KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH, BELAGAVI.

(Declared as Deemed-to-be-University u/s 3 & 12B of the UGC Act, 1956)

Accredited A^{+} Grade by NAAC (3rd Cycle) **Placed in 'A' Category by MoE (GoI)**

MBBS PHASE – III Part II (CBME)

DEGREE EXAMINATION – MAY-JUNE 2026

Time: 3 Hours **Max. Marks: 100**

OTORHINOLARYNGOLOGY

Q.P. Code: A026

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 50 year old male presents with history of left ear discharge for 3 years. What are the routes of spread of infection to the intracranial structures in this patient? Enumerate the intracranial complications expected. Describe in detail about Otogenic brain abscess.	(2+3+5)
3.	Discuss the etiology, clinical features, investigations and treatment of Allergic Rhinitis.	(2+2+2+4)
SHORT ESSAY QUESTIONS:		**9 X 5 = 45**
4.	A 65 year old diabetic male came with complains of severe ear pain and facial paralysis since 2 weeks, on examination granulation present in external auditory canal. What is the diagnosis? Outline the management for the same.	(1+4)
5.	Define Cortical Mastoidectomy. Enumerate its indications.	(2+3)
6.	Describe the life cycle of Rhinosporidiosis.	
7.	A 55 year old male patient with a prolonged history of tobacco chewing presented with a white patch in the left lateral border of the tongue since 1 month which does not subside with conventional treatment. Mention the differential diagnosis for this condition. Outline the management for this case.	(2+3)
8.	Enumerate the instruments used for Adenoidectomy. Mention the complications of Adenoidectomy.	(2+3)
9.	A 22 year old patient with recent history of nasal obstruction and purulent rhinorrhea developed sudden onset of headache and redness on the left eye since 1 day. On examination diplopia is present. What is the diagnosis? Add a note on management of this condition.	(1+4)
10.	Enlist the clinical features of Pleomorphic adenoma. Add a note on its management.	(2+3)
11.	A 45 year old trumpet blower presented to ENT OPD with complaints of swelling in the neck which increases on coughing and Bryce sign is positive. What is the most probable diagnosis? Explain its types. Add a note on management of this clinical condition.	(1+2+2)
12.	Define Presbycusis. Write rehabilitation of patients with Presbycusis.	(1+4)
SHORT ANSWER QUESTIONS:		**5 X 3 = 15**
13.	Mention the advantages of Flexible Fibreoptic Oesophagoscopy over Rigid Oesophagoscopy.	
14.	Explain Non-maleficence.	
15.	Write a note on Frey's Syndrome.	
16.	Discuss the different methods for visualizing the Nasopharynx.	
17.	Enlist the complications of Acute Tonsillitis.	

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MULTIPLE CHOICE QUESTIONS

Course:	**MBBS Phase III Part II, CBME May-June 2026**	**Max. Marks:**	**20 Marks**
Subject :	**Otorhinolaryngology, QP Code: A026**	**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. Light house sign is characteristic of
   (A) Acute Suppurative Otitis Media (B) Chronic Suppurative Otitis Media
   (C) Acute Necrotizing Suppurative Otitis Media (D) Secretory Otitis Media

2. Most **common** complication of CSOM is
   (A) Meningitis (B) Labyrinthitis
   (C) Intracerebral abscess (D) Sensorineural hearing loss

3. Gradenigo's syndrome includes all **EXCEPT**
   (A) Sensorineural hearing loss (B) Otitis media
   (C) Abducens nerve palsy (D) Retro orbital pain

4. Otoacoustic emissions are produced by
   (A) Outer hair cells (B) Inner hair cells
   (C) Basilar membrane (D) Auditory nerve

5. An elderly diabetic patient presents with ear discharge with facial palsy, excruciating pain in ear, which worsens at night and friable polyp in ear with tendency to bleed with normal tympanic membrane. What is the diagnosis?
   (A) Chronic Suppurative Otitis Media with polyp (B) Malignant otitis externa
   (C) Carcinoma of middle ear (D) Glomus tumour

6. Which of these is **NOT** a site for paraganglioma?
   (A) Carotid bifurcation (B) Jugular foramen
   (C) Middle ear promontory (D) Geniculate ganglion

7. Samter's triad does **NOT** include
   (A) Asthma (B) Bronchiectasis
   (C) Nasal polyposis (D) Aspirin sensitivity

8. A 38 year old presented with decreased hearing in right ear since 2 years. On testing with 512 Hz tuning fork, the Rinne's test is negative in the right ear and positive in left ear. The Weber's test is perceived louder in right ear. The **most** probable diagnosis is
   (A) Right conductive hearing loss (B) Right sensorineural hearing loss
   (C) Left sensorineural hearing loss (D) Left conductive hearing loss

9. Immediate treatment of CSF rhinorrhoea requires
   (A) Antibiotics and observation (B) Plugging with paraffin gauge
   (C) Blowing of nose (D) Craniotomy

