The Platinum Standard: UPSC CMS

High-Yield Q Bank & Rapid Review

MEDICINE, PEDIATRICS, SPM, STATISTICS, OBSTETRICS/GYNAECOLOGY, SURGERY

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- **All UPSC Subjects Covered**
- **Most Frequently asked Topics**
- **High Yield Questions**
- **Precise Answers/ Explanations**
- **For Best Results**

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Contents

Important Topics for UPSC

Important Topics for UPSC Medicine

- Acanthosis nigricans
- Acromegaly
- Acute infective endocarditis
- Acute Lymphoid Leukemia (ALL)
- Acute Myeloid Leukemia (AML)
- Addison's disease
- Alpha 1 antitrypsin deficency
- Anemia of chronic disease
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- Aspiration of gastric contents
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- Bernard soulier synfrome
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- Bronchiectasis
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- Bronchitis
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- Chlamydia pneumonia
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- **Multiple organ failure**
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- **Trypanosomiasis**
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Important Topics for UPSC Medicine (Oncology)

- **Base excision repair**
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- **Medullablastoma**
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- **Mitochondrial DNA**

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- **The BRCA-1 gene**
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Important Topics for UPSC Surgery

- **Boorhavees rupture**
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- **DVT**
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- **Hydatid cyst liver**
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- **Obstructed Testicular arteries**
- **Obstruction of Cutaneous lymphatics**
- **Obturator artery**
- **Omphalocele**
- **Pancreatic inflammation**
- **Pancreatitis**
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- **Sideropenic dysphagia**
- **Sigmoid cancer**
- **Sigmoid Volvolus**
- **Small bowel obstruction**
- **Tension Pneumothorax**
- **Tuberous Sclerosis**
- **Von Hippel Lindau disease**
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Important Topics for UPSC Pediatrics

- A chromosomal syndrome
- A mendelian syndrome
- A polygenic syndrome
- A teratogenic syndrome
- alpha-lipoprotein deficiency
- Antiviral cytotoxic T cell
- Aortopulmonary window
- Apoptosis
- Associated with cataract
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- Attention deficit /Hyperkinetic disorder
- Choledochal cyst
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- Criggler najar Syndrome I
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- Electron transport chain
- Fetal growth restriction
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- Malignant histiocytic fibroma
- Masaicism
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- Pyruvate kinase
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- Telomerase inactivation
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Important Topics for UPSC PSM

- Absolute risk
- Acute malnutrition
- Analysis of variance test
- Cancer epidemiology
- Case Control study
- Case presentation
- Case serious study
- Chi Square test
- Chronic malnutrition
- Clinical trial
- Continuous epidemic
- Disability limitation
- Dose response relationship
- Dracunculus medinensis
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- Faulty technique of injection
- Group discussion
- Hard tick
- Health promotion
- Hemorrhagic Fevers
- HIV/ AIDS
- Incineration
- Infection of other mycobacterium
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- Louse.

- **Malnutrition**
- **Measles**
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- **Paired t test**
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- **Population**
- **Primordial prevention**
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- **Propagated epidemic**
- **Radhukar Scale**
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- **Repeated tuberculin testing**
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Important Topics for UPSC Obstetrics / Gynaecology

- **Abruptio placenta**
- **Absortion,**
- **Amniocentesis.**
- **Antepartum.**
- **APH**
- **Attempted version.**
- **Cesarean section.**
- **Chorionic villous sampling.**
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- **Chronic hypertension**
- **Chronic renal disease**
- **Cordocentesis.**
- **Diabetes mellitus**
- **Ectopic pregnancy**
- **Elderly primigravida**
- **Fetal anomaly**
- **Fetal Intrauterine fetal death**
- **Infantile period**
- **Malpresentation**
- **Manual removal of placenta.**
- **Maternal**
- **Maternal medical complications**
- **MESA – microscopic epididymal sperm aspiration**
- **Modpelvis and outlet contraction (here, Rachitic Pelvis)**
- **Molar pregnancy .**
- **Ovulation**
- **PESA – percutaneous epididymal sperm aspiration**
- **Plancenta accrete**
- **Post maturity**
- **PPH**
- **Preeclampsia**
- **Preeclampsia/ eclampsia**
- **Premature rupture of membrane**
- **Previous cesarean pregnancy**
- **Prolonged pregnancy**
- **Puberty**

