

MBBS PHASE – III Part-II
DEGREE EXAMINATION – FEBRUARY 2025

Time: 3 Hours

Max. Marks: 100

GENERAL MEDICINE
PAPER- I

Q.P. Code: 1018

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.	25 X 1 = 25
LONG ESSAY QUESTIONS:	2 X 10 = 20
2. Discuss etiology, clinical features, investigations and management of acute pericarditis.	(2+3+2+3)
3. Discuss the risk factors, clinical features, investigations of Bronchogenic Carcinoma.	(3+3+4)
SHORT ESSAY QUESTIONS:	8 X 5 = 40
4. Describe the clinical manifestations of Thiamine deficiency.	
5. Describe the clinical features and treatment of Botulism.	
6. Describe the clinical features and management of Japanese B encephalitis.	
7. Describe the clinical features, diagnosis and treatment of Immune Thrombocytopenia Purpura (ITP).	
8. Define hypertensive emergency. List the various drugs used with dosage in the management of hypertensive emergencies.	
9. Write the clinical features and management of Pneumothorax.	
10. Outline the management of Barbiturate poisoning.	
11. Discuss the predisposing factors and clinical features of hospital acquired pneumonia	
SHORT ANSWER QUESTIONS:	5 X 3 = 15
12. Write a note on clinical features of Zinc deficiency.	
13. Enumerate the causes of falls in elderly.	
14. Describe the clinical features and treatment of Hydatid cyst	
15. Discuss the modes of transmission of HIV infection	
16. List any five adverse effects of ACE inhibitors.	

MULTIPLE CHOICE QUESTIONS

Course: MBBS Phase III Part II, February 2025	Max. Marks: 25 Marks
Subject : General Medicine Paper I, QP Code: 1018	Time: 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. How many kilocalories of energy does each gram of carbohydrate give rise to?
(A) 4 (B) 8
(C) 9 (D) 10
2. Which aminoacid is deficient in pulses?
(A) Methionine (B) Lysine
(C) Leucine (D) Tryptophan
3. Changes with aging include all of the following **EXCEPT**
(A) Neuronal loss (B) Reduced Gastrointestinal motility
(C) Increased bone mineral density (D) Loss of nephrons
4. Which one of the following is a major risk factor for delirium in elderly?
(A) Depression (B) Visual impairment
(C) Pre-existing cognitive impairment (D) Polypharmacy
5. Granulomatous cerebral angitis is a cerebrovascular complication caused due to
(A) Varicella zoster (B) Herpes Zoster
(C) Measles (D) Mumps
6. Sample to be collected in 1st week of mumps infection is
(A) Blood culture (B) CSF culture
(C) Urine culture (D) Saliva culture
7. Treatment of toxoplasmosis in pregnant women until term is with
(A) Spiramycin (B) Amikacin
(C) Cotrimoxazole (D) Sulfadiazine
8. Hydatid cyst is caused by
(A) Dracunculus medirensis (B) Taenia solium
(C) Taenia saginata (D) Echinococcus granulosus
9. Which of the following is **NOT** seen in microcytic hypochromic anemia
(A) Reduced serum Iron (B) Reduced total RBC distribution width
(C) Normal Ferritin levels (D) Increased TIBC
10. The **most** important diagnostic feature for beta thalassemia trait
(A) Raised HbF (B) Reduced MCH
(C) Reduced MCV (D) Raised HbA2
11. Shigella associated HUS is associated with all of the following **EXCEPT**
(A) Hemolysis (B) Thrombocytopenia
(C) Neurological symptoms (D) Renal micro thrombi
12. Treatment of clotting factor deficiency in chronic liver disease is by
(A) Warfarin (B) Vitamin K
(C) Heparin (D) Statins

13. Causative organism for Acute Rheumatic Fever is
 (A) E.coli (B) Enterococci
 (C) Diplococci (D) Streptococci
14. Austin Flint murmur is heard in
 (A) Aortic stenosis (B) Pulmonary stenosis
 (C) Acute rheumatic fever (D) Aortic regurgitation
15. Electrical alternant is seen in
 (A) Mitral stenosis (B) Aortic stenosis
 (C) Pericardial effusion (D) Tricuspid regurgitation
16. SA node is supplied by
 (A) Right coronary artery (B) LAD
 (C) LCX (D) RAD
17. What is normal electrical axis of heart?
 (A) Between -30 and +120 (B) Between -90 to +45
 (C) Between -30 and +90 (D) 120
18. Which of the following cell is characteristic of Hodgkin's disease?
 (A) Lacunar cells (B) Reed-Sternberg cells
 (C) Giant cells (D) Eosinophils
19. Lung cancer is more **commonly** associated with exposure to which of the following?
 (A) Metal grinding (B) Pottery and ceramics
 (C) Asbestos and nickel products (D) Rubber
20. Tumour marker for Papillary and follicular thyroid cancer is
 (A) Calcitonin (B) HCG
 (C) CEA (D) Thyroglobulin
21. Cough with harsh voice is of the following origin
 (A) Pharynx (B) Larynx
 (C) Trachea (D) Bronchus
22. Functional bowel weakness is seen in
 (A) Hypercalcemia (B) Hyperkalemia
 (C) Hypokalemia (D) Hypocalcemia
23. Sudden irresistible sleep attacks often in inappropriate circumstances is seen in
 (A) Hepatic encephalopathy (B) Narcolepsy
 (C) Cataplexy (D) Tubercular Meningitis
24. The acid base status of a patient reveals pH 7.46 and pCO₂ of 30mmHg. The patient has a partially compensated primary
 (A) Metabolic acidosis (B) Metabolic alkalosis
 (C) Respiratory alkalosis (D) Respiratory acidosis
25. Which mutation leads to sickle cell anemia?
 (A) Cross over (B) Frame shift
 (C) Deletion (D) Point mutation

**MBBS PHASE – III Part-II (CBME)
DEGREE EXAMINATION – FEBRUARY 2025**

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. A 55 year old male patient presents to the casualty with complaints of chest pain which is substernal and radiating to the jaw for more than 20 minutes duration. ECG shows ST-elevations in the inferior leads. Choose a treatment protocol for this patient, including immediate treatment as well as long term cardiac rehabilitation. Add a note on complications of Acute Coronary Syndrome | (5+5) |
| 3. Discuss the etiology, pathogenesis, clinical features and management of Portal hypertension | (2+2+3+3) |
| SHORT ESSAY QUESTIONS: | 9 X 5 = 45 |
| 4. A 48 year old female presents with fatigue, numbness, burning sensation in limbs. Discuss the physiological roles of Vitamin B12, including its effects on hematopoiesis, nerve function, and DNA synthesis. Describe the clinical features of vitamin B12 deficiency? | |
| 5. A 60 year old male, weighing 83 kg and standing 168 cm tall presents with hypertension, his fasting glucose is 127 mg/dl and elevated LDL, low HDL. He also has a family history of type 2 diabetes mellitus. Identify and discuss the various risk factors of obesity in this patient. | |
| 6. Discuss etiopathogenesis of brucellosis. Write a note on its prevention. | |
| 7. Write a note on hepatic transplantation. | |
| 8. List the indications for bone marrow aspiration and biopsy. | |
| 9. Describe the investigation for H-pylori infection. | |
| 10. Discuss the clinical features of aortic stenosis. | |
| 11. A 50 year old male, with type 2 diabetes mellitus, presents with severe burning pain in his feet. Describe the role of chronic hyperglycemia in the development of diabetic neuropathy. | |
| 12. A 40 year old female presents with fatigue, unexplained weight gain and dry skin. Explain the complications of untreated hypothyroidism. | |
| SHORT ANSWER QUESTIONS: | 5 X 3 = 15 |
| 13. List clinical features of primary HIV infections. | |
| 14. List six investigations to be done in a case of Multiple Myeloma. | |
| 15. Discuss the first aid treatment of snake bite. | |
| 16. List six risk factors for delirium in elderly. | |
| 17. How to approach a patient who is hesitant to disclose his HIV status. | |

MULTIPLE CHOICE QUESTIONS

Course: MBBS Phase III Part II, CBME February 2025	Max. Marks: 20 Marks
Subject : General Medicine Paper I , QP Code: A018	Time: 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. A 35 year old female came to the OPD and was diagnosed with Chronic Lymphoid Leukemia (CLL). What does the peripheral blood typically shows in CLL?
 (A) Increased eosinophils and basophils
 (B) Elevated white blood cell count with predominance of mature lymphocytes
 (C) Presence of Auer rods
 (D) Decreased red blood cell count with myelodysplastic changes
2. A 65 year old male with history of cirrhosis presents with confusion, asterixis and altered sleep patterns. Which of the following is a **common** precipitating factor for hepatic encephalopathy?
 (A) Dehydration
 (B) Hypoglycemia
 (C) Gastrointestinal bleeding
 (D) Hypercalcemia
3. Which enzyme is involved in the organification of iodide in thyroid hormone synthesis?
 (A) Deiodinase
 (B) Peroxidase
 (C) Monodeiodinase
 (D) Pendrin
4. A 26 year old female presents to the OPD at 27 weeks of gestation with elevated blood sugar levels. What diagnostic test is preferred to confirm diabetes in pregnant women?
 (A) Random plasma glucose
 (B) HbA1c
 (C) Oral glucose tolerance test (OGTT)
 (D) Fasting plasma glucose
5. Which of the following is the most **common** cause for falls in elderly?
 (A) Polypharmacy
 (B) Visual impairment
 (C) Neurological disorders
 (D) Hearing loss
6. Serum vitamin B12 level is increased in
 (A) Pernicious anaemia
 (B) Di Guglielmo's disease
 (C) Chronic myeloid leukaemia
 (D) Hereditary orotic aciduria
7. A patient presents with increased serum Iron, decreased TIBC. Increased percent saturation and increased serum ferritin. Probable diagnosis is
 (A) Anemia of chronic disease
 (B) Sideroblastic anemia
 (C) Iron deficiency anemia
 (D) Thalassemia minor
8. What is the recommended duration for post-exposure prophylaxis (PEP)?
 (A) 28 days
 (B) 60 days
 (C) 90 days
 (D) 120 days
9. A 30-year-old woman on a strict vegan diet develops symptoms of fatigue, glossitis, and peripheral neuropathy. Laboratory tests reveal elevated methylmalonic acid and homocysteine levels. Which vitamin deficiency is most consistent with these findings?
 (A) Vitamin B12
 (B) Vitamin B6
 (C) Vitamin D
 (D) Vitamin K
10. Which hormone is produced by adipocytes?
 (A) Ghrelin
 (B) Insulin
 (C) Leptin
 (D) Cortisol

