

**MBBS PHASE – III Part-II (CBME)
DEGREE EXAMINATION – APRIL 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. Discuss the etiopathogenesis, investigations and management of obesity.	(3+3+4)
3. A 42 year old male is brought to the emergency department by his family who report that he has been increasingly lethargic and confused over the past week. They also mention he has been unusually cold and has had decreased appetite and significant weight loss over the past month. Appears extremely lethargic and disoriented. He is shivering despite being in a warm environment. Skin: Dry, coarse, and pale; non-pitting edema noted in extremities. Heart Rate: 45 beats per minute – bradycardia. Respiratory Rate: 12 breaths per minute – hypoventilation. Blood Pressure: 110/70 mmHg. a) What is the diagnosis? b) What is the management for the same condition?	(2+8)
SHORT ESSAY QUESTIONS:	9 X 5 = 45
4. A 35 year old man reports history of travel from USA to India. He presents with 3 days of frequent watery stools, abdominal pain and fever. Discuss the causative organisms and management of Traveller's Diarrhea.	
5. Discuss clinical course of enteric fever. Write a note on its prevention and control.	
6. A 25-year-old male known case of HIV, presents with fever, weight loss, and diarrhea for the past 3 months. On examination oral thrush is present. His CD ₄ count is 150 cells/ μ L. Discuss the causes of diarrhea in HIV and its management.	
7. A 45 year old male presented to hospital with severe anemia Hb 6 g/dl. He requires blood transfusion to correct the severe anemia. His blood group is AB positive. What are the prerequisites for blood transfusion and mention the complications of blood transfusion.	(3+2)
8. A 50 year old male a known case of chronic liver disease presents to the casualty with distension of abdomen, breathlessness, pedal oedema and decreased urine output since 5 days. Discuss the criteria and types of hepatorenal syndrome.	(3+2)

9. Describe the management of H-Pylori infection.
10. Discuss the importance of cardiac rehabilitation in patients following acute myocardial infarction.
11. Plan the management of organophosphate compound in the emergency department.
12. Define Dementia. Enumerate the reversible causes of dementia. (1+4)

SHORT ANSWER QUESTIONS:

5 X 3 = 15

13. List the clinical features of Wernicke-Korsokoff syndrome?
14. Discuss etiology of leukemias.
15. A 40 year old patient with hypertension asks about his lifestyle modifications. How to counsel him?
16. Discuss Clinical features of right-sided heart failure.
17. Describe the role of physician in counseling a relative of the patient suffering from Parkinson Disease.

MULTIPLE CHOICE QUESTIONS

Course: MBBS Phase III Part II, CBME April 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. What is the primary mechanism of action of tyrosine kinase inhibitors like Imatinib in treatment of Chronic Myeloid Leukemia (CML)?
 (A) Inhibiting DNA synthesis (B) Targeting and inhibiting the BCR_ABL fusion protein
 (C) Introducing apoptosis of lymphocytes (D) Enhancing the immune response
2. The incubation period for Hepatitis A is typically
 (A) 1-3 weeks (B) 4-6 weeks
 (C) 6-8 weeks (D) 2-3 months
3. A 35 year old male presents with tachycardia and tremors. Which medication treats these symptoms of thyrotoxicosis?
 (A) Carbimazole (B) Propylthiouracil
 (C) Levothyroxine (D) Beta-blockers
4. A 60 year old male with a 20 year history of diabetes mellitus, presents with fatigue, swelling in legs and decreased urine output. Which is the **most** significant early sign of diabetic nephropathy?
 (A) Persistent hyperglycemia (B) Microalbuminuria
 (C) Proteinuria (D) Elevated serum creatinine
5. Which clinical condition is associated with insulin resistance and type 2 diabetes?
 (A) Addison's disease (B) Polycystic ovary syndrome (PCOS)
 (C) Graves' disease (D) Cushing's syndrome
6. What is the most **common** cause of dementia in older adults?
 (A) Alzheimer's disease (B) Vascular Dementia
 (C) Lewy body dementia (D) Frontotemporal dementia
7. Which of the following is **true** about anemia of chronic disease
 (A) Increased TIBC (B) Normal serum iron levels
 (C) Normal or increased serum ferritin (D) Increased transferrin saturation
8. A 35 year old male known case of HIV presents with fever, cough, breathlessness, chest pain since 3 weeks. SP0₂ 84%. Chest X-Ray shows bilateral interstitial infiltrates. What is the diagnosis?
 (A) Pneumocystis carinii (B) Tuberculosis
 (C) Toxoplasmosis (D) Cryptococcal pneumonia
9. A 29-year-old alcoholic man is noted to have a deficiency in coenzyme Q10. He has symptoms of muscle pain and fatigue. Which vitamin deficiency might be linked to these symptoms?
 (A) Vitamin B₁₂ (B) Vitamin B₂
 (C) Vitamin D (D) Vitamin E
10. What is the role of Vitamin C in collagen synthesis?
 (A) Hydroxylation of Proline and lysine (B) Glycosylation of collagen
 (C) Cross linking of collagen fibres (D) Stabilization of collagen helix