- **Rh incompatibility**
- **Sperm fusion and penetration**
- **TESA – testicular sperm aspiration**
- **TESE – testicular sperm aspirationm (testicular biopsy)**
- **Trauma.**
- **Vaginal delivery.**

1 MEDICINE

HEMATOLOGY

1. A 22 Year old Patient visited a Hematologist. He was Diagnosed as having Von Willebrand disease. Lab Features of Von Willebrand disease are:

A. ↑BT, ↑PTT
B. ↑PT, ↑PTT
C. ↑PT
D. ↑CT

Ans A. ↑BT, ↑PTT

Remember:

Von Villebrand disease	↑BT	↑PTT
Liver failure	↑PT	↑PTT
Heparin	↑PTT	
Warfarin	↑PT	
Scurvy	N	N
ITP	↑BT	↓Platelets

2. A 22 Year old Patient visited a Hematologist. He has Bone Marrow Failure. It is seen with

1. Myelodysplasia
2. Acute myeloid or lymphoblastic leukemia
3. Infiltration of the marrow
4. Iron deficiency anemia

Choose the Most Correct Statement/s

A. 1, 4
B. 1, 3.
C. 1, 2, 3
D. 2, 3, 4

Ans C. 1, 2, 3

Bone Marrow Failure is seen with

- Myelodysplasia
- Acute myeloid or lymphoblastic leukemia
- Infiltration of the marrow
- **Megaloblastic anemia**

3. A Hematologist is counseling an Anemic Patient. Iron Absorption is facilitated by

A. Decreased heme iron
B. Decreased animal foods
C. Ferrous iron salts
D. All of Above

Ans C. Ferrous iron salts

	ENHANCED ABSORPTION	REDUCED ABSORPTION
Dietary Factors	• Increased heme iron • Increased animal food • **Ferrous iron salts**	• Decreased heme iron • Decreased animal foods • Ferric iron salts

4. On Revaluation, Lab values of a a Patient suggest that he has Megaloblastic anemia

1. MCV ↓
2. Micro-ovalocytes are seen
3. Hyposegmented neutrophils in blood smears may be seen
4. caused by cobalamin or folate deficiency

Choose the Most Correct Statement/s
A. 1
B. 4
C. 1, 2, 3
D. 2, 3, 4

Ans B. 4

Megaloblastic anemias
- **MCV becomes elevated**
- **Macro -ovalocytes are seen**
- **Hypersegmented neutrophils** in blood smears may be seen
- Caused by cobalamin or folate deficiency

5. A Patient in Medical OPD was diagnosed as having Iron Deficiency.
1. Ratio of sTf-R to ferritin is usually less than 2.5
2. High transferrin percentage saturation
3. Low MCV, MCH, and MCHC
4. High iron level

Choose the Most Correct Statement/s
A. 1
B. 3.
C. 1, 2, 3
D. 2, 3, 4

Ans B. 3

In Iron Deficency
- Ratio of sTf-R to ferritin is **usually >2.5**
- **Low** transferrin percentage saturation
- Low MCV, MCH, and MCHC
- **Low** iron level

6. Protein defective in hereditary Spherocytosis commonly is
A. Laminin
B. Palladin
C. Ankyrin
D. Spectrin beta

Ans C. Ankyrin

PROTEINS DEFECTIVE IN HEREDITARY SPHENOCYTOSIS
• Ankyrin: **(Most common defect) : (Defective in about 50%of cases)**
• Protein: (Anion transport channel) **: (Defective in about 25% of cases)**
• Spectrin
• Palladin: **(Protein 4.2) : (Rare defect)**

7. A Patient in Medical OPD was diagnosed as having Megaloblastic Anemia. It is seen with:
1. Pyrizinamide
2. Phenytoin
3. Phenobarbital
4. Pemetrexed

Choose the Most Correct Statement/s
A. 1, 4
B. 1, 3.
C. 1, 2, 3
D. 2, 3, 4

Ans D. 2, 3, 4

Megaloblastic Anemia is seen with:
- **Pyrimethamine**
- Phenytoin
- Phenobarbital
- Pemetrexed

8. Drug/s Used in Treatment of Polycythemia is/are
A. Anagrelide
B. Pegylated alfa interferon
C. Hydroxyurea
D. All of Above

Ans D. All of Above

Anagrelide, Pegylated alfa interferon, Hydroxyurea, Low-dose aspirin are used in Treatment

of Polycythemia. Additional features of increased level of hemoglobin (Hb of 17.6 g/dl) and an increased hematocrit are highly suggestive of Polycythemia.

