

**MBBS PHASE – III Part II  
DEGREE EXAMINATION – APRIL/MAY 2024  
(CBME)**

**Time: 3 Hours**

**Max. Marks: 100**

**PAEDIATRICS**

**Q.P. Code: A020**

Answers should be specific to the Questions asked.

Draw neat, labeled diagrams wherever necessary.

All questions are compulsory.

**Question Number**

**Marks**

1. M.C.Q.

**20 X 1 = 20**

**LONG ESSAY QUESTIONS:**

**2 X 10 = 20**

2. A 6 year old boy was brought to out-patient department with complaints of not gaining height while the parents mentioned that he has been gaining weight appropriately. His height was 98 cm (less than 3<sup>rd</sup> percentile) and weight was 19 kg (50<sup>th</sup> percentile). How do you approach this case? State the importance of Mid Parental Height (MPH) in evaluation of a short child. (5+5)
3. Enumerate the causes of Jaundice in newborn. Describe the investigations and treatment of Neonatal Jaundice. (4+2+4)

**SHORT ESSAY QUESTIONS:**

**9 X 5 = 45**

4. Enumerate the early problems in breastfeeding and their management.
5. Discuss the causes and prevention of Under-Five Mortality.
6. Define Nephrotic syndrome. Mention the etiology and clinical features of Nephrotic syndrome.
7. Enumerate components of Nadas Criteria. Discuss its clinical implications.
8. Describe clinical manifestations and management of Kerosene poisoning in children.
9. A one year old child presented with fever, cough and coryza since 4 days along with history of hurried breathing since morning. Discuss the differential diagnosis. Write the clinical features and management of Bronchiolitis in children.
10. Discuss transfusion management in Thalassemia.
11. Define & classify Febrile seizures. Add a note on management of Febrile seizures.
12. A 8 year old boy is diagnosed with terminal stage of malignancy. How would you incorporate AETCOM principles in counseling the parents regarding impending death of the child.

**SHORT ANSWER QUESTIONS:**

**5 X 3 = 15**

13. List the skin changes in Kwashiorkor.
14. List clinical features of Vitamin E deficiency.
15. Write the management of severe dehydration.
16. Define precocious puberty in boys and girls.
17. Describe the radiological features of Nutritional Rickets.

**MULTIPLE CHOICE QUESTIONS**

<b>Course:</b> MBBS Phase III Part II, CBME April/May 2024	<b>Max. Marks:</b> 20 Marks
<b>Subject :</b> Paediatrics, QP Code: A020	<b>Time:</b> 30 Minutes

**Instructions:**

- Each question is followed by four options.
- Pick up the single best option and darken the appropriate circle in the OMR Sheet provided.
- Each question carries one mark. No negative marking.

1. Which of the following is **true** regarding encopresis **EXCEPT**

(A) Leaking of stool in an inappropriate place	(B) Associated with emotional problems
(C) Prevented by eating high fibre diet	(D) Prevented by disciplining the child
  
2. In boys, the earliest change during puberty is

(A) Increase in the testicular size	(B) Appearance of pubic hair
(C) Spermarche	(D) Cracking of the voice
  
3. Complementary feeding is started at

(A) 4 months	(B) 6 months
(C) 7 months	(D) 8 months
  
4. The normal calorie requirement of a 5 year old child is

(A) 800 calories	(B) 1000 calories
(C) 1400 calories	(D) 2000 calories
  
5. Following are features of metabolic syndrome **EXCEPT**

(A) Acanthosis nigricans	(B) Short stature
(C) Hyperlipidemia	(D) Hypertension
  
6. Deficiency of Riboflavin produces

(A) Magenta tongue	(B) Hypochromic anemia
(C) Phrynoderma	(D) Circumcorneal congestion with xerosis
  
7. Hypokalemia is defined as plasma potassium less than

(A) 2.5 meq/L	(B) 4 meq/L
(C) 3.5 meq/L	(D) 2 meq/L
  
8. Under Integrated Management of Neonatal and Childhood Illness, if a child needs referral and in-patient care, he/she is allotted to which of the following colour code management?

(A) Pink	(B) Yellow
(C) Green	(D) Red
  
9. Medication used to close Patent Ductus Arteriosus (PDA) in neonates is

(A) Prostaglandin	(B) Prostacyclin
(C) Ibuprofen	(D) Sildenafil
  
10. Most **common** cause of urinary tract infection in children is

(A) Escherichia coli	(B) Klebsiella pneumoniae
(C) Pseudomonas aeruginosa	(D) Proteus
  
11. Which of the following is **NOT** a part of Tetrad of Henoch Schonlein Purpura

(A) Palpable purpura	(B) Arthralgia
(C) Colicky abdominal pain	(D) Nephrocalcinosis
  
12. Malabsorption due to intestinal mucosal defect occurs in

(A) Chronic pancreatitis	(B) Cystic fibrosis
(C) Celiac disease	(D) Ulcerative Colitis

13. Which of the following is **NOT** a treatment option for Organophosphorus poisoning  
(A) Pralidoxime chloride (PAM) (B) Atropine  
(C) Physostigmine (D) Glycopyrrolate
14. Pneumatocoles are characteristic feature of  
(A) Staphylococcus aureus pneumonia (B) Viral pneumonia  
(C) Fungal pneumonia (D) Atypical pneumonia
15. A 3 years child presents with repeated episodes of pain in the digits & pallor requiring blood transfusion. The condition gets exacerbated in hot summer months. Likely diagnosis is  
(A) Thalassemia (B) Sickle cell anemia  
(C) G6PD deficiency (D) Hereditary spherocytosis
16. Triad of epileptic spasms, hypsarrhythmia and developmental delay is seen in which of the following syndrome?  
(A) West's syndrome (B) Lennox gastaut syndrome  
(C) Angelman's syndrome (D) Dravet syndrome
17. In Asthma, FEV1 / FVC ratio is  
(A) Decreased (B) Increased  
(C) Normal (D) None of the above
18. Karyotype of Turner's syndrome is  
(A) 46XX (B) 45XO  
(C) 47XXX (D) 47XXXXY
19. The hormone used in the treatment of Cryptorchidism is  
(A) Human chorionic gonadotrophic hormone (B) Testosterone  
(C) Adrenocorticotrophic hormone (ACTH) (D) Growth hormone
20. Bull neck in Diphtheria is due to  
(A) Laryngeal oedema (B) Cellulitis  
(C) Venous obstruction (D) Lymphadenopathy

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**MBBS PHASE – III Part II  
DEGREE EXAMINATION – APRIL/MAY 2024  
(CBME)**

**Time: 3 Hours**

**Max. Marks: 100**

**GENERAL SURGERY  
PAPER – I**

**Q.P. Code: A021**

Answers should be specific to the Questions asked.