11. Which gene mutation is strongly associated with monogenic forms of obesity?
 (A) MCAR 4 (B) HLAB27
 (C) RB21 (D) P53
12. What is the primary role of physicians in community health?
 (A) Providing medical treatment (B) Preventive health care and education
 (C) Conducting research studies (D) Developing health policies
13. Which **one** of the following is a **common** species of hookworm affecting humans?
 (A) *Ascaris lubricoides* (B) *Ancylostoma duodenale*
 (C) *Trichuris trichura* (D) *Enterobius vermicularis*
14. A 28 year old woman working in a dairy farm presents to hospital with 2 week history of fever, malaise and joint pain. Which type of immune response is activated upon exposure to Brucellosis?
 (A) Humoral immune response (B) Cell-mediated immune response
 (C) Both humoral and cell-mediated immune responses (D) Neither humoral nor cell-mediated immune responses
15. What is the primary mechanism of action of organophosphorus compounds that leads to poisoning?
 (A) Inhibition of acetylcholinesterase enzyme, leading to accumulation of acetylcholine
 (B) Stimulation of nicotinic receptors, leading to muscle contraction
 (C) Blockade of muscarinic receptors, leading to decreased sweating
 (D) Activation of GABA receptors, leading to sedation
16. A 23 year old woman presents with 8 month history of bloating, loose stools 3 times per day, there is no weight loss, blood test revealed Hb : 10.8 , ferritin 7micro gm and Folate 1 micro gram; otherwise normal; What is the **best** investigation?
 (A) Abdominal X ray (B) Celiac serology with serum immunoglobulin A
 (C) Stool culture (D) Stool calprotectin
17. Double apical impulse is seen with
 (A) DCM (B) HOCM
 (C) Restrictive cardiomyopathy (D) All of the above
18. Which of the following is **NOT** a modifiable risk factor for atherosclerosis?
 (A) Hypertension (B) Smoking
 (C) Age (D) Diabetes mellitus
19. Which type of angina is characterized by transient coronary artery spasm?
 (A) Stable angina (B) Unstable angina
 (C) Prinzmetal angina (D) Microvascular angina
20. Which of the following is a contraindication for the use of flumazenil in benzodiazepine poisoning?
 (A) Seizure disorder (B) Chronic benzodiazepine use
 (C) Concurrent tricyclic antidepressant use (D) All of the above

MBBS PHASE–III Part-II (CBME)

DEGREE EXAMINATION – APRIL 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 25-year-old college student presents to the emergency department with severe headache, high fever, neck stiffness and photophobia. A lumbar puncture reveals cloudy cerebrospinal fluid (CSF) with elevated white blood cell count. Based on the clinical presentation and CSF findings, what is the probable diagnosis? Discuss the potential causative organisms and the initial management steps.	(2+3+5)
SHORT ESSAY QUESTIONS:	3 X 5 = 15
3. A 25 year old male comes with continuous seizures since 30 minutes without regaining consciousness in between. Define the condition and management of the same.	
4. A 27 year old lady came with early morning puffiness of face. Her urine examination shows significant albuminuria [4gm/day]. Describe Nephrotic Syndrome.	
5. Mention indications and contraindications for thrombolytic therapy in ischemic stroke patient.	
SHORT ANSWER QUESTIONS:	5 X 3 = 15
6. Describe clinical features of hypocalcaemia.	
7. List three causes of anemia in Chronic Kidney Disease.	
8. Enumerate different diagnostic blood tests in connective tissue disorders.	
9. List six adverse effects of Phenytoin.	
10. What is the importance of lifelong learning for a Physician?	

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. Define Bronchial Asthma. Discuss the pathophysiology, clinical features and treatment of Bronchial Asthma.	(1+3+3+3)
SHORT ESSAY QUESTIONS:	3 X 5 = 15
3. A 25 year old female presented with itchy plaques over sun exposed area of neck and forearm since 2 days. What is the probable diagnosis? Discuss changes in skin due to exposure to UV and visible light.	(2+3)
4. A 25 year old lady who is in 5 th day of postpartum developed persistent sadness, socially withdrawn, crying throughout the day and not breast feeding, not taking care of baby. Name the clinical condition and enlist the risk factors for the same.	
5. List and interpret various bed side investigations in Dermatology.	(2+3)
SHORT ANSWER QUESTIONS:	5 X 3 = 15
6. List the conditions where Cafe-au-lait macules are seen.	
7. Describe the clinical features of Carbuncle.	
8. List three non-pharmacological treatment in Phobias.	
9. Describe the non-pharmacological management of insomnia.	
10. Enlist the phases of normal sexual response cycle.	

MULTIPLE CHOICE QUESTIONS

Course: MBBS Phase-III Part-II, CBME April 2025	Max. Marks: 10 Marks
Subject : General Medicine Paper-II Section A QP Code: A019	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. Which of the following is the most **common** type of virus to cause meningitis?
(A) Arthropod borne viruses (B) Enteroviruses
(C) Herpes simplex virus type 1 (D) Herpes simplex virus type 2
2. Horner's syndrome is seen in
(A) Lateral medullary syndrome (B) Medial medullary syndrome
(C) Claude's syndrome (D) Weber's syndrome
3. A young man has a history of chronic low back pain and stiffness, which disturbs his sleep and takes time to wear off in the morning after waking. Which of the following is the **most** appropriate combination of tests to be done after clinical assessment?
(A) HLA-B27 and ESR (B) MRI lumbar spine and sacroiliac joints and bone scintigraphy
(C) MRI SIJs and ESR (D) Pelvis radiograph and HLA-B27
4. Treatment of tuberculous meningitis in a newly diagnosed case of HIV includes
(A) Anti-retroviral therapy alone (ART) (B) Anti-tubercular therapy alone (ATT)
(C) ART & ATT together (D) ATT & dexamethasone followed by ART 2-8 weeks later
5. Anaemia in AKI is due to all of the following **EXCEPT**
(A) Blood Loss (B) Hemolysis
(C) Decreased erythropoiesis (D) Vitamin B₁₂ deficiency
6. A 25 year old male patient had 10 episodes of loose motions and anuria. What is the diagnosis?
(A) Nephrotic syndrome (B) Acute Kidney Injury
(C) Chronic Kidney Disease (D) IgA Nephropathy
7. Anterior Choroidal artery is a branch of
(A) Anterior cerebral artery (B) Posterior cerebral artery
(C) Middle cerebral artery (D) Internal carotid artery
8. Which of the following is a feature of CKD?
(A) Hyper-thyroidism (B) Hypo-Parathyroidism
(C) Hyper-Calcemia (D) Vitamin D deficiency
9. A previously healthy 45 year old man is woken up at 04:00 hours with acute pain, swelling and redness of the right ankle with no obvious trigger factor. Height is 168 cm, weight 104 kg. He has a history of hypertension treated with Hydrochlorothiazide 2.5 mg daily. He drinks 2-3 pints of beer each night and consumes 26 units of alcohol per week. What is the probable diagnosis?
(A) Gout (B) Osteoarthritis
(C) Psoriatic arthritis (D) Rheumatoid arthritis
10. Hypocalcemia causes
(A) QT interval shortening (B) QT interval prolongation
(C) ST elevation (D) ST depression