9. Dacrocytes are seen in:

1. Thalassemia
2. iron excess
3. Myelodysplastic syndrome
4. Megaloblastic anemia

Choose the Most Correct Statement/s

A. 1, 4
B. 1, 3.
C. 1, 2, 3
D. 1, 3, 4

Ans D. 1, 3, 4

Dacrocytes are seen in:

- Thalassemia
- **Severe iron deficiency**
- Myelodysplastic syndrome
- Megaloblastic anemia
- Hereditary pyropoikilocytosis
- Hereditary elliptocytosis

10. A Patient was administered Blood. All are transmitted by blood COMMONLY except:

A. Parvovirus B-19
B. Hepatitis G
C. Epstein Bar virus
D. Cytomegalovirus

Ans C. EBV

Viruses associated with blood transfusion:

- **Hepatitis C virus:**
- **Hepatitis G virus:**
- **Hepatitis B virus**
- **HIV type I**
- **HTLVTypeI**
- **Cytomegalovirus**
- **Parvovirus B-19**
- Hepatitis C virus: **Most common cause of transfusion associated viral hepatitis.**
- Hepatitis G virus: **Is a blood borne agent whose modes of transmission have not been defined adequately but tend to parallel those of HCV infection.**

11. A 54 year old has developed moderate anemia which is Extravascular hemolytic type. What is usually seen in this type of anemia.

A. Haptoglobin level is slightly decreased, hemoglobinemia or hemoglobinuria does not occur, Serum LDH level is elevated.
B. Haptoglobin level is increased, hemoglobinemia or hemoglobinuria does not occur, Serum LDH level is elevated.
C. Haptoglobin level is increased, brisk hemoglobinemia or hemoglobinuria, Serum LDH level is elevated.
D. Haptoglobin level is grossly decreased, hemoglobinemia or hemoglobinuria does not occur, Serum LDH level is normal..

Ans A. Haptoglobin level is slightly decreased, hemoglobinemia or hemoglobinuria does not occur, Serum LDH level is elevated

Extravascular hemolysis: General characteristics
This disease is caused by the abnormally early removal of RBCs by the spleen and liver. Laboratory findings suggestive are:

- Haptoglobin level is only slightly decreased (in contrast to intravascular hemolysis), and hemoglobinemia or hemoglobinuria does not occur.
- Indirect (unconjugated) bilirubin level is elevated if the hemolysis brisk.
- Serum LDH level is elevated.

12. A 33 year old in medicine ward is labeled as having anemia with Glucose-6-phosphate dehydrogenase (G6PD) deficiency. What is true of expected investigations in this patient?

A. Macrocytes in PBF, decreased haptoglobin levels, hemoglobinemia, Increased intracellular G6PD activity is evident
B. Microcytes in PBF, decreased haptoglobin levels, hemoglobinemia, Increased intracellular G6PD activity is evident
C. Microcytes in PBF, decreased haptoglobin levels, hemoglobinemia, Decreased intracellular G6PD activity is evident
D. Macrocytes in PBF, decreased haptoglobin levels, hemoglobinemia, Decreased intracellular G6PD activity is evident

Ans B. Microcytes in PBF, decreased haptoglobin levels, hemoglobinemia, Increased intracellular G6PD activity is evident

Glucose -6-phosphate dehydrogenase (G6PD) deficiency.

- G6PD is the most common RBC enzyme defect.
- Exacerbations are brought on by infection; certain drugs (antimalarials, sulfonamides); and fava beans.

Laboratory findings:

- Peripheral smear reveals microspherocytes (not normal-sized as seen in hereditary spherocytosis), reticulocytosis, and Heinz bodies.
- Serum analysis reveals decreased haptoglobin levels, hemoglobinemia, and indirect bilirubinemia.
- Increased intracellular G6PD activity is evident.

13. Pure red blood cell Aplasia

1. HHV 6 implicated
2. There is presence of giant pronormoblasts
3. Common condition
4. can be effectively treated with immunoglobulin infusions.

Choose the Most Correct Statement/s

A. 2, 4
B. 1, 3.
C. 1, 2, 3
D. 2, 3, 4

Ans A. 2, 4

Pure red blood cell Aplasia

- Parvovirus B19 implicated
- There is presence of giant pronormoblasts
- Un Common condition
- Can be effectively treated with immunoglobulin infusions.

