOLUME PARAMETER | Normal | Obstructive lung disease | Restrictive lung disease |
|-----------------------|----------------|--|---|
| RV | | ↑ | ↓ |
| FRC | | ↑ | ↓ |
| TLC | | ↑ | ↓ |
| FEV ₁ | >80% predicted | ↓↓ | ↓ |
| FVC | >80% predicted | ↓ | ↓ |
| FEV ₁ /FVC | >70% | ↓ FEV ₁ decreased more than FVC | Normal or ↑ FEV ₁ decreased proportionately to FVC |



- 75.
76. Pt comes in after MVC.... Frontal hemorrhage but she is awake and oriented x 3... what to do for patient? Place an A line(I thought to measure Cushing’s reflex?) , other options: EEG
77. Some bone lesion in arm.... Excised... described Kaposi sarcoma with “thin margins” ... BNS? Chemo, radiation, chemo + radiation.... Wider excision
78. Endoscopy... showed barrettes esophagus? BNS? Endoscopy ...
79. New HPV vaccine or something? Increase Sens and Inc Spec
80. Patient with PPH, no period... labs.. decreased all?
81. Some chick with cholelotjiasis on US and shows some mark in the liver... BNS? CT abdomen
82. Don’t remember second sequence
83. AFIB Q - how to avoid stroke in future? HR was only 110... said switch ASA to warfarin .. other option included cardioversion now
84. Contraception after rape... ULLIPRIS
85. Contraception after sec no desire for pregnancy.. oral levonorgesterol
86. TTP-plasmapheresis
87. Carbamazepne agranulocytosis
88. Lady with photo of huge left unilateral swelling... NBS... FNAC (no imaging like US).
89. Menstrual pain syndrome
90. Lithium toxicity ... tremors
91. Vignette on hypothyroidism + mania.... Dx: manic episode

92. Kidney transplant... diarrhea + rash... GVH
93. Accident... imaging shows pelvic fracture, widening pubic rami.. some
94. Blood in RUQ... cause of LOW BP? I put retroperitoneal hemorrhage ???
Not sure.
95. Thrombongitis obliterans.. smoker and some problems in finger /
claudication
96. Blue toe + vasculitis rash... bacterial endocarditis, Kawasaki,
97. Osteoarthritis arthrocentesis
98. Statin induced myopathy.... Just started it 2 weeks ago... do CK levels
99. patient was diagnosed with fitz syndrome with RUQ.. now patient has
clear cholecystitis.. doctor wants patient to undergo all studies to rule
out PID ... Anchoring bias
100. Patient with intussusception
101. 55 male with COPD in summer... what vaccine to give?
Pneumococcal , influenza , none
102. 60 year old female smoker ... had all appropriate screening.. what
to do now? Low dose CT chest
103. Clear fibroadenoma .. mouse in breast type mass.. what is NBS?
Nothing, us breast
104. Patient with HIV... photo of face scaly lesions.. seborrheic
dermatitis
105. Vaccine before going to Africa.. hepatitis A
106. Platelet count decreased after using heparin, what next – iv
infusion of agatroban
107. Lady asked how to prevent Alzheimer's? I put exercise
108. What murmur- increase with squatting?
109. Chose VSD for a child murmur
110. Lady pregnant diets visit what vaccine to give? TDAP
111. What vaccine can we not give SCID? I put Rotavirus ?
112. Calcium oxalate stone with the photo of squares... hyperaxoluria
113. Alcoholic hospitalized on lorazepam... still in delirium tremens... I
put increased lorazepam dosage
114. Patient with bloody diarrhea and CT shows some mass / abscess in
liver ... cause? Entomeoba histolytica versus echino..
115. hyperparathyroidism.... Sestamibi scan
116. Alpha 1 antitrypsin... patient has lung probs & dad had cirrhosis..
he doesn't drink or smoke
117. XR of lytic lesions.. BNS? I put ct chest abdomen pelvis
118. Breast —> bones , brain, lung
119. Multiple fibroids lead to malpresentation

120. Patient has a seizure 50 minutes later was taken to ER and not oriented to person place or person, what's dx? I put conversion disorder because 50 min later you're not confused
121. Pt with documents that show he doesn't want life saving measures past 7 days, he is on day 10, what to do? Take off ventilator
122. Description of fistula.... Inflammatory bowel disease
123. How to diagnose AIN? Renal biopsy?
124. Some medial lung lesion... bronchoscopy with biopsy
125. Biopsy of what appeared to be a smudge cell to me - CLL (didn't see any auer rods to rule in AML)

1.Question about old man having obstructive incontinence symptoms, DRE showed enlarged prostate. Histology pic was given, seemed highly glandular. Options had BPH and prostate cancer, chose Bph bcz of symptoms.(no histo expert)

2.Another question about old lady taking thiazides, potassium and some other stuff, she was having urge to urinate but couldn't reach washroom on time. Post void was 100ml. chose functional incontinence cuz she was 92 or something. no reason for urge incontinence.

3.One weird question where a person 55yrs old came for follow up of his laboratory results for insurance. Results had fasting glucose in 130s. and everything else normal. Question asked what other serum test would reach his underlying diagnosis? Options were albumin, tsh, calcium, and something else. Couldn't make an association but chose albumin.

4. Patient had diabetes and hba1c in 5.6 or something. asked about most likely complication pt is likely to suffer? Chose hypoglycemia. Other options had DKA, retinopathy, nephropathy, neuropathy etc.

5. stats questions were simple enough. One was calculating odds ratio from given data. One was about choosing the right ROC curve by calculating sensi and speci.

6. Drug ads were better than uworld or amboss. Or maybe I got them right lol. Asked thing about : why this study can't be generalized to general population? What is the purpose of matching in this study? What is the result? (note that significant relation does not mean causation!)

7. another question of stats where an odds ratio and confidence interval was given. Asked about the quality of evidence and effect size of the findings. Chose low evidence but large effect size bcz the confidence interval was wide (but did not have the null value)
8. murmurs, one was ASD. Pt was normal and other options didn't make sense. Other was Aortic stenosis (obviously)
9. BUNCH of ECGS. I didn't study ecgs before my test. I wish I did. MI, PE, sinus tachy, atleast that's what I thought that was.
10. CTG showing variable deceleration, asked about the cause > cord compression.
11. 15 year old girl having sex with mom's 35 year old boyfriend. Consensual. What to do next? Call CPS or report boyfriend to police? Was confused between these two.
12. another minor came to doctor with mom. Asked about sex. Mom gets angry and leaves the office. What to do when she comes back? Tell her that it is normal behaviour.
13. an old man brought by son about memory problems. Seemed fine. MMSE was 24. Normal aging?
14. military questions: one was dengue, (severe pain behind eyes and fever, decreased platelets) one was leishmania (nbme nose question pic was given)
15. Woman was in first trimester, had to go to Africa for a meeting in one month. Worried about zika virus. What to tell her? Use mosquito repellent? Don't travel while pregnant? Travel only when third trimester? I think I chose mosquito repellent, could be anything tho.
16. question about meth Hb, child got purplish, was using benzocaine for tooth pain, qs asked about the cause. options were stuff like, cytochrome b5 reductase decreased activity, Naph reductase increase activity, increased formation of Hb-M, yeah, figure that one out. Chose b5 reductase.
17. a bunch of questions about Patient A and patient B. one of them had doctor caring for a male patient with ESRD and other female patient with something, takes laboratory tests from both. The result of male patient came with High

creatinine (basically hinting that results have been mixed) asked what to do next. Options were: repeat lab tests? Ask lab personnel for testosterone levels of patient having high creatinine. I chose repeat lab tests.

18. Another similar question where two patients get mixed up because they had the same last name and doctor used their last name and room number for identification. Question asked about how to prevent such errors, chose not to use room number as patient identifier.

19. Another question where a drug abuser is admitted, wants to leave for an interview in a nearby home. When he comes back nurse suspects him to be intoxicated. She mentions this in Patient record. Shifts change. Another nurse finds the patient unresponsive. Turns out he had barbiturate poisoning. What could have prevented this error? Chose the option where nurse A should communicate in written her clinical suspicions to nurse B. Other options were things like not allow pts go outside before discharge, physician should evaluate pt health record every hour or sth like that.