11. Which of the following is **NOT** a criterion for metabolic syndrome?
(A) Elevated blood glucose (B) High BP
(C) Abdominal obesity (D) Increased HDL cholesterol
12. Which of the following statements is **true** regarding the progression of tetanus?
(A) Rapid progression is linked to milder symptoms
(B) Slower development leads to a more severe disease
(C) Rapid development is associated with a poorer outcome
(D) The rate of progression does not affect the outcome
13. How many serotypes of the dengue virus exist?
(A) One (B) Two
(C) Four (D) Six
14. What is the recommended first aid measure for a snake bite?
(A) Tourniquet application (B) Suction or incision
(C) Immobilization and removal of constricting items (D) Administration of antidote
15. Which of the following is the most **common** type of supraventricular tachycardia (SVT) encountered in clinical practice?
(A) Atrial fibrillation (B) Atrial flutter
(C) Paroxysmal supraventricular tachycardia (PSVT) (D) Ventricular tachycardia
16. Most **common** cardiomyopathy in India is
(A) Endomyocardial Fibrosis (B) Amyloid myopathy
(C) Haemochromatosis (D) Sarcoidosis
17. Characteristic sign of acute pericarditis is
(A) Pericardial rub (B) Silent heart sounds
(C) Hyperdynamic apical impulse (D) All of the above
18. What is the primary cause of angina?
(A) Coronary artery spasm (B) Myocardial ischemia
(C) Cardiac arrhythmia (D) Heart failure
19. What is the most **common** site of infection for HSV-1?
(A) Genital area (B) Hands
(C) Oral cavity (D) Eyes
20. What is the primary function of the vitamin A-dependent protein, retinol-binding protein?
(A) Transport of Vitamin A (B) Regulation of Vitamin A levels
(C) Activation of Vitamin A (D) Inhibition of Vitamin A

MBBS PHASE – III Part II
DEGREE EXAMINATION – FEBRUARY 2025

Time: 3 Hours

Max. Marks: 100

GENERAL MEDICINE
PAPER- II

Q.P. Code: 1019

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.	25 X 1 = 25
LONG ESSAY QUESTIONS:	2 X 10 = 20
2. Draw a neat labeled diagram of circle of Willis. Discuss clinical features, investigations and management of right middle cerebral artery territory infarct.	(3+3+2+2)
3. Describe etiology, clinical features, diagnosis and management of Rheumatoid Arthritis.	(2+3+5)
SHORT ESSAY QUESTIONS:	8 X 5 = 40
4. Discuss clinical features and management of Parkinson's disease.	
5. Describe Brainstem reflexes.	
6. Classify drugs used in Diabetes Mellitus and discuss management of type 2 diabetes mellitus.	(2+3)
7. Describe the pathogenesis, clinical features and management of Osteoarthritis.	
8. Who coined the term Schizophrenia? Enumerate first rank symptoms of Schizophrenia?	
9. Describe the cutaneous lesions in Tuberos Sclerosis Complex.	
10. Differentiate between the clinical features of Ulcerative Colitis and Crohn's disease.	
11. Write a note on investigations in pancreatic disorders.	
SHORT ANSWER QUESTIONS:	5 X 3 = 15
12. Mention five clinical features of Cushing's syndrome.	
13. Mention the clinical features of polyarteritis nodosa.	
14. List three indications for ECT.	
15. Define Wheal and list the causes of urticaria.	
16. Name three causes of indirect hyperbilirubinemia.	

MULTIPLE CHOICE QUESTIONS

Course: MBBS Phase III Part II, February 2025	Max. Marks: 25 Marks
Subject : General Medicine Paper II, QP Code: 1019	Time: 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. Emotional control is the function of which of the following lobes?
(A) Frontal (B) Temporal
(C) Parietal (D) Occipital
2. LMN lesions are associated with which one of the following?
(A) Flaccid paralysis (B) Spasticity
(C) Muscular in co-ordination (D) Increased tendon reflexes
3. All of the following are features of Fredrich's ataxia **EXCEPT**
(A) Progressive ataxia (B) Cardiomyopathy
(C) Diabetes mellitus may be associated (D) Extensor plantar with brisk lower limb reflexes
4. Absence seizures are characterized on EEG by
(A) 3 Hz spike and wave (B) 1-2 Hz spike and wave
(C) Generalized poly spikes (D) 6 Hz spike
5. McDonald's criteria are used for diagnosis of
(A) Multiple sclerosis (B) Multiple myeloma
(C) Stroke (D) Sub-acute combined degeneration of spinal cord
6. Typical features of Goodpastuer's syndrome include
(A) Circulatory antiglomerular basement membrane antibodies (B) Crescentic nephritis
(C) Presentation with acute renal failure (D) All of the above
7. Causes of anemia in chronic kidney disease include
(A) Deficiency of erythropoietin (B) Toxic effects of uremia on marrow precursor cells
(C) Reduced red cell survival (D) All of the above
8. Routine screening of TSH in children is done within
(A) 15 days after birth (B) 1 day after birth
(C) 5-7 days after birth (D) 5-7 hours after birth
9. Which of the following is **NOT** a symptom of hyperthyroidism?
(A) Weight loss (B) Heat intolerance
(C) Tachycardia (D) Bradycardia
10. Karyotype in Klinefelter Syndrome is
(A) 47XXY (B) 47XO
(C) 45XXY (D) 45XO
11. 20 mg of Hydrocortisone is equivalent to
(A) 5 mg prednisolone (B) 10 mg prednisolone
(C) 15 mg prednisolone (D) 100 mg prednisolone

12. Which of the following drug among Dopamine agonist is used in pregnancy
 (A) Reserpine (B) Bromocriptine
 (C) Cabergoline (D) Quinagolide
13. Bicuspid aortic valve is a clinical feature of
 (A) Klinefelter's syndrome (B) Turner's syndrome
 (C) Cushing's disease (D) Hypocalcemia
14. Chvostek's sign is seen in
 (A) Hypercalcemia (B) Hypokalemia
 (C) Hypocalcemia (D) Hyperkalemia
15. Which of the following is **best** screening test for SLE?
 (A) Antinuclear antibodies (B) Anti SM antibodies
 (C) Anti-ds DNA antibodies (D) Complement levels
16. Heberden's arthropathy affects
 (A) Lumbar spine (B) Distal interphalangeal joints
 (C) Sacroiliac joint (D) Symmetrical large joints
17. Circle of Hebra is associated with which dermatologic condition?
 (A) Syphilis (B) Pediculosis
 (C) Scabies (D) Leprosy
18. Koebner's phenomenon is characteristic of
 (A) Psoriasis (B) Pemphigus vulgaris
 (C) Pityriasis rosea (D) Lupus vulgaris
19. The symptom of inability to enjoy previously pleasurable activity is known as
 (A) Anhedonia (B) Avolition
 (C) Apathy (D) Amotivation
20. All of the following are the features of alcohol dependence syndrome **EXCEPT**
 (A) Craving (B) Withdrawal symptoms
 (C) Tolerance (D) Financial loss
21. Which is the most **common** cause for upper GI bleeding?
 (A) Peptic ulcer (B) Mallory Weiss syndrome
 (C) Oesophagitis (D) Vascular malformation
22. Which drug is used for carcinoid tumor?
 (A) Propranol (B) Octreotide
 (C) Insulin (D) Metronidazole
23. All are the tests for H.pylori **EXCEPT**
 (A) Rapid urease test (B) C-urea breath test
 (C) Fecal antigen test (D) Mamometry
24. Most **common** cause of traveller's diarrhea is
 (A) E.Coli (B) Enterococcus
 (C) Hypolactasia (D) HIV Enteropathy
25. Most **common** route of transmission of Hepatitis B infection is
 (A) IV drug use (B) Tattoos
 (C) Vertical transmission (D) Sexual transmission

MBBS PHASE–III Part-II (CBME)

DEGREE EXAMINATION – FEBRUARY 2025

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

Question Number	Marks
1. M.C.Q.	10 X 1 = 10
LONG ESSAY QUESTIONS:	1 X 10 = 10
2. A 70-year-old man presents to the emergency department with sudden onset of vision loss in his right eye, confusion, and difficulty walking. His medical history includes atrial fibrillation. a) What type of stroke is this patient most likely experiencing? b) Discuss the role of atrial fibrillation in the development of this condition. c) Add a note on subsequent treatment plan for this condition.	(2+3+5)
SHORT ESSAY QUESTIONS:	3 X 5 = 15
3. A 45 year old female with progressive history of difficulty in climbing stairs and mild dysphagia presents to the clinic. She has been on corticosteroid treatment but is now being considered for additional immunosuppressive treatment due to persistent symptoms. Write a note on the typical presentation of polymyositis and mention its diagnostic investigations.	(2+3)
4. A 47 year old woman, from a lower economic status presented to the PHC with breathlessness and cough with expectoration since 4 days associated with high grade fever. Describe the investigations and management of community acquired pneumonia.	(3+2)
5. Describe clinical features of chronic renal failure.	
SHORT ANSWER QUESTIONS:	5 X 3 = 15
6. List six adverse effects of Sodium Valproate.	
7. List the drugs used for the treatment of Trigeminal Neuralgia.	
8. List six causes of hyponatraemia.	
9. Enumerate the diagnostic criteria for Rheumatoid Arthritis.	
10. Discuss the role of physician in community.	

SECTION B : [50 Marks]

Q.P. CODE: A019

Question Number	Marks
1. M.C.Q.	10 X 1 = 10
LONG ESSAY QUESTIONS:	1 X 10 = 10
2. Discuss the methods of diagnosis of Pulmonary Tuberculosis (TB). Discuss the regimen for drug sensitive TB, dosages and adverse effects of drugs used in the treatment of drug sensitive tuberculosis.	(3+7)
SHORT ESSAY QUESTIONS:	3 X 5 = 15
3. A 40 year old man reports with 6 month history of excessive worry, fear, and anxiety. He has difficulty in sleeping and concentrating. Discuss the probable diagnosis and treatment approach for this case.	
4. A 70 year old male presented with confluent lichenified plaques on photo exposed parts. What is the most probable diagnosis? Discuss the management of above case.	
5. Classify primary skin lesions with one example each. Enumerate secondary skin lesions.	(3+2)
SHORT ANSWER QUESTIONS:	5 X 3 = 15
6. List the causes of localized cutaneous erythema.	
7. List Anti-scabecidal drugs.	
8. Describe the common clinical symptoms of Mania.	
9. Describe clinical features of Attention Deficit Hyperactivity Disorder (ADHD).	
10. List three indications for ECT.	

MULTIPLE CHOICE QUESTIONS

Course:	MBBS Phase-III Part-II, CBME February 2025	Max. Marks:	10 Marks
Subject :	General Medicine Paper-II Section A	Time:	15 Minutes
	QP Code: A019		

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. The pain of primary headache is
 - (A) Gradual onset, unilateral and crescendo pattern of moderate to severe intensity and aggravated by routine physical activity
 - (B) Bilateral tightness which waxes and wanes
 - (C) Deep, continuous, excruciating and explosive pain, beginning quickly and reaching a crescendo within minutes
 - (D) Episodes of pulsatile headache that occur only after physical exercise

2. A patient presenting to medical emergency was diagnosed with transient ischemic attack. The risk of stroke following this event was calculated by using ABCD2 score. Presence of which of the following would be awarded one point in this patient?

(A) Age 58 years	(B) Blood pressure: 138/92 mmHg
(C) Unilateral weakness on presentation	(D) Duration of symptoms: 90 minutes

3. Which of the following anti-epileptic drug is **NOT** a part of first line therapy for focal onset seizures?

(A) Valproate	(B) Lamotrigine
(C) Phenytoin	(D) Levetiracetam

4. Which cell in the bone microenvironment is primarily responsible for coordinating the regulation of bone remodeling?

(A) Bone lining cells	(B) Bone marrow stromal cells
(C) Osteoclasts	(D) Osteocytes

5. Which one of the following diseases is **NOT** typically associated with autoantibody production?

(A) Antiphospholipid syndrome	(B) Giant cell arteritis
(C) Granulomatosis with polyangiitis (formerly known as Wegener's granulomatosis)	(D) Microscopic polyangiitis

6. A 75 year old man presents with pain of moderate severity affecting the base of both thumbs. Hand X-rays shows evidence of osteoarthritis at both first carpometacarpal (CMC) joints. Local application of gel containing diclofenac has not helped his symptoms. What would be the next **most** appropriate drug treatment for his pain?