MULTIPLE CHOICE QUESTIONS

Course: MBBS Phase-III Part-II, April 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. Hallucinations can be seen in all of the following conditions **EXCEPT**
(A) Psychosis (B) Depression
(C) Mania (D) Phobia
12. Flashbacks and avoidance are **common** in
(A) Post-Traumatic Stress Disorder (B) Phobias
(C) Obsessive Compulsive Disorder (D) Generalized anxiety disorder
13. Kleine Levin syndrome is characterized by all **EXCEPT**
(A) Hypersomnia (B) Hyperphagia
(C) Cataplexy (D) Hypersexuality
14. A 32 year old female patient presents with constant worry about various aspects of her life, including work, health and family. She finds it difficult to control her anxiety, experiences restlessness and has trouble sleeping. What is the probable diagnosis?
(A) Panic Disorder (B) Generalized Anxiety disorder
(C) Specific Phobia (D) Social anxiety Disorder
15. An obsession has following qualities, **EXCEPT**
(A) Irrational thoughts (B) Non repetitive thoughts
(C) Ego dystonic thought (D) Intrusive thought
16. Lack of insight is a feature of
(A) Phobic disorders (B) Schizophrenia
(C) Depression (D) Obsessive Compulsive Disorder
17. Darier's sign is seen in
(A) Xeroderma pigmentosum (B) Urticaria pigmentosa
(C) Herpes zoster (D) Glucagonoma
18. Kaposi varicelliform eruption is seen in
(A) Atopic dermatitis (B) Darier's disease
(C) Lichen planus (D) Bullous pemphigoid
19. All of the above is used in the systemic treatment of acne **EXCEPT**
(A) Acitretin (B) Dapsone
(C) Minocycline (D) Isotretinoin
20. A 55 year old male, with uncontrolled diabetes mellitus and hypertension, developed severe air-borne contact dermatitis. The **most** appropriate drug for his treatment would be
(A) Oral corticosteroids (B) Thalidomide
(C) Azathioprine (D) Cyclosporine

**MBBS PHASE – III Part II (CBME)
DEGREE EXAMINATION – APRIL 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 45 year old female presents with pain in the right upper quadrant of abdomen and jaundice since 1 month. (3+3+4)
- a) What are the differential diagnosis?
b) Discuss the investigations and management of Acute Cholecystitis.
3. Classify tumours of parotid gland. Discuss the clinical features and management of mixed parotid tumour. (4+3+3)

SHORT ESSAY QUESTIONS:

9 X 5 = 45

4. Describe the clinical features and management of unilateral mid-ureteric calculi in a 30 year old female with recurrent lower abdominal pain. (2+3)
5. Describe the aetiology, clinical features and management of Acute Epididymo-Orchitis. (1+2+2)
6. Describe the clinical features and management of Thyroglossal duct. (2+3)
7. A 30 year old patient presented with complaints of headache, palpitations and sweating. He was diagnosed with Pheochromocytoma. Discuss the aetiology and management of Pheochromocytoma. (2+3)
8. A 50 year old policeman involved in a gunshot injury to abdomen comes to casualty with hypotension, guarding and rigidity over abdomen. CT scan shows pneumoperitoneum with suspected small bowel injury. Describe management in this patient.
9. Describe the indication and patient selection criteria for liver transplantation.
10. Describe various complications of laparoscopic surgery.
11. Explain **seven** steps of hand washing techniques and its benefits.
12. A 30 year old male presents with a painless mass per abdomen. He suffered from acute pancreatitis 2 months back. (1+2+2)
- a) What is the probable diagnosis?
b) Discuss the investigations and management.

SHORT ANSWER QUESTIONS:

5 X 3 = 15

13. Enumerate various treatment options for Deep Vein Thrombosis (DVT).
14. Discuss the management of Phyllodes tumour of breast.
15. Discuss medico-legal issues pertaining to medical negligence.
16. What are the causes for acute lower limb ischemia?
17. Enumerate various management options of varicocele.

MULTIPLE CHOICE QUESTIONS

Course: MBBS Phase-III Part II, CBME April 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. The failure of obliteration of processes vaginalis leads to development of
(A) Direct Inguinal Hernia (B) Indirect Inguinal Hernia
(C) Femoral Hernia (D) Sliding Hernia
2. The chain of lakes appearance is seen in which condition?
(A) Acute Pancreatitis (B) Chronic pancreatitis
(C) Cholecystitis (D) Appendicitis
3. The ectopic gastric mucosa is found in which organ?
(A) Appendix (B) Meckel's Diverticulum
(C) Terminal Ileum (D) Caecum
4. A 70 year old male patient presents with complaints of nocturia, hesitancy during micturition and difficulty in maintaining stream of urine. Which of the following is an absolute indication for surgery in Benign Prostatic Hyperplasia?
(A) Bilateral Hydro-uretero-nephrosis (B) Nocturnal frequency
(C) Poor Stream (D) Voiding Bladder Pressure >50 cm Water
5. The most **common** tumour of Testis is
(A) Germ Cell Tumour (B) Interstitial tumour
(C) Lymphoma (D) Metastatic tumor
6. A 40 year old female patient presents with painful goitre. The probable diagnosis is
(A) Riedel's thyroiditis (B) Subacute thyroiditis
(C) Hashimoto's thyroiditis (D) Multinodular goitre
7. The most **common** neoplasm of major salivary gland is
(A) Pleomorphic adenoma (B) Adenoid cystic carcinoma
(C) Mucoepidermoid carcinoma (D) Warthin's tumour
8. The most **common** site of peripheral arterial aneurysm is
(A) Femoral artery (B) Radial artery
(C) Popliteal artery (D) Brachial artery
9. The most **common** indication of Renal Transplantation is
(A) Diabetic Nephropathy (B) Glomerulonephritis
(C) Pyonephrosis (D) Obstructive Uropathy
10. A 30 year old male patient diagnosed with Conn's syndrome may have all the following clinical features, **EXCEPT**
(A) Hypertension (B) Hypokalaemia
(C) Oliguria (D) Retinopathy