20. question where two physicians at shift change are having hand off at the nurse's station. Physician A tells B that pt is at risk of hyperkalemia and if such occurs give insulin, when Physician B later on checks lab results patient had hyperkalemia but he did not correct it. What could prevent this error? Chose that handoffs should occur in quiet place?

21. sequence question about a child having asthma attack, asked what should be done first, chose albuterol. Next question had that after 45 mins the patient is still wheezing and O_2 is not much improved. Chose give albuterol again lol. Other options were to give Epi, give iv prednisolone etc.

22. patient is having shrimp allergy, wants to eat shrimp. What should u suggest? Use diphenhydramine one hour before taking shrimp? Carry epi with u and use when u get allergy. Eat only cooked shell fish? Gradually increase exposure to shellfish in 3 weeks period. Chose this.

23. patient was cutting trees, almost amputated his leg. Leg was fixed. Now in ICU and intubated. Lungs have infiltrates. Pao_2/FiO_2 is 300. He art seems normal. Confused between fat embolism and pulmonary confusion. Other options were such in which Pao_2/FiO_2 should decrease.

24. pictorial questions were a bunch.

One was trachomonas turnip shaped organism on slide

25. One was a breast with fluctuance. pt was lactating. Chose surgical drainage.
26. one was ear and symptoms of otitis externa. Asked what to do next? Ct temporal? Mri? Ct sinuses? Culture of ear swab. Chose this one as it didn't look like malignant otitis externa.
27. one was about enveloped shaped crystal shown on slide. Asked the cause. Chose hyperoxaluria as nothing related to calcium was present.
28. patient had hematuria and no symptoms of UTI. Treated with tmp smx. Now came for followup. Again having hematuria but no signs of uti. Culture had 25000 genitourinary organisms growing. Patient was training for marathon so I thought this is benign hematuria of marathon (lol). Chose option regarding do nothing or observe.
29. patient had antenatal history of occipital lobe malformation. After birth pic was given that showed a large lesion on one side of face. It was flat. Asked about patient at risk of what in the future? Options were seizure, hypertension, hemorrhage. I was confused between PHACE or sturge weber. Ultimately chose seizures.
30. Duchene dystrophy question asking about most likely cause of death. Cardiac dysfunction.
31. another Duchene question asking about next best step. Chose che ck creatinine kinase.
32. 40 year old lady having bilateral symmetric pain in wrists, elbow, shoulder joint. Says joining are on fi re. Also had 1 month history of weight loss and fever. Question asked about what shd you check for in serum. Options were. AN A, anti rf, ch50 Ana anti rf, DsDna AN A, AN CA, anti rf. Basically combinations of these. Didn't seemed like lupus so I went with first one.
33. x ray showing femur joint, looked like having sclerotic and lytic lesion. Patient also had hearing loss history. Asked what wud be increased in patient. Seemed like pagets so I chose Alkaline phosphatase.

34. multiple myeloma question, patient was 60 yr old, had a compression fracture of spine. Labs showed hypercalcemia, increased creatinine.
35. CML question, labs had increased basophil.
36. weird question about a child having pain in calfs and knees, now present with high temperature, pinpointno blanchable rash, snotty ce rvical lymphadenopathy, no edema of hands and feet. LDH was raised, abdominal exam was non tender and no organomegal y. Options were toxic synovitis, septic arthritis, ALL, HSP. Wanted to go with ALL but lack of HSP made me doubt. I think I went wd toxic synovitis but I don't think that even exists lol.
37. question where a 2 year old was having intermittent abdominal pain, vomiting and bloody stool.
Basically looked like intesusception, also had a mass in RUQ. Xray was given that was weird, one side was white out like enlarged liver or something. anyways I chose intessusception bcz of symptoms. Ot her options were diverticulitis, duodenal hematoma, volvulus, hirshprung etc.
38. old age male having history of constipation. Now presents with abodimal pain, distension, vomiting.tenderness in LUQ. Chose volvulus .
39. poor lady having 2 jobs but no insurance, has 200 dollars left after taxes. Now pregnant. Asked what should physician suggest. Options were : ask pt to contact a social worker, ask patient to contact medicare. Ask patient to look for job that has insurance. I chose medicare option.
40. child having symptoms of AD HD. Teacher and patient were complaining. Asked what to do next. Behaviour rating scales? Or methylphenidat e. Chose behaviour rating scales.
41. patient was on tramadol. Comes with priapism. Stop tramadol.
42. patient was on SSRIS, TCA, BB, and other stuff. Now starts using tramadol for post operative pain. Has flushing, sweating, tremulousness etc. nothing severe like serotonin syndrome. As ked about what drug interactions caused this. I chose SSRI but don't know.
43. question about serotonin discontinuation syndrome. Patient had flu like symptoms and stuff.

44. patient drinks alcohol, ran a marathon recently, eats meat. Wakes up with severe knee pain. Knee is red, hot and tender. Asked about what will we find on joint aspiration? Chose mono sodium urate crystals. Septic joint was also in options.
45. 2 questions about developmental dysplasia of hip. One was asking about Pavlik harness. Other was indirectly saying "harness that keeps hip abducted (that's what Pavlik harness does)"
46. question showing x ray of hand. Looked rheumatoid arthritis. Asked what would slow progression of disease. Chose methotrexate. Other options were acetaminophen, ibuprofen etc.
47. patient had Crohn disease. Not being controlled with mesalamine and steroids. Physician is starting a new drug. What should we check before this new drug? Chose TST.
48. patient was taking ibuprofen as needed for headache. Now has stomachache symptoms. What to do next? Replace ibuprofen with acetaminophen, EGD, Anti H. pylori therapy. Chose the first one.
49. patient had history of shipyard working. Now presents with what looked like pneumoconiosis. Asked about what would improve disease? Options had O₂, steroids, lung percussive therapy. I chose the one that basically said nothing can reverse the changes now. Could be steroids tho.
50. boyfriend and girlfriend use condoms during sex but not during oral sex. Girl presents with "raised erythematous rash on vagina and thighs and having flaking skin and clear blisters" was confused between HSV and latex allergy. Chose latex allergy but could be wrong.
51. Bunch of HPI questions. Amboss had these, UWorld didn't. One was about food getting stuck in pt chest, also had history of asthma and allergy. Asked best next step. I thought it was eosinophilic esophagitis so went with EGD. Other options were barium, manometry etc.
52. patient underwent transfusion and had anaphylactic reaction. Labs showed decreased IgA. Asked how to prevent in future. Chose use washed RBCs, steroids

53. another question about transfusion reaction where patient got impending doom, chest pain, pain at transfusion site. Transfusion was stopped. Asked what shd be done next. Chose the one where u call the bloodbank to confirm the bloodtype.
Ot her options were coombs test and other things that would take time.
54. patient had osteomyelitis of bone. Surg was done to remove necrotic bone and stuff. Asked what would increase chances of good prognosis in this patient. Chose early mobilization. Forgot other options.
55. questions about foreign body aspiration. Xray was given in inspiration and expiration. One side was whitish other seemed expanded. Asked what to do. Chose bronchoscopy.
56. question where patient had history of syphilis treated with penicillin. Now presents with lower motor neuron signs in left leg and arms. Decreased proprioception and light touch. Lower facial nerve weakness. Asked about what to do next. Was confused between head CT/mri and csf analysis. If it was stroke it would be UMN. If it was tabes dorsalis would facial nerve be involved? Chose csf analysis anyways.
57. child with che diak higashi. Asked about what is! true regarding this. Chose that live vaccines shouldn't be given.
58. Patient had features of meningitis; CSF analysis was given that was viral in picture. Asked most likely cause. Options had both enterovirus and herpes virus. Chose enterovirus becuz csf analysis did not mention RBCs.
59. another question where patient had lesions on hand and feet, picture of mouth was given showing whitish vesicles. Asked most likely cause. Again chose enterovirus.
60. patient had features of dermatomyositis. Asked about most likely complication. Options were renal failure, cardiac failure, gastroparesis, etc. chose cardiac failure.
61. patient had lung mass that was positive for chromogranin and synaptophysin. Small cell lung ca.