10. A 55 year old uncontrolled diabetic patient presented with black necrotic mass filling the nasal cavity with periorbital and facial swelling. The drug of choice for this patient is
    (A) Fluconazole (B) Amphotericin
    (C) Hydrocortisone (D) Cephalosporins

11. A teenage boy presents with recurrent unprovoked profuse epistaxis and hearing loss. On examination he has a frog face deformity and conductive hearing loss. What is the diagnosis in this patient?
    (A) Adenoid hypertrophy
    (B) Inverted papilloma
    (C) Juvenile nasopharygeal angofibroma
    (D) Nasopharyngeal carcinoma

12. Lymphatic drainage of tip of tongue is to
    (A) Submandibular lymph node
    (B) Upper deep cervical lymph node
    (C) Submental lymph node
    (D) Jugulodigastric lymph node

13. Haemorrhage occurring after 6 hours of tonsillectomy is
    (A) Primary haemorrhage
    (B) Secondary haemorrhage
    (C) Reactionary haemorrhage
    (D) Tertiary hemorrhage

14. Juvenile papillomatoses is caused by
    (A) Human papilloma Virus
    (B) Epstein Barr Virus
    (C) Cytomegalovirus
    (D) Herpes Simplex Virus

15. Which of the following is **NOT** a late complication of tracheostomy?
    (A) Keloid scar at the operated site
    (B) Tracheo esophageal fistula
    (C) Subglottic stenosis
    (D) Apnea

16. Rinne's test is negative in
    (A) Sensorineural hearing loss
    (B) Acoustic Neuroma
    (C) Tympanosclerosis
    (D) Meniere's disease

17. A 25 year old male presented with a bluish, cystic, translucent mass on the right side in the floor of mouth. Identify the condition
    (A) Ranula
    (B) Quinsy
    (C) Parotitis
    (D) Tonsillitis

18. Tone decay test is done for
    (A) Cochlear deafness
    (B) Retrocochlear deafness
    (C) Middle ear deafness
    (D) Otosclerosis

19. Delta sign is seen in
    (A) Lateral sinus thrombophlebitis
    (B) Adenoid hypertrophy
    (C) Otogenic brain abscess
    (D) Cholesteatoma

20. All are indications of tracheostomy **EXCEPT**
    (A) Acute epiglottitis
    (B) Head injury
    (C) Laryngeal web
    (D) Laryngomalacia

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MBBS PHASE – III Part II (CBME)
DEGREE EXAMINATION – MAY-JUNE 2026

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 40 year old lady presents with a reducible swelling in the lower midline of the abdomen. She gives history of classical caesarean section in the past. Describe the plan of management of this patient.

3. Describe the clinical features, investigations and management of Ureteric calculi. (3+3+4)

SHORT ESSAY QUESTIONS: **9 X 5 = 45**

4. A patient presented with complaints of headache, palpitations and sweating. He was diagnosed with Pheochromocytoma. Discuss the aetiology and management of Pheochromocytoma. (2+3)

5. Make a list of pre-malignant conditions for carcinoma of the penis.

6. Enumerate the causes of acute bacterial parotitis.

7. Discuss the clinical features of hyperparathyroidism.

8. A 22 year old female actress has been diagnosed with T1N1M0 stage breast cancer and she is interested in breast conservation. Explain about the likely options for the management of the same and comment on Breast reconstruction surgery. (2+3)

9. A 25 year old patient came with epigastric pain radiating to back. Discuss the clinical features and management of acute pancreatitis. (2+3)

10. Describe the incidence, classification and management of cleft palate. (1+1+3)

11. Discuss the clinical features of ileo-caecal tuberculosis. Write a note on its surgical management. (3+2)

12. A patient presents with swelling in the left inguinal scrotal region. Enumerate the causes for this case.

SHORT ANSWER QUESTIONS: **5 X 3 = 15**

13. Enumerate the options for treatment of liver abscess.
14. Describe the surgical anatomy of adrenal glands.
15. Describe the types of consent used in medical practice.
16. Describe Cushing's triad.
17. Enlist the pre-malignant lesions of oral cancer.