14. A Patient in Medical OPD was diagnosed as having Paroxysmal Nocturnal Hemoglobinuria (PNH)

1. Common, acquired clonal disorder
2. caused by a mutation in the PIG-A gene
3. Red cells overexpress a membrane protein (CD59)
4. Develop intravascular hemolysis.

Choose the Most Correct Statement/s

A. 1
B. 3
C. 1, 2
D. 2, 4

Ans D. 2, 4

Paroxysmal Nocturnal Hemoglobinuria (PNH)

- **Rare,** acquired clonal disorder
- caused by a mutation in the PIG-A gene
- Red cells **lack** a membrane protein (CD59)
- Develop intravascular hemolysis.

15. A Patient in Medical OPD was diagnosed as having Heparin-induced thrombocytopenia.

1. caused by an antibody against complexes of platelet factor 77
2. The diagnosis is confirmed by heparin antibody detection.
3. Treatment includes immediate discontinuation of heparin.
4. Argatroban precipitates

Choose the Most Correct Statement/s

A. 1
B. 3
C. 2, 3
D. 2, 3, 4

Ans C. 2, 3

Heparin-induced thrombocytopenia

- caused by an antibody against complexes of **platelet factor 4**
- The diagnosis is confirmed by heparin antibody detection
- Treatment includes immediate discontinuation of heparin
- **Argatroban used in Treatment**

16. The Myeloproliferative disorders are

1. Acute eosinophilic leukemia/hypereosinophilic
2. Chronic neutrophilic leukemia
3. Chronic myelogenous leukemia
4. Acute idiopathic myelofibrosis

Choose the Most Correct Statement

A. 2, 3
B. 1, 3
C. 1, 4
D. 1, 2, 3, 4

Ans A. 2, 3

The Myeloproliferative disorders are

- **Chronic eosinophilic leukemia/hypereosinophilic**
- **Chronic neutrophilic leukemia**
- **Chronic myelogenous leukemia**
- **Chronic idiopathic myelofibrosis**

17. A Patient in Hematology Clinic was diagnosed as having Bernard Soulier Syndrome. It is characterized by:

1. Thrombocytopenia may be present
2. Platelets on smears are abnormally large
3. Bleeding time is abnormally ↓
4. VWF factor levels in plasma ↑

Choose the Most Correct Statement

A. 1
B. 1, 2
C. 2, 4
D. 1, 3, 4

Ans B. 1, 2

18. "Romiplostim" is used as a drug "PRIMARILY" for:

A. stimulating platelet production
B. stimulating RBC production
C. stimulating WBC production
D. stimulating Interleukin production

Ans A. Stimulating platelet production

Drugs used for ITP are:

- **Platelet infusion** may be administered in an emergency bleeding situation in order to attempt to quickly raise the count
- Removal of the spleen is sometimes undertaken, as platelets targeted for destruction will often meet their fate in the spleen. **Splenectomy** is said to be successful in 60 to 65 percent of cases, less so in older patients

Features of CO Toxicity are:

- CO toxicity is a consequence of tissue hypoxia created by the displacement of oxygen from hemoglobin.
- CO competes with oxygen for binding at the iron-porphyrin centers of hemoglobin.
- These centers **bind CO reversibly**, but with an affinity more than 200 times greater than that for oxygen.
- Common symptoms of CO poisoning include headache, nausea, vomiting, confusion, and visual disturbances.

126. In Consolidation of Lungs, the Correct statements are:

1. Lobar consolidation suggests a Viral cause for pneumonia
2. The "silhouette sign" on CXR is negative
3. Cavitary shadows generally suggest the presence of a necrotizing infection with destruction of lung tissue.
4. Organisms that frequently produce this radiographic picture include Staphylococcus aureus

Choose the Most Correct Statement/s

A. 2, 3
B. 1, 3
C. 3, 4
D. 1, 3, 4

Ans D. 1, 3, 4

In Consolidation Of Lungs The Correct statements are:

- Lobar consolidation suggests a **bacterial** cause for pneumonia
- The "**silhouette sign" on CXR may be seen**
- Cavitary shadows generally suggest the presence of a necrotizing infection with destruction of lung tissue.
- Organisms that frequently produce this radiographic picture include Staphylococcus aureus