Draw neat, labeled diagrams wherever necessary.

All questions are compulsory.

<b>Question Number</b>	<b>Marks</b>
1. M.C.Q.	<b>20 X 1 = 20</b>
<b>LONG ESSAY QUESTIONS:</b>	<b>2 X 10 = 20</b>
2. Enumerate the causes of Hematuria. Write a note on investigations and management of patient presenting with hematuria.	(3+7)
3. A 46 year old woman presents with lump and nipple discharge in right breast. What is your differential diagnosis? Discuss about management of Carcinoma of Breast.	(4+6)
<b>SHORT ESSAY QUESTIONS:</b>	<b>9 X 5 = 45</b>
4. Describe the <b>ABCDE</b> aspect of trauma care.	
5. Enlist and describe the risk factors associated with developmental anomalies of face.	
6. Discuss the investigations for salivary gland diseases.	
7. Discuss the various eye signs in Thyrotoxicosis.	
8. Discuss about pathogenesis, clinical features and management of Torsion of Testis.	
9. What are the common symptoms and physical examination findings of Chronic Pancreatitis?	
10. What are the causes of Gastric Outlet Obstruction? Write a note on its surgical management?	(2+3)
11. Enumerate the complications of Gall stones (Cholelithiasis).	
12. How to counsel parents of a brain dead 21 year old man for organ donation?	
<b>SHORT ANSWER QUESTIONS:</b>	<b>5 X 3 = 15</b>
13. Enlist the various histological types of oral cancers.	
14. Define Aortic Dissection and its clinical presentation.	
15. Mention clinical presentation of Pheochromocytoma.	
16. Discuss Hyperacute rejection.	
17. Describe delayed primary closure of wounds.	

**MULTIPLE CHOICE QUESTIONS**

<b>Course:</b> MBBS Phase-III Part II, CBME April/May 2024	<b>Max. Marks:</b> 20 Marks
<b>Subject :</b> General Surgery Paper-I, QP Code: A021	<b>Time:</b> 30 Minutes

**Instructions:**

- Each question is followed by four options.
- Pick up the single best option and darken the appropriate circle in the OMR Sheet provided.
- Each question carries one mark. No negative marking.

1. Cricothyroidotomy  
(A) Should not be performed in children younger than 12 years  
(B) Should only be performed in patients who are not good candidates for a tracheostomy  
(C) Requires the use of an endotracheal tube smaller than 4 mm in diameter  
(D) Is preferable to the use of percutaneous trans-tracheal ventilation
2. What is **true** regarding the evaluation of blunt abdominal trauma?  
(A) Patients with abdominal wall rigidity and negative abdominal CT should undergo Diagnostic Peritoneal Lavage (DPL) to rule out small bowel injury  
(B) If FAST examination is negative in a haemodynamically unstable patient then DPL is indicated to rule out abdominal bleeding  
(C) FAST examination cannot detect intraperitoneal fluid if the total volume is < 1000, >7.6, or refractory coagulopathy  
(D) Abdominal wall should be closed with penetrating towel clips
3. An uncomplicated, isolated unilateral cleft lip occurs as a result of failure of fusion of  
(A) First pharyngeal and second pharyngeal arches  
(B) Mandibular and maxillary processes  
(C) Mandibular process and medial nasal process  
(D) Maxillary process and medial nasal process
4. Which of the following are the high risk sites for Human Papilloma Virus -associated oral cancer?  
(A) Anterior floor of mouth  
(B) Gingival and buccal mucosa  
(C) Posterior tongue and tonsillar region  
(D) All of the above
5. Which of the following statements about salivary gland tumors is **NOT** correct?  
(A) 75 to 80% of salivary gland tumors are painless  
(B) 75 to 80% of salivary gland tumors are found in the parotid gland  
(C) 50% of tumors arising from Submandibular Salivary gland are malignant in nature  
(D) 90% tumors arising from minor salivary glands are benign in nature
6. Treatment of choice for large Toxic Nodular Goitre in a 30 year old woman is  
(A) Antithyroid drugs  
(B) Surgery  
(C) Radio-iodine  
(D) Observe
7. Thyroid malignancy arising from parafollicular cells is  
(A) Papillary Thyroid Carcinoma  
(B) Follicular Carcinoma  
(C) Anaplastic Carcinoma  
(D) Medullary carcinoma
8. Pheochromocytoma is a **ten** percent tumor. Which of the following statements is **false** about Pheochromocytoma?  
(A) 10% of Pheochromocytoma are extra-adrenal  
(B) 10% of Pheochromocytoma are unilateral  
(C) 10% of Pheochromocytoma are malignant  
(D) 10% of Pheochromocytoma are seen in children

9. All are features of pseudo pancreatic cyst, **EXCEPT**  
(A) Follows acute pancreatitis (B) Lined by false epithelium  
(C) May regress spontaneously (D) Treatment of choice is percutaneous aspiration
10. On mammogram all of the following are the features of a malignant tumor **EXCEPT**  
(A) Spiculation (B) Micro calcification  
(C) Macro calcification (D) Irregular mass
11. Pseudo aneurysms are most **commonly** due to  
(A) Atherosclerosis (B) Trauma  
(C) Congenital deficiency (D) Infections
12. The narrowest part of the sac at the abdominal wall hernia is  
(A) Fundus of the sac (B) Body of the sac  
(C) Neck of the sac (D) Mouth of the sac
13. Optimal ratio of suture length to wound length (Jerkins Rule) is  
(A) 01:01 (B) 02:01  
(C) 03:01 (D) 04:01
14. Which of the following is the most **common** energy source used in laparoscopic surgery  
(A) Monopolar Diathermy (B) Bipolar Diathermy/ Combination (Ligasure)  
(C) Laser (D) Ultrasonic Energy (Harmonic Scalpel)
15. Mesenteric Cyst  
(A) Moves parallel to mesentery (B) Moves perpendicular to mesentery  
(C) Freely mobile (D) Is fixed and immobile
16. Right hemicolectomy is treatment for cancer of  
(A) Ascending Colon (B) Descending Colon  
(C) Sigmoid Colon (D) Transverse Colon
17. Most **common** variety of Intussusception is  
(A) Ileo-colic (B) Colo-colic  
(C) Ileo-ileal (D) Retrograde
18. Malignancy **common** in Dye industry worker is  
(A) Skin (B) Scrotum  
(C) Urinary Bladder (D) Maxilla
19. Circumcision is to be avoided in which of the following condition?  
(A) Posterior Urethral Valve (B) Hypospadiasis  
(C) Injury To Glans Penis (D) Phimosi
20. All are indications of liver transplantation **EXCEPT**  
(A) Acute hepatic fulminant failure (B) Fatty liver  
(C) Sclerosing cholangitis (D) Hemochromatosis