(A) Co-codamol	(B) Ibuprofen
(C) Gabapentin	(D) Paracetamol

7. Which ion deficiency can cause hypocalcemia?

(A) Sodium	(B) Potassium
(C) Magnesium	(D) Bicarbonate

8. Most **common** cause of injury to parathyroid gland is

(A) Trauma to neck	(B) During endotracheal intubation
(C) During thyroid surgery	(D) During endoscopy/ bronchoscopy

9. A 70-year-old male with chronic kidney disease presents with muscle weakness and arrhythmias. His potassium level is 2.8 mEq/L. Which of the following medications is **most** likely responsible for his hypokalemia?

(A) Spironolactone	(B) Furosemide
(C) ACE inhibitors	(D) Non-steroidal anti-inflammatory drugs (NSAIDs)

10. In the CURB-65 score, what does the "B" stand for?

(A) BUN > 19 mg/dL	(B) Blood glucose > 200 mg/dL
(C) Blood pressure < 90/60 mmHg	(D) Breathing rate > 30/min

MULTIPLE CHOICE QUESTIONS

Course: MBBS Phase-III Part-II, February 2025	Max. Marks: 10 Marks
Subject : General Medicine Paper-II Section B	Time: 15 Minutes
QP Code: A019	

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. The most **common** symptom associated with alcohol withdrawal is
(A) Body aches (B) Tremor
(C) Diarrhoea (D) Rhinorrhea
12. Which of the following is the **common** symptom of Attention Deficit Hyperactivity Disorder?
(A) Completing the given task (B) Decreased interaction
(C) Repetitive behaviour (D) Impulsivity
13. A 45 year old male who had recent suicide attempt was brought with the complaints of persistently low mood since a month, death wishes, not interacting with anyone, not eating food, feeling hopeless. Which among the following is red flag sign for this patient?
(A) Hopelessness (B) Suicidal ideation
(C) Decreased appetite (D) Decreased interaction
14. Delusion is a disorder of
(A) Thought (B) Perception
(C) Personality (D) Cognition
15. Delirium is characterized by all **EXCEPT**
(A) Clouding of consciousness (B) Impairment of attention
(C) Visual hallucinations (D) Remote memory loss
16. The new drug of choice for premature ejaculation is
(A) Amisulpiride (B) Depoxetine
(C) Reboxetine (D) Escitalopram
17. A 35 year old female comes with malar rash, oral ulcers and photosensitivity on and off since 2 years. dsDNA is strongly positive. **Most** likely diagnosis is
(A) SLE (B) Systemic sclerosis
(C) Dermatomyositis (D) None of the above
18. Nail involvement is **NOT** a feature of
(A) Psoriasis (B) Lichen Planus
(C) Dermatophytosis (D) Discoid lupus erythematosus
19. Jarish Herxheimer reaction is seen in early cases of
(A) Chancroid (B) Lymphogranuloma venereum
(C) Syphilis (D) Donovanosis
20. Wavelength of light produced by Wood's Lamp is
(A) 320 nm (B) 360 nm
(C) 400 nm (D) 420 nm

MBBS PHASE-III Part-II

DEGREE EXAMINATION – FEBRUARY 2025

Time: 3 Hours

Max. Marks: 100

**GENERAL SURGERY
PAPER – I**

- 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 [50 Marks]

Q.P. CODE: 1020

Question Number	Marks
1. M.C.Q.	15 X 1 = 15
LONG ESSAY QUESTIONS:	1 X 10 = 10
2. Discuss etiopathogenesis and management of varicose veins.	(5+5)
SHORT ESSAY QUESTIONS:	2 X 5 = 10
3. Describe the differences between Keloid & hypertrophic scar.	
4. Describe the pathogenesis of Hydatid disease.	
SHORT ANSWER QUESTIONS:	5 X 3 = 15
5. What are the premalignant conditions of skin?	
6. Describe the causes and management of air embolism.	
7. Describe the stages in wound healing.	
8. Describe pyogenic granuloma.	
9. Discuss the types and clinical features of Dermoid tumour.	

SECTION B : ORTHOPAEDICS [50 Marks]

Q.P. CODE: 1021

Question Number	Marks
1. M.C.Q.	10 X 1 = 10
LONG ESSAY QUESTIONS:	1 X 10 = 10
2. Define fracture. Enumerate the stages and explain factors influencing fracture healing.	
SHORT ESSAY QUESTIONS:	3 X 5 = 15
3. Define compartment syndrome. Explain its clinical features & management.	
4. Explain the management of supracondylar humerus fracture in children.	
5. Classify patella fracture. Discuss its management.	
SHORT ANSWER QUESTIONS:	5 X 3 = 15
6. Describe Bohler Braun splint.	
7. Define and classify Nonunion of Fractures.	
8. Discuss types of gait.	
9. Outline the management of chronic osteomyelitis.	
10. Discuss complications of amputation.	

MULTIPLE CHOICE QUESTIONS

Course: MBBS Phase-III Part-II, February 2025	Max. Marks: 15 Marks
Subject : General Surgery Paper-I Section A : General Surgery QP Code: 1020	Time: 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. Shock is clinically **best** assessed by
(A) Central venous pressure (B) Urine output
(C) Blood pressure (D) Hydration
2. Reactionary haemorrhage is within
(A) 12 hours (B) 24 hours
(C) 36 hours (D) 7 days
3. Fresh frozen plasma is stored at
(A) - 10 Celsius (B) - 20 Celsius
(C) - 30 Celsius (D) - 40 Celsius
4. Leriche syndrome involves arterial obstruction at which level?
(A) Aortoiliac (B) Popliteal
(C) Femoral (D) Tibial
5. Characteristic site for development of venous ulcers is
(A) Over lateral malleolus (B) Gaiter's area
(C) Dorsum of foot (D) Sole of foot
6. White leg is also called as
(A) Phlegmasia alba dolens (B) Phlegmasia cerulea dolens
(C) Vitiligo (D) Phlegmasia linea dolens
7. All are poor prognostic factors for Hodgkin's lymphoma **EXCEPT**
(A) Young age (B) Involvement of stomach
(C) Lymphocyte depletion (D) Extranodal metastasis
8. Most **common** site of lymphangiosarcoma is
(A) Liver (B) Spleen
(C) Kidney (D) Retroperitoneum
9. Polydioxanone suture is absorbed within
(A) 7 days (B) 21 days
(C) 100 days (D) 225 days
10. Primary closure of an incised wound must be done within
(A) 2 hours (B) 4 hours
(C) 6 hours (D) 12 hours
11. First line of treatment of keloid is
(A) Intralesional injection (B) Local steroid
(C) Radiotherapy (D) Wide excision
12. Leprosy is transmitted through
(A) Nasal secretion (B) Aerosol
(C) Microinoculation (D) Inhalation

13. Pilonidal sinus is more **common** in
 (A) Men (B) Women
 (C) Equal incidence in men & women (D) Children
14. Slip sign is seen in
 (A) Lipoma (B) Dermoid cyst
 (C) Sebaceous cyst (D) Epidermoid cyst
15. An abscess of pulp of finger is
 (A) Paronychia (B) Felon
 (C) Cellulitis (D) Koilonychia

MULTIPLE CHOICE QUESTIONS

Course: MBBS Phase-III Part-II, February 2025	Max. Marks: 10 Marks
Subject : General Surgery Paper-I	Time: 15 Minutes
Section B : Orthopaedics QP Code: 1021	

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.

16. Stress fracture is treated by
 (A) Rest (B) Cast immobilization
 (C) Closed reduction (D) Internal fixation
17. Contraindication to internal fixation is
 (A) Physical injury (B) Active infection
 (C) Intra articular fracture (D) Fracture dislocation
18. Single **most** important factor in fracture healing is
 (A) Correct bone alignment (B) Accurate reduction
 (C) Immobilisation (D) Organization of clot
19. **Commonest** site of fracture of clavicle is
 (A) Middle one third (B) Lateral one third
 (C) Junction of middle and lateral one third (D) Junction of middle and medial one third
20. Normal carrying angle in female is
 (A) 10 degrees (B) 14 degrees
 (C) 18 degrees (D) 11 degrees
21. Monteggia fracture involves fracture of
 (A) Upper third radius (B) Lower third radius
 (C) Upper third ulna (D) Lower third ulna
22. Mallet finger is
 (A) Fracture of proximal phalanges (B) Avulsion of extensor tendon
 (C) Rupture of flexor tendon (D) Capsular rupture of pip joint
23. Tennis elbow is
 (A) Tendinitis at common extensor origin (B) Tendinitis at common flexor origin
 (C) Painful elbow flexion (D) Painful elbow extension
24. Garden's classification is used for
 (A) Tibia fracture (B) Fracture neck of femur
 (C) Ulna fracture (D) Intertrochanteric fracture
25. Treatment of choice in compartment syndrome is
 (A) Aspiration (B) Anti-inflammatory drugs
 (C) Observation (D) Fasciotomy

**MBBS PHASE – III Part II (CBME)
DEGREE EXAMINATION – FEBRUARY 2025**

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.

Question Number	Marks
1. M.C.Q.	20 X 1 = 20
LONG ESSAY QUESTIONS:	2 X 10 = 20
2. A patient presents with swelling in front of the neck since 10 years and was diagnosed with Goitre. a) Classify Goitres. b) Explain surgical anatomy of thyroid gland with a neat labeled diagram.	(5+5)
3. Classify breast malignancies. Discuss the risk factors, clinical features and management of locally advanced breast cancer.	(3+7)
SHORT ESSAY QUESTIONS:	9 X 5 = 45
4. An 18 year old girl presents with pain in the right lower quadrant of the abdomen. a) Enumerate the differential diagnosis. b) Discuss management of Acute Appendicitis.	(2+3)
5. A 35 year old female presents with a painless swelling over left cheek. Describe the clinical features and management of mixed parotid tumour.	(2+3)
6. A 45-year-old male presents for a routine dental checkup. He has a history of smoking 1 pack per day for 20 years. During the examination, a white patch is noticed on the buccal mucosa. Write a note on approach and treatment of the above patient.	(2+3)
7. Discuss the clinical features and management of chronic pancreatitis.	(2+3)
8. Describe the clinical features and management of Varicocele.	(2+3)
9. A 25 year old male patient with history of fall from height, followed by loss of consciousness and convulsions presented to emergency department. Describe Glasgow coma scale and its modifications for head injury.	
10. Write a short note on Horse-shoe kidney.	
11. Discuss the clinical features and management of Warthin's tumour.	(2+3)
12. Enumerate the causes and treatment of Small Bowel Obstruction.	
SHORT ANSWER QUESTIONS:	5 X 3 = 15
13. Explain Hilton's method of Abscess Drainage	
14. Enumerate the types of ventral hernias	
15. Describe Patient-Centred Care in a tertiary care hospital.	
16. Write a note on Cadaver transplant program in India	
17. Differentiate between TEPP and TAP.	