11. What is the key advantage of minimal access surgery?
(A) Increased somatic trauma (B) Longer hospital stays
(C) Increased pain (D) Faster recovery
12. What is Plunging ranula?
(A) Cystic swelling of sublingual gland (B) Lymph node
(C) A tumour in the floor of mouth (D) None of the above
13. Carcinoma of pancreas is **commonly** located in which part?
(A) Head (B) Body
(C) Tail (D) Neck
14. In which type of wound healing, is healthy granulation tissue responsible for filling up an open wound?
(A) Primary intention (B) Secondary intention
(C) Tertiary intention (D) Quaternary intention
15. The preferred treatment of choice for pseudo pancreatic cyst is
(A) Endoscopic drainage (B) Percutaneous drainage
(C) Internal drainage (surgical) (D) Pancreatectomy
16. An elderly lady presents with a reducible swelling below and lateral to pubic tubercle. The probable diagnosis is
(A) Direct inguinal hernia (B) Indirect Inguinal hernia
(C) Femoral hernia (D) Obturator hernia
17. Which one of the following is associated with increased risk of developing breast cancer in females?
(A) Nulliparity (B) Low dose Oral Contraceptive Pills
(C) Early age of 1st pregnancy (D) Regular breast feeding
18. Which one of the following is **NOT** a risk factor for oral malignancy?
(A) Smoking (B) Alcohol
(C) Beetle quid (D) Diabetes mellitus
19. A patient with spontaneous eye opening, who is confused and localizes pain has a Glasgow Coma Score (GCS) of
(A) 10 (B) 5
(C) 13 (D) 15
20. Raised intracranial pressure is most **commonly** associated with
(A) Crouzon syndrome (B) Hemifacial microsomia
(C) Pierre Robin sequence (D) Treacher Collin's syndrome

**MBBS PHASE–III Part-II (CBME)
DEGREE EXAMINATION – APRIL 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. A 30 year old female came with scald burns due to accidental fall of hot water on her hands. a) Define and classify burns. b) Describe assessment and management of a patient with 20% burns.	(4+3+3)
SHORT ESSAY QUESTIONS:	7 X 5 = 35
3. A 60 year old fatty lady presented with signs of acute cholecystitis on per abdomen examination. What are the features of acute cholecystitis on USG?	
4. A 50 year old female patient with Euthyroid status was planned for Subtotal thyroidectomy. Discuss the technique of general anaesthesia.	
5. Describe the pathophysiology and management of stress Hyperglycaemia in critically ill patients.	
6. Enlist the various colour coded bins for biomedical waste collection in hospitals.	
7. What is Marjolin's ulcer? Discuss the clinical features and management of the same.	(1+2 +2)
8. A 65 year old patient with advance abdominal malignancy comes with pain abdomen. Describe pain management in a malignant disease.	
9. What are the imaging modalities for diagnosis of intussusception? Discuss about the important radiological signs for the same.	(2+3)
SHORT ANSWER QUESTIONS:	3 X 3 = 9
10. Write a short note on Proxy Consent.	
11. Enumerate the drugs used in management of chronic pain.	
12. Discuss the various radiological features of pneumoperitoneum.	

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. Classify Bone tumours. Describe clinical features and management of Giant Cell Tumour.	(4+3+3)
SHORT ESSAY QUESTIONS:	2 X 5 = 10
3. A 43 year old male, labourer by occupation is brought to emergency with history of fall from height around 10 feet, landing on his feet. Patient complains of pain and swelling of both heel. On examination there is widening of heel a) What is the probable diagnosis? b) Discuss complications of the same.	(2+3)
4. A 8 year old child presents with history of fall on outstretched hand sustaining injury to elbow. Explain the management of supracondylar humerus fracture in this patient.	
SHORT ANSWER QUESTIONS:	2 X 3 = 6
5. Enlist the signs and symptoms in chronic osteomyelitis.	
6. Discuss clinical features and management of De Quervain's tenosynovitis.	

MULTIPLE CHOICE QUESTIONS

Course: MBBS Phase-III Part-II, CBME April 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 35 year old Lady has sustained 50% partial-thickness burns. Her BP is recorded as 70/50mmHg and Anuria. Identify the type of shock
 (A) Anaphylactic shock (B) Cardiogenic Shock
 (C) Hypovolemic shock (D) Septic Shock

2. A 60-year-old male who is on warfarin prophylaxis for atrial fibrillation presents with massive uncontrolled haemorrhage following a fall from height. Which of the following blood components can be used for emergency reversal of warfarin therapy in this patient?
 (A) Cryoprecipitate (B) Prothrombin complex concentrates
 (C) Fresh-frozen plasma (D) Platelets

3. A patient comes with open wound on right hand since 12 hours post injury. What would be the ideal treatment?
 (A) Suturing (B) Debridement and suture
 (C) Secondary suturing (D) Heal by granulation

4. Pro-inflammatory cytokines involved in surgical stress response causing pyrexia by acting on hypothalamus include all **EXCEPT**
 (A) Interleukin-1 (IL-1) (B) Tumour necrosis factor α
 (C) Interleukin-3 (D) Interleukin 6

5. Cardiac tamponade can result in the following type of shock
 (A) Cardiogenic (B) Hypovolemic
 (C) Neurogenic (D) Obstructive

6. In which coagulation factor deficiency cryoprecipitate is given?
 (A) VII (B) VIII
 (C) V (D) VI

7. Which is **TRUE** for Doctrine of Double Effect?
 (A) It is illegal for a doctor to give a dose of drug which might be dangerous for patient
 (B) Main motive is to cure the patient of the disease
 (C) A lethal dose of analgesic is lawful only if it has palliative intent
 (D) Used for patient recovering from disease