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**MBBS PHASE-III Part-II**  
**DEGREE EXAMINATION – APRIL/MAY 2024**  
**(CBME)**

**Time: 3 Hours**

**Max. Marks: 100**

**GENERAL SURGERY**  
**PAPER – II**

- Answers should be specific to the Questions asked.
- Draw neat, labeled diagrams wherever necessary.
- All the questions are compulsory.
- Use separate answer books for Section A and Section B

**SECTION A : GENERAL SURGERY [ 70 Marks ]**

**Q.P. CODE: A022 Section A**

<b>Question Number</b>	<b>Marks</b>
1. M.C.Q.	<b>16 X 1 = 16</b>
<b>LONG ESSAY QUESTIONS:</b>	<b>1 X 10 = 10</b>
2. A 38 year old male patient who is a chronic smoker comes with complaints of pain over right foot with non-healing ulcer over right great toe and intermittent claudication over right calf. Discuss the provisional diagnosis, investigations and treatment for the condition.	(2+3+5)
<b>SHORT ESSAY QUESTIONS:</b>	<b>7 X 5 = 35</b>
3. A 58 year old male patient is suffering from inoperable pancreatic cancer. Patient is having intractable pain. Describe use of pain step ladder for treatment.	
4. Compare X-ray findings in small and large bowel obstruction.	
5. Classify Shock. Discuss clinical features and management of hypovolemic shock.	
6. Enumerate indications and complications of Total Parental Nutrition (TPN).	
7. A 54 year old male patient presented with tortuous, engorged veins over right lower limb extending from medial malleolus to the upper thigh. On examination cough impulse present at sapheno-femoral junction. Discuss the probable diagnosis and mention the other tests, investigations and complications for the same.	
8. List the indications & complications of blood transfusion.	
9. Describe pathophysiology and management of Burns	
<b>SHORT ANSWER QUESTIONS:</b>	<b>3 X 3 = 9</b>
10. Discuss empathy in patient encounters.	
11. Classify intravenous anesthetic agents. Describe uses and adverse effects of Propofol.	
12. Enumerate radiological features of Intestinal Tuberculosis.	

**SECTION B : ORTHOPAEDICS [ 30 Marks ]**

**O.P. CODE: A022 Section B**

<b>Question Number</b>	<b>Marks</b>
1. M.C.Q.	<b>4 X 1 = 4</b>
<b>LONG ESSAY QUESTIONS:</b>	<b>1 X 10 = 10</b>
2. List the fractures at the wrist joint due to fall on outstretched hand. Discuss the clinical features and management of Colle's fracture.	(2+3+5)
<b>SHORT ESSAY QUESTIONS:</b>	<b>2 X 5 = 10</b>
3. Summarize the causes of non-union and its management.	
4. Describe the causes of Congenital Talipes Equinovarus (CTEV) and its management in a 2 year old child.	
<b>SHORT ANSWER QUESTIONS:</b>	<b>2 X 3 = 6</b>
5. Define Volkmann's Ischemic Contracture and its management.	
6. Outline the management of Chronic Osteomyelitis.	

**MULTIPLE CHOICE QUESTIONS**

<b>Course:</b> MBBS Phase-III Part-II, CBME April/May 2024	<b>Max. Marks:</b> 16 Marks
<b>Subject :</b> General Surgery Paper-II Section A : General Surgery QP Code: A022	<b>Time:</b> 20 Minutes

**Instructions:**

- Each question is followed by four options.
- Pick up the single best option and darken the appropriate circle in the OMR Sheet provided.
- Each question carries one mark. No negative marking.

1. Avoidable factor that compound the response to injury is  
(A) Starvation (B) Hypothermia  
(C) Continuing hemorrhage (D) All of the above
2. What should be the position of a patient in shock?  
(A) Head low (B) Fowler's  
(C) Semi fowler's (D) Supine
3. What is the shelf life of platelets?  
(A) 5 days (B) 10 days  
(C) 14 days (D) 1 month
4. Vasodilation and resulting hypotension and increased capillary permeability is characteristic of  
(A) Anaphylactic shock (B) Cardiogenic Shock  
(C) Hypovolemic shock (D) Septic Shock
5. Which of the following is the most **common** hospital acquired infection?  
(A) Respiratory infections (B) Urinary tract infections  
(C) Bacteremia (D) Surgical site infection
6. **Best** for screening of soft tissue lesions is  
(A) Ultrasound sonography (B) X-ray  
(C) Computed Tomography (D) Magnetic Resonance Imaging
7. Warfarin should be discontinued for how many days before surgery?  
(A) 2 (B) 3  
(C) 4 (D) 7
8. Which of the following is a second generation supraglottic airway device?  
(A) Laryngeal Mask Airways (B) ProSeal  
(C) Endotracheal tube (D) Both B and C
9. How will you be aware of a patient's positive nitrogen balance?  
(A) Patient will become hungry and ask for food (B) Patient has loss of hunger  
(C) Body weight will return to preoperative weight (D) Urine output will reach 1ml/kg/hr
10. Which of the following biomedical waste can be incinerated?  
(A) Pressurized gas containers (B) Radiographic wastes  
(C) Poly vinyl chloride (PVC) (D) Human anatomical wastes