MULTIPLE CHOICE QUESTIONS

Course: MBBS Phase-III Part II, CBME February 2025	Max. Marks: 20 Marks
Subject : General Surgery Paper-I, QP Code: A021	Time: 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 malignancy is **commonly** seen in dye industry workers?
(A) Skin (B) Scrotum
(C) Urinary Bladder (D) Stomach
2. The **best** graft for femoro popliteal bypass is
(A) Autologous vein (B) Dacron
(C) Teflon (D) PTFE
3. Cullen's sign is seen in which condition?
(A) Pancreatitis (B) Gastritis
(C) Pyelonephritis (D) Cholecystitis
4. Allograft by definition means
(A) A transplant between identical twins (B) A transplant from one individual to another
(C) A graft performed between different species (D) A transplant placed in its normal anatomical site
5. The **commonest** type of Mesenteric cyst is
(A) Enterogenous cyst (B) Chylolymphatic cyst
(C) Dermoid cyst (D) Urogenital cyst
6. A 55-year-old patient presents with a red patch on the ventral aspect of his tongue. He is a chronic smoker. A provisional diagnosis of erythroplakia was made and incisional biopsy of the lesion was planned. Which one of the following findings on histopathology is likely to dictate the future course of treatment for this patient?
(A) Degree of acanthosis (B) Degree of vascularity
(C) Presence of inflammatory cells (D) Severity of dysplasia
7. What percentage of submandibular gland stones are radio opaque?
(A) 0.1 (B) 0.7
(C) 0.8 (D) 0.9
8. Features of Gorlin's syndrome does **NOT** include
(A) Medulloblastoma (B) Multiple Basal cell carcinoma
(C) Keratocyst of the jaw (D) Hypospadias
9. Investigation of choice in a 30 year old male with a suspected hollow viscous perforation is
(A) USG (B) MRI
(C) Nuclear scan (D) Erect X ray abdomen
10. What is a typical application of a round body needle in surgery?
(A) Closing fascial layers (B) Repairing tendons
(C) Anastomosing blood vessels (D) Subcutaneous tissue closure
11. What is the disadvantage of monofilament sutures?
(A) Greater susceptibility to bacterial infection (B) Difficulty in effective knotting
(C) Increased capillarity leading to persistent sinuses (D) Rapid decay of tensile strength

12. A malignant deposit around the umbilicus is called as
 (A) Virchow's node (B) Sister Mary-Joseph nodule
 (C) Blummer shelf nodule (D) Troisier's sign
13. A young patient presents with urethritis, conjunctivitis and polyarthritis. Name the triad
 (A) Bowen's (B) Beck's
 (C) Reiter's (D) Murphy's
14. In which technique, flexible or rigid endoscopes are introduced into hollow organs?
 (A) Arthroscopy (B) Thoracoscopy
 (C) Endoluminal endoscopy (D) Perivisceral endoscopy
15. A 30 year old lady who was diagnosed with a painless lump in the breast following injury was diagnosed with traumatic fat necrosis. All of the following features are present in this **EXCEPT**
 (A) Lump is freely mobile (B) Skin tethering
 (C) Nipple retraction (D) Lump is fixed & non mobile
16. A 18-year-old is admitted to the Emergency department shortly after being involved in an automobile accident. He is in a coma. His pulse is barely palpable at a rate of 140 beats per minute and BP is 60/0 mm Hg. Breathing is rapid and shallow, aerating both lung fields. His abdomen is moderately distended with no audible peristalsis. After rapid IV administration of 2 L of lactated Ringer solution in the upper extremities, his pulse is 130 and BP 70/0. The next immediate step should be to
 (A) Obtain cross-table lateral X-rays of the cervical spine
 (B) Obtain head and abdominal CT scans
 (C) Obtain supine and lateral decubitus X-rays of the abdomen
 (D) Explore the abdomen
17. What is ranula?
 (A) Retention cyst of sublingual gland (B) Parotid gland swelling
 (C) Extravasation cyst of sublingual gland (D) Extravasation cyst of submandibular gland
18. The most **common** cause of Intestinal Obstruction is
 (A) Inflammatory (B) Adhesions
 (C) Carcinoma (D) Obstructed Hernia
19. Treatment of choice for large Toxic Nodular Goitre is
 (A) Antithyroid drugs (B) Surgery
 (C) Radio-iodine (D) Observe
20. The most **common** thyroid malignancy is
 (A) Papillary Thyroid Carcinoma (B) Follicular Carcinoma
 (C) Anaplastic Carcinoma (D) Medullary carcinoma

**MBBS PHASE – III Part II
DEGREE EXAMINATION – FEBRUARY 2025**

Time: 3 Hours

Max. Marks: 100

**GENERAL SURGERY
PAPER – II**

Q.P. Code: 1022

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.	25 X 1 = 25
LONG ESSAY QUESTIONS:	2 X 10 = 20
2. Discuss surgical anatomy of inguinal canal. Discuss the clinical features & management of obstructed inguinal hernia.	(4+2+4)
3. Describe the clinical features and management of early breast cancer.	
SHORT ESSAY QUESTIONS:	8 X 5 = 40
4. Describe the premalignant conditions of carcinoma cheek.	
5. Discuss the complications of parotid surgery.	
6. Describe the clinical features and management of thyroglossal cyst.	
7. Describe the surgical anatomy of thyroid gland.	
8. Describe the clinical features and investigations for urinary bladder cancer.	(2+3)
9. Discuss the management of benign prostatic hypertrophy.	
10. Define Hydrocele. Describe the classification and causes of Hydrocele.	(1+2+2)
11. What are the causes of gastric outlet obstruction?	
SHORT ANSWER QUESTIONS:	5 X 3 = 15
12. What are the different types of abdominal incisions?	
13. Define circumcision & its indications.	
14. Discuss the surgical management for duodenal ulcer.	
15. Describe Calot's triangle and its contents.	
16. What are the indications of Feeding Jejunostomy? Describe the complications of Feeding Jejunostomy.	

MULTIPLE CHOICE QUESTIONS

Course: MBBS Phase-III Part II, February 2025	Max. Marks: 25 Marks
Subject : General Surgery Paper-II, QP Code: 1022	Time: 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. Failure of the obliteration of processus vaginalis leads to development of
 (A) Direct inguinal hernia (B) Indirect inguinal hernia
 (C) Femoral hernia (D) Sliding hernia
2. 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
3. Conjoint tendon is formed by
 (A) External oblique & transversus abdominus (B) External + internal oblique
 (C) Transversus Abdominus + internal oblique (D) Rectus abdominus + internal oblique
4. **Commonest** type of cleft lip is
 (A) Bilateral (B) Midline
 (C) Combined with cleft palate (D) Unilateral
5. Most **common** malignant tumour of parotid is
 (A) Epidermoid carcinoma (B) Mucoepidermoid carcinoma
 (C) Squamous cell adenocarcinoma (D) Lymphoma
6. What is the lowest score in GCS?
 (A) 3 (B) 2
 (C) 0 (D) 5
7. Dormia basket is used in
 (A) Collecting urine sample (B) Collecting stool sample
 (C) Removing ureteric calculi (D) Removing gall bladder calculi
8. Thimble bladder is seen in
 (A) Radiation (B) Chronic tuberculosis
 (C) Neurogenic bladder (D) Schistosomiasis
9. In Benign Prostatic Hyperplasia **most common** lobe involved is
 (A) Lateral (B) Posterior
 (C) Median (D) Anterior
10. Mesenteric cyst
 (A) Moves parallel to mesentery (B) Moves perpendicular to mesentery
 (C) Is fixed (D) Is fixed and immobile
11. Pseudopolyposis is a feature of
 (A) Crohn's disease (B) Ulcerative colitis
 (C) Familial adenomatous polyposis (D) Hereditary non-polyposis colorectal cancer
12. Most **common** cause of dynamic intestinal obstruction is
 (A) Inflammatory (B) Adhesions
 (C) Carcinoma (D) Obstructed hernia

13. X-ray features of intestinal obstruction is
 (A) Air under diaphragm (B) Presence of multiple air fluid levels
 (C) Coffee bean appearance (D) Spinnaker sail sign
14. **Commonest** site of tuberculosis of the intestine is
 (A) Stomach (B) Ileum
 (C) Jejunum (D) Colon
15. All are associated with non-healing of fistula **EXCEPT**
 (A) Contained abscess (B) Distal obstruction
 (C) Non epithelialization (D) Radiation enteritis
16. Duhamel's operation is done for
 (A) Hirschsprung disease (B) Meconium ileus
 (C) Annular pancreas (D) Imperforate anus
17. **Commonest** type of carcinoma of anal canal is
 (A) Squamous cell carcinoma (B) Adeno carcinoma
 (C) Adenocanthoma (D) Papillary type
18. Most **common** type of anorectal fistula is
 (A) Intersphincteric (B) Transsphincteric
 (C) Suprasphincteric (D) Extrasphincteric
19. Which of the following is a muscle splitting incision?
 (A) Kocher's incision (B) Lanz incision
 (C) Rutherford Morrison incision (D) Pfannensteil incision
20. Splenectomy is **most** useful in
 (A) Sickle cell anemia (B) Thalassemia
 (C) Hereditary spherocytosis (D) Acquired auto hemolytic anemia
21. Airway obstruction is managed by all **EXCEPT**
 (A) Chin lift (B) Jaw thrust
 (C) Oropharyngeal airway (D) Nasal prongs
22. Visual analog score is used for
 (A) Sedation level (B) Pain
 (C) Recovery from anaesthesia (D) Muscle relaxation
23. Cork screw esophagus is a feature of
 (A) Candidiasis (B) Achlasia cardia
 (C) Diffuse esophageal spasm (D) Carcinoma esophagus
24. **Most** accurate radiologic modality for detection of gall bladder stones is
 (A) Computerized tomography (B) X-rays
 (C) Magnetic resonance imaging (D) Ultrasound
25. Investigation of choice for testicular torsion is
 (A) Ultrasonography (B) Computerized tomography
 (C) Magnetic resonance imaging (D) X - ray

MBBS PHASE–III Part-II (CBME)

DEGREE EXAMINATION – FEBRUARY 2025

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

Question Number	Marks
1. M.C.Q.	16 X 1 = 16
LONG ESSAY QUESTIONS:	1 X 10 = 10
2. What are the mediators and pathways of the metabolic response to injury? Write a note on Ebb and flow model.	(5 +5)
SHORT ESSAY QUESTIONS:	7 X 5 = 35
3. A 62-year-old woman with a history of coronary artery disease and recent myocardial infarction presents to the emergency department with worsening shortness of breath and chest pain. On examination, she is diaphoretic, tachycardic and has jugular venous distension. Pulse rate: 132/minute and Blood pressure: 80/60 mm Hg. a) Identify the type of shock with justification. b) Describe its management.	(2+3)
4. A 40 year old male patient with gluteal abscess was diagnosed to have Methicillin resistant staphylococcus aureus infection as per culture sensitivity reports. Describe the pathogenesis and management of antibiotic-resistant surgical infections.	(2+3)
5. A 40 year old male hemodynamically stable patient presenting with signs of diffuse peritonitis may be due to hollow viscous perforation. a) What are the investigations done to confirm the diagnosis? b) Mention the signs of peritonitis on plain X-ray abdomen.	(3+2)
6. Discuss the Moral and legal boundaries and practical difficulties of informed consent.	
7. Describe the abnormal types of wound healing and their management.	
8. Describe the features of commonly used anaesthetic agents.	
9. Explain the basic principle of USG.	
SHORT ANSWER QUESTIONS:	3 X 3 = 9
10. Name three advantages of good communication skills.	
11. What are the radiological features of duodenal atresia?	
12. Describe the procedure of Epidural anaesthesia.	