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MULTIPLE CHOICE QUESTIONS

Course:	**MBBS Phase-III Part II, CBME May-June 2026**	**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. A 23 year old male patient came with features of vomiting. This can be early symptoms in obstruction of
   (A) Duodenum (B) Jejunum
   (C) Ileum (D) Colon

2. Graves' disease is a type of
   (A) Diffuse toxic goitre (B) Toxic nodular goitre
   (C) Simple goitre (D) Non-toxic goitre

3. Sjogren's syndrome **commonly** affects
   (A) Parotid gland (B) Thyroid disease
   (C) Parathyroid gland (D) Multiple endocrine organs

4. What is the name of incision for parotidectomy?
   (A) Battle incision (B) Modified Blair's
   (C) Maryland incision (D) Cherney incision

5. **Commonest** peripheral aneurysm is
   (A) Popliteal (B) Femoral
   (C) Carotid (D) Iliac

6. 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

7. All of the following are true regarding cleft lip **EXCEPT**
   (A) Are less common in black races than Asians
   (B) Are less common in white races than Asians
   (C) Are more common in white races than black races
   (D) Are less common in younger siblings of those with cleft lip and palate

8. What is the characteristic of multifilament or braided sutures that may lead to bacterial lodging and persistent infection?
   (A) Smooth surface (B) High tensile strength
   (C) Capillarity (D) Resistance to deformation

9. 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 case **EXCEPT**
   (A) Lump is freely mobile (B) Skin tethering
   (C) Nipple retraction (D) Mammographic calcification

10. What is the primary goal of interprofessional communication in healthcare settings?
    (A) Enhancing competition among healthcare providers
    (B) Improving patient outcomes and safety
    (C) Reducing collaboration among team members
    (D) Minimizing patient involvement in care decisions

11. The 4 D's, that is, deep vein thrombosis, depression, dermatitis and diarrhoea are seen in which neuroendocrine tumour?
    (A) Glucagonoma
    (B) VIPoma
    (C) Somatostatinoma
    (D) Gastrinoma

12. All are features of pseudo pancreatic cyst, **EXCEPT**
    (A) Follows acute pancreatitis
    (B) Lined by false epithelium
    (C) May regress spontaneously
    (D) Treatment of choice is percutaneous aspiration

13. Which of the following statement is **true** regarding Subclavian Steal syndrome?
    (A) Reversal of blood flow in the ipsilateral vertebral artery
    (B) Reversal of blood flow in the contralateral carotid artery
    (C) Reversal of blood flow in the contralateral vertebral artery
    (D) Bilateral reversal of the flow in the vertebral arteries

14. All are aromatase inhibitors used in the treatment of breast cancer **EXCEPT**
    (A) Letrozole
    (B) Anastrozole
    (C) Exemestane
    (D) Fulvestrant

15. Parotid duct is known as
    (A) Wharton's duct
    (B) Stenson duct
    (C) Duct of Santorini
    (D) Duct of Wirsung

16. **True** statement regarding Warthin's tumour is
    (A) Common in female
    (B) Most malignant
    (C) Hot spots on Tc99 scan
    (D) Most common tumour of minor salivary gland

17. A 60-year-old male patient presents with a white patch in his oral floor. He is a chronic smoker for the last 40 years. A provisional diagnosis of leukoplakia is made. What is the significance of leucoplakia at this site?
    (A) Decreased risk of dysplasia
    (B) Increased risk of acanthosis
    (C) Increased risk of dysplasia
    (D) Marked hyperkeratosis

18. **Commonest** cause of erectile dysfunction is
    (A) Hypogonadism
    (B) Multiple sclerosis
    (C) Atherosclerosis
    (D) Smoking

19. Ectopic gastric mucosa is **best** diagnosed with
    (A) Scintigraphy
    (B) CT scan
    (C) USG
    (D) MRI

20. A 45 year old female presents with a breast lump of 7X3 cm in upper outer quadrant of the right breast. On examination the breast lump appeared to be fixed to the pectoralis muscle. What is the **most** likely T stage staging of this tumour?
    (A) T4b
    (B) T3
    (C) T4a
    (D) T4c

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MBBS PHASE–III Part-II (CBME)
DEGREE EXAMINATION – MAY-JUNE 2026

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. Define Ulcers. Describe the clinical classification of ulcer. Discuss factors affecting wound healing. (3+3+4)

SHORT ESSAY QUESTIONS: **7 X 5 = 35**

3. A 50 year old alcoholic is suffering from chronic pancreatitis with chronic pain in abdomen. Discuss chronic pain management in this case.
4. A 40 year old patient comes with blackish discoloration of great toe. How to manage this patient?
5. A 70 year old patient comes with total dysphagia. Discuss the different modes of administration of nutrition in this case.
6. Mention the complications of spinal anaesthesia.
7. A 40-year-old male presents to the emergency with road traffic accident with site of impact on right frontal and temporal region. What is the first line imaging modality that the patient should undergo? Explain the various CT findings in brain trauma. (1+4)
8. Define Endocrine Shock. Describe its management. (2+3)
9. Describe the pathophysiology of burns. Discuss the concept of **two** burn depths. (3+2)

SHORT ANSWER QUESTIONS: **3 X 3 = 9**

10. Discuss the ethical issues involved in research in surgical practice.
11. Define Hyperkalemia. Mention the ECG changes in a patient with hyperkalemia.
12. What are the radiological features of Hydropneumothorax?