8. Regarding the effect of surgery on the body, which of the following statement is **CORRECT**?
 (A) ADH release is reduced in response to surgery (B) Extracellular potassium levels fall
 (C) Hypervolemia will increase aldosterone levels (D) Each unit of blood administered will increase extracellular potassium level

9. Disposal mechanism for Red colour coded biomedical waste bag is
 (A) Incineration (B) Dumping
 (C) Shredding (D) Landfill

10. Lymph node involvement may be seen in patients with all of the following cutaneous malignancies **EXCEPT**
 (A) Squamous cell carcinoma (B) Merkel cell carcinoma
 (C) Malignant melanoma (D) Basal cell carcinoma

11. The tensile strength of wound reaches that of normal tissue by
 (A) 6 weeks (B) 2 months
 (C) 4 months (D) It cannot be achieved
12. **Commonest** artery for cannulation is
 (A) Radial (B) Brachial
 (C) Ulnar (D) Cubital
13. **Best** investigation for local staging of aggressive bone lesions is
 (A) Radiographs (B) MRI
 (C) CT scan (D) USG
14. Gold standard to diagnose pulmonary embolism is
 (A) Chest X-ray (B) Pulmonary angiography
 (C) Ventilation- perfusion scintiscan (D) CT Chest
15. Which anaesthetic 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

Course: MBBS Phase-III Part-II, CBME April 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. Signs and symptoms of fat embolism are evident
 (A) Within 6 hours (B) Within 12 hours
 (C) Immediately after fracture (D) 24 to 48 hours
18. March fracture is the fracture of
 (A) 2nd metatarsal (B) 4th metatarsal
 (C) Fracture cuboid (D) Fracture tibia
19. Ring sequestrum is seen in
 (A) Typhoid osteomyelitis (B) Chronic osteomyelitis
 (C) Amputation stump (D) Tuberculus osteomyelitis
20. A 13 year old boy presented for consultation because his knees tend to knock together and he tends to fall during running. Examination revealed separation of the medial malleoli by 3 inches when standing with the knees in contact with each other and feet directed forwards. The correct diagnosis for this condition is
 (A) Genu varum (B) Coxa vara
 (C) Genu valgum (D) Bilateral flat foot

MBBS PHASE – III Part II (CBME)
DEGREE EXAMINATION – APRIL 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. Discuss the causes of delay in labour in occipito posterior position. List the signs of occipitoposterior position in labour. Write a note on its management.	(3+3+ 4)
3. A 30 year old G3P2L2 with 6 months of amenorrhoea comes with complaints of easy fatigability since 2 months. On examination -PR -110 BPM, BP- 100/70mmg, pallor - present, bilateral ankle edema is present. On per abdomen examination: uterus -24 weeks size, relaxed, FHS on Doppler is 136 bpm Lab investigation- Hemoglobin-5gm%, a) Write the obstetric diagnosis of the case? b) Discuss the management in detail? c) What are the maternal and fetal complications of this condition?	(1+5+4)
SHORT ESSAY QUESTIONS:	9 X 5 = 45
4. Define Safe Motherhood. List the key features of Janani Suraksha Yojana.	(1+4)
5. Describe the mechanism of initiation of lactation. Write a note on advantages of breast feeding	(3+2)
6. Discuss the diagnosis of intrauterine pregnancy in the first trimester with description of clinical features and investigations.	(3+2)
7. A 32 year old woman with type 2 diabetes is planning to conceive. Enumerate the complications associated with diabetes during pregnancy and how can these be prevented through pre conceptional counseling and management?	(2+3)
8. A G3P2L2 with grade 2 mitral stenosis, 38 week of gestation comes in early labour. Discuss the management of labour of above case. Write the indications of cesarean sections in heart disease patient.	(3+2)
9. A G2P1L1, 37 weeks period of gestation, cephalic presentation comes to labour room with painless bleeding Per vaginum for 2 hours. On examination, pallor-present, PR-96 per minute and blood pressure is 110/70 mmHg. Per Abdominal examination: Uterus is full term, relaxed with cephalic presentation and FHS of 130 bpm. Enumerate the conditions which can lead to hemorrhage in third trimester of pregnancy. Discuss the differential diagnosis for the above condition.	(2+3)
10. Discuss the diagnosis of face presentation in labour. Mention complications associated with it.	(2 + 3)

11. Define precipitate labour. Write the risk factors of precipitate labour. List the maternal and fetal complications of precipitate labour. (1+2+2)
12. A 28-year-old pregnant woman in her first trimester (8 weeks) presents to the emergency department with severe nausea and vomiting for the past week. She reports being unable to keep any food or liquids down, leading to significant fatigue. On examination, she appears dehydrated with dry mucous membranes and a heart rate of 110 bpm. Her blood pressure is 100/60 mmHg. Laboratory tests reveal ketonuria and mild metabolic alkalosis. (1+2+2)
- a) What is the probable diagnosis?
b) What are the main management strategies for this condition?
c) Discuss potential complications if left untreated.

SHORT ANSWER QUESTIONS:

5 X 3 = 15

13. Write **six** causes of bleeding per vagina in first trimester of pregnancy.
14. Enumerate prerequisites for trial of labour after cesarean.
15. Mention the side effects of Oxytocin and Methergine.
16. Enumerate the complications of third stage of labour.
17. A 16 year old girl is brought by her parents with history of amenorrhea of 4 months. She was taken to her gynecologist, who after examining her ordered an ultrasound scan of the abdomen which showed a 16 weeks fetus. After much argument and discussion, the family requested the gynecologist to perform a Medical Termination of Pregnancy (MTP). The girl refuses to undergo an MTP - claiming that the child is her expression of love and that she believes that taking away her baby's life will be amount to murder.
- a) Who makes health care decisions for adolescents?
b) What are the medical implications of the MTP?