SECTION B : ORTHOPAEDICS [30 Marks]

Q.P. CODE: A022 Section B

Question Number	Marks
1. M.C.Q.	4 X 1 = 4
LONG ESSAY QUESTIONS:	1 X 10 = 10
2. A 60 year old female is brought to emergency with history of self-fall at home over right hip, following which she is unable to stand and walk. On examination her right lower limb appears to be shortened and externally rotated. a) What are the differential diagnosis? b) Discuss the management of fracture neck of femur.	(4+6)
SHORT ESSAY QUESTIONS:	2 X 5 = 10
3. An infant of 2 month old presents to the OPD with high grade fever and swelling around the knee joint. What is the probable diagnosis? Add a note on its management.	
4. What is Saturday night palsy? Discuss the causes and management of wrist drop.	
SHORT ANSWER QUESTIONS:	2 X 3 = 6
5. Mention clinical features and management of tennis elbow.	
6. Enumerate six complications of amputation.	

MULTIPLE CHOICE QUESTIONS

Course: MBBS Phase-III Part-II, CBME February 2025	Max. Marks: 16 Marks
Subject : General Surgery Paper-II Section A	Time: 20 Minutes
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.

1. A 45 year old male weighing 50 kg has undertaken a fast of long duration. What is the obligate requirement of glucose during starvation to sustain cerebral energy metabolism?
 (A) 50 g (B) 100 g
 (C) 150 g (D) 200 g
2. A patient is brought to the casualty following a Road Traffic Accident. His blood pressure is recorded as 90/60mmHg. What should be the position given to a patient in shock?
 (A) Head low (B) Fowler's
 (C) Semi fowler's (D) Supine
3. A 45 year old worker has sustained inhalational injury and 50% burns. Name the most **common** gas involved in inhalational injuries
 (A) Carbon monoxide (B) Carbon dioxide
 (C) Nitrous oxide (D) Sulphur dioxide
4. The vitamin which has inhibitory effect on wound healing is
 (A) Vitamin A (B) Vitamin E
 (C) Vitamin C (D) Vitamin B
5. When is it **NOT** ethical for a doctor to decide to discontinue life sustaining treatment?
 (A) When clinical consensus dictates that it will not achieve the goal of extending life
 (B) If patients are irreversibly close to death
 (C) If family is not able to meet the expenses of treatment
 (D) Brain dead patients
6. First line of investigation to identify bone lesions is
 (A) MRI (B) Radiographs
 (C) USG (D) CT scan
7. What is the basic role of aldosterone in fluid management?
 (A) Fall in glomerular perfusion pressure reduces aldosterone release, leading to salt retention by kidney
 (B) Rise in glomerular perfusion pressure increases aldosterone release, leading to salt retention by kidney
 (C) Fall in glomerular perfusion pressure increases aldosterone release, leading to salt retention by kidney
 (D) Rise in glomerular perfusion pressure reduces aldosterone release, leading to salt retention by kidney
8. Why is parenteral feeding administered via a central venous access?
 (A) Allows faster administration (B) Lower risk of infections
 (C) Lower risk of phlebitis (D) Lower risk of thrombosis
9. Which of the following categories of biomedical waste in India do **NOT** require containers / bags for disposal?
 (A) Category 1 (human anatomical waste) (B) Category 4 (waste sharps)
 (C) Category 5 (discarded drugs and cytotoxic medications) (D) Category 8 (liquid waste)
10. Cyst that occur at the line of embryonic fusion is
 (A) Tubulodermoid (B) Sequestration dermoid
 (C) Implantation dermoid (D) Teratomatous dermoid

11. Splenic vein thrombosis is best treated by
 (A) Thrombolysis (B) Splenectomy
 (C) Porto caval shunt (D) Leno renal shunt
12. Which of the following are **NOT** necessary for general evaluation before inguinal hernia surgery?
 (A) ECG (B) PT INR, APTT
 (C) CBC (D) EEG
13. **Most** accurate assessment of uterine Leiomyoma is given by
 (A) Ultrasonography (B) Magnetic resonance imaging
 (C) Computerized tomography (D) Hysterosalpingography
14. On computerized tomography, which of following bleed appear biconvex in shape?
 (A) Subarachnoid haemorrhage (B) Subdural haemorrhage
 (C) Extradural haemorrhage (D) All of the above
15. Which is **NOT** true for suxamethonium?
 (A) Quick onset (B) Ideal for short surgeries
 (C) Causes hypokalaemia (D) Causes malignant hyperthermia
16. Which of the following is **NOT** a technique of maintaining an airway?
 (A) Chin lift, jaw thrust (B) Guedel airway
 (C) Supraglottic device (D) Ryles tube

MULTIPLE CHOICE QUESTIONS

Course: MBBS Phase-III Part-II, CBME February 2025	Max. Marks: 4 Marks
Subject : General Surgery Paper-II	Time: 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. Clergyman's knee is due to involvement of
 (A) Prepatellar bursa (B) Suprapatellar bursa
 (C) Infrapatellar Bursa (D) Anserine Bursa
18. A 50 year old man presented with multiple pathological fractures. His serum calcium was 11.5 mg/dl and phosphate was 2.5mg/dl. Alkaline phosphate was 940 IU/L. The probable diagnosis is
 (A) Osteoporosis (B) Osteomalacia
 (C) Multiple myleoma (D) Hyperparathyroidism
19. Which of the following is **NOT** seen in Rickets?
 (A) Cupping of end of bones (B) Irritability
 (C) Cranio tabes (D) Decreased alkaline phosphatase
20. Lisfranc's fracture dislocation is
 (A) Tarsometatarsal dislocation (B) Lunate dislocation
 (C) Scaphoid dislocation (D) Ankle dislocation

**MBBS PHASE – III Part II
DEGREE EXAMINATION – FEBRUARY 2025**

Time: 3 Hours

Max. Marks: 100

**OBSTETRICS & GYNECOLOGY
PAPER – I**

Q.P. Code: 1023

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.	25 X 1 = 25
LONG ESSAY QUESTIONS:	2 X 10 = 20
2. A 22 years primigravida presents at 34 weeks of gestation with BP 170/110 mmHg, urine albumin 3+, fundal height of the uterus less than period of gestation. a) What is the complete diagnosis? b) What are the additional investigations required. c) Outline the management including prevention of eclampsia.	(2+3+5)
3. Mention three important complications of third stage of labour. Mention the components of AMTSL. Add a note on the management of the most common complication of third stage of labour.	(2+4+4)
SHORT ESSAY QUESTIONS:	8 X 5 = 40
4. Define ovulation and explain the mechanism of ovulation with a diagram.	(1+4)
5. Describe the role of Non-stress test in evaluating fetal wellbeing	
6. Discuss the follow up of a post molar pregnancy evacuation.	
7. What are the functions of liquor? How the liquor volume is assessed by USG? Mention three fetal causes of polyhydramnios.	(2 +2 +1)
8. Discuss the degrees of placenta previa with the help of neat-labeled diagram	
9. Discuss the clinical features and management of Iron deficiency anaemia in pregnancy.	(2+3)
10. Define uterine rupture. Discuss the etiology and management of rupture of uterus in a multigravida	(2+3)
11. Discuss the management of Fetal Growth Restriction.	
SHORT ANSWER QUESTIONS:	5 X 3 = 15
12. Define and describe types of episiotomy.	
13. Make an outline of the endocrine control of lactation.	
14. Discuss Daily Fetal Monitoring Count (DFMC).	
15. Define Recurrent Pregnancy Loss (RPL). Enumerate four causes of RPL.	
16. Describe DIPSI.	

MULTIPLE CHOICE QUESTIONS

Course: MBBS Phase-III Part II, February 2025	Max. Marks: 25 Marks
Subject : Obstetrics & Gynecology Paper-I, QP Code:1023	Time: 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. Lecithin:spingomyelin ratio of 2 :1 signifies
(A) Hyaline membrane disease (B) Fetal pulmonary lung maturity
(C) Fetal Rh isoimmunization (D) Fetal distress
2. Weight of the placenta at term is
(A) 500 gm (B) 1000 gm
(C) 1200 gm (D) 1500 gm
3. Which is associated with increased risk of thromboembolism in pregnancy?
(A) Increased progesterone level (B) Increased production of clotting factors in liver
(C) Physiological decrease in platelet levels (D) Increased antithrombin III
4. Insulin resistance in pregnancy is due to all **EXCEPT**
(A) Human placental lactogen (B) Progesterone
(C) Estrogen (D) hCG
5. Normal fetal heart rate varies from
(A) 70-100 beats/min (B) 110-160 beats/min
(C) 160-180 beats/min (D) 180-200 beats/min
6. Denominator in face presentation is
(A) Mentum (B) Occiput
(C) Face (D) Transverse
7. Triple test includes all **EXCEPT**
(A) Inhibin A (B) Unconjugated estradiol
(C) Beta hCG (D) Inhibin B
8. The gold standard test for antenatal surveillance of the pregnancy at-risk for an adverse pregnancy outcome with the lowest false negative rate is
(A) Biophysical profile (B) CTG only
(C) CTG and an estimation of the amniotic fluid volume (D) Contractions stress test
9. Postpartum decidual secretions present is referred as
(A) Lochia (B) Bleeding per vagina
(C) Vasa previa (D) Decidua capsularis
10. Most **common** symptom present in undisturbed ectopic_____?
(A) Pain in lower abdomen (B) Amenorrhoea
(C) Bleeding per vagina (D) Fainting attack
11. All of the following are risk factors for PIH **EXCEPT**
(A) Diabetes (B) Primigravida
(C) Previous LSCS (D) Previous history of PIH

12. Dangerous placenta previa refers to
 (A) Type I anterior (B) Type II anterior
 (C) Type I posterior (D) Type II posterior
13. Colporrhexis is
 (A) Rupture of uterus (B) Rupture of vault of the vagina
 (C) Rupture of the perineal body (D) Rupture of one horn of the uterus
14. First step in management of true PPH is
 (A) Ligation of uterine artery (B) Injection methergin IV
 (C) B lynch compression (D) Hysterectomy
15. Most **common** complication of hypoglycemia in neonates is
 (A) Seizures (B) Tetany
 (C) Cerebral palsy (D) Sepsis
16. Antenatal glucocorticoids prevent which of the following complication
 (A) Respiratory distress syndrome (B) Intra ventricular hemorrhage
 (C) Necrotising enterocolitis (D) Hypoglycemia
17. Physiological jaundice is characterized by all **EXCEPT**
 (A) Appears on 2nd day of birth (B) Disappears by 7th day
 (C) Bilirubin level 6-8mg/dl (D) Bilirubin > 12mg/dl
18. Half-life of oxytocin is
 (A) 3-4 min (B) 5-7 min
 (C) 10 min (D) 20 min
19. Which of the following drugs are teratogenic?
 (A) Misoprostol (B) Retinoid
 (C) Epinephrine (D) Erythromycin
20. Composition of Mala-D oral contraceptive is
 (A) Norgestimate 0.15 mg + Ethinyl Estradiol 30 mcg (B) Levo-Norgestrel 0.15 mg + Ethinyl Estradiol 20 mcg
 (C) Levo-Norgestrel 0.15 mg + Ethinyl Estradiol 30 mcg (D) Levo-Norgestrel 0.15 mg + Mestranol 30 mcg
21. Contraceptive effect of injection depot medroxyprogesterone acetate 150 mg lasts for
 (A) 30 days (B) 60 days
 (C) 90 days (D) 120 days
22. Which is the most **commonly** used episiotomy incision?
 (A) Medio-lateral (B) Lateral
 (C) J shaped (D) Central
23. What is the name of outlet forceps used in vertex presentation?
 (A) Wriggley's forceps (B) Kielland forceps
 (C) Das forceps (D) Pipers forceps
24. All are immediate complications of cesarean section, **EXCEPT**
 (A) PPH (B) Shock
 (C) Amniotic fluid embolism (D) Chronic pelvic pain
25. Which is the method of cervical cerclage?
 (A) McDonald (B) Pomeroy
 (C) Uchida (D) Parkland