62. patient was on morphine but pain was not being controlled. Also had some problem with swallowing. Asked about what to do for pain management. Chose fentanyl patch.
63. old lady had femoral neck fracture. Now in rehab center. Doesn't want to ambulate since 2 days. Asked next best step; chose encourage ambulation while respecting patient autonomy. Other options were giving low molecular wt heparin, compression stockings and some other stuff I don't recall.
64. male person was raped. Asked what should the physician do. Confused between calling the authorities and giving prophylaxis for chlamydia and gonorrhoea. Chose prophylaxis.
65. Child had retinal hemorrhages, bilateral subdural effusions. Asked what should physician do. Call CPS.
66. elder lady was unkempt, son was answering most of questions. Had no time for interview. Got angry when physician asked to interview patient alone. Chose call adult protective services.
67. pregnant lady with hypertension and no signs of preeclampsia, asked next best step. Chose nifedipine. Other options were immediate delivery, nitroprusside, magnesium etc.
68. Pregnant lady at 38 weeks had rupture of membranes. No contractions. After some observation she still had no contractions. Asked about next step. Chose induce labour. Other options were like send patient home. Do c section etc.
69. patient having myasthenia gravis and pregnant. Question asked about what would be contraindicated in this patient. Chose magnesium sulphate.
70. patient had like 8 kids. Now pregnant again. Question about what is most likely complication. Chose uterine atony.
71. pregnant patient had a fall a few days back. Now presents with hematuria and sudden onset of flank pain. Options were abruption placentae, flank hematoma, pyelonephritis etc.

72. patient had features of postpartum bleeding. Asked what is next best step. Chose oxytocin.
73. question in which patients with something and patient without some disease were recruited. Given questionnaire about their exposure. Found out about their association. Asked what type of study was this. Chose case control. Confused with cross sectional though.
74. trial was given comparing experimental drug and standard of care. Asked which phase of trial is this. Phase 3.
75. patient on ventilator now having features of VAP. Increased secretions, increased breathing requirements. Asked next best step. Chose culture of bronchoalveolar lavage. Forgot other options.
76. patient was started on antipsychotic drug. Asked what should be checked periodically. Chose lipids.
77. question about lithium toxicity. Tremors, vomiting, diarrhea, slurred speech.
78. a woman in board meeting couldn't talk properly. Tells doctor she drinks socially etc. couldn't do heel to shin or tandem walk. Could complete 2 tasks but not 3 tasks. Chose alcohol intoxication. Other options didn't make sense.
79. child who took marijuana socially and alone. Has had weight gain. Decreased concentration. Falling grades etc etc. chose marijuana abuse. Depression was not in options.
80. question about social anxiety disorder. Chose SSRI for treatment. Confused with propranolol.
81. kid who had to count till 11 in his head for some reason and was being unable to concentrate because of it. Felt embarrassed. Chose OCD, other options were not making sense.
82. cerebral palsy question, child had delayed gross motor skills. Legs had hypertonia increased reflexes etc.
83. pedigree question, some males and some females were affected. Question mentions that those affected had trinucleotide repeat expansion and

mental retardation. Asked about diagnosis. Was confused between fragile X and dentatorubral-pallidoluysian atrophy. If its fragile x it may be due to incomplete penetrance in some family members that they didn't have features of disease.

84. graft versus host disease question. Patient underwent hematopoietic stem cell transplant. Now presents with rash, liver enzymes elevated. And some other stuff.
85. Patient who previously did not have healthcare now comes with features of hypertension. Question mentioned arteriovenous nicking. Renal function tests showed creatinine of 10 or something. asked next best step. Chose hemodialysis.
86. another question about ESRD patient. Having bleeding problems. Question asked about what should be done to decrease risk of bleeding. Chose give desmopressin.
87. question where patient was asymptomatic. Was taking iron supplement. Hb was low, mcv was low.
Chose thalassemia trait. Other options were iron deficiency anemia, anemia of chronic disease, hemolytic anemia etc.
88. child had vesicular rash on forehead, in the area where previous visit testing was done for head circumference. Asked next step. Chose acyclovir. Other options were give penicillin, give TMP/SMX etc.
89. patient calls office and says that condom broke while having sex 2 days back. Worried about being pregnant. Wants contraceptive options. Options were; tell to take emergency contraception now. Ask to come to office for a pregnancy test today. Chose the later one because I thought we don't give contraception if patient is pregnant.
90. another rape patient. Asked about how to prevent pregnancy. Chose oral levonorgestrel (plan b).
91. patient having irregular menses, having hair on face. Testosterone was elevated. DHEA-S was normal.
LH/FSH seemed normal. Looked like PCOS. Glucose was normal. Asked about next best step in treatment. Chose OCs. Metformin was also given but didn't choose it because glucose was normal.

92. question about primary dysmenorrhea. Classic features.
93. old lady 65 years of age. Had normal pap smears in the past. Last pap smear was 2 years ago. Asked if she could stop testing. Options had: stoptesting now. Tell her to come back in 1 year. Tell her to come back in 3 years etc. confused. Chose come back in 1 year.
94. question about aortic dissection. Ct given showed dissection in descending aorta. Bp was high. Chose iv nitroprusside. Emergency thoracotomy was also given. So was propranolol. No labetalol was given.
95. patient had been gardening. Now has lesion that were described like type 4 hypersensitivity reaction. As ked about prevention. Chose avoid working in weeds. Ot her options were like avoid rose gardening, sun exposure etc.
96. patient wanted to travel to Africa. Asked what shd be vaccinated against. Chose hep A.
97. HEP b serology was gi ven. Positive HBsAG, anti hbC, no anti HbS. Chose chronic hep B.
98. patient was above 50 years age. Had al ready gotten varicella. Chose give zoster vaccine.
99. Child had SCID. Mother was worried about him contracting chickenpox from cousin. Cousin was diagnosed with chicken pox 2 days back. Child had erythematous rash on hands feet and trunk. No vesicles described. Options were acyclovir, VZIG, vaccine.
100. newborn with Hb findings showing hbS. Asked what is most likely cause of severe infection in this baby. Strep pneumo.
101. 2 questions about gastroenteritis and some sort of associ ation with chee se consumption. Chose listeria both times.
102. patient had history of diverticular bleeding. Colonoscopy was given showing diverticuli. Asked best next step. Chose increase fiberintake. Ot he r options were hemicolectomy and what not.
103. patient had mitral valve prolapse, described as valve protrudes into atrium etc. asked what is most likely outcome. Chose remain asymptomatic. Other options were endocarditis, rheumatic fever, heart failure etc.

104. question about HIT. Post operative patient was on subQ heparin, now has decreased platelet count and signs of dvt. Asked what shd be done next. Chose replace heparin with argatroban. Other options were replace heparin with iv heparin. With enoxaparin, etc.
105. patient had features of pulmonary embolism. Asked next step in diagnosis. chose CT scan of chest. No option of CT angio, other options were echo etc.
106. patient had features of cardiac tamponade. Xray given had a big heart. Asked next best step. Chose echo. No option of pericardiocentesis.
107. patient had features of brain death. No cranial reflexes etc. asked what shd physicians do next. Chose apnoea testing. Amboss had a question where answer was to improve bp bcz u can't diagnose brain death wd low bp, hypothermia etc. here bp was low. But options were all related to brain death diagnoses. So chose apnoea testing.
108. patient had features of Rem sleep behaviour disorder. Asked what will he likely develop. Chose lewy body dementia.
109. patient had Parkinson like symptoms and couldn't look up and down. Chose Progressive supranuclear palsy.
110. old lady had an adnexal mass. Ca 125 was normal. Ultrasound showed a benign ovarian cyst. 2 weeks later she comes again. What to do now? Repeat CA 125, surgical exploration, repeat ultrasound. Or observe. Chose observe. Although old ladies with ovarian cyst-unlikely.
111. patient had features of essential tremors. Easy to pick. Answer was primidone.
112. patient had hypospadias. Question described that the penis was also curved downward distally. Asked about treatment, options were like: Correct meatal opening only. Correct meatal opening and correct curvature. Only correct curvature. Chose middle one.
113. child with features of indirect hernia. Coughs cause s bulge. External opening was widened. Asked about best next step. Options were to do surg bcz of risk of obstruction, strangulation. To observe bcz defect is small. Do emergency surg now. Chose the first one. But not sure.