P.T.O

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 30 year old patient comes to OPD with rapidly growing swelling around the right knee with pain. What are the differential diagnosis? Discuss the management of osteogenic sarcoma.	(3+7)
SHORT ESSAY QUESTIONS:	2 **X 5 = 10**
3. A 65 year old lady gives history of fall on outstretched hand. Enumerate the injures with fall on outstretched hand. Define Colle's fracture. Describe its management.	(2+1+2)
4. Define and classify Rickets. Enumerate the clinical features of Rickets.	(2+3)
SHORT ANSWER QUESTIONS:	**2 X 3 = 6**
5. What is Scurvy? Discuss its clinical features and management.	
6. List the indications of Thomas splint.	

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MULTIPLE CHOICE QUESTIONS

Course:	**MBBS Phase-III Part-II, CBME May-June 2026**	**Max. Marks:**	**16 Marks**
Subject :	**General Surgery Paper-II Section A** **QP Code: A022**	**Time:**	**20 Minutes**

Instructions:

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

1. The space in which drug is injected in spinal anaesthesia is
   (A) Epidural space (B) Subarachnoid space
   (C) Extra dural space (D) Outside the ligamentum flavum

2. A 30 year old primigravida comes to the emergency room with active seizures. The obstetrician decides to terminate the pregnancy. What mode of anaesthesia will be **best** suited for this patient?
   (A) Spinal anaesthesia (B) Epidural anaesthesia
   (C) General anaesthesia (D) Regional anaesthesia

3. Polka dot sign is seen in vertebral hemangioma in which of the following imaging modality?
   (A) Magnetic resonance imaging (B) Ultrasonography
   (C) X-Ray (D) Computerized tomography

4. A 45 year old female patient came to the surgery outpatient department with complaints of right hypochondriac pain .What is the primary imaging modality for diagnosing this condition?
   (A) Computerized tomography (B) X-rays
   (C) Magnetic resonance imaging (D) Ultrasound

5. Modern guidelines to fasting prior to anaesthesia allow intake of clear fluids up to how many hours before surgery?
   (A) 8 hours (B) 6 hours
   (C) 4 hours (D) 2 hours

6. Trauma to the spinal cord and resultant loss of autonomic and motor reflexes below the injury level can lead to which of the following type of shock?
   (A) Cardiogenic (B) Hypovolemic
   (C) Neurogenic (D) Obstructive

7. A patient is treated for hypovolemic shock following a motor vehicle collision. Which of the following is **NOT** a compensatory mechanism that is anticipated to occur in this patient?
   (A) Reduced perfusion to the skin [14%] (B) Reduced perfusion to the kidneys
   (C) Reduced perfusion to the GI tract (D) Reduced perfusion to the muscles

8. Superficial partial thickness burns extend up to
   (A) Reticular dermis (B) Epidermis
   (C) Papillary dermis (D) Subcutaneous tissue

9. The tensile strength of wound starts and increase after
   (A) Immediate suture of the wound (B) 3 - 4 days after the suture of the wound
   (C) 7 - 10 days after suture of the wound (D) 6 months after the suture of the wound

10. Disclosing information regarding a patient is ethical in which case?
    (A) Disclosing information of STD to a person neighbour
    (B) Disclosing red colour blindness of a surgeon to the hospital
    (C) Disclosing about a patient suffering from carcinoma to his/her spouse
    (D) Disclosing pregnancy of a patient at work place

11. Which of the following fall under negligence by a surgeon?
(A) Deliberately leaving operative site open in case of incision and drainage
(B) Leaving gauze pieces and instruments inside the abdominal cavity
(C) Giving higher antibiotics to the patients
(D) Placing a drain inside abdominal cavity

12. A 25 year old male patient without any co-existing illness is scheduled for a hydrocelectomy operation. What is the likely American Society of Anaesthesiology (ASA) grade for this patient?
(A) 4 (B) 2
(C) 1 (D) 3

13. A 60-year-old man presented to the OPD with complaints of pain in the lower limbs, on walking a certain distance. He noticed that the pain subsides on resting. Which of the following is **false** regarding this condition?
(A) Worsened by anaemia or heart failure (B) Pain is usually felt in the calf muscles
(C) Muscle group affected is below the level of arterial disease (D) Distance at which pain occurs varies greatly from day to day

14. What is pneumo mediastinum?
(A) Pus in pleural cavity (B) Air in pleural cavity
(C) Air in mediastinum (D) Pus in mediastinum

15. Which stage of shock is associated with the development of metabolic acidosis?
(A) Initial (B) Compensatory
(C) Progressive (D) Refractory

16. The maximum life of a transfused RBC is
(A) 1 hour (B) 1 day
(C) 15 days (D) 50 days

MULTIPLE CHOICE QUESTIONS

Course:	**MBBS Phase-III Part-II, CBME May-June 2026**	**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. Most **common** cause of pathological fracture is
(A) Metastasis (B) Osteoporosis
(C) Steroids (D) Tuberculosis