MBBS PHASE – III Part II (CBME)
DEGREE EXAMINATION – FEBRUARY 2025

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. A 30 year old Primigravida at 39 weeks gestation presented in spontaneous labour and delivered 4 kg baby vaginally by forceps application. Placenta and membranes delivered were complete and intact. Episiotomy is sutured. The uterus is well contracted but excessive vaginal bleeding persisted. Blood loss was 800ml in the Brass v drape. The PR is 120 bpm and BP is 90/60 mm Hg. a) What is the diagnosis? b) List the risk factors present in this case to develop above complication. c) Outline the evaluation and action plan in detail for management of the above case.	(1+2+7)
3. Define Antenatal care. List its aims and objectives. Discuss various tests for antenatal fetal surveillance.	(1+4+5)
SHORT ESSAY QUESTIONS:	9 X 5 = 45
4. Enumerate direct causes of maternal death and interventions to prevent them.	(1+4)
5. A 30 year old P2L2 has just delivered her 2 nd child by normal vaginal delivery. Both mother and child are in good health. The mother is breast feeding and wishes to avoid any further pregnancies in the near future. She has no significant medical history. Her BP is 120/80 mmHg. She is concerned about potential risks of contraception during post-partum period and seeks advice regarding her options of contraception's. a) Discuss in brief the different contraceptive methods suitable for post-partum women considering benefits and risks of each. b) Recommend an appropriate contraceptive method for the above case.	(4+1)
6. Define miscarriage. How to diagnose inevitable abortion? Describe the management of Inevitable abortion.	(1+2+2)
7. A 22 year primigravida presents at 34 weeks of gestation with BP 170/110mmHg, urine albumin 3+, fundal height of the uterus less than period of gestation. a) What is the diagnosis for the above case? b) Outline the management of the above case including additional investigations required.	(1+4)
8. A 30 year primigravida has conceived twin pregnancy after Intra Uterine Insemination. In her third trimester she presents with history of over distension of abdomen and abdominal discomfort. Describe the antenatal fetal and maternal complications of twin pregnancy.	(2+3)
9. Define deep transverse arrest. Describe diagnosis and management of deep-transverse arrest.	(2+3)

10. Discuss the indications for USG in different trimesters.
11. Mention **two** Magnesium Sulphate regimens used in eclampsia. Add a note its toxicity. (3+ 2)
12. A 30 year old G4P3L3 with 34 weeks gestation presents with fasting blood sugar 140mg%. (1+4)
 - a) What is the diagnosis?
 - b) Discuss the maternal and fetal complications of the above case.

SHORT ANSWER QUESTIONS:

5 X 3 = 15

13. Enumerate the routine investigations done in pregnancy.
14. Mention the chromosomal defects in complete and partial mole.
15. List the indications of parenteral Iron correction in anaemia in pregnancy.
16. How to counsel a couple with grade 2 rheumatic heart disease in female, about family planning? They have one living child of 2 years.
17. List the components of McAfee regimen.

MULTIPLE CHOICE QUESTIONS

Course: MBBS Phase-III Part II, CBME February 2025	Max. Marks: 20 Marks
Subject : Obstetrics & Gynecology Paper-I, QP Code: A023	Time: 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. During early pregnancy, trophoblast cells invade the maternal endometrium to establish the placenta. Which specific part of the trophoblast is primarily responsible for hormone production, including human chorionic gonadotropin (hCG)?
(A) Cytotrophoblast (B) Syncytiotrophoblast
(C) Chorionic mesoderm (D) Extraembryonic mesoderm
2. A woman in active labor has received epidural analgesia. She subsequently develops a significant drop in blood pressure. What is the **most** likely physiological cause?
(A) Bradycardia due to vagal stimulation (B) Peripheral vasodilation from sympathetic blockade
(C) Reduced cardiac contractility (D) Dehydration from labour
3. A 30-year-old woman, 5 weeks pregnant, comes to the clinic with light bleeding and back pain. An ultrasound shows a gestational sac without a fetal pole. What is the **most** appropriate next step in management?
(A) Schedule a follow-up ultrasound in 1 week (B) Start progesterone therapy
(C) Prepare for a dilation and curettage (D&C) (D) Advise complete bed rest
4. Triple test includes all **EXCEPT**
(A) Inhibin A (B) Unconjugated estradiol
(C) Beta hCG (D) Inhibin B
5. Dangerous placenta previa refers to
(A) Type I anterior (B) Type II anterior
(C) Type I posterior (D) Type II posterior
6. A 28-year-old woman with gestational diabetes successfully manages her condition during pregnancy. She delivers a healthy baby. What is the recommended follow-up for her postpartum?
(A) No follow-up needed; diabetes resolves after delivery
(B) Screening for diabetes at 6-12 weeks postpartum
(C) Immediate initiation of metformin therapy
(D) Annual diabetes screening only
7. Increased diastolic velocity on Middle Cerebellar Artery (MCA) Doppler indicates
(A) Increased resistance in MCA (B) Absent end diastolic flow
(C) Reversed end diastolic flow (D) Brain sparing effect
8. A 30-year-old woman at 24 weeks of gestation with a known Rh-negative blood type comes for her routine visit. Her previous pregnancy was complicated by Rh isoimmunization. What is the significance of testing her for Rh antibodies at this visit?
(A) To determine her blood type (B) To assess the risk of fetal anemia and hydrops
(C) To assess anemia in mother (D) To assess for jaundice in mother

9. All of these are parent types of female pelvis, **EXCEPT**
 (A) Gynecoid pelvis (B) Android pelvis
 (C) Anthropoid pelvis (D) Roberts pelvis
10. Gestational age in first trimester is estimated using
 (A) Bi parietal diameter (B) Femur length
 (C) Abdominal circumference (D) Crown rump length
11. A G2 P1 L1 with 2 months of amenorrhea has come with per vaginal bleeding, ultrasound did not show Gestational Sac, no adnexal mass, uterine cavity showed multiple, avascular hypoechoic tiny cystic lesions. The probable diagnosis is
 (A) Blighted Ovum (B) Missed Abortion
 (C) Ectopic Pregnancy (D) Molar Pregnancy
12. Which of the following is a complication of prostaglandin E2 gel when used for induction of labour?
 (A) Antepartum hemorrhage (B) Uterine hyperstimulation
 (C) NICU admission (D) Post-partum hemorrhage
13. PG-F2 α is contraindicated in
 (A) Asthma (B) Diabetes
 (C) Hypertension (D) Twin pregnancy
14. Lochia in correct order during puerperium is
 (A) Rubra-serosa-alba (B) Serosa-rubra-alba
 (C) Alba-serosa-rubra (D) Alba-rubra-serosa
15. Contraceptive method of choice in lactating mothers is
 (A) Barrier method (B) Progesterone only pills
 (C) Oral contraceptive pills (D) Lactational amenorrhea
16. Which is the most **commonly** used episiotomy incision?
 (A) Medio-lateral (B) Lateral
 (C) J shaped (D) Midline
17. During a routine ultrasound at 24 weeks, a 32-year-old woman with a dichorionic twin pregnancy is found to have a significant discrepancy in fetal growth. What condition should be suspected?
 (A) Twin-to-twin transfusion syndrome (B) Selective intrauterine growth restriction
 (C) Oligohydramnios (D) Fetal malformation
18. Ideal inter-pregnancy interval for successful vaginal birth after cesarean section should be
 (A) >6 months (B) >8 months
 (C) >12 months (D) >18 months
19. Probable cause of convulsion in eclampsia is
 (A) Cerebral anoxia due to arterial spasm (B) Hypovolemia
 (C) Hypocalcemia (D) Shock
20. Fetal nutrition is best reflected by
 (A) Abdominal circumference (B) Bi parietal diameter
 (C) Head circumference (D) Femur length

MBBS PHASE – III Part II
DEGREE EXAMINATION – FEBRUARY 2025

Time: 3 Hours

Max. Marks: 100

OBSTETRICS & GYNECOLOGY
PAPER – II

Q.P. Code: 1024

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.	25 X 1 = 25
LONG ESSAY QUESTIONS:	2 X 10 = 20
2. How to evaluate a case of postmenopausal bleeding?	
3. Define acute PID. Discuss the differential diagnosis of acute PID. How to investigate a case of acute PID?	
SHORT ESSAY QUESTIONS:	8 X 5 = 40
4. Describe various actions of progesterone.	
5. Discuss evaluation and management of precocious puberty.	
6. Discuss Papanicolaou classification of cervical smear.	
7. Mention diagnostic indications of laparoscopy in gynecology.	
8. Classify Mullerian duct anomalies.	
9. Discuss the features of Testicular Feminising syndrome.	
10. Explain the mechanism of combined oral contraceptive pills.	
11. Write in detail the medical management of fibroids.	
SHORT ANSWER QUESTIONS:	5 X 3 = 15
12. Discuss the causes of hirsutism.	
13. Mention the indications of Assisted Reproductive Techniques.	
14. List any four investigations done for evaluation of menorrhagia.	
15. Describe the follicular cysts of ovary.	
16. Describe the various complications of ovarian tumours.	