127. A 44 year old male has dry cough since few months. Chest radiographic study reveals diffuses nodular infiltrates. Sarcoidosis has been diagnosed. The Best way to confirm the Diagnosis is:

A. Kveim siltzbach test
B. CT Scan
C. Branchoalveolar Lavage.
D. Biopsy

Ans D. Biopsy

- Kveim siltzbach test: Skin test: Intradermal injection of a heat treated suspension of a sarcoidosis spleen extract. It is not Confirmatory.
- Angotensin Converting Enzyme: ACE is elevated in most of patients with sarcoidosis and ACE levels indicate activity of disease. It is not Confirmatory.
- Branchoalveolar Lavage: Here fluid is characterized Increase in Lymphocytes High CD4 / CD8 cell ratio. It is not Confirmatory.
- Biopsy: Biopsy is mandatory to make a definitive diagnosis of sarcoidosis. Transbronchial biopsy or tissue biopsy confirms the diagnosis by revealing typical granulomas.

128. A tall 44 year old male has foul smelling sputum with hemoptysis and mild fever since a week.. The Recent chest x-ray of the above patient shows tram track appearance, ring shadows, and peri bronchial thickening. Most likely the Patient has

A. Collapse Lung
B. Bronchiectasis
C. Lung abscess
D. Emphysema Lung

Ans B. Bronchiectasis

216. In Non - HFE Related Hereditary Hemochromatosis genes that code not involved is:

A. Hepcidin
B. Ferroportin
C. DMT1
D. C282Y

Ans D. C282Y

In Non - HFE Related Hereditary Hemochromatosis genes that code involved are :

- **Hepcidin**
- **Ferroportin**
- **DMT1**
- **Hemojuvelin**
- **TRF2**

217. The Gold Standard for Diagnosis of Neuroblastoma is:

A. MIBG Scanning
B. Neuron specific enolase
C. Immunohistochemistry with Histopathology
D. N myc Oncogene analysis

Ans C. Immunohistochemistry with Histopathology

Neuroblastomas are detected by MIBG Scanning Neuron specific enolase, N myc Oncogene analysis with serum Ferritin are helpful in analysis. They are most frequently presenting as a large abdominal mass and abdominal calcification. Growth. Immunohistochemistry with Histopathology is the Gold standard for Diagnosis.

218. In A 33 year sebaceous tumors and plexiform neurofibromas associated with colorectal cancer are a feature of

A. Turcots Syndrome
B. Sweet syndrome
C. Peutz Jeughers syndrome
D. Muirr Torre Syndrome

Ans D. Muirr Torre Syndrome

Remember that the Combination of sebaceous tumors and plexiform neurofibromas associated with colorectal cancer are a feature of Muirr Torre Syndrome. To Elaborate this syndrome was described by Muir and co-workers in 1967 and Torre in 1968 to broadly include the sebaceous adenomas, epidermoid cysts, fibromas, desmoids, lipomas, fibrosarcomas, and leiomyomas with visceral cancers.

219. Wilsons Disease. Features are all except:

A. Wilsons disease is an AR disorder
B. Chromosome 13 is involved.
C. Sensory changes are pronounced
D. Low serum copper ≤20 mg/dl are a feature

Ans C. Sensory changes are pronounced.

- **Wilsons disease** is an **AR** disorder.
- Chromosome **13** is involved.
- The diagnosis is confirmed by the demonstration of either
  (1) a serum ceruloplasmin level <20 mg/dL and Kayser-Fleischer rings or
  (2) a serum ceruloplasmin level <20 mg/dL and a concentration of copper in a liver biopsy sample >250 ug/g dry weight.
- **Most symptomatic patients excrete >100 ug copper per day in urine and have histologic abnormalities on liver biopsy.**
- **Treatment** consists of removing and detoxifying the deposits of copper as rapidly as possible and must be instituted once the diagnosis is secure whether the patient is ill or asymptomatic.
- Drugs given are:
  - **Penicillamine**.
  - **Trientine**
  - **Zinc acetate or gluconate**

Choose the Most Correct Statement/s
A. 1, 2, 3
B. 1, 3
C. 2, 4
D. 1, 2, 4

Ans C. 2, 4

Antifungals are:

- **Clotrimazole**
- Miconazole
- **Ketoconazole**
- Econazole

332. Erythema nodosum is characterized by
1. painless red nodules
2. usually present on the anterior aspects of the legs
3. is associated with a variety of micro-organisms
4. sarcoidosis is an important association