18. A 35 year old male patient arrived at emergency room with history of RTA few hours ago to his right leg. On examination, the leg is diffusely swollen with tense, tender calf, foot is pale with distal paresthesia and severe pain on passive dorsiflexion of the foot. The likely diagnosis is
(A) Distal femur compound fracture (B) Cellulitis of lower limb
(C) Compartment syndrome (D) Septic arthritis of knee

19. Break in Shenton's line indicate
(A) Intertrochantric fracture (B) Femur neck fracture
(C) Tibia fracture (D) Ankle fracture

20. Lisfranc’s fracture dislocation is
(A) Tarsometatarsal dislocation (B) Lunate dislocation
(C) Scaphoid dislocation (D) Ankle dislocation

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MBBS PHASE – III Part-II (CBME)
DEGREE EXAMINATION – MAY-JUNE 2026

Time: 3 Hours **Max. Marks: 100**

GENERAL MEDCINE
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 25 year old male presents with history of headache of 1 month duration. On examination BP is 180/120 with pedal edema. Investigations show proteinuria with serum creatine 1.2. Discuss the possible etiology of hypertension. Mention the appropriate investigations and management.	(2+4+4)
3.	Discuss the clinical features and management of ulcerative colitis.	(5+5)
	SHORT ESSAY QUESTIONS:	**9 X 5 =4 5**
4.	Describe the clinical features and treatment of hypervitaminosis A.	(3+2)
5.	Discuss the clinical features and prevention of cholera.	(3+2)
6.	A 40-year-old male with HIV infection (CD4 count 100 cells/μL) presents with Cryptococcal meningitis. Write the plan of the management of Cryptococcal meningitis.	
7.	A lady presents with easy fatigability. On examination she has pallor and koilonychia. Mention the investigations to be done to confirm that she has iron deficiency anemia. Mention any **two** parenteral iron preparations.	(3+2)
8.	A 35 year old female, weighing 95 kg and standing 165 cm tall with BMI-35.2, hypertension, family history of type 2 diabetes mellitus with fasting glucose =110 mg/dl and elevated LDL, low HDL. Discuss comprehensive management of obesity in the given case.	
9.	A 45 year old farmer working in field was bitten by a snake in the field. On examination fang marks on right leg with swelling were noted. PT/INR was deranged. Plan the management of snake bite in the field and in the emergency department of hospital.	(2+3)
10.	Discuss clinical features and management of hyperosmolar non-ketotic coma.	(2+3)
11.	Discuss clinical features and management of hypothyroidism.	(3+2)
12.	Discuss clinical features and investigations in patients of acute myocardial infarction.	(2+3)

SHORT ANSWER QUESTIONS: **5 X 3 = 15**

13. List **four** oncological emergencies.
14. Write the treatment for Brucellosis.
15. Discuss auscultatory findings of mitral stenosis.
16. Discuss clinical features of right-sided heart failure.
17. Discuss the role of physician in community.

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MULTIPLE CHOICE QUESTIONS

Course:	**MBBS Phase III Part II,CBME May-June 2026**	**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 30-year-old female has poor appetite, Diarrhoea, fatigue, skin lesions on hands and feet. Which investigation would confirm the diagnosis?
   (A) Serum niacin levels (B) Urine niacin metabolites
   (C) Complete blood count (D) Liver function tests

2. Which vitamin deficiency can cause a decrease in the production of the neurotransmitter serotonin?
   (A) Vitamin B_6 (B) Folate
   (C) Vitamin B_{12} (D) Riboflavin

3. What is the definition of obesity according to BMI?
   (A) >25 Kg/m^2 (B) >30 kg/m^2
   (C) >35 kg/m^2 (D) >40 kg/m^2

4. Which animal is the most **common** reservoir for Rabies in many parts of the world?
   (A) Cattle (B) Cat
   (C) Dog (D) Bird

5. Which of the following primary vector is responsible for the transmission of dengue fever?
   (A) Anopheles mosquito (B) Culex mosquito
   (C) Aedes mosquito (D) Tsetse fly

6. Which one of the following is a **common** species of hookworm affecting humans?
   (A) Ascaris lubricoides (B) Ancylostoma duodenale
   (C) Trichuris trichiura (D) Enterobius vermicularis

7. Korskoff's psychosis is due to deficiency of
   (A) Thiamine (B) Cyanocobalamin
   (C) Riboflavin (D) Folate

8. Malignant tertian malaria fever is caused by
   (A) Plasmodium vivax (B) Plasmodium falciparum
   (C) Plasmodium ovale (D) Plasmodium malariae

9. What is the normal CD4 count range?
   (A) 200-500 cells/μL (B) 200-500 cells/μL
   (C) 500-1000 cells/μL (D) 500-1000 cells/μL