MULTIPLE CHOICE QUESTIONS

Course: MBBS Phase-III Part II, February 2025	Max. Marks: 25 Marks
Subject : Obstetrics & Gynecology Paper-II, QP Code: 1024	Time: 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. The length of female urethra is
(A) 50 mm (B) 20 mm
(C) 35 mm (D) 45 mm
2. pH of vagina during reproductive life is
(A) 4.5 (B) 6.5
(C) 7.5 (D) 7
3. Ovary is attached to broad ligament with
(A) Mesovarium (B) Ovarian ligament
(C) Round ligament (D) Infundibulopelvic ligament
4. The ferning of cervical mucus depends on
(A) Estrogen (B) Progesterone
(C) LH (D) FSH
5. Normal prolactin level is
(A) 15 ng/ml (B) 20 ng/ml
(C) 30 ng/ml (D) 25 ng/ml
6. The **commonest** cause for delayed puberty and primary amenorrhea is
(A) Idiopathic (B) Turner's syndrome
(C) PCOS (D) Hypothyroid
7. Which of these is diagnostic of menopause?
(A) Serum FSH >40 (B) Serum FSH >20
(C) Serum FSH <40 (D) Serum FSH >38
8. Drug of choice for chlamydia in pregnancy is
(A) Doxycycline (B) Tetracycline
(C) Erythromycin (D) Clindamycin
9. Tobacco pouch appearance on HSG is seen in
(A) Genital tuberculosis (B) Chlamydia
(C) Mycoplasma (D) Gonorrhoea
10. Colporrhexis means
(A) Rupture of vaginal vault (B) Cervical tear
(C) Perineal tear (D) Uterine rupture
11. Asherman's syndrome is characterized by presence of
(A) Uterine synechia (B) Perforation of uterus
(C) Foreign body in uterus (D) Retained placenta

12. Most **common** causative organism for lower urinary tract infection is
 (A) Staphylococci (B) E. coli
 (C) Streptococci (D) Proteus
13. Investigations for urinary fistula includes all **EXCEPT**
 (A) Three swab test (B) Cystoscopy
 (C) Urine culture (D) Pap smear
14. Most **common** cause of female infertility is attributed to
 (A) Uterine factors (B) Ovarian
 (C) Cervical factors (D) Pituitary failure
15. Post coital test is done to detect
 (A) Cervical receptivity (B) Sperm motility
 (C) Endometrial function (D) Absolute sperm count
16. Most **commonly** used method for female sterilization in India is
 (A) Uchida (B) Pomeroy
 (C) Irving (D) Madlener
17. IUCD acts by following mechanisms **EXCEPT**
 (A) Ovulation inhibition (B) Chronic endometritis
 (C) Uterine endometrial atrophy (D) Tubal dysmotility
18. Drug used in medical management of ectopic pregnancy is
 (A) Misoprostol (B) Methotrexate
 (C) Mifepristone (D) Methy ergometrine
19. The hydatiform mole presents with following symptoms **EXCEPT**
 (A) Bleeding per vaginum in 1st trimester (B) Excessive vomiting
 (C) Passage of grape like vesicles per vagina (D) Syncope
20. Which hormone is required to measure ovarian reserve
 (A) Anti-Mullerian harmony (B) LH (Luteinizing hormone)
 (C) Oestrogen (D) Progesterone
21. A 35 year old lady presents with post coital bleeding. The management is
 (A) Clinical examination and PAP smear (B) Visual examination with Lugol's iodine
 (C) Visual examination with acetic acid (D) Colposcopy
22. A patient presents with carcinoma cervix with stage III B. Treatment of choice is
 (A) Chemotherapy (B) Intracavitary brachytherapy followed by external beam radiotherapy
 (C) Werthiem's hysterectomy (D) Schauta operation
23. First line drug used in ovarian cancer chemotherapy is
 (A) Cyclophosphamide (B) Topotecan
 (C) Cisplatin (D) Corticosteroid
24. Which is the most **common** symptom of pelvic adhesion?
 (A) Menorrhagia (B) Chronic pain
 (C) Vomiting (D) Constipation
25. Which of the following is **NOT** the complication of Dilatation and Curettage?
 (A) Infection (B) Bleeding
 (C) Perforation (D) UTI

MBBS PHASE – III Part II
DEGREE EXAMINATION – FEBRUARY 2025
(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.

Question Number	Marks
1. M.C.Q.	20 X 1 = 20
LONG ESSAY QUESTIONS:	2 X 10 = 20
2. A 42 year old P2L2 woman, presented to the OPD with complaint of heavy menstrual bleeding with dysmenorrhea since 1 year. She has no significant medical or family history. a) Discuss the differential diagnosis in this patient. b) How to evaluate and manage the above case? c) Add a note on PALM-COEIN classification.	(4+4+2)
3. List the various methods of contraception. Classify IUCD and describe the mechanism of action of IUCD. Add a note on its complications.	(3+4+3)
SHORT ESSAY QUESTIONS:	9 X 5 = 45
4. Describe the staging of carcinoma cervix according to recent FIGO staging.	
5. A 15-year-old girl has complaints of irregular menstrual cycles with reduced bleeding, excessive hair growth on her face and body and acne. a) What is the diagnostic criteria for PCOS? b) Write a note on treatment of PCOS.	(2+3)
6. Following is the Semen analysis report of a patient. Volume - 2ml, pH - 7.4, viscosity - 2, Sperm concentration - 10 million/ml , total sperm count – 20 million /ml, percent motility - 40%, forward progression -1%, normal morphology < 40%, round cells > 6 million/ml, Sperm agglutination - >3min. Interpret the report.	
7. A 30 year old P1L1 woman has come to OPD with mass per vagina. Discuss the differential diagnosis. Enumerate conservative surgeries for uterine prolapse.	(2+3)
8. What is Hysterosalpingography (HSG)? Write the indications, procedure and complications.	
9. Mention ten indications of laparoscopic surgery in gynecology.	
10. Define Primary Amenorrhea. Write a note on management of Cryptomenorrhoea.	(2+ 3)
11. Describe the classification of PAP smear according to Bethesda system of cytology reporting.	

12. A 30-year-old woman presents with chronic pelvic pain for the past 9 months. (2+3)
The pain is worse during her periods and with deep penetration during intercourse. She also reports occasional low back pain and bloating. She has no significant medical history, no previous surgeries and her periods are regular but painful. She has tried NSAIDs for pain relief with limited success. Pelvic ultrasound is unremarkable.
- What is differential diagnosis for this patient's chronic pelvic pain?
 - If endometriosis is suspected, what would be the next steps in confirming the diagnosis?

SHORT ANSWER QUESTIONS:

5 X 3 = 15

- Write any **three** indications for MTP as per the MTP Act (2022).
- How to counsel a woman who is undergoing total abdominal hysterectomy regarding its complications.
- Describe the ultrasound features of malignant ovarian tumours.
- What are the different types of endometrial hyperplasia? What is their potential for progression to cancer?
- Define Secondary Amenorrhea. Enumerate physiological causes of secondary amenorrhea.

MULTIPLE CHOICE QUESTIONS

Course: MBBS Phase-III Part II, CBME February 2025	Max. Marks: 20 Marks
Subject : Obstetrics & Gynecology Paper-II, QP Code:A024	Time: 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. A 14-year-old girl, presents to the clinic with her mother, who is concerned that her daughter has not yet started her menstrual cycle. She has developed some breast tissue, but there is no pubic or axillary hair. Her growth has been steady, but she is shorter than her peers. A physical examination shows Tanner Stage 2 breast development. What is the **most** likely diagnosis for her condition?
(A) Delayed Puberty (B) Precocious Puberty
(C) PCOS (D) Turner's syndrome
2. A 32 year old lady presents with post coital bleeding. The management in this case is
(A) Clinical examination and PAP smear (B) Visual examination with Lugol's iodine
(C) Visual examination with acetic acid (D) Colposcopy
3. A 51-year-old woman has been experiencing increased irritability and mood swings. She has a family history of depression. Which of the following should be the further advice?
(A) Decreased caffeine intake (B) Regular aerobic exercise
(C) Decreased sleep duration (D) Progesterone therapy
4. PAP smear is useful in the diagnosis of all **EXCEPT**
(A) Gonorrhoea (B) Trichomonas vaginalis
(C) Human papilloma virus (D) Inflammatory changes
5. LH surge occurs how many hours before ovulation?
(A) 12 hours (B) 24 hours
(C) 36 hours (D) 48 hours
6. The magnification of colposcope is
(A) 100 times (B) 50 times
(C) 200 times (D) 10-20 times
7. The HPV vaccine protects against all the following cancers **EXCEPT**
(A) Ca cervix (B) Ca vulva
(C) Ca vagina (D) Ca breast
8. Oestrogen replacement in postmenopausal women causes increase in
(A) LDL cholesterol (B) VLDL cholesterol
(C) HDL cholesterol (D) Triglycerides
9. The following are the complications of hysteroscopy **EXCEPT**
(A) Hemorrhage (B) Perforation
(C) Electrolyte disturbance (D) Prolapse

10. Treatment with ring pessary for genital prolapse is generally indicated in the following situations **EXCEPT**
 (A) Elderly patients who are unfit for surgery (B) Wishing to become pregnant
 (C) Patient awaiting surgery (D) Patient with urge incontinence
11. In addition to effective contraception, health benefits of taking combined oral contraceptives include decreased incidence of which of the following?
 (A) PID (B) AUB
 (C) Ectopic pregnancy (D) Suspected pregnancy
12. A 38-year-old woman presents with chronic pelvic pain, dyspareunia, and dysmenorrhea. A pelvic ultrasound shows no abnormalities. What is the **most** definitive diagnostic procedure for her condition?
 (A) Pelvic MRI (B) Transvaginal ultrasound
 (C) Diagnostic laparoscopy (D) CT Scan
13. HSG is done in the following conditions **EXCEPT**
 (A) To check tubal patency (B) To detect uterine synechiae
 (C) For diagnosis of PID (D) To detect uterine anomaly
14. A 35-year-old woman with symptomatic fibroids wants to preserve fertility. The plan is to perform a laparoscopic myomectomy. What is the primary surgical concern during this procedure?
 (A) Risk of postoperative infection (B) Inability to visualize the ovaries
 (C) Risk of excessive intraoperative bleeding (D) Difficulty in identifying the fallopian tubes
15. A 40-year-old woman presents with abdominal pain and a palpable mass. A CT scan reveals a large heterogeneous pelvic mass with solid and cystic components. What is the **most** likely diagnosis?
 (A) Benign ovarian cyst (B) Ovarian cancer
 (C) Ectopic pregnancy (D) Fibroma
16. Congestive dysmenorrhea is seen in
 (A) PID (B) Fibroid
 (C) Endometriosis (D) All of the above
17. Teratospermia is defined as
 (A) Abnormal morphology of sperms (B) No sperms in semen
 (C) Decreased motility or non-motile sperms (D) Dead sperms
18. Causes for Hirsutism are all **EXCEPT**
 (A) PCOD (B) Cushing's syndrome
 (C) Congenital adrenal hyperplasia (D) Hypothyroidism
19. Benign tumors causing ascites (Meig's syndrome) are all **EXCEPT**
 (A) Brenner tumor (B) Granulosa cell tumour
 (C) Ovarian fibroma (D) Krukenberg tumour
20. Vulval intraepithelial cancer is associated with all **EXCEPT**
 (A) HPV exposure (B) STDs
 (C) HIV (D) Early menarche

**MBBS PHASE – III Part II
DEGREE EXAMINATION – FEBRUARY 2025**

Time: 3 Hours

Max. Marks: 100

PAEDIATRICS

Q.P. Code: 1017

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.

25 X 1 = 25

LONG ESSAY QUESTIONS:

2 X 10 = 20

2. Define Septicemia. Discuss the clinical features and management of neonatal sepsis. (2+3+5)

3. Enumerate causes of congestive cardiac failure (CCF). Discuss clinical features and treatment of congestive cardiac failure in children.