MULTIPLE CHOICE QUESTIONS**Course: MBBS Phase-III Part II, CBME April 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. A 32-year-old woman in her second trimester of pregnancy visits her healthcare provider for a routine check-up. During the examination, her blood pressure is noted to be lower than her baseline measurements prior to pregnancy. She reports increased fatigue and occasional light-headedness, especially when standing up quickly. Which of the following physiological changes during pregnancy is **most** likely responsible for the woman's lower blood pressure?
(A) Increased blood volume (B) Decreased vascular resistance
(C) Elevated progesterone levels (D) Increased cardiac output
2. Post ovulation embryo implantation in decidua occurs after
(A) 3-5 days (B) 6-7 days
(C) 8-10 days (D) 10-12 days
3. Most **common** cause of platelet decrease in pregnancy is
(A) Immune mediated thrombocytopenia (B) Idiopathic thrombocytopenia
(C) Thrombocytopenia due to infection (D) Benign gestational thrombocytopenia
4. A young woman with 6 weeks of amenorrhoea presents with UPT, USG shows empty cavity. The probable diagnosis is
(A) Ovarian cyst (B) Complete abortion
(C) Ectopic pregnancy (D) Missed abortion
5. All are complications of hyperemesis **EXCEPT**
(A) Wernike's encephalopathy (B) Pontine myelinosis
(C) Korsakoff's psychosis (D) Posterior reversible encephalopathy syndrome
6. A 28 year old primigravida at 32 weeks of gestation has a BP of 144/90 mmHg and urine dipstick reveals 1+ proteinuria. She has no headache, visual disturbances, epigastric pain or vomiting. What is the **most** appropriate next step in the management of this patient?
(A) Immediate delivery (B) Start antihypertensives therapy
(C) Close monitoring & BP checks (D) Administer MgSO₄ prophylaxis
7. Which of the following is **NOT** a feature of placenta previa?
(A) Blood is bright red in colour (B) Painful bleeding
(C) Profuse bleeding (D) Causeless and recurrent bleeding
8. All of the following drugs are used for the management of post-partum hemorrhage **EXCEPT**
(A) Misoprostol (B) Oxytocin
(C) Prostaglandin (D) Mifepristone
9. A 29-year-old woman with severe fetal growth restriction is at 34 weeks of gestation. The estimated fetal weight is below the 3rd percentile, she has oligohydramnios and absent end diastolic flow on umbilical artery Doppler. What is the **most** appropriate management for this patient?
(A) Continue monitoring until term (B) Induction of labour
(C) Caesarean delivery (D) Repeat ultrasound after 2 weeks

10. Which of the following test is recommended in a pregnant woman with Rh negative blood group to rule out Rh iso immunization?
 (A) Indirect coombs test (B) Direct coombs test
 (C) Osmotic fragility test (D) Lilly's test
11. A 25-year-old primigravida woman presents to the labor ward in active labor at 40 weeks gestation. She has been in labor for 12 hours, and her cervix is fully dilated. However, despite strong uterine contractions, the fetal head is at station 0 with caput and Moulding grade 3, and there has been no progress for the past 4 hours. What is the **most** likely diagnosis?
 (A) Preterm labor (B) Obstructed labor
 (C) Precipitate labor (D) Latent phase of labor
12. Arrest of dilatation is
 (A) When there is no cervical dilatation after 2 hours in active labor (B) No descent of head with contractions
 (C) Commonly seen in gynecoid pelvis (D) Cannot be diagnosed on partograph
13. **Common** cause of retained placenta is
 (A) Atonic uterus (B) Constriction ring
 (C) Placenta accreta (D) Poor voluntary expulsive effort
14. Active management of third stage labour includes all of the following **EXCEPT**
 (A) Administration of oxytocin within 1 minute of delivery (B) Immediate cord clamping and cutting
 (C) Controlled cord traction (D) Delayed cord clamping
15. The uterus becomes pelvic organ after delivery by
 (A) 10-12 days (B) 16-18 days
 (C) 19-21 days (D) 23-25 days
16. Ventouse is indicated in all **EXCEPT**
 (A) Poor maternal bearing down efforts (B) Prolonged 2nd stage of labor
 (C) Cardiac disease (D) Prematurity
17. Following is **NOT** true about the lower segment cesarean section
 (A) Less blood loss (B) Perfect opposition of the edges
 (C) Less peritoneal adhesions (D) Weak uterine scar
18. Nuchal translucency is increased in all of the conditions **EXCEPT**
 (A) Trisomy 13 (B) Trisomy 21
 (C) Pierre Robin syndrome (D) Turner's syndrome
19. Which of the following Antihypertensive is contraindicated in pregnancy?
 (A) Labetalol (B) Nifedipine
 (C) Hydralazine (D) ACE Inhibitor
20. Which categories of the drug is contraindicated in pregnancy?
 (A) B (B) C
 (C) X (D) D

MBBS PHASE – III Part II
DEGREE EXAMINATION – APRIL 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 22-year-old female presents with frothy, yellow-green vaginal discharge and itching. Enumerate the differential diagnosis of white discharge per vagina. What is the probable diagnosis in this patient? Outline the management of this patient. Add a note on syndromic approach.	(3+1+3+3)
3. Discuss the clinical features, diagnosis and management of carcinoma endometrium.	(3+3+4)
SHORT ESSAY QUESTIONS:	9 X 5 = 45
4. A 51 year old woman presents with hot flashes, night sweats and difficulty sleeping. She expresses concern that these symptoms are affecting her work performance and overall quality of life. a) What is the probable diagnosis? b) Discuss the benefits and risks of hormone replacement therapy (HRT).	(1+4)
5. Define Primary amenorrhoea. Outline the management of a 17 year old girl with primary amenorrhoea.	(1+4)
6. Discuss the prevention of carcinoma of cervix. Add a note on HPV vaccine.	
7. A 30-year-old woman reports with secondary amenorrhea for the past 6 months. She has a history of irregular periods and recent weight gain. She also notes increased facial hair and acne. a) What differential diagnoses should be considered in this patient? b) What investigations would be most relevant?	(2+3)
8. List the tubal patency tests. Explain the procedure and advantages of Hysterosalpingography.	(2+3)
9. Write the different classifications for genital prolapse.	
10. A 27 year old Para 2 living 2 women with last child birth 1 month back wants a spacing method. After discussing she chooses copper T. a) What is the mechanism of action of Copper IUCDs? b) Mention any two complications of use of Cu-T as a contraceptive c) Discuss the various timings of insertion of Cu-T	(2+1+2)

11. Enumerate the indications and contraindications of MRI in gynecology.
12. A 35 year old married lady has come to Gynaecology OPD with history of primary infertility. Her past menstrual cycles are regular. She has not undergone any investigations. Enumerate the tests to assess the tubal factor and endometrial factors of infertility.