114. patient had hypertension not being controlled with acei, also had obesity. Felt tired in the morning. Qs was steering towards OSA. Asked next best step in diagnosis. was confused between Doppler of renal artery or polysomnography. Chose k bcz question said abdominal examination showed nothing. Maybe the bruit was not heard bcz of obesity tho.
115. post operative patient had decreased urine output since last 8 hours. Labs were given that showed bun/cr>20. Asked next best step. Chose fluid challenge. Forgot other options.
116. patient had features of addison's disease. Asked in addition to cosyntropin testing, what else shd be measured. Chose ACTH. Ot her options were not making sense at the time.
117. elderly lady had features of orthostatis. Falls. Was gi ven sodium, fluid etc but still not controlled. Also had diabetes. Abdominal examination had diffuse tenderness. Asked about next best step. Chose givenfludorcorticone. Options also had prednisone, gabapentin etc. was confused between diabetic autonomic dysfunction nd adrenal insuff.
118. diabetic patient had trace proteinuria on urinalysis. Asked what shd be done next. Chose measure urine albumin/cr ratio. Ot her options were measuring 24 hours protein. Measure serum creatinine etc.
119. patient was in accident. Bones fracture xray was given. Now has severe pain with passive flexion etc. compartment syndrome. Chose fasciotomy option.
120. patient had some head trauma or operation. Now presents with polydipsia. Serum Na was high. Asked about other findings. Chose high serum osm, lowurineosm, low desmporessin.
121. Question describing graves disease. Asked about what treatment would result in more complete remission. Options had PtU, methimazole, radioactive iodine, thyroidectomy.

- ⊗ Hyphema pic. What complication in future?
- ⊗ ALL vignet to diagnose
- ⊗ Patient on treatment of leukemia, which drug to add? ^{with some drug but no methotrexate}
(option birse but no Allopurinol, Rasburicase in option)
went with Leucovorin
- ⊗ Patient with H. mole. Not willing for surgery and pt. is stable.
what to do?
→ went with methotrexate.
- ⊗ Patient with rash on palms and sole but no any options of CARS
- ⊗ Aspergillous treatment.
- ⊗ Young girl with ca cervix. Treatment.
- ⊗ Urge incontinence to diagnose
- ⊗ Urge incontinence to cause.
- ⊗ Biostats to 3-4 question solve garu parne.
baki question related, study related, compare garu parne.
- ⊗ Ethics 5-6 per block.
- ⊗ Lots and lots of MOPI questions.
Euta block ma ta 7 ota pani aayo.
Baki ma at least 2-3 ota.
- ⊗ Sequential quesn
 - ① → Interstitial cystitis. to diagnose
→ What next to confirm diagnosis (cystoscopy).
 - ② Lady wearing heels and taking alcohol have frequent falls
→ Cause of fall? ~~Alcohol~~
- Alcohol
- High heels
→ No answer after selecting the above answer.
→ Now she is having features of delirium, restlessness. Cause?
- Alcohol withdrawal.

- ⊗ Cholesterol embolism pic given of foot with some blister. Wound dressing was done. Now what to do ?? (forgot often)
- ⊗ Sickle cell anaemia pt. Most common organism causing osteomyelitis → Salmarella.
- ⊗ Intestinal obstruction picture given. what next?
 - NG decompressing
 - Esogastroduodenoscopy and deep NG decompression.
- ⊗ Growth chart - 2 q's.
- ⊗ Developmental milestone of 2yrs child.
- ⊗ Inguinal hernia in child. When to operate ??
- ⊗ PROM case. Amoxicillin given. What next to add?
 - Gentamycin
 - Clindamycin.
 - Vancomycin
- ⊗ ^{17yrs} Male patient involved in MSM. Taking money from sex met on online people. Ask not to tell parents.
 - Dont tell anyone about this action.
 - Inform police to inform about the online sex / prostitution
- ⊗ MSM patient what test to perform ??
- ⊗ MVA question on
 - Tension pneumothorax
 - Cardiac tamponade.
- ⊗ 2 question on congenital dysplasia of lip. Tx
- ⊗ Contraindication of OCP.
- ⊗ DVT bata 3 questions.
- ⊗ Nurse got prick by a patients syringe which test to do before vaccination
 - Anti Hbs Ab
 - Hbs Ag
 - Anti Hbc Ab
- ⊗ OCD, Schizophrenia, MDD, Alzheimers dz, Parkinson plus to diagnose

⊗ Pt having HTN. ACEI started and on RFT creat is increased cause? → renal artery stenosis.

⊗ AAA scenario of size >6cm what next? → surgery.

⊗ Chvankov vs UC (around 3-4 ques) Diagnosis and treatment.

⊗ Patellofemoral pain syndrome.

⊗ Chronic ~~pain~~ regional pain syndrome

⊗ Heart sound - (5)
- AS - PDA
- AR - MR
- VSD

⊗ ECG
- Afib
- MI (Inferior MI)
- Long ~~QT~~ QT syndrome
- Mobitz type 2 heart block.

(Options have lactulose, glomerular debrisoquine)

⊗ COPD vignette given. Pt came to visit Dr. in summer which vaccine to give
- Pneumococcal
- Influenza.

⊗ Mixed pic of MS and Transverse myelitis. which test for ~~differentiate~~ diagnosis ??

⊗ Updown arrow ma.
① COPD → (no FEV₁, FVC wala) but
Left ventricular end diastolic volume
Pulmonary artery volume
Systemic vascular resistance.

⊗ Wilson treatment

⊗ IIH ko ~~diagnosis~~ vignette what to do for diagnosis.
- CT
→ High volume LP. (no pressure option in exam).

⊗ Vignette of muscular dystrophy in around 13-14 yrs child
which ~~was~~ was mild. Asked diagnosis
- DMD
- BMD
(Read about both)

⊗ GUHD question

⊗ Osteosarcoma quesn

⊗

Date: _____

8) CV of Osteosarcoma asking for best diagnostic test.

a) X-ray

b) MRI

c) US abdomen

d) LN biopsy.

9) Cardiac Catheterization done, tingling in (R) leg, pulses absent distally, asked about investigation.

a) US femoral artery

b) measure intracompartmental pressure.

10) Pilonus Capitis → Givsofulvin.

11) Hx of respiratory illness, now cardiac Sx.
X-ray was given

Ans: myocarditis

12) MVA, Flail chest, pt. dyspneic, 600ml blood in chest tube

a) Posteriolateral thoracotomy

b) CXR

c)

13) Pt. is some respiratory Sx, now admitted in ICU. Asking for why admitted in ICU.

14) Bilateral band like headache. —

Ans: Tension headache.

15) Availability bias : Doctor sends pt. home, comes back is severe Sx.

Date: _____

21) Pt. is chest pain, CXR was given, ECG of inferior wall MI was given. Now a new heart sound is present on auscultation (mentioned in CV).

- a - Mitral regurg
- b - Aortic regurg
- c - A-D
- d - lateral wall rupture.

22) Some mass in hilum region, metastasis to LN mentioned. Histology pic was given. Asking for diagnosis?

- a) Adenocarcinoma
- b) Small Cell Ca
- c) Malignant lymphoma.

Abstracts:

① Correlation of GFR is overall mortality, stroke, HIN

② Comparison between tPA and standard therapy.

23) Immunocompromised lady living in a building, a TB pt: living in same building on different floor. what if you do:

- a) Isolate TB pt:

23/05/2024

Date: _____

1) Hypersegmented neutrophils pic
Anemia

Ans: Folic acid def.

2) Question on some vitamin toxicity, was taking double dose.