SHORT ESSAY QUESTIONS:

8 X 5 = 40

4. Describe clinical features of Hypothyroidism in children.

5. Discuss the clinical features and management of Scabies.

6. Discuss the benefits of breast milk.

7. Discuss the management of scorpion sting.

8. Discuss the management of cerebral palsy.

9. List Hall's criteria for diagnosis of Down's syndrome.

10. Discuss the management of Acute Severe Asthma.

11. Discuss breath holding spells.

SHORT ANSWER QUESTIONS:

5 X 3 = 15

12. Mention the skin changes in Kwashiorkor.

13. Discuss components of Kangaroo Mother Care.

14. Enumerate danger signs in newborn.

15. Mention the common adolescent health problems.

16. Mention the indications of renal biopsy in Nephrotic syndrome.

MULTIPLE CHOICE QUESTIONS

Course:	MBBS Phase III Part II, February 2025	Max. Marks:	25 Marks
Subject :	Paediatrics, QP Code: 1017	Time:	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. Cystic fibrosis is characterized by
 (A) Recurrent respiratory infection (B) Malabsorption
 (C) Salty taste on kissing the child (D) All of the above

2. Which of the following is **NOT** a benign skin lesion in a newborn?
 (A) Erythema toxicum (B) Milia
 (C) Miliria (D) Scalded skin syndrome

3. Precocious puberty is defined as pubertal onset before the age of
 (A) 9 years in girls & 9 years in boys (B) 8 years in girls & 9.5 years in boys
 (C) 9 years in girls & 10 years in boys (D) 8.5 years in girls & 10.5 years in boys

4. Spinal muscular atrophy is a disorder involving
 (A) Anterior horn cells (B) Posterior horn cells
 (C) Neuromuscular junction (D) None of the above

5. Which is the **correct** statement related to phototherapy in newborn?
 (A) Blue lamp with 425 - 475 nm wave length (B) Can cause diarrhea
 (C) Bronze baby syndrome (D) All of the above

6. Oliguria is defined as urine volume less than
 (A) 2 ml/kg/hour (B) 0.3 ml/kg/hour
 (C) 1.5ml/kg/hour (D) 1ml/kg/hour

7. The first sign of puberty in a normal male is usually
 (A) Increase in size of the testes (B) Appearance of facial hair
 (C) Appearance of axillary hair (D) Appearance of pubic hair

8. A child achieves handedness at
 (A) 6 months (B) 12 months
 (C) 18 months (D) 24 months

9. According to WHO, fluid of choice for resuscitation in Dengue Hemorrhagic fever is?
 (A) Isolyte P (B) Ringers lactate
 (C) Normal saline with dextrose (D) Dextrose

10. First change of improvement noted after Iron therapy is initiated is
 (A) Decreased irritability (B) Reticulocytosis
 (C) Increase in serum Iron levels (D) Replenishment of Iron stores

11. Treatment of choice in Iron poisoning in a 4 year old child is
 (A) Gastric lavage (B) Desferrioxamine IV 100mg
 (C) N-Acetyl Cystine (D) Blood transfusion

12. Which of the following refers to perinatal period?
 (A) 22 weeks gestation and birth (B) 28 weeks gestation and 7 days of life
 (C) 28 weeks gestation and 1 month of life (D) 22 weeks gestation and 7 days of life

13. Which of these are known types of child abuse?
 (A) Physical (B) Nutritional
 (C) Emotional (D) All of the above
14. Most **common** complication of chickenpox in children is
 (A) Encephalitis (B) Secondary bacterial infections
 (C) Pneumonia (D) Otitis media
15. Fever stops and rash begins is diagnostic of
 (A) Fifth disease (B) Roseola infantum
 (C) Measles (D) Toxic shock syndrome
16. Arm span is **more** than height in all **EXCEPT**
 (A) Marfan's syndrome (B) Klinefelter's syndrome
 (C) Homocystinuria (D) Achondroplasia
17. Biotin is used in the treatment of
 (A) Alkaptonuria (B) Tyrosinemia
 (C) Phenylketonuria (D) Multiple carboxylase deficiency
18. Mature pincer grasp appears by
 (A) Twelve months (B) Fifteen months
 (C) Nine months (D) Eighteen months
19. Age dependent factors are all **EXCEPT**
 (A) Weight (B) Height
 (C) Head circumference (D) Mid arm circumference
20. Canavan disease is characterized by all **EXCEPT**
 (A) Macrocephaly (B) Delayed milestones
 (C) Optic atrophy (D) Microcephaly
21. All of the following are features of Hirschsprung disease **EXCEPT**
 (A) History of delayed passage of meconium (B) Onset within infancy
 (C) Empty rectum with gush of stools on removing finger during per rectal exam (D) Rectum larger than sigmoid on Barium enema with ratio >1
22. Diagnostic ultrasound finding in Idiopathic hypertrophic pyloric stenosis is
 (A) Muscle thickness >4mm with length >16mm (B) Muscle thickness = 2mm
 (C) Pylorus length = 4mm with muscle thickness of 10mm (D) None of the above
23. Sandifer syndrome is associated with which of the following condition?
 (A) Gastroesophageal reflux (B) Volvulus
 (C) Pancreatitis (D) Liver abscess
24. Keyser Fleisher ring is seen in
 (A) Wilson's disease (B) Celiac disease
 (C) Galactosemia (D) Indian childhood cirrhosis
25. The following cereals are to be avoided in patients with celiac disease, **EXCEPT**
 (A) Wheat (B) Barley
 (C) Maize (D) Rye

MBBS PHASE – III Part II (CBME)

DEGREE EXAMINATION – FEBRUARY 2025

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. Discuss the "Rules of Development" and the factors affecting the development. Define Developmental Quotient. Add a note on Developmental Screening tests. (4+2+4) | |
| 3. A 2 year old child is brought with complaints of loose stools, vomiting and fever since 7 days. His weight is 7 kg, height is 75 cm, Mid upper arm circumference is 11cm and falls into category of severe acute malnutrition. (3+7)
a) Define Severe Acute Malnutrition.
b) Discuss the ten steps for management of severe acute malnutrition. | |
| SHORT ESSAY QUESTIONS: | 9 X 5 = 45 |
| 4. A primigravida mother comes with painful, engorged breast. Enumerate the problems in breastfeeding and their management. | |
| 5. A 10 month old child who is exclusively breast fed comes with pallor and hyperpigmentation of hands and feet. Discuss the clinical features & management of Megaloblastic anemia. (2+3) | |
| 6. A 5 year old child presented to emergency department with history of ingestion of kerosene. Describe the clinical features and management of hydrocarbon poisoning. (3+2) | |
| 7. Discuss innate and adaptive immunity. List the vaccines to be given before splenectomy. (3+2) | |
| 8. A 2 day neonate had lethargy, poor suck, cold periphery, peripheral cyanosis and blood sugar was 28 mg/dl. Define Neonatal Hypoglycemia. Discuss the management of hypoglycemia in neonates. (1+4) | |
| 9. A 6 year old child presented with facial puffiness, headache and cola coloured urine. Discuss the differential diagnosis and management of this condition. (2+3) | |
| 10. Enumerate components of Nada's criteria. Discuss its clinical implication. (3+2) | |
| 11. Classify Hydrocephalus. Discuss the clinical features and management of a child with hydrocephalus. | |
| 12. Discuss management of shock in a child with dengue fever. | |
| SHORT ANSWER QUESTIONS: | 5 X 3 = 15 |
| 13. Describe the radiological features of Nutritional Rickets. | |
| 14. Enumerate the long term complications of Thalassemia Major. | |
| 15. Enlist the components of low osmolarity Oral Rehydration Solution. | |
| 16. Discuss the components of Kangaroo Mother Care. Mention the indications for kangaroo mother care. (2+1) | |
| 17. An adolescent girl is brought by the parents with history of sexual abuse by a cousin. Parents refuse to inform the police and child welfare. Based on patient ethics and autonomy, how to counsel the parents? | |

MULTIPLE CHOICE QUESTIONS

Course: MBBS Phase III Part II, CBME February 2025	Max. Marks: 20 Marks
Subject : Paediatrics, QP Code: A020	Time: 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. The height velocity in the first year of life is
 (A) 25-27cm/year (B) 30-32 cm/year
 (C) 4-5 cm/year (D) 8-10 cm/year
2. All of the following medications can be used in treatment of Attention Deficit Hyperactivity Disorder (ADHD) **EXCEPT**
 (A) Clonidine (B) Amphetamine
 (C) Escitalopram (D) Methylphenidate
3. The sequence of puberty in girls is
 (A) Pubarche –Thelarche–Menarche (B) Menarche –Pubarche –Thelarche
 (C) Menarche –Thelarche –Pubarche (D) Thelarche –Pubarche –Menarche
4. Shakir's tape is used to record the circumference of
 (A) Head (B) Mid Arm
 (C) Chest (D) Thigh
5. Antidote for Paracetamol poisoning is
 (A) N acetyl cysteine (B) Flumazenil
 (C) Pralidoxime (D) Naloxone
6. ECG change seen in Hyperkalemia include
 (A) Small T waves (B) Broad T waves
 (C) Blunted T waves (D) Tall peaked T waves
7. **Common** staging system used in neonates with Hypoxic Ischemic Encephalopathy is
 (A) Levene Staging (B) Bell's staging
 (C) Apgar staging (D) Ballard staging
8. A 10-year-old male child presented to the OPD with skin tightening, soft tissue contractures along with history of muscle pain and difficulty in swallowing. The child was evaluated for the same and Anti Scl70 antibody was positive. Name the condition the child is suffering from.
 (A) Sclerema (B) Juvenile Dermatomyositis
 (C) Systemic Lupus Erythematosus (SLE) (D) Scleroderma
9. A 5-year-old child presented with fever with rash and strawberry tongue, diagnosed to have Kawasaki's disease. What is the treatment of choice for the same?
 (A) Prednisolone (B) Rituximab
 (C) Intravenous Immunoglobulin (D) Dexamethasone
10. Small bowel diarrhea is characterized by all **EXCEPT**
 (A) Large volume stools (B) Not associated with blood
 (C) Associated with tenesmus (D) Associated with carbohydrate malabsorption
11. A 10 year old boy presents with lower abdominal pain, with no weight loss and normal colonoscopy, the **most** likely diagnosis is
 (A) Colonic carcinoma (B) Crohn's colitis
 (C) Ulcerative colitis (D) Irritable bowel syndrome

12. The diagnostic test for asthma is
(A) Chest X-ray (B) Sputum examination
(C) Spirometry (D) Bronchoscopy
13. Thumb sign in lateral view of neck X-ray is a feature of
(A) Croup (B) Retropharyngeal abscess
(C) Pertussis (D) Acute epiglottitis
14. A 2 year old child presents with fever of 2 weeks, irritability and reduced appetite. He responds to commands and has meningeal signs on examination with right sided hemiparesis. There is history of pulmonary tuberculosis in mother. Which stage of Tuberculous meningitis does he belong to?
(A) Stage I (B) Stage II
(C) Stage III (D) Stage IV
15. Which of the following lysosomal disorders is associated with cherry red spot but no organomegaly?
(A) Sandoff's disease (B) Tay sach's syndrome
(C) Gaucher's disease (D) Von Gierke disease
16. Karyotype of Turners Syndrome is
(A) 46XX (B) 45XO
(C) 47XXX (D) 47XXXY
17. A tall 14 year old boy is brought to the clinic by his mother. Physical examination of the boy reveals gynecomastia, a small penis, reduced body hair and decreased mental function. What is the **most** likely diagnosis?
(A) Marfan's syndrome (B) William's syndrome
(C) Klinefelter's syndrome (D) Kallmann's syndrome
18. Bull neck in Diphtheria is due to
(A) Laryngeal oedema (B) Cellulitis
(C) Venous obstruction (D) Lymphadenopathy
19. Gold standard test for diagnosis of Malaria is
(A) Thick peripheral blood film (B) Quantitative buffy coat
(C) PCR (D) Complete blood count
20. Medication used to close Patent Ductus Arteriosus (PDA) in neonates is
(A) Prostaglandin (B) Prostacyclin
(C) Ibuprofen (D) Sildenafil