10. All of the following produce microcytic anaemia **EXCEPT**
    (A) Sideroblastic anaemia (B) Thalassemia
    (C) Pernicious anaemia (D) Lead poisoning

11. Despite treatment with tyrosine kinase inhibitor, the patient's condition deteriorates, and repeat bone marrow biopsy shows 25% blast cells. Which phase of Chronic Myeloid Leukemia (CML) is the patient **most** likely experiencing?
(A) Chronic phase (B) Accelerated phase
(C) Blast crisis (D) Remission

12. A 60 year old male with liver cirrhosis presents with hematemesis and malena, endoscopy shows large esophageal varices. Which of the following is the **most** likely underlying cause for his condition?
(A) Hepatocellular carcinoma (B) Portal hypertension
(C) Hepatitis C infection (D) Cholelithiasis

13. Hepatitis D virus (HDV) requires which of the following for its replication?
(A) Hepatitis C virus (HCV) (B) Hepatitis B virus (HBV)
(C) Hepatitis A virus (HAV) (D) Hepatitis E virus (HEV)

14. Which of the following congenital heart defects is most **commonly** associated with a machinery-like continuous murmur heard **best** at the left infraclavicular area?
(A) Atrial Septal Defect (ASD) (B) Ventricular Septal Defect (VSD)
(C) Patent Ductus Arteriosus (PDA) (D) Tetralogy of Fallot

15. Gold standard test for diagnosing Pulmonary embolism is
(A) ECG (B) 2D-Echo
(C) CT-Pulmonary angiography (D) HRCT Thorax

16. Which of the following beta-blocker is specifically recommended for reducing mortality in Heart Failure with Reduced Ejection Fraction (HFrEF)?
(A) Propranolol (B) Metoprolol succinate
(C) Atenolol (D) Carvedilol

17. Which of the following is a **common** precipitating factor for diabetic ketoacidosis (DKA) in type 1 diabetes?
(A) High carbohydrate diet (B) Insulin dose adjustment
(C) Intercurrent illness or infection (D) Long-term Metformin use

18. A 45 year old farmer working in field was bitten by a snake. On examination fang marks were seen and swelling of right foot was present. His whole blood clotting time was prolonged and Serum Creatinine was raised. Which is the **mostly** likely type of snake?
(A) King Cobra (B) Common Krait
(C) Saw scaled Viper (D) Russel Viper

19. A 75-year-old woman presents with acute onset confusion, disorientation and difficulty in walking. What is the **most** likely diagnosis?
(A) Dementia (B) Delirium
(C) Depression (D) Parkinson’s disease

20. Which of the following is a nutritional concern in older adults?
(A) Vitamin D deficiency (B) Zinc deficiency
(C) Vitamin A deficiency (D) Vitamin C deficiency

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KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH, BELAGAVI.
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MBBS PHASE–III Part-II (CBME)

DEGREE EXAMINATION – MAY-JUNE 2026

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 30 year male came with history of fever, weight loss and cough with expectoration from one month. His X-ray shows upper zone fibrocavital lesion. What is the probable diagnosis? Discuss the management of this patient.	(3+7)
	SHORT ESSAY QUESTIONS:	**3 X 5 = 15**
3.	Describe the pathogenesis of Osteoporosis and name **four** non age related causes.	(3+2)
4.	A 20 year old female presents with episodic headache precipitated by exercise and decreased sleep. Describe the above condition. Include both pharmacological and non-pharmacological approaches in management of this case.	(2+3)
5.	A 50 year male on hemodialysis presented with giddiness and found to have anemia. What are the different causes of anemia in this patient and how to manage it?	(2+3)
	SHORT ANSWER QUESTIONS:	**5 X 3 = 15**
6.	Discuss the radiological findings of Osteoarthritis and mention **four** causes of early onset osteoarthritis.	
7.	Discuss various diagnostic tools in diagnosis of stroke.	
8.	List **six** adverse effects of Sodium Valproate.	
9.	How to approach a patient who is hesitant to start a new treatment due to concerns about its side effects?	
10.	Enumerate **three** clinical features of hyponatremia.	

P.T.O

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 clinical features, investigation and management of lung abscess.	(3+3+4)
	SHORT ESSAY QUESTIONS:	**3 X 5 = 15**
3.	A 22 year old male presented with solitary hypopigmented plaque over face with loss of sensation. Discuss the clinical features and management of this case.	(2+3)
4.	Enlist different formulations of nicotine supplement. Describe how nicotine chewing gums are prescribed.	(3+2)
5.	A 26-year-old man presents with history of difficulty in socializing with new people, difficulty in giving public speech and avoid job interviews due to fear of being scrutinized. Name the possible clinical condition and discuss the management plan.	(2+3)
	SHORT ANSWER QUESTIONS:	**5 X 3 = 15**
6.	Describe the cutaneous manifestations of staphylococcal scalded skin syndrome.	
7.	List psychiatric complications of Cannabis dependence.	
8.	Explain in brief slit skin smear examination in leprosy.	
9.	Name **three** SSRI's.	
10.	List the different types of oral Candidiasis.	