Choose the Most Correct Statement/s
A. 1, 2, 3
B. 1, 3
C. 2, 3, 4
D. 1, 2, 4

Ans C. 2, 3, 4

Erythema nodosum is characterized by

- **painful** red nodules
- usually present on the anterior aspects of the legs
- is associated with a variety of micro-organisms
- sarcoidosis is an important association

333. A Patient presents to Dermatologist and is having Pityriasis rosea
1. Is not localized to the trunk
2. Spares the palms and soles.
3. Christmas tree branching pattern.
4. Herald patch seen

Choose the Most Correct Statement/s
A. 1, 2, 3
B. 1, 3
C. 2, 3, 4
D. 1, 2, 4

Ans C. 2, 3, 4

Pityriasis rosea

- **Is generally** localized to the trunk
- spares the palms and soles.
- Christmas tree branching pattern.
- Herald patch seen

334. Flaccid Bullae in a young lady with oral involvement and Intraepidermal IgG deposition are seen.
A. Pemphigus
B. Bullous pemphigoid
C. Herpes genitalis
D. Porphyria

Ans A. Pemphigus

Pemphigus Is an auto-immune disease. characterized by erosion or blistering in the epidermis (acantholysis).

These bullae are superficial ie these bullae, evolve just above the basal layer, and readily rupture, leaving denuded, bleeding, weeping and crusted erosions over the body which do not heal easily.

The characteristic feature is the involvement of mucosa, especially the oral mucosa.

Immunofluorescence shows **deposits of immunoglobulins (usually IgG) and/or C3 in the intercellular spaces around keratinocytes**.

This Young Lady has Flaccid Bullae with oral involvement and Intraepidermal IgG deposition suggesting a diagnosis of Pemphigus.

AMB (Anemia Mukht Bharat)

This Programme was also launched by Ministry of Health and Family Welfare MOH FW with special focus on health and nutritional needs of children , adolscents, women opf child bearing age, pregnant and lactating females. (During pregnancy, iron and folic acid tablets (IFA) containing 50- 100 mg of elemental iron and 500 microgram of folic acid are given daily.

Adult human body contains 3-4 gms of iron of which 60-70 percent is present in blood.

Iron is mostly absorbed from duodenum and upper small intestine in ferrous state.

Recommended daily intakes:

Group	Recommended daily intake	
	Elemental iron	**Folic acid**
Children 6 – 60 months	20 mg per day	100 mcg per day
Children 6 -10 years	30 mg per day	250 mcg per day
Adolescents 11 – 19 years	100 mg per day	500 mcg per day
Adults	100 mg per day	500 mcg per day

19. Arrange correct sequence of family cycle

A. A.Formation- extension- completed extension –retraction-complete retractiondissolution-extinction

B. B. Retraction- Formation- extension — completed extension

C. C. Formation- retraction-extension — completed extension

D. D. Formation- extension - retraction- completed extension

Ans A. Formation ,Extension, Complete extension, Contraction Completed contraction

A normal family cycle is conceived as having 6 phases:

Phases of family life cycle		Events characterising	
No	**Description**	**Beginning of Phase**	**End of phase**
I II III IV V VI	1. Formation 2. Extension 3. Complete extension 4. Contraction 5. Completed contraction **6.** Dissolution	1. Marriage 2. Birth of 1st child 3. Birth of last child 4. 1st child leaves home 5. Last child leaves home 6. 1st spouse dies	1. Birth of 1st child 2. Birth of last child 3. 1st child leaves home 4. Last child leaves home 5. 1st spouse dies **6.** Death of survivor (extinction)

20. The most common non communicable disease worldwide is?

A. Hypertension

B. Atrio- ventricular septal defect

C. cardiomyopathy

D. Atrial fibrillation

Ans A. Hypertension.