3) Chest CT picture, some lesions B/L,
Sweat chloride test was -ve.

4) Sx of Down Syndrome - asked for Dx.

5) Sx of DiGeorge Syndrome - asked about gene deletion.

Ans: 22q11 deletion

6) Sx of ~~Chik~~ Kawasaki disease, asked about Rx:

a) IVIG & low dose aspirin

✓ b) IVIG & High dose aspirin

c) IVIG & small dose aspirin

2 other irrelevant options.

7) Sexually active young adult, pneumonia Sx,
nasal bleed.

a) disseminated gonococcal inf.

other non-infectious options.

Date: _____

30) CV on diagnosis of Schizoaffective disorder.

31) CV of ADHD Rx: Methylphenidate.

32) Hx of some dysplasia at transitional zone of cervix, wasn't treated. Now comes after 3-4 years what // you do.

- a) Colposcopy
- b) LEEP
- c) Coagulation.

33) CV on diagnosis of temporal arteritis

34) Heart sound on Aortic stenosis.

35) Case of Aortic stenosis, signs of heart-failure. Asked about. Sarcomeres // be added in parallel or longitudinally or added in both ways.

36) Some scenario on a pt. having prothrombotic state, recurrent inflammation on arm/hand/eye. Also somewhere mentioned about bleeding. What is reason for this ??

- a) Colorectal cancer
- b) COPD
- c) Crohn's disease.

37) Some questions on Lynch Syndrome. (HNPCC).
- APC

Date: _____

54) Dermatomal rash over abdomen (hinting shingles). what // you do

- a) Give pain killers
- b) antibiotic
- c) do biopsy.

55) Dark purple lesions over B/L feet ^{described.} (hinting towards Kaposi's) what // you do next ??

- a) HIV testing

56) CV on ureteric stone ^{on uls}. NBS ??

- a) Tamoxifen
- b) Oxycodone
- c) MRI
- d) AXR.

57) HOP I: Hinting towards sepsis (↑ WBCs, ↓ BP) what // you do next. (Some Pneumonia hx).

- a) Norepinephrine
- b) CXR
- c) antibiotics (two drugs given in separate options)
- d) pain killer.

58) HOP I: Thyroid nodule - TSH was given. what else // you do.

- a) ~~US~~ US
- b) FNAC
- c) Scintigraphy
- d) CT scan
- e) MRI

Date: _____

- 16) 2-3 questions on brain death
1 - EEG ~~Exam~~
2 - Diagnostic + investigation.
- 17) Some Psychotic disorder, Quetiapine already started, now what // you do.
- 18) Married couple came, doctor sees wounds on thigh of female, she says in our culture husbands are dominant. ~~was~~ Husband asks her to go home. what // you do?
a) Let her go and call police
b) Tell her to stay in hospital & continue Rx
c) Let it be because it's their culture.
- 19) A child's parents come to a child to doctor, tell doctor that child sees sentences like my penis is bigger like my father, something like this. asking doc why is he behaving like this.
a) He is seeing vulgar movies
b) He is playing sex play games & friends.
c) Precocious puberty (early puberty)
- 20) Dissection of descending aorta →
- Esmolol (Propranolol was not in options).

24) Uterine mass (not specified). Future complication?
- Preterm labor.

25) Question on Ludwig angina - oral cavity swelling. what // you do next??

- a) CT Scan
- b) ear examination
- c) X-ray neck/chest

26) Hernia in femoral below & lateral to pubic tubercle below inguinal ligament. DR??
- Femoral Hernia.

27) Another question on inguinal hernia in male. reduces on lying down, appears on standing. what // you do.

- a) Surgery
- b) illumination test
- c) CT Scan
- d) X-ray of u/s.

28) CV of Androgen⁺ Sensitivity Syndrome, karyotyping has been sent. Now what // you do?

- a) CT Scan chest
- b) u/s

29) Hypospadias & chordee
- repair both

Date: _____

38) Adolescent is difficulty breathing through nose. normal breathing from mouth.

- a) Bil nasal polyps
- b) DNS
- c) Edema turbinates

39) Hx of rhinorrhea, unilateral (L) cheek pain (suggesting sinusitis). How to investigate.

- a) CT paranasal sinuses
- b) X-ray skull

40) Signs of (L) heart failure (hepatomegaly, pulmonary edema, dyspnea, murmur of MS). what will you do next ??

- a) Loop diuretic
- b) Thiazide diuretic
- c) ACE inhibitors
- d) β -blocker

41) Recurrent syncope, dizziness. CV of BPPV ?

- a) Epley maneuver.

42) Acute cystitis picture in young female ?? Rx:

- a) Nitrofurantoin

Date: _____

43) Two questions on Quality of Healthcare

- 44) options were
- a) Effectiveness
 - b) Equitable
 - c) Efficient
 - d) Safety.

In one quiz some new intervention was added.

45) Ethics quiz: fentanyl patches applied on pt: i consultant's order. Intern is doing round i resident. resident removes the patches and tells interns that this consultant gives extra medicine to pts which is not needed.

- a) Intern report it to consultant

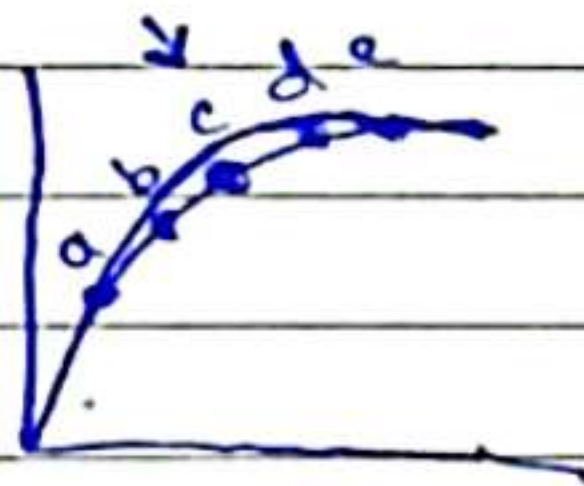
Don't remember other statements.

46) Case on Air under diaphragm on X-ray.
what " you do next

- a) Laprotomy
- b) CT

47) ROC Curve.

where it is most effective?



48) 28 yr old female, recovering from hip #, doctor advises stay in hospital, husband tells to discharge her to take care of kids at home. Lady says we have to listen to our husbands in our country and asks for discharge

- a) Be against medical advice
- ✓ b) Call adult protective services

Date: _____

49) ^{old} female of alzheimer disease, some medical issues in her husband, she lives in her daughter, non-complaint to medicine, her son is well off but lives in another city. what if you do, she comes to you & crying.

- a) Ask for reason of crying
- b) Suggest some affordable medicine
- c) Call her son

50) Female physician, young guy asks out on date during examination?

- a) Tell him that doc can't date a pt and complete examination.

51) Doc feels sleepy during his 24 hr shift and unable to concentrate. didn't sleep previous night. what to do??

- a) Inform supervisor, arrange cover, go home sleep and come back when feel better.

52) Pt: offers 500 dollar gift to physician. what if you do??

- a) Tell pt: can't accept it.

53) Nurse gave wrong medication to pt: . Intern noticed it. what should intern do??

- a) Inform hospital administration.
- b) Inform attending
- c) Inform attendants of pt:
- d) keep it secret- as nurse says.

65) Shoulder of baby stuck while delivery. Date: _____
what // you do? ↓ engaged in stage-I
→ a) Push baby inside and give suprapubic pressure
b) Vacuum
c) episiotomy

66) Labor. ROM has occurred, baby is stuck at -1 position

67) Pregnant lady, motor vehicle accident, now pervaginal bleeding. Reason??
a) Placental abruption

59) Thyroid nodule. BSH was raised. ult findings were given. what if you do next ??
Date: _____
→ a) FNAC

60) Unilateral bloody nipple discharge
→ a) Intraductal papilloma
b) invasive ductal carcinoma
c) fibroadenoma

61) Asthmatic pt. taking β -adrenergic inhaler, still symptoms not controlled. what if you do ??
→ a) Prednisone
b) Omalizumab
c) Propranolol.