11. Most **common** presentation of malignant melanoma (70%) is  
 (A) Nodular melanoma (B) Lentigo maligna melanoma  
 (C) Superficial spreading melanoma (D) Acral lentiginous melanoma
12. Milroy's disease is  
 (A) Edema due to filariasis (B) Post cellulitic lymphedema  
 (C) Lymphedema due to surgery (D) Congenital lymphedema
13. Sunray appearance in osteosarcoma is due to  
 (A) Osteonecrosis (B) Periosteal reaction  
 (C) Calcification along muscle spindles (D) Calcification along vessels
14. Most **common** site for stress fracture in foot is  
 (A) Shaft of 2<sup>nd</sup> metatarsal (B) Shaft of 4<sup>th</sup> metatarsal  
 (C) Talus (D) Cuboid
15. Which anesthetic agent is contraindicated for Bier's block?  
 (A) Bupivacaine (B) Lignocaine  
 (C) Lidocaine (D) Both A and C
16. Methemoglobinemia is a side effect of  
 (A) Lidocaine (B) Prilocaine  
 (C) Bupivacaine (D) Ropivacaine

### MULTIPLE CHOICE QUESTIONS

<b>Course:</b>	MBBS Phase-III Part-II, CBME April/May 2024	<b>Max. Marks:</b>	4 Marks
<b>Subject :</b>	General Surgery Paper-II	<b>Time:</b>	10 Minutes
	Section B : Orthopaedics QP Code: A022		

**Instructions:**

- Each question is followed by four options.
- Pick up the single best option and darken the appropriate circle in the OMR Sheet provided.
- Each question carries one mark. No negative marking.

17. Treatment of choice in Compartment syndrome is  
 (A) Aspiration (B) Anti-inflammatory drugs  
 (C) Observation (D) Fasciotomy
18. March fracture is the fracture of  
 (A) 2<sup>nd</sup> metatarsal (B) 4<sup>th</sup> metatarsal  
 (C) Cuboid (D) Tibia
19. **Commonest** dislocation of the shoulder joint after electric shock or epileptic episode is  
 (A) Anterior (B) Posterior  
 (C) Antero-inferior (D) Inferior
20. Ring sequestrum is seen in  
 (A) Typhoid osteomyelitis (B) Chronic osteomyelitis  
 (C) Amputation stump (D) Tubercular osteomyelitis

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**MBBS PHASE – III Part II**  
**DEGREE EXAMINATION – APRIL/MAY 2024**  
**(CBME)**

**Time: 3 Hours**

**Max. Marks: 100**

**OBSTETRICS & GYNECOLOGY**  
**PAPER – I**

**Q.P. Code: A023**

Answers should be specific to the Questions asked.

Draw neat, labeled diagrams wherever necessary.

All questions are compulsory.

**Question Number**

**Marks**

1. M.C.Q.

**20 X 1 = 20**

**LONG ESSAY QUESTIONS:**

**2 X 10 = 20**

2. Define preterm labour. Discuss the causes of preterm labour. Write a note on management of preterm labour. (1+4+5)
3. A 30 year old lady G3P2L2 at 32 weeks of pregnancy comes with complaints of easy fatigability since 2 months. On examination – BP 100/70 mm Hg, Pulse Rate – 90 bpm, SpO<sub>2</sub>- 98% Pallor present, Respiratory system- bilateral normal vesicular breath sound, no added sounds CVS- S1, S2 heard. Per abdomen- uterus ~ 32 weeks size, relaxed, Cephalic, Liquor adequate, fetal heart rate - 130bpm, Laboratory investigation- Hb- 7.2gm%, platelets- 2lakhs, totalcount – 8000. (1+3+3+3)
1. What is your diagnosis?
  2. What other investigations will be required for further evaluation of this case?
  3. How will you manage this case?
  4. What are the maternal and fetal complications of this condition?

**SHORT ESSAY QUESTIONS:**

**9 X 5 = 45**

4. Mention the symptoms and signs of early pregnancy. Write **two** investigations to confirm pregnancy. Write **three** early pregnancy complications in the order of the occurrence. (2 +2+1)
5. Describe the total weight gain in pregnancy and its clinical significance. (3+2)
6. A primigravida with 34 weeks of gestation has come with complains of sudden onset per vaginal bleeding with pain abdomen. On obstetric examination uterus is 36 weeks size, tense, tender and fetal heart sound is absent. What is the diagnosis? Discuss the distinguishing features of Abruptio Placenta and Placenta Previa.
7. Discuss the immediate management following birth of Preterm Neonate.
8. Define “Lie of the Fetus”. Mention the different types of Lie. How will you manage a case of transverse Lie in labour.
9. Discuss the pharmacological agents used in management of Atonic postpartum hemorrhage (uterotonics).
10. A P1L1 complains of decreased breast milk secretion. Enumerate the measures to enhance breast milk secretion.
11. Discuss Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) act .
12. Mention **two** MgSO<sub>4</sub> regimens used in Eclampsia. Add a note on management of its toxicity.

**SHORT ANSWER QUESTIONS:**

**5 X 3 = 15**

13. Mention the functions of amniotic fluid and its clinical significance.
14. A woman has under gone abortion for anencephaly in her previous pregnancy. What is the important pre-conceptual advice?
15. Mention **three** important causes for tubal ectopic pregnancy.
16. Mention the blood investigations done in pre-eclampsia.
17. Enumerate the risk factors for uterine rupture.

**MULTIPLE CHOICE QUESTIONS**

<b>Course:</b> MBBS Phase-III Part II, CBME April/May 2024	<b>Max. Marks:</b> 20 Marks
<b>Subject :</b> Obstetrics & Gynecology Paper-I, <b>QP Code: A023</b>	<b>Time:</b> 30 Minutes

**Instructions:**

- Each question is followed by four options.
- Pick up the single best option and darken the appropriate circle in the OMR Sheet provided.
- Each question carries one mark. No negative marking.