Non communicable diseases like diabetes, hypertension, obesity increasing in india

Communicable diseases like poliomyelitis , diphtheria are decreasing in india

6 key sets of risk factors for non communicable diseases:

- Cigarette use and other forms of smoking
- Alcohol abuse
- Failure/ inability to obtain preventive health services

Ans A. Increased frequency of menstrual cycle

Definition of Irregularities Menstrual Cycle

- **Oligomenorrhea** : Infrequent, irregular timed episodes of bleeding occuring at intervals of more than 35 days.
- **Poly menorrhea** :Frequent but regularly timed episodes of bleeding occuring at intervals of 21 days or less.
- **Metrorrhagia**: Irregularly timed bleeding
- **Menorrhagia:** Regularly timed episodes of bleeding that are excessive in amount (>80ml) and/or duration of flow (>5 days).
- **Menometrorrhagia** :Excessive prolonged bleeding that occurs at irregularly timed, frequent intervals
- **Hypomenorrhea :** Regularly timed bleeding that is decreased in amount

162. A Gynae doctor describes Chocolate cyst. These are associated with:

A. Intake of Excess Chocolates
B. Endometriosis
C. UTI
D. Tuberculosis

Ans B. Endometriosis

The ovary is the commonest site involved in Endometriosis . The ovary is **studded with cysts of different sizes** appearing as multiple **dark spots** on the surface of the ovary designated as chocolate cysts which are true cysts and turn **Chocolate brown in colour**. There may be presence of **ingested blood pigment** like hemosiderin.. These cysts contain **Pseudoxanthoma cells.** Laparoscopic management is the perferred management of treating these cysts.

163. A Female is advised by a Doctor in Rural area to take Minipill. This Pill contains:

A. Estrogen only
B. Progesterone only
C. Both oestrogen and progesterone
D. None

Ans B. Progesterone only

Progesterone only pills.

Progesterone only pill also called as Minipill, They are devoid of estrogens. They contain low dose of progestins. Main Progesterone used are :

- Norethisterone
- Norgestrel
- Desogestrel
- Lynestrenol
- Levonogesterel

Beneficial in use for:

- Thrombotic disorders
- Obesity
- DVT
- PTE
- Valvular heart diseases
- Controlled hypertensives
- They act by Thickening of cervical mucus and impede blastocyst implantation.

164. Podophyllin is used to treat which type of wart:

A. Plantar wart
B. Genital wart
C. Verruca plan
D. All of the above

Ans B. Genital wart

Condylomata acuminata:

These are warts caused by human papillomaviruses, usually types 6 and 11. They are small, discrete excrescences on the perianal skin, on the anoderm, or just above the dentate line. In the latter location they are pink and velvety, but on the skin they are pearly white. Pruritus and bleeding are common symp-

toms. Condylomata are treated by applying Podophyllin in tincture of benzoin, fulguration with electrocautery devices, or surgical excision.

165. In a STD Clinic Doctors use the Term "Strawberry vagina. The Characteristic Strawberry spot vagina is seen in:
A. Herpes simplex
B. CMV
C. Trichomonas
D. Candida

Ans C. Trichomonas

Trichomonas vaginalis infection Causes **Trichomoniasis. In this Condition the** Patient complain of profuse frothy discharge and pruritis**.** Examination reveals multiple small punctate strawberry spots are seen on vaginal walls and portio vaginals of cervix called as strawberry vagina. There may be **Foul smelling vaginal discharge & Strawberry vagina.**

166. A female was asked for USG Abdomen Pelvis. An ovarian mass was revealed. Which of the following tumor markers is most likely to be raised in a case of dysgeminoma of the ovary:
A. Serum HCG
B. Serum Alphafetoprotein (AFP)
C. Serum Lactate Dehydrogenase (LDH)
D. Serum CA 19-9

Ans C. Serum Lactate Dehydrogenase (LDH)

Dysgerminoma:
- Occur most commonly 10–30 years of age
- They tend to grow rapidly and are bilateral in 10%–30% of cases.
- Clinically, dysgerminomas are most frequently identified because of abdominal enlargement (tumor growth and ascites).
- It is the tumor type occurring in dysgenetic gonads. Hemorrhage and cystic degeneration are common.
- Lactate dehydrogenase is tumor marker for dysgerminomas..
- They are the Commonest malignant germ cell tumour of ovary

167. Management of H. mole is by all Except :
A. Suction evacuation
B. Hysterectomy
C. CHOP Regime
D. Hysterotomy

Ans C. CHOP Regime

Management of H. mole:
- Treatment of choice in H. mole: is simply Suction evacuation followed by gentle but through curettage.
- Hysterectomy
- Hysterotomy