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MULTIPLE CHOICE QUESTIONS

Course:	**MBBS Phase-III Part-II, CBME May-June 2026**	**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. Most **common** cause of bacterial meningitis in adults is due to infection of
   (A) Streptococcus pneumoniae (B) Listeria monocytogenes
   (C) Neisseria meningitidis (D) Haemophilus influenzae

2. Which of the following is **most** likely to be **true** in relation to primary Sjogren's syndrome?
   (A) Overall anti-TNF-α therapy has been shown to be useful
   (B) PSS is not associated with malignancy
   (C) Severe oral dryness results from immunological destruction of the salivary glands
   (D) The environment does not play a role in influencing the patient's symptoms

3. Hypocalcemia causes
   (A) QT interval shortening (B) QT interval prolongation
   (C) ST elevation (D) ST depression

4. A 70 year old male who is hypertensive exhibited small vessel stroke syndrome, manifested as dysarthria and dysphagia. The probable location of infarct is
   (A) Posterior limb of internal capsule (B) Genu of internal capsule
   (C) Ventral thalamus (D) None of the above

5. A 55-year-old diabetic male presents with muscle weakness and palpitations. His ECG shows peaked T waves. Laboratory results reveal potassium of 6.8 mEq/L. What is the next **best** step in management?
   (A) Oral potassium supplements (B) Calcium gluconate administration
   (C) Furosemide administration (D) Sodium bicarbonate infusion

6. Which of the following is **NOT** a cause of anemia in CKD?
   (A) Deficiency of erythropoietin (B) Toxic effects of uremia on marrow precursor cells
   (C) Reduced red cell survival (D) Vitamin B_{12} deficiency

7. All of the below are causes of glomerular diseases **EXCEPT**
   (A) Infection (B) Metabolic diseases
   (C) Nutritional deficiencies (D) Immunological

8. The Pneumococcal Conjugate Vaccine (PCV13) is **most** effective in preventing which of the following?
   (A) Mild upper respiratory tract infections (B) Invasive pneumococcal diseases such as bacteremia and meningitis
   (C) Acute otitis media (D) Tuberculosis

9. 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 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

10. Which of the following is a cause for pre-renal acute kidney injury?
    (A) Enlarged prostate (B) Ureteric calculus
    (C) Amikacin (D) Severe vomiting

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MULTIPLE CHOICE QUESTIONS

Course:	**MBBS Phase-III Part-II, May-June 2026**	**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. A 60-year-old male presents to clinic with feeling persistently low, not able to enjoy previously pleasurable activities, decreased in energy levels, feelings of hopelessness and worthlessness. He also reports that he lost his wife 6 months ago and feels numb since then. Which drug is the **most** appropriate treatment for this patient?
    (A) Escitalopram (B) Olanzapine
    (C) Sodium valproate (D) Aripiprazole

12. Absolute contraindications for Electro Convulsive Therapy is
    (A) Space occupying lesion (B) Pregnancy
    (C) Hypertension (D) None of the above

13. A 5 year old male patient comes with history of multiple erosions around mouth associated with honey colored crusts. What is the diagnosis of this case?
    (A) Ecthyma (B) Impetigo
    (C) Furuncle (D) Tinea infection

14. Psychoanalysis theory was given by
    (A) Kreplin (B) Sigmond Freud
    (C) Ramachandran (D) Maline Klien

15. Duration of symptoms required to diagnose major depressive disorder is
    (A) 2 months (B) 2 years
    (C) 2 days (D) 2 weeks

16. Patch testing is done for diagnosis of which dermatologic condition?
    (A) Atopic dermatitis (B) Allergic contact dermatitis
    (C) Seborrheic dermatitis (D) Irritant contact dermatitis

17. Which of the following is **NOT** a component of Beck's triad?
    (A) Hopelessness (B) Helplessness
    (C) Guilt (D) Worthlessness

18. Dennie Morgan fold is seen in
    (A) Mastocytosis (B) Seborrhoic dermatitis
    (C) Sarcoidosis (D) Atopic dermatitis

19. The frequency of delta rhythm in EEG is
    (A) 1-3HZ (B) 4-7 HZ
    (C) 8-12HZ (D) >12HZ

20. Which of the following is **NOT** a clinical feature of opioid withdrawal?
    (A) Piloerection (B) Diarrheoa
    (C) Miosis (D) Abdominal spasm

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MBBS PHASE – III Part II (CBME)
DEGREE EXAMINATION – MAY-JUNE 2026

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 40-year-old G4P1L0A2 with previous two abortions in 1st trimester and one term IUFD, comes to AN clinic at 10 weeks gestation with screening test for Diabetes Mellitus. Her DIPSI is of 236 mg/dl and her HbA1c is 8% (1+3+4+2)
   a) What is the diagnosis?
   b) Enumerate the maternal and fetal complications of the above condition.
   c) Describe the management of above case till delivery.
   d) Add a note on preconceptional counseling.