1. Time taken for one cycle of spermatogenesis is  
(A) 80-90 days (B) 50-60 days  
(C) 60-70 days (D) 70-80 days
2. The golden colour amniotic fluid is seen in  
(A) Rh incompatibility (B) Fetal death  
(C) Intra Uterine Growth Restriction (D) Fetal distress  
(IUGR)
3. Fetal nutrition is best reflected by  
(A) Abdominal circumference (B) Biparietal diameter  
(C) Head circumference (D) Fetal femur length
4. All of the drugs are used in Medical Termination of Pregnancy **EXCEPT**  
(A) Mifiprestone (B) Methotrexate  
(C) Misoprostol (D) Atosiban
5. A young woman with 6 weeks of amenorrhoea presents with urine pregnancy test positive with mass per abdomen, Ultrasonography shows empty cavity, what is the diagnosis of the said condition?  
(A) Ovarian cyst (B) Complete abortion  
(C) Ectopic pregnancy (D) Missed abortion
6. All of the following are features of severe pre eclampsia **EXCEPT**  
(A) Intra uterine growth restriction (B) Diastolic BP >110 mm of hg  
(C) Oliguria (D) Macrosomia
7. In pregnancy induced hypertension, which of the following is an imminent sign?  
(A) Visual disturbance (B) Weight gain  
(C) Severe proteinuria (D) Pedal edema
8. Characteristic feature of symmetrical growth restriction is  
(A) Normal ponderal index (B) Low ponderal index  
(C) Chronic placental insufficiency (D) Elevated Head circumference :  
Abdominal circumference ratio
9. The following are signs of scar dehiscence in labour **EXCEPT**  
(A) Abnormal Cardiotocography (B) Scar tenderness  
(C) Maternal tachycardia (D) Premature rupture of membrane
10. Disseminated Intravascular Coagulation (DIC) is due to all **EXCEPT**  
(A) Endothelial injury (B) Micro-vascular thrombosis  
(C) Thrombocytopenia (D) Anemia

11. Common causes of retained placenta
 

(A) Atonic uterus	(B) Constriction ring
(C) Placenta accreta	(D) Poor voluntary expulsive effort
  
12. All of the following drugs are used for the management of post-partum hemorrhage **EXCEPT**

(A) Misoprostol	(B) Oxytocin
(C) Prostaglandin	(D) Mifepristone
  
13. Secondary Postpartum hemorrhage is defined as
 

(A) Hemorrhage within 24 hours	(B) Hemorrhage beyond Puerperium
(C) Hemorrhage during separation of placenta	(D) Hemorrhage after 24 hours but within Puerperium
  
14. Lochia in correct order during Puerperium
 

(A) Rubra-serosa-alba	(B) Serosa-rubra-alba
(C) Alba-serosa-rubra	(D) Alba-mucosa-serosa
  
15. Best level of spinal anaesthesia for Lower Segment Cesarean Section (LSCS) is
 

(A) T4- S1	(B) S2-S4
(C) L1-L3	(D) T1-T3
  
16. The following is **NOT** the prerequisite for external cephalic version
 

(A) Reactive non stress test	(B) Adequate liquor
(C) Singleton pregnancy	(D) Vertex presentation
  
17. Twin peak sign is seen in
 

(A) Monochorionic diamniotic (MCDA) twins	(B) Dichorionic diamniotic (DCDA) twins
(C) Dead fetus	(D) Rh negative pregnancy
  
18. Which of the following Antihypertensive is contraindicated in pregnancy?
 

(A) Labetalol	(B) Nifedipine
(C) MgSO <sub>4</sub>	(D) ACE Inhibitor
  
19. Which of the following is **NOT** the contraindication for Oxytocin in pregnancy?
 

(A) Contracted pelvis	(B) Hypovolemic shock
(C) Mal-presentation	(D) Augmenting labour
  
20. Which of the following drugs is teratogenic?
 

(A) Misoprostol	(B) Retinoids
(C) Epinephrine	(D) Erythromycin

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**MBBS PHASE – III Part II**  
**DEGREE EXAMINATION – APRIL/MAY 2024**  
(CBME)

**Time: 3 Hours**

**Max. Marks: 100**

**OBSTETRICS & GYNECOLOGY**  
**PAPER – II**

**Q.P. Code: A024**

Answers should be specific to the Questions asked.  
Draw neat, labeled diagrams wherever necessary.  
All questions are compulsory.

<b>Question Number</b>	<b>Marks</b>
1. M.C.Q.	<b>20 X 1 = 20</b>
<b>LONG ESSAY QUESTIONS:</b>	<b>2 X 10 = 20</b>
2. 66 year old, post-menopausal nulliparous women came to outpatient department with complaints of vaginal bleeding since 2 weeks. Patient is not taking any hormone replacement therapy. She is a known case of Diabetes and Hypertension. Her weight is 85 kg. On examination, per abdomen- soft, non-tender per speculum- Cervix and vagina appears normal, uterus bulky, no adnexal mass felt. A. What is the differential diagnosis for this case? B. How will you manage the case?	(3+7)
3. A 65 years old P3L3 post-menopausal lady comes with mass per vagina. Describe the supports of uterus. Enumerate the differential diagnosis of the above complaints. Outline the most suitable management for this lady.	(3+3+4)
<b>SHORT ESSAY QUESTIONS:</b>	<b>9 X 5 = 45</b>
4. List the benign ovarian tumours. Discuss the management of a case of Dermoid cyst of the ovary in 26 years old woman.	
5. Discuss the etiology, clinical features and management of Puberty Menorrhagia.	
6. Discuss the diagnosis of the three grades of cervical Dysplasia.	
7. Describe the ultrasound features of Malignant Ovarian Tumour.	
8. Enumerate the therapeutic uses of progesterone in Gynaecology.	
9. A young couple married since three years comes to outpatient department with history of inability to conceive. Enumerate the causes of infertility. Add a note on Semen analysis.	
10. Explain the mechanism of action of combined oral contraceptive pills.	
11. Mention therapeutic indications of laparoscopy in gynecology.	
12. Discuss the indications and complications of Hysterosalpingography.	
<b>SHORT ANSWER QUESTIONS:</b>	<b>5 X 3 = 15</b>
13. Define precocious puberty. Enumerate the causes of precocious puberty.	
14. Describe the clinical staging of carcinoma endometrium.	
15. Outline the management of Polycystic Ovarian Syndrome (PCOS).	
16. List the common gynecological causes of chronic pelvic pain.	
17. Describe the medico-legal counseling for a patient undergoing Tubectomy.	

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**MULTIPLE CHOICE QUESTIONS**

<b>Course:</b> MBBS Phase-III Part II, CBME March 2024	<b>Max. Marks:</b> 20 Marks
<b>Subject :</b> Obstetrics & Gynecology Paper-II, QP Code:A024	<b>Time:</b> 30 Minutes

**Instructions:**

- Each question is followed by four options.
- Pick up the single best option and darken the appropriate circle in the OMR Sheet provided.
- Each question carries one mark. No negative marking.