168. A 33 year old African Female visits her doctor at 16 weeks of gestation. Ultrasound reveals Normal intrauterine gestation with bilateral solid nodular masses in both ovaries (2X 2.5 cm in right ovary) and(3X3.5 cm) in left ovary . The Doctor Reports it as Luteoma of Pregnancy . For the Worried Patient, The Best management is:
A. Follow up by LH Levels
B. Follow up by HCG Levels
C. Follow up by FSH Levels
D. Follow up by CEA Levels

Ans B. Follow up by HCG Levels

Leuteoma is due to HCG Stimulation of Luteinizing Cells of Ovary. (Leuteoma) Regular Follow up by HCG levels and USGs should be done. Leuteoma of pregnancy is a self limiting benign lesion characterized by increase in ovarian size in pregnancy. It resembles a tumor and classically presents as bilateral masses on both ovaries. No Treatment is required and Female should be reassured that it is a benign

3. Dysplasia can be graded into mild, moderate, or severe dysplasia using specific criteria.
4. The persistence of confirmed high-grade dysplasia is a contraindication for esophagectomy.

A. 3
B. 1,3,4
C. 2,4
D. 1,2,3,4

Ans A. 3

Barrets Esophagus

- Barrett's (columnar) epithelium may be premalignant.
- Patients with Barrett's epithelium are followed closely with periodic endoscopic biopsies
- Dysplasia can be graded into mild, moderate, or severe dysplasia using specific criteria.
- The persistence of confirmed high-grade dysplasia is an indication for esophagectomy.

342. Diffuse Esophageal spasm

1. Ususally presents as dyspsnea
2. Can present as chest pain.
3. Corkscrew esophagus.
4. Normal peristalsis and LES relaxation differentiates it from achalasia.

Choose the Most Correct Statement

A. 3
B. 2,3,4
C. 2,4
D. 1,2,3,4

Ans B. 2,3,4

Diffuse Esophageal spasm

- Can present as dysphagia
- Can present as chest pain.
- Corkscrew esophagus.
- Normal peristalsis and LES relaxation differentiates it from achalasia.

343. Cancer of the colon

1. is a short -term complication of UC.
2. Colonic adenocarcinomas may occur in patients who have had quiescent UC for decades.
3. Mucosal dysplasia is a precursor of cancer.
4. Repeat biopsies and aggressive medical therapy should be considered when pathologic interpretation is in doubt.

Choose the Most Correct Statement/s

A. 1,2,
B. 1,2,3
C. 1,3
D. 2,3,4

Ans D. 2,3,4

Cancer of the colon

- Is a long-term complication of UC.
- Colonic adenocarcinomas may occur in patients who have had quiescent UC for decades.
- Mucosal dysplasia is a precursor of cancer.
- Repeat biopsies and aggressive medical therapy should be considered when pathologic interpretation is in doubt.

344. The manifestations of IBD

1. maldigestion, and malabsorption.
2. iron deficiency anemia
3. hyperalbuminemia.
4. Erythema nodosum

Choose the Most Correct Statement/s

A. 1,2,
B. 1,2,3
C. 1,2,4
D. 2,3,4

Ans C. 1,2,4

Features associated with IBD:

- maldigestion, and malabsorption.
- iron deficiency anemia
- hypoalbuminemia.
- Erythema nodosum

364. A Neonate presents to the Neonatal clinic with severe breathlessness. On CXR findings show contralateral mediastinal shift and multiple cystic air filled lesions in the chest . Most likely diagnosis is:

A. Congenital lung cysts
B. Hyaline Membrane Disease
C. Severe Pneumonia
D. Congenital Diaphragmatic Hernia

Ans D. Congenital Diaphragmatic Hernia

Congenital Diaphragmatic Hernia is common in Neonates and the baby usually presents to the Neonatal clinic with severe breathlessness.

On CXR findings show contralateral mediastinal shift and multiple cystic air filled lesions in the chest. Abdomen is scaphoid.

365. "P 32" is used in treatment of:

A. TTP
B. ITP
C. Anemia
D. Polycythemia

Ans D. Polycythemia

Sodium phosphate P 32 is indicated for the treatment of

- Polycythemia rubra vera,
- Chronic myelocytic leukemia,
- Chronic lymphocytic leukemia, and
- Essential thrombocythemia.
- Polycythemia vera, sodium phosphate P 32 should be used with adjunctive phlebotomy

Sodium phosphate P 32 is indicated in the palliative treatment of bone pain in selected patients with multiple areas of skeletal metastases from carcinomas of the prostate, lung, and breast.