SHORT ANSWER QUESTIONS:

5 X 3 = 15

13. How to counsel the patient pre-operatively regarding common complications in vaginal hysterectomy?
14. What are the risk factors for development of endometrial hyperplasia?
15. Write any **six** causes of primary amenorrhea.
16. Describe the common sites of ureteric injuries in gynecological surgeries.
17. Define Chronic Pelvic Pain. Enumerate **three** causes of chronic pelvic pain in females.

MULTIPLE CHOICE QUESTIONS

Course:	MBBS Phase-III Part II, CBME April 2025	Max. Marks:	20 Marks
Subject :	Obstetrics & Gynecology Paper-II,	Time:	30 Minutes
	QP Code:A024		

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 54-year-old woman is concerned about her recent weight gain and changes in her sexual function. She has been experiencing vaginal dryness and discomfort during intercourse. Which of the following is the **most** appropriate first-line treatment for her symptoms?

(A) Hormonal contraceptives	(B) Vaginal moisturizers
(C) Estrogen replacement therapy	(D) Non-steroidal hormonal preparations
2. The most **common** vaginal cancer is

(A) Squamous cell cancer	(B) Adenocarcinoma
(C) Transitional Cell Cancer	(D) Clear cell cancer
3. Following is a method of diagnosis of endometrial cancer **EXCEPT**

(A) VILI	(B) PAP smear
(C) Fractional Curettage	(D) Hysteroscopy
4. A 28 year old P1L1 woman came to the clinic for advice on contraception. She gives history of bleeding per vaginum on and off which is not diagnosed yet. Which contraceptive method is recommended to her?

(A) Hormonal IUCD	(B) Condoms
(C) Cu-T	(D) Hormonal implants
5. Which of the following is associated with progressive worsening of dysmenorrhea and dyspareunia

(A) Pelvic adhesions	(B) Fibroid
(C) Chocolate cyst	(D) Serous cystadenoma of the ovary
6. A 35-year-old woman complains of sharp, burning pain in the perineal area, which worsens with sitting and is relieved when lying down. No gynecological abnormalities are detected. What is the **most** likely diagnosis?

(A) Endometriosis	(B) Pudendal neuralgia
(C) Sciatica	(D) Pelvic inflammatory disease (PID)
7. Complications of sling procedures for Stress Urine Incontinence are all **EXCEPT**

(A) Injury to bladder	(B) Rectopubic space hematoma
(C) Obturator nerve injury	(D) Retention of urine
8. A couple has been trying to conceive for 2 years. The husband has a history of mumps orchitis in childhood. A semen analysis reveals low sperm count and motility. What is the **most** appropriate initial management step?

(A) In Vitro Fertilization (IVF)	(B) Hormonal Therapy
(C) Referral to urologist	(D) Artificial insemination

9. All are true features of Turner's syndrome **EXCEPT**
 (A) Karyotype is 45XO (B) Normal breast
 (C) Underdeveloped uterus (D) Primary amenorrhoea
10. Mesenchymomas of ovaries are synonymous for
 (A) Epithelial cell tumours (B) Germ cell tumours
 (C) Dysgerminoma (D) Sex cord stromal tumours
11. The principle treatment of stage I B endometrial cancer is
 (A) Surgery (B) Chemotherapy
 (C) Radiotherapy (D) Palliative
12. A 62-year-old woman presents with postmenopausal bleeding that started two months ago. She has a history of obesity and type 2 diabetes. Her transvaginal ultrasound reveals an endometrial thickness of 10 mm. What is the **most** appropriate next step in management?
 (A) Observation and follow-up in 6 months (B) Hysteroscopy
 (C) Endometrial biopsy (D) Mirena Insertion
13. Drugs used in treatment of Hirsutism are all **EXCEPT**
 (A) Spironolactone (B) Flutamide
 (C) Cyproterone acetate (D) Danazole
14. Post coital test is done to detect
 (A) Cervical receptivity (B) Sperm motility
 (C) Endometrial function (D) Absolute sperm count
15. Quantification of genital prolapse is described by
 (A) International Continence Society (B) American Fertility Society
 (C) Indian Society of Urogynecology (D) Society of Obstetrics and Gynecology
16. Following laparoscopy for endometriosis, the patient continues to experience pelvic pain despite complete excision of visible lesions. What is the next best step in management?
 (A) Perform a repeat laparoscopy (B) Start gonadotropin-releasing hormone (GnRH) agonist therapy
 (C) Schedule a hysterectomy (D) Proceed with opioid pain management
17. Neurological cause of Pelvic pain is
 (A) Herpes infection (B) Urinary tract infection
 (C) Irritable bowel syndrome (D) Endometriosis
18. In case of MRKH syndrome following organ is absent
 (A) Bladder (B) Uterus
 (C) Ovary (D) Breast
19. Protective factors of ovarian carcinoma are all **EXCEPT**
 (A) Multiparity (B) Breast feeding
 (C) Anovulation (D) Avoiding OC pills
20. First line of treatment for infertility due to PCOS is
 (A) Metformin (B) Ovulation induction
 (C) Lifestyle modification (D) Ovarian drilling