1. All changes occur in fibroid uterus **EXCEPT**  
(A) Atrophy (B) Squamous metaplasia  
(C) Hyaline degeneration (D) Calcification
2. Least **common** complication of fibroid is  
(A) Torsion (B) Malignancy  
(C) Urinary retention (D) Degeneration
3. Best investigation to establish the diagnosis of endometriosis is  
(A) Laparoscopy (B) Ultrasound Sonography  
(C) Hysterosalpingography (D) Computed Tomography
4. Main source of progesterone in menstrual cycle is  
(A) Corpus luteum (B) Stroma of ovary  
(C) Theca cells (D) Sertoli cells
5. Irregular acyclical bleeding per vaginum is termed as  
(A) Metrorrhagia (B) Menorrhagia  
(C) Polymenorrhoea (D) None of the above
6. Continuous painless vaginal bleeding preceded by 6-8 weeks of amenorrhoea is  
(A) Metropathia haemorrhagica (B) Menorrhagia  
(C) Polymenorrhoea (D) Metromenorrhagia
7. A 35 year old lady complains of post coital bleeding. The management of said condition is  
(A) Clinical examination and PAP smear (B) Visual examination with Lugols iodine  
(C) Visual examination with acetic acid (D) Colposcopy
8. A 50 year old P4L4 has PAP smear showing dysplasia. She undergoes colposcopy directed cervical biopsy, the report of which is normal. The next line of management is  
(A) Wait and watch (B) Diagnostic cone biopsy  
(C) Therapeutic cone biopsy (D) Hysterectomy
9. Risk factor for endometrial cancer are all **EXCEPT**  
(A) Obesity (B) Anemia  
(C) Hypertension (D) Diabetes
10. The principal treatment of stage I B endometrial cancer is  
(A) Surgery (B) Chemotherapy  
(C) Radiotherapy (D) Palliative
11. Asthenospermia is defined as  
(A) Abnormal morphology of sperms (B) No sperms in semen  
(C) Decreased motility of sperms (D) Dead sperms

12. Fallopian tube patency is tested by  
(A) Hysterosalpingography (B) Laproscopy  
(C) Computed Tomography (D) Ultrasound Sonography
13. Most common cause for recto vaginal fistula  
(A) Obstetric injury (B) Radiotherapy  
(C) Tuberculosis (D) Operational injury
14. Treatment of fecal incontinence includes all **EXCEPT**  
(A) Fibre diet (B) Physiotherapy  
(C) Sacral nerve stimulation (D) Laxatives
15. Medical Termination of Pregnancy in second trimester is done by following methods **EXCEPT**  
(A) Extraovular instillation of ethacridine lactate (B) Mifepristone and misoprostol  
(C) Menstrual regulation (D) Dilatation and evacuation
16. Billings method of contraception refers to  
(A) Monitoring basal body temperature (B) Cervical mucus method  
(C) Rhythm method (D) Coitus interruptus method
17. Mifepristone (RU 486) is  
(A) Anti-progesterone (B) Anti-estrogen  
(C) Anti-androgen (D) Anti-gonadotropin
18. Neurological causes of Pelvic pain is  
(A) Herpes (B) Urinary tract infection  
(C) Irritable bowel syndrome (D) Endometriosis
19. The following is used to take a PAP smear  
(A) Punch biopsy forceps (B) Artery forceps  
(C) Toothed forceps (D) Ayre's spatula
20. Most common indication for fractional curettage is  
(A) Endometrial carcinoma (B) Ovarian carcinoma  
(C) Adenomyosis (D) Fibroid

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**MBBS PHASE – III Part-II**  
**DEGREE EXAMINATION – APRIL/MAY 2024**  
**(CBME)**

**Time: 3 Hours**

**Max. Marks: 100**

**GENERAL MEDICINE**  
**PAPER- I**

**Q.P. Code: A018**

Answers should be specific to the Questions asked.

Draw neat, labeled diagrams wherever necessary.

All questions are compulsory.

**Question Number**

**Marks**

1. M.C.Q.

**20 X 1 = 20**

**LONG ESSAY QUESTIONS:**

**2 X 10 = 20**

2. Describe etiology, clinical features, precipitating factors, investigations and treatment of Hepatic Encephalopathy. (2+3+2+3)
3. A 58 year old male came with history of acute onset chest pain in the precordium, radiating to the lower jaw and left ulnar border. He is sweating profusely and his blood pressure is 110/70 mm of Hg. His ECG shows ST segment elevation in the inferior leads. Discuss the risk factors for the said condition, investigations and management of the case. (3+3+4)

**SHORT ESSAY QUESTIONS:**

**9 X 5 = 45**

4. A 15 year old female came to the outpatient department with history of self-induced vomiting and weight loss. Her relatives complained that she was not interested in her daily work and kept thinking that she is overweight. What is the patient suffering from and what would be your management plan?
5. Describe the role of a physician as a team leader.
6. Evaluate the clinical features, diagnosis and treatment of Immune Thrombocytopenia Purpura (ITP).
7. Discuss different vaccines with doses in elderly population.
8. Discuss the Extra-intestinal manifestations of Ulcerative Colitis.
9. Describe post exposure prophylaxis for Human Immunodeficiency Virus prevention. Explain the rationale.
10. Describe the complications of Hypertension.
11. Classify drugs used in Diabetes Mellitus. Discuss management of type 1 Diabetes Mellitus? (2+3)
12. Explain clinical manifestation and treatment of scorpion sting.

**SHORT ANSWER QUESTIONS:**

**5 X 3 = 15**

13. Write clinical features and management of Leptospirosis.
14. Enumerate **four** risk factors for hepatocellular carcinoma.
15. Write the etiologies for urinary incontinence in elderly.
16. Summarize **five** clinical features of Cushing's syndrome.
17. Write a note on how to handle sensitive information and third parties during a patient encounter.

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Placed in 'A' Category by MoE (GoI)

**MULTIPLE CHOICE QUESTIONS**

<b>Course:</b> MBBS Phase III Part II, CBME April/May 2024	<b>Max. Marks:</b> 20 Marks
<b>Subject :</b> General Medicine Paper I , QP Code: A018	<b>Time:</b> 30 Minutes

**Instructions:**

- Each question is followed by four options.
- Pick up the single best option and darken the appropriate circle in the OMR Sheet provided.
- Each question carries one mark. No negative marking.