62) findings of hypertensive retinopathy in CV. what if you give ?? (arteriovenous nicking).
→ a) ACE inhibitor (names of drugs were given)
b) antidiabetic drugs.
c) Pain killers

63) Long CV: B/L eye findings were given. Eye was rotated superiorly and medially. asking about nerve palsy ??
a) Trochlear nerve.

64) CV: on paranoid personality disorder, asked for diagnosis?

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

- Young - CIN3 - colposcopy → cone biopsy →

biopsy @ cervical cancer in situ negative

margin → NBS

↳ no ~~do~~ nothing

- hysterectomy

→ Screening

- AKI 3-4 9th - PSGN

- UTI → cystitis, female, sulfonamide allergy

NBS → Fosmoxon -

- nitrofurantoin

- CKD dialysis

- Hyper, hypohatremia Ht

- Organism causing



Memo No. _____
Date / /

- RCA

- Abstract

prophylactic

→ use of AI in postmenopausal

without

breast ca

→

→ inclusion criteria

asked

→ NNT →

→ RR related interpretation

→

→ why not to give drug

Non-Hodgkin
→ Lymphoma DX

→ BCR-ABL

- Anemia - u-s gn

- GI lymph drain -

→ Pyloric stenosis → USG

HPV or meningococcal in 15 yss

↳ 1st dose HPV in 11 yss

- Childhood brain tumor
- Brain dead - 2 yr
- Myotonic dystrophy
- Hemochromatosis diet
- Sesotonic synd
- Seizure
- HHT
- Ethics 5-6
- neurocutaneous Disorders - 3-4 yr
- Endo - Thyroid Hypo/Hyper
- PCOS 2-3 yr
- Addison's
- Septic arthritis - OA
- ↳ Brachial plexus compression
↳ Dermatomes
- Abortion → inevitable
- Ectopic

FMD Dx

→ SE treatment - vanco

→ Neurogenic shock related qn

→ Cholesterol emboli

→ Hypocalcemia - TIT - Bisphosphonate

- ROC

→ logistic regression → couldn't understand

q → eq given -

- Case control & cohort, RCT dx

→ Type 1, 2 error interpretation

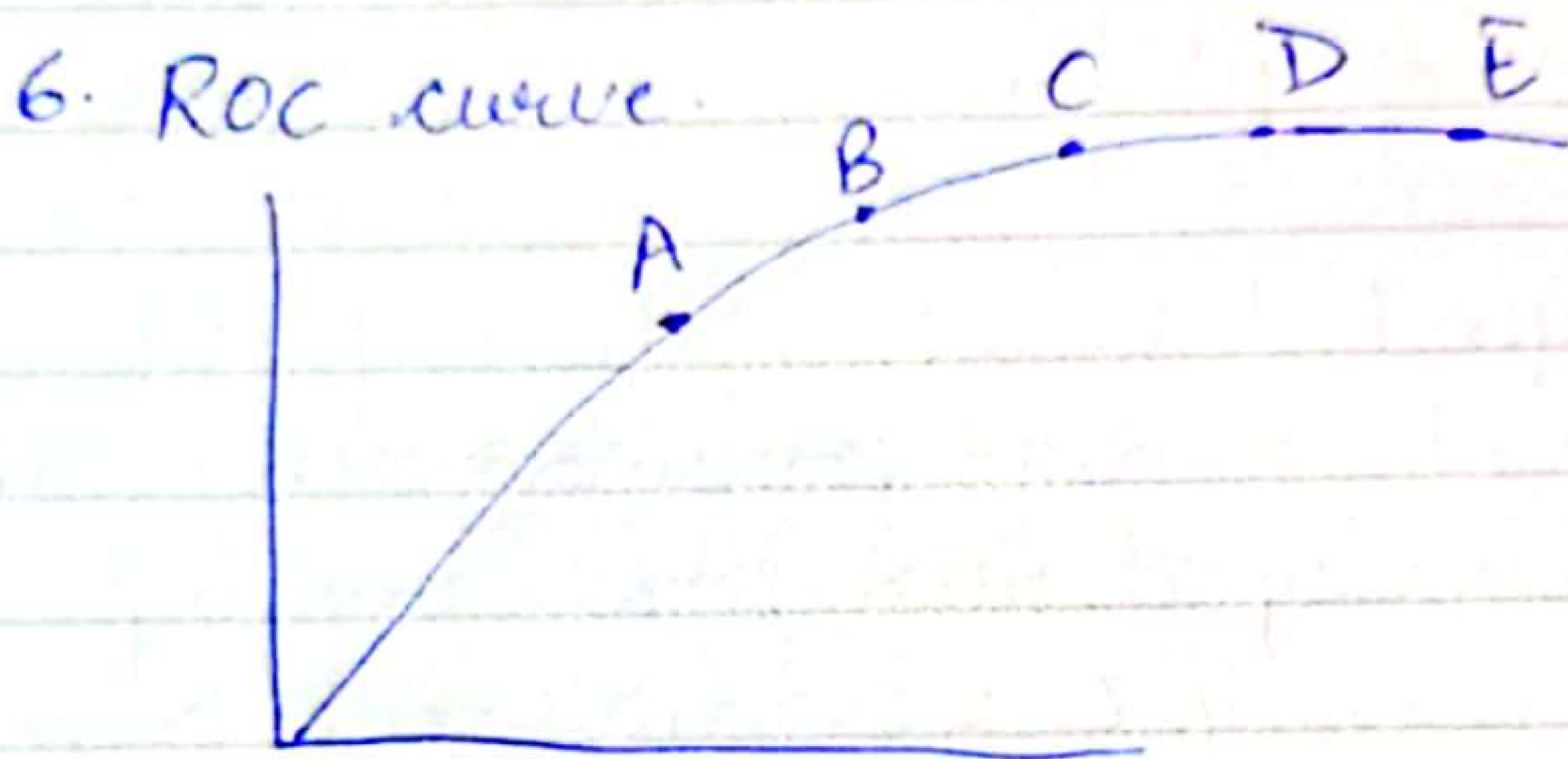
→ GVHD

- 6-7 qn from Immunodeficiency

- Transfusion rxn - anaphylaxis

1. Hemangioma description given → had to diagnose (CV → child & fleshy mass on head).
2. MEN 2A description, features given of pheochromocytomas → what to check next → calcitonin.
3. A 4 yrs kid transferred from foster homes to adopted parents → now overfriendly & strangers laughing and hugging & strangers and physician → Dx → Reactive attachment disorder.
 - Social Anxiety Disorder
 - GrAD
 - Stranger sth... overfamiliarity (can't recall).
4. Rapid speech, interrupting physician → had to diagnose Bipolar.
5. Variable deceleration's pic given → cord compression.

5. Kaposi's Sarcoma's pic given over lower extremity & ^{lesion} ones below groin, (not in genitalia)
→ HIV.



Which best? → A.

7) Tinea Capitis pic given Totasked
- Fluconazole.
- Griseofulvin ✓

8) on Sulpha drugs, Hb ↓ due to what?
→ G6PD deficiency.

9.) Kawasaki dz how to proceed?
→ High dose Aspirin + IV Ig + echo in 2 wks.

10.) Couldn't ~~sustain~~ release hand grip (HOPI): Myotonic dystrophy

11: Crohn's dz, before starting infliximab, ~~what to test?~~ ~~ppd done~~
chance of what complication flare up?

1. CMV

2. Histoplasma capsulatum.

3. No TB in options

12. A 3 yrs kid, mumbles, speech not clear, low vocabs what to test?
→ Audiometry (hearing test).

13. Dermato myositis (gottron's rash pic).
NBS:
→ Muscle biopsy

14.) Adenomatous polyp ^{1,} 8mm, when to screen next?

→ 10 years

15. Influenza vaccine given 1 year back, what to give now?

→ Influenza

16. Osteosarcoma features & X-ray given what is to be done to confirm Dx?

→ Biopsy

17. Descending Aortic Dissection mentioned in CV (no CT)

What is NBS?