**MBBS PHASE – III Part II (CBME)
DEGREE EXAMINATION – APRIL 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. Define low birth weight (LBW). Discuss major problems in low birth weight babies and describe the management of Low birth weight.	(2+3+5)
3. A 2 year old child presents with vomiting, loose stools and irritability. Discuss the colour-coded classification and management of diarrhoea as per Integrated Management of Neonatal & Childhood Illnesses (IMNCI) guidelines.	(5+5)
SHORT ESSAY QUESTIONS:	9 X 5 = 45
4. A 2 year old child presented to emergency department with history of ingestion of full bottle of syrup Acetaminophen. Describe the clinical features and management of Acetaminophen poisoning.	(3+2)
5. A 3-year-old child presented with painful limbs and gum bleeding. Identify the condition. Discuss the other clinical features, investigations and treatment of the condition.	
6. Discuss ten steps for management in Severe Acute Malnutrition (SAM).	
7. Discuss the benefits of breastfeeding.	
8. Discuss the gross motor and fine motor milestones attained by a 1-year-old child.	(3+2)
9. A 5 year old child presents with repeated episodes of generalized edema and decreased urine output since the age of 2 years. Discuss the differential diagnosis and management of the child.	(2+3)
10. Define Infective Endocarditis (IE). Enumerate risk factors and discuss clinical signs of Infective Endocarditis.	(1+2+2)
11. A 10-year-old child was admitted to the emergency with fever, vomiting, and jaundice for the last 3 days. Investigation revealed coagulopathy. List the differential diagnosis and management of acute liver failure in children.	(2+3)
12. An 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. Enlist clinical features of Acute Epiglottitis.	
14. Enlist the components of low osmolarity Oral rehydration solution (ORS).	
15. Define Infant Mortality Rate (IMR). Enumerate three steps to reduce IMR.	
16. Enumerate the causes of metabolic acidosis in children.	
17. Discuss triage of a sick child in emergency room.	

MULTIPLE CHOICE QUESTIONS

Course: MBBS Phase III Part II, CBME April 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. Concentration of Epinephrine used in neonatal resuscitation is
 (A) 1 : 100 (B) 1 : 1000
 (C) 1 : 10,000 (D) 1 : 100,000
2. The diarrheal illness that precedes HUS is usually caused by
 (A) E.Coli 0157:H7 (B) E.Coli 0156:H7
 (C) E.Coli 0158:H7 (D) E.Coli 0159:H7
3. A 6-year-old male child was brought to the pediatric outpatient department (OPD) with complaints of pain in his knees and wrist for the last 2 months. The pain is more in the morning and the child has difficulty in rising from bed. On examination, swelling of knees and ankle are present. He walks with difficulty. What is the probable diagnosis?
 (A) Septic arthritis (B) Tubercular arthritis
 (C) Juvenile idiopathic arthritis (D) Rheumatic arthritis
4. An 8-month-old child has a history of feeding difficulty and forehead sweating. He was diagnosed with a large ventricular septal defect and Congestive cardiac failure. He will have the following findings **EXCEPT**
 (A) Intercostal retraction (B) Tachycardia
 (C) Enlarged tender liver (D) Clubbing
5. Bloody diarrhea is seen in all of the following **EXCEPT**
 (A) Shigella (B) E.coli
 (C) Salmonella (D) Norwalk viral diarrhoea
6. A 3 month old baby admitted to emergency room with complaints of high grade fever, cough and breathing difficulty. On examination heart rate was 220, Electrocardiogram is suggestive of SVT. Which of the following is the drug of choice for this condition?
 (A) Adrenaline (B) Atropine
 (C) Adenosine (D) Amiodarone
7. Drug of choice for atypical pneumonia is
 (A) Macrolides (B) Pencillins
 (C) Antiviral (D) Steroids
8. Hydrops fetalis is a complication of which of the following condition?
 (A) Alpha Thalassemia (B) Beta thalassemia
 (C) Haemophilia A (D) Haemophilia B
9. A 8 year old boy after a head injury opens his eyes when called by name, withdraws limbs on stimulation and has confused conversation. What would be his Glasgow coma scale score?
 (A) 11 (B) 14
 (C) 9 (D) 8

10. Drug of choice for tropical eosinophilia is
 (A) Diethylcarbamazine (DEC) (B) Antihistaminics
 (C) Propranolol (D) Antibiotics
11. A chromosome or a segment of a chromosome may break off from the parent chromosome and be joined to another chromosome. This phenomenon is called as
 (A) Inversion (B) Deletion
 (C) Mosaicism (D) Translocation
12. Desmopressin is used in the treatment of following condition
 (A) Syndrome of inappropriate antidiuretic hormone secretion (SIADH) (B) Renal tubular acidosis
 (C) Diabetes insipidus (D) Diabetes Mellitus
13. A term neonate with history of delayed passage of meconium, has open anterior and posterior fontanelle. X-ray shows epiphyseal dysgenesis of femoral heads. The likely diagnosis is
 (A) Hirschsprung disease (B) Congenital Hypothyroidism
 (C) Cystic Fibrosis (D) Hypocalcemia
14. The treatment of choice for Bronchiolitis is
 (A) Antibiotics (B) Humidified oxygen
 (C) Antifungal (D) Steroids
15. Small bowel diarrhea is characterised by all **EXCEPT**
 (A) Large volume stools (B) Not associated with blood
 (C) Associated with tenesmus (D) Associated with carbohydrate malabsorption
16. Which of the following can cause floppy infant due to a disorder of anterior horn cell?
 (A) Werdnig Hoffman disease (B) Charcot Marie Tooth disease
 (C) Prader Willi Syndrome (D) Rothmund Thomson syndrome
17. Which of the following is **NOT** a live vaccine?
 (A) BCG (B) Oral Polio
 (C) Hepatitis B (D) Chicken pox
18. Antidote for Scorpion sting is
 (A) Prazosin (B) Telmisartan
 (C) Atropine (D) Adrenaline
19. Obesity in children is defined as BMI more than
 (A) 95th percentile (B) 90th percentile
 (C) 85th percentile (D) 99th percentile
20. Total body water accounts for approximately what percentage of body weight in an 18-month old child?
 (A) 90 (B) 75
 (C) 60 (D) 50