1. Which one of these is known as the reference protein?  
(A) Legumes (B) Chicken  
(C) Egg (D) Fish
2. Categorize Body Mass Index 25 kg/ sq m as per Asia Pacific guidelines for obesity  
(A) Normal (B) Overweight  
(C) Obese (D) Underweight
3. Which of the following is a cause for weight gain  
(A) Malabsorption (B) Addison's disease  
(C) Thyrotoxicosis (D) Hypothyroidism
4. Neurological manifestations of aging includes all of the following **EXCEPT**  
(A) Increased risk of delirium (B) Presbycusis  
(C) Muscle weakness and wasting (D) Increased vibration sense
5. Stamping gait is seen in  
(A) Arthropathy (B) Parkinson's disease  
(C) Sensory neuropathies (D) Cerebellar diseases
6. What is the preferred therapy for mild malaria  
(A) Artemether and lumefantrine (B) Artemether and mefloquine  
(C) Doxycycline (D) Quinine
7. Which is the infective form of Entamoeba histolytica  
(A) Trophozoite (B) Sporocyst  
(C) Hypnozoites (D) Quadrinucleate cyst
8. What is the incubation period in primary Human Immunodeficiency Virus infection  
(A) 1 to 2 weeks after exposure (B) 1 to 3 weeks after exposure  
(C) 2 to 3 weeks after exposure (D) 2 to 4 weeks after exposure
9. Guillain-Barré syndrome is associated with which bacterial infection?  
(A) Campylobacter (B) Salmonella  
(C) Shigella (D) Escherichia coli
10. Elevated serum ferritin, decreased serum iron and % transferrin saturation are most consistent with the diagnosis of  
(A) Iron deficiency anemia (B) Thalassemia  
(C) Anemia of chronic disease (D) Sideroblastic anemia

11. Which of the following is **NOT** seen in hereditary spherocytosis  
(A) Direct coombs positive (B) Increased osmotic fragility  
(C) Splenomegaly (D) Gall stones
12. Clinical stages of Hodgkin's lymphoma is classified based on which system?  
(A) World Health Organization (B) National AIDS Control organization  
(C) Ann Arbor (D) Binnet system
13. Most **common** site for hypertensive Intracranial hemorrhage is  
(A) Putamen (B) Caudate nucleus  
(C) Cerebellum (D) Subthalamic nucleus
14. Haemochromatosis is inherited as  
(A) Autosomal dominant (B) Autosomal recessive  
(C) X-linked dominant (D) X-linked recessive
15. Which is the most **common** cause for upper gastro-intestinal bleeding  
(A) Peptic ulcer (B) Mallory Weiss syndrome  
(C) Oesophagitis (D) Vascular malformation
16. Spontaneous bacterial peritonitis is characterized by all **EXCEPT**  
(A) Hematemesis (B) Abdominal pain  
(C) Fever (D) Absent bowel sounds
17. Which one of the following is **NOT** a component of Tetralogy of Fallot?  
(A) Ventricular septal defect (B) Mitral stenosis  
(C) Right ventricular hypertrophy (D) Pulmonary stenosis
18. Dilated pupil is a feature of  
(A) Organo-phosphate poisoning (B) Datura poisoning  
(C) Aluminium phosphide poisoning (D) Alprazolam poisoning
19. Nail changes seen in hypothyroidism is  
(A) Pitting nail (B) Leuconychia  
(C) Transverse ridges (D) Onycholysis
20. Reversible dementia is a feature of  
(A) Riboflavin deficiency (B) Thiamine deficiency  
(C) Cyano-cobalamine (D) Folate deficiency

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**MBBS PHASE–III Part-II**

**DEGREE EXAMINATION – APRIL/MAY 2024**

**(CBME)**

**Time: 3 Hours**

**Max. Marks: 100**

**GENERAL MEDICINE**

**PAPER – II**

- Answers should be specific to the Questions asked.
- Draw neat, labeled diagrams wherever necessary.
- All the questions are compulsory.
- Use separate answer books for Section A and Section B

**SECTION A [ 50 Marks ]**

**Q.P. CODE: A019 Section A**

**Question Number**

**Marks**

1. M.C.Q.

**10 X 1 = 10**

**LONG ESSAY QUESTIONS:**

**1 X 10 = 10**

2. 75 years male presented to emergency department with history of altered sensorium associated with vomiting, relatives also give history of intermediate drowsiness since 2 days. No history of fever. Patient is known case of Hypertension since 6 years. Currently on Tab Telmisartan 40mg OD, Hydrochlorothiazide 12.5 mg OD on regular treatment on regular basis. On examination PR - 84 beats per min, BP 126/74 mmHg. CNS; GCS E3V4M5 Pupils B/L Equal Reactive to light. DTRs normal. Planter B/L extensor. Give the differential diagnosis and write the investigations and treatment of Hyponatremia.

**(2+3+5)**

**SHORT ESSAY QUESTIONS:**

**3 X 5 = 15**

3. 25 year male presented with weakness of all the four limbs, more on difficulty from getting up from squatting position. Patient gave history of loose motion 10 to 12 episodes last 3 days. On examination vitals PR 90 beats per min BP 100/70 mmg. Patient is conscious and well oriented. Power in lower limb is 4/5 and upper limb is 4/5. DTR normal. Planter flexors. Mention the causes for Hypokalemia and write investigations and treatment of Hypokalemia.
4. Define Transient Ischemic Attack (TIA). Describe risk factors and management of TIA.
5. Describe the clinical features and management of Ankylosing spondylitis.

**(2+3)**

**SHORT ANSWER QUESTIONS:**

**5 X 3 = 15**

6. Write Red flag signs of Headache.
7. List the non-motor manifestations of Parkinson's disease.
8. Mention the criteria for Acute Kidney Injury.
9. List the organisms causing Atypical pneumonia. Mention treatment of Legionella pneumonia.
10. 25 year male is recently diagnosed as Retro viral disease positive. How do you disclose the diagnosis to the wife, council the family members and precautions to be taken by the family members?