→ Propranolol

→ Surgery

18. ~~ET~~ Presented with flank pain, CT given of Right sided kidney large mass, Dx:
→ Wilms Tumor

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19. APS → 2 Questions

daughter low socio-economic status
can't feed herself & her mom on time

20. HS → AS

→ MVP

→ Normal in child.

21. ECG → looked like hyperkalemia

→ Went with → Electrolyte abnormalities

22. Abstract Anastrozole in Perimenopausal

Another Japan → GFR related.

23. Zika virus, husband goes to South America, wife pregnant, what to advise

→ use condoms throughout pregnancy

→ abstinence from sex for 4 weeks after return

24. Brain death of patient, what now?
→ Apnea test.

25. Ethics, brain death of patient, → 2Qs.
→ Patient party says can continue treatment patient can fight it?
What to do now?
→ Consult ethics committee
→ Contact ~~blood bank~~ organ donor
→

26. Genital herpes pic given. Dx.
→ HSV

- Foreign Body x-Ray in lower 3rd esophagus → endoscopy
- Pneumothorax x-Ray → chest tube
- PE suspected, ECG given
- Whitish lesions in mouth, immunocompromised → don't remember option.
- Pregnant lady ē some warty lesions inside vagina (pic given) → serial exam? No sx
- Lateral CT scan of face some opacity in epistatic area, drooling, → epistaxis?
- Pain epigastrium upon awake in morning → duodenal ulcer

- Herpetic like eruptions on abdomen (pic) → Don't remember options.
- old lady, mass outer quadrant, findings of DCI → Sentinel LN Bx
- NFI → Peripheral nerve sheath tumor
- CKD arrows
- Pain Rectum, o/e reddish mass → Thrombosed Hemorrhoid?
- Pic of ⊕ testicle, Kid transilluminate → communicating Hydrocephalus
- AS murmur
- Still's murmur? everything was

Abstracts:

① Chronic Back pain treated w/ yoga and exercise

- (i) NNT?
- (ii)
- (iii)

② Acute Ischemic Stroke related to TPA

- (i) why study is null.
- (ii)
- (iii)

• A and B values given and something asked?

• Old lady pain on bladder filling, no hematuria

- (i) cystoscopy
- (ii) some growth seen Interstitial CA??

• Heart Failure arrows

| | | |
|---------------------|-----|-----|
| Natriuretic peptide | Ald | BNP |
| ↑ | ↑ | ↑ |

• Lady, Pancytopenia & SLR arrows / (*/-)

• Cotton Papules (pic) dx → muscle Biopsy

• COPD Arrows

• Bradycardia ECG

• Army man mistakenly injected Atropine inj to himself
options: Don't remember

• Delayed hand grip → myotonic dystrophy

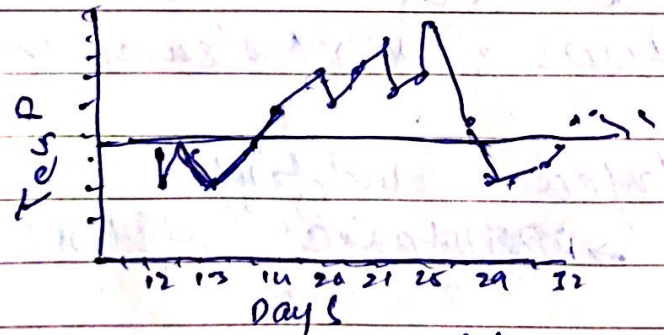
• ILD Scenario

• grain mass, o/e palpable keratin +

- (i) Rectal cancer
 - (ii) Anal cancer
 - (iii) cervical cancer
- } Same person

• kid, grade degrading metal retarding, ectopia lentis ⇒ Homocystinuria

• Difficulty in conceiving lady brought the temp chart, some ceteras manuver done in past, chart given



• Reason of infertility?

• Ectopic Pregnancy of

• TGA ⇒ Prostaglandin

• gestational trophoblastic disease, lady dont want surgery ⇒ Methotrexate

• Man, Pain abdomen distension Ax taken, vitally stable Tlc mild ↑ ⇒ Bowel Rest?

• Another c. difficile ⇒ Vanco

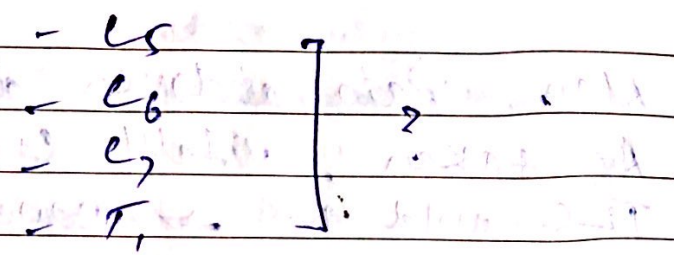
• Toxic megacolon ⇒ Laprotomy

• intraaxial coilinf done now brit over inguinal area i guess

- (i) Fem artery stenosis
- (ii) Fem artery occlusion.
- (iii) AV fistulas.
- (iv) Pseudoaneysm

Baby is positive wine stain \Rightarrow seizures

↓ sensation over thumb and lateral arm, ↓ sensation over shoulder defect



vertebral fracture what will happen

- lordosis
- kyphosis
- scoliosis
- spondylosis

Back pain, IgG \uparrow 3200 dont remember options

old lady, RA taking Tx daughter married, wants to sew for daughter.

X-ray deformed finger - splinting

Diabetic foot described. dont remember options.

HIV, X-ray show reticulo-nodular infiltrates give - TMP-SMX

Neonate, eye rash PIC of hist H. given Tx

- Erythromycin
- Acyclovir

KAWASAKI Scenario

IVIG + high dose

ASPIRIN + Echo in 2week

• Restless leg → ferritin

• Lady in wheel chair bound, has repaired meningomyelocele, now pregnant, on vegetarian diet, advice:

- folic acid
- vitamin D
- calcium

• cutaneous larva migrans
pictures
- don't remember options

• 37 week of gestation
93 lb A, Tdap in last pregnancy, now what.
• Tdap

• Splenectomy → meningococcal vaccine

• Mechanical heart valve undergoing colonoscopy
what is ABX prophylaxis?

- Natural
- cipro if biopsy done
- moxif if biopsy done

• young girl, Ataxia, urinary incontinence, CT/MRI was normal previously now what?

• New born, ↑ TSH, ↓ T₃ ↓ T₄ after 1 week ↑ TSH
→ primary hypoparathyroidism

• Lady 47 years old, hot flashes. what will you check → nothing

• Panic disorder

• Intermittent explosive.

Date: _____

ADHD

- young kid, fall while playing, x-ray PIC show



Don't remember option

- 15 years old girl Normal reflexes visit → HPU ?
→ Meningo ?

- PPH scenario, oxytocin → 2nd line → Balloon → now Hb 8 → Risk

• Difficulty in breastfeeding.

Adult Protective Services

• osteogenesis imperfecta

• growth chart



- options don't remember

• Leg picture is metastatic lesion → a. perforating

• ITP → Dexamethasone

• CHL → BCR-ABC

• BRCA + what will do ?

- Don't remember options.

- Wife of abusive man assaulted by him, he don't say anything to children. Give empathy and prerequisites → Do nothing.

- Ear picture is petechiae options don't remember

- Lady seizures, husband had meningitis and treated what will you do to the wife

- (i) Admit + CT2
- (ii) OPD + CT2
- (iii) Admit + observe

- 42 year lady, ↑ thirst ↑ urination, family H/O DM → give insulin

- Fat embolism Tx ?
 - Heparin
 - Sulfur Hex
 - Hyperbaric O₂

- A Pt taking metformin levodopa and some other drug, now has pain abdomen, diarrhea, what is causing this?

- Septic shock ⇒ Norpine

- Shock like state, dopa dobuta given, still ↓ BP
 - ↑ the dose of dopa and dobutamine

- Young girl ~~amnot~~ menstruated yet, pelvic pressure mostly
 - ↑ fluid and echos in usg.

- young girl, some genetic disorder, amenorrhea secondary sexual ↓
what will you give
→ Estrogen
→ progesterone
→ Estrogen + progesterone
→ Androgen

• A fib. ECG, Kid, coffee 4-5 cups → Echo, no anticoagulation there.