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**MBBS PHASE–III Part-II  
DEGREE EXAMINATION – APRIL/MAY 2024  
(CBME)**

**Time: 3 Hours**

**Max. Marks: 100**

**GENERAL MEDICINE  
PAPER – II**

- Answers should be specific to the Questions asked.
- Draw neat, labeled diagrams wherever necessary.
- All the questions are compulsory.
- Use separate answer books for Section A and Section B

**SECTION B : [ 50 Marks ]**

**Q.P. CODE: A019 Section B**

<b>Question Number</b>	<b>Marks</b>
1. M.C.Q.	<b>10 X 1 = 10</b>
<b>LONG ESSAY QUESTIONS:</b>	<b>1 X 10 = 10</b>
2. Define Hemoptysis. Discuss the causes, approach and management of Hemoptysis.	(2+2+6)
<b>SHORT ESSAY QUESTIONS:</b>	<b>3 X 5 = 15</b>
3. What is Suicide? Add a note on prevention of suicide.	
4. Describe the systemic treatment modalities for psoriasis.	
5. Differentiate between viral exanthema and exanthematous drug reaction.	
<b>SHORT ANSWER QUESTIONS:</b>	<b>5 X 3 = 15</b>
6. Mention First Rank Symptoms of Schizophrenia.	
7. Write a brief note on Cognitive Behavioral Therapy (CBT).	
8. Write Clinical symptoms of Mania.	
9. Describe the cutaneous manifestations of Lupus vulgaris.	
10. List the investigations to confirm leprosy.	

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**MULTIPLE CHOICE QUESTIONS**

<b>Course:</b> MBBS Phase-III Part-II, CBME April/May 2024	<b>Max. Marks:</b> 10 Marks
<b>Subject :</b> General Medicine Paper-II Section A : General Medicine QP Code: A019	<b>Time:</b> 15 Minutes

**Instructions:**

- Each question is followed by four options.
- Pick up the single best option and darken the appropriate circle in the OMR Sheet provided.
- Each question carries one mark. No negative marking.

1. Emotional control is the function of which of the following lobes?  
(A) Frontal (B) Temporal  
(C) Parietal (D) Occipital
2. All of the following manifestations may be associated with lacunar infarcts **EXCEPT**  
(A) Pure motor loss (B) Pure sensory loss  
(C) Dysarthria (D) Quadriplegia
3. Triad of normal pressure hydrocephalus includes  
(A) Tremor, aphasia, dementia (B) Ataxia, aphasia, gait disorder  
(C) Gait disorder, urinary incontinence, dementia (D) Gait disorder, urinary incontinence, aphasia
4. Investigation of choice to diagnose cortical venous thrombosis is  
(A) Plain CT (B) MRI angiogram  
(C) MR Venogram (D) CT Venogram
5. All of the following are causes of polyuria except  
(A) Chronic hyperglycemia (B) Lithium toxicity  
(C) ACTH deficiency (D) Addison's disease
6. Which of the following are **NOT** used to calculate Glomerular Filtration Rate  
(A) Inulin (B) Modification of diet in renal equation  
(C) Creatinine clearance (D) Proteinuria
7. Which of the following is best screening test for Systemic Lupus Erythematosus?  
(A) Antinuclear antibodies (B) Anti SM antibodies  
(C) Anti ds DNA antibodies (D) Complement levels
8. All are features of Reactive Arthritis, **EXCEPT**  
(A) Conjunctivitis (B) Urethritis  
(C) Vasculitis (D) Arthritis
9. A patient presents with a pH 7.5, pCO<sub>2</sub> of 30 mm Hg, pO<sub>2</sub> of 102 mmHg and HCO<sub>3</sub> of 16 mEq/L. Which of the following represents the compensatory mechanism?  
(A) Respiratory alkalosis (B) Metabolic alkalosis  
(C) Respiratory acidosis (D) Metabolic acidosis
10. Bilateral hilar lymphadenopathy, along with non caseating granulomas is a characteristic feature of  
(A) Sarcoidosis (B) Scleroderma  
(C) Systemic Lupus Erythematosus (D) Stein Leventhal syndrome

## MULTIPLE CHOICE QUESTIONS

<b>Course:</b> MBBS Phase-III Part-II, April/May 2024	<b>Max. Marks:</b> 10 Marks
<b>Subject :</b> General Medicine Paper-II Section B : QP Code: A019	<b>Time:</b> 15 Minutes

### **Instructions:**

- Each question is followed by four options.
- Pick up the single best option and darken the appropriate circle in the OMR Sheet provided.
- Each question carries one mark. No negative marking.

11. Coral red-fluorescence on Wood's Lamp examination is seen in  
(A) Melasma (B) Erythrasma  
(C) Erythropeoetic porphyria (D) Pityriasis versicolor
12. Oil drop sign is seen in  
(A) Psoriasis of nails (B) Lichen planus of nails  
(C) Clubbing of nails (D) Tinea Unguim
13. Koebner's phenomenon is characteristic of  
(A) Psoriasis (B) Pemphigus vulgaris  
(C) Pityriasis rosea (D) Lupus vulgaris
14. A 27-year-old male presents with a well-demarcated, coin-shaped erythematous plaque on his left shin. What is the likely diagnosis?  
(A) Atopic eczema (B) Nummular eczema  
(C) Pompholyx (D) Asteatotic eczema
15. The new drug of choice for premature ejaculation is  
(A) Amisulpiride (B) Depoxetine  
(C) Reboxetine (D) Escitalopram
16. Lack of insight is **NOT** a feature of  
(A) Schizoid personality (B) Schizophrenia  
(C) Mania (D) Korsakoff Psychosis
17. The non-Rapid Eye Movement sleep is **commonly** associated with  
(A) Dreams (B) Frequent penile erection  
(C) Increased heart rate (D) Night Terror
18. Defence mechanism associated with Obsessive Compulsive Disorder are all **EXCEPT**  
(A) Isolation (B) Reaction formation  
(C) Repression (D) Undoing
19. All of the following are the features of alcohol dependence syndrome **EXCEPT**  
(A) Craving (B) Withdrawal symptoms  
(C) Tolerance (D) Financial loss
20. Which of the following is **NOT** a first rank symptom described by Kurt Schneider?  
(A) Thought insertion (B) Delusional perception  
(C) Somatic passivity (D) Poverty of thought

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