• Another A-fib → Rate control.

• Afib, I applied CHA2DS2-VASc score ≥ 2 Tx → Rivaroxaban

• stab wound between the shoulder blade → don't remember of the 2

• SABA Retinon 0.8 → TB

• Retinoblastoma pic, what are the chances that other eye will be affected, RB1 was positive → RB1 mutation?

• Picture of RCC, clear cytoplasm, what other finding → Hb around 20

• renal failure scenario. Indications of HD → → Acidemia pH 6.2

• Steroid induced psychosis → Stop steroid

• Squamous lesions on vocal cord and feet → HPV

• 2 Kaposi sarcoma scenarios left hand HHV-8

• primary syphilis pic given, what will happen

→ resolve

• Old man gets around in vicinity and forgets

• 2 MRI pics given options don't remember

• Some surgery performed on colon, options were

- Metabolic Acidosis
- Metabolic Alkalosis
- Mixed

• Graue remanence in pellets → sentinel event

• panic like pic given but sweating of 2 on
No parathyroid surgery
→ check insulin

• subclavian steal syndrome

• girl want contraception
→ check Factor V

• girl want STD Tx and asked not to tell parent

→ Treat only / consent from pt only.

• Nose bleeding kid
→ VWF type 1

• premenstrual dysphoria → daily sertraline

• swelling under inguinal ligament → surgery.

• AAA surgeon sent pt to cardiologist for fitness, pt presented in ER, died
→ surgeon should have admit him

- AAA 4.2 to 5.1 in 6 months → surgery,

- ROC → top left

- cohort study / cross section

- SOB, tachy, pretest probability of P.E was high → CT angiography

- Sequential nephrolithiasis

(i) USG → Transabdominal

- BPH → Transurethral

- Nurse passed catheter bleeding occurred then UTI happened

(i) small size catheter?

(ii) catheter should have removed early?

• MVA, Blood in urine → CT Abdomen

• MVA blood in chest tube (50 ml) and blood in urinary catheter 100 ml - option don't remember

• young kid plays video game 2 hrs, less physical activity → a duration of physical activity.

• Resident, party at night alcohol smell from mouth → Report director

• Two pt was same details (Biodata) on same

• ADHD Tx

• Paranoid personality disorder.

- child 2 CRT in 6 months → VCIU
- DCI → B1 supplementations
- opioid withdrawal, completed 12 step program, smoker family issues, now missed the program which is biggest risk factor for relapse
 - abuse
 - smoking
 - missed meeting
- Exercise induced wheezing
 - PFTs before and after Albuterol
- child adopted, goes to every body, friendly & Strauss D, ?

- ^{boy} ~~child~~, yellow skin, IBD at 11 years, now Bilirubin 5 → PSC ??
- Pt went through cardiac surgery now weakness of legs, options can remember
- Hx fall, swollen knee effusion & fat droplets.
 - ACL
 - PCL
 - Patellar dislocation
- left ventricular failure
- RCA but different name, can remember
- osteoarthritis, physician wants to give high dose NSAID →
 - Naproxen + omeprazole
 - piroxicam + sucralfate

- Hemochromatosis findings mentioned, long scenario
→ can't remember options
- Gadox picture
- Breast abscess, Abx given, still deep localisations are present
→ Needle Aspiration
- Boy took something now can't see →
→ LSD
→ Marijuana ?
- AKI like scenario, some procedure done, now RFTs ↑ + fatty cast ?
- *Erdoschea histolytica*

- SCD + osteomyelitis
- organism ?
- 37 wog, prenatal visit fetus malpositioned
→ C-section
→
- Asthma step up
- Attendant admit the pt and gave tx for constipation only, pt died for some other reason
→ premature closure.
- Some type of pancreatitis
- Pt presented with wheezing now wheezing
peruse catching competition few days back
→ Bronchoscopy.
- Stone + cystinuria
→ low protein diet ?

• Pregnant lady Kone positive
Rh d⁺ +u

→ check husband
Blood

• Elderly patient

• Anorexia nervosa → Risk
of bone fx

• Copy paste error
→ allow copy paste
in same patient's
data only.

• Resident forgot to
enter the Pre-op
antibiotic

→ Some system based
options.

• alcoholic patient, doctor
write "severe alcoholic
patient". Patient says
don't write this
word.

→ Don't remember
option.

• Resident made some
mistake → Report
director.

• elderly woman, pain in
knee, exercise programme
started, pain increased
→ Reduce exercise
(something like
that)

• Lady, spinal sensation
dx halpike done (+)
sensory deficit in @ arm
+ leg → Alert stroke
system ??

- some system based improvements done, patients got benefit →

→ Patient centered care?

- Another question is some health improvement or ER improvement.

→ Efficient care?

- Study designs (2)

- Many, many HOPI questions 4-5 Page length.

- Thalassemia trait Don't remember details

- One Time out question before surgery → don't remember options

- Nurse made some mistake, medical student noticed that nurse requested him not to tell anyone NBS?

- Teen girl well healthy visit, everything fine → Tell her to wear bicycle helmet

- Male Presented is some complaint, have sex is another man, penetrative and oral sex, HIV negative → HPV?

- Benign oral ulcer
pic (whitish lesion)
6 weeks back too
what will happen?
→ resolve
- female non-pregnant
UTI
→ fosfomicin?
→ nitrofurantoin?
- pneumonia scenario, some
other problems mentioned
which antibiotic is
contraindicated?
- Don't remember
options.
- Schizophrenia was on
medicines and controlled
now presented w/
ALOC → NBS?

- serotonin syndrome
was taking SSRI
and cough syrup.
- drug abuser, arm
abscess, which drug
to give??
- conf scenario, at the
end treatment of
hypercalcemia asked.
→ vague options
→ No 0.9% saline given
- complex regional pain
vs polymyalgia couldn't
differentiate.
- Acute fatty liver OR
HELLP conf HPI
couldn't differentiate.

与階徳夫

Question:

1. vignette, 19 yrs fe. PCP, 2 moles (56) काठी 72. → Breast CA diagnosed, ovarian cancer → screening → ANS: STI screening. (Not BRCA).
2. HPI: relac dz, presentation? → Diarrhoea, IDA.
3. Female, Hemorrhoids, क्रे रकुवाडवैतस, ? shell fish.
4. vignette; Asthma, AIBS → pneumococcal vaccination. (PFT/RR-3 year)
5. 10 yrs, 1 dose HPV, का 15 yrs ni काठी → Meningeal.
6. Intimate partner violence → Do nothing.
7. Screening: 8-12 question.
8. BVT/PE: 10/12 question.
9. ortho
9. Japnonic venous hematoma - brain abscess.
10. Nerve root compression L5-S1
11. Septic arthritis → IV antibiotic / drainage?
12. Septic arthritis, sexually active, → N.gonorrhoea. S. aureus.
13. HSV encephalitis → Temporal lobe
14. meningitis, (husband) - female f → Give none and send home.
15. Ethiop
15. Male, 64 years, female (divorced) need life support → spouse ✓ wife ✓
16. Kawasaki Disease → High dose Aspirin, 200mg.
17. Intestinal cystitis → Histo pathognomonic sign? → Hamman-Rich sign
18. Stargardt syndrome → ~~cat~~ glaucoma. Epilepsy.

19. COVID.
20. Anaphylaxis \rightarrow Diff test
21. 2 Abstract. TPA, (Route)
22. Yoga vs physio vs placebo.
23. which type of study.
24. NNT.
25. Ectopic pregnancy.
26. AAA. 4:2 \rightarrow 5:2
27. Diamond uterus \rightarrow Preterm.
28. Anemia
29. OCD.
30. Schizoid personality
31. Impulse control disorder
32. Baby, quarrelling \rightarrow ADHD \rightarrow Family meeting
33. Bronchogenic cyst \rightarrow complication
34. Picked \rightarrow prophylaxis
35. Multiple sclerosis.
36. Amphotericin
37. Heroin.
38. sensitivity / specificity
39. Health care model - Room FA.