3. Define Post-partum hemorrhage (PPH). Describe the clinical presentation and management of a case of atonic PPH in shock. Add a note on risk factors for atonic PPH. (2+6+2)

SHORT ESSAY QUESTIONS: **9 X 5 = 45**

4. Discuss the management of a G2P1 lady at 32 weeks of gestation with Rh negative pregnancy with a positive ICT.

5. A P2L2A1 woman has had a full term normal delivery. She is on her post natal day 3 and is due for discharge. (1+4)
   a) What advice is given to her?
   b) Define Lochia. Mention the types of Lochia. Enumerate the characteristics of normal lochia.

6. Immediately after delivery, a 28 year old woman suddenly experiences severe abdominal pain and a feeling of something falling out of her vagina. Explain the pathophysiology of uterine inversion. Discuss the urgent management required to address this complication.

7. Discuss the various stages of lactation. Add a note on its endocrine control. (3+2)

8. Discuss in brief MTP Act with relevance to - Who and where it should be performed and what are the prerequisites? (1+1+3)

9. Define Lower Uterine Segment. Add a note on its clinical significance.

10. Give an account of iron metabolism in pregnancy and factors affecting iron absorption. (3+2)

11. Describe a mature Graffian follicle with a neat labeled diagram.

12. Define Maternal Mortality. Enumerate the leading causes for maternal mortality. Discuss briefly how to reduce maternal mortality at tertiary care level.

SHORT ANSWER QUESTIONS: **5 X 3 = 15**

13. A 24-year-old primigravida attends the antenatal clinic. Her last menstrual period (LMP) was 1st November 2025 and she has regular 28-day cycles. (1+1+1)
    a) Calculate the Expected Date of Delivery (EDD) using Naegele's Formula.
    b) What is the gestational age on 8th April 2026?
    c) Mention alternative most reliable method to confirm gestational age

14. Enumerate components of biophysical profile.

15. A 22 year old primi come for a routine anomaly scan at 20 weeks of gestation. Her scan shows open neural tube defect- Anencephaly. How to counsel her?

16. Write components of active management of third stage of labour.

17. Mention the **two** indications for suppression of lactation. Name **two** drugs used in suppression of lactation. (1+2)

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MULTIPLE CHOICE QUESTIONS

Course :	**MBBS Phase-III Part II, CBME May-June 2026**	**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. Which of the following placental hormones contributes **most** to insulin resistance in pregnancy?
   (A) Progesterone (B) Human Chorionic Gonadotropin (hCG)
   (C) Human Placental Lactogen (hPL) (D) Relaxin

2. The process by which the uterus returns to its pre-pregnancy size is called as
   (A) Involution (B) Regression
   (C) Contraction (D) Retraction

3. In severe postpartum hemorrhage, ligation of which artery can reduce uterine bleeding while preserving fertility?
   (A) Internal iliac artery (anterior division) (B) Ovarian artery
   (C) Internal pudendal artery (D) External iliac artery

4. Failure of descent of the fetal head despite good uterine contractions may occur when the obstetric conjugate is reduced. The obstetric conjugate is measured between
   (A) Sacral promontory and inferior margin of pubic symphysis
   (B) Sacral promontory and superior margin of pubic symphysis
   (C) Tip of coccyx and inferior pubic margin
   (D) Ischial spines

5. In fetal life, the structure that connects the pulmonary trunk to the descending aorta is
   (A) Foramen ovale (B) Ductus venosus
   (C) Ductus arteriosus (D) Umbilical vein

6. During a difficult forceps delivery, a woman develops loss of sensation over the posterior labia and perineum. Which nerve is **most** likely injured?
   (A) Ilioinguinal nerve (B) Genitofemoral nerve
   (C) Obturator nerve (D) Pudendal nerve

7. A 30-year-old woman presents 10 days after normal vaginal delivery with excessive vaginal bleeding and lower abdominal pain. Ultrasound shows retained placental tissue. Failure of normal placental separation most **commonly** involves defective cleavage at which layer?
   (A) Myometrium (B) Decidua basalis
   (C) Chorion frondosum (D) Syncytiotrophoblast

8. A newborn delivered at term is floppy and not breathing. Heart rate is 80/min. What is the first step in management?
   (A) Chest compressions (B) Intubation
   (C) Positive pressure ventilation (D) Adrenaline administration

9. Which of the following cardiac conditions carries the **highest** maternal mortality and is an absolute contraindication to pregnancy?
   (A) Corrected ASD (B) Mild mitral regurgitation
   (C) Eisenmenger syndrome (D) Corrected VSD

10. Use of NSAIDs in the third trimester may cause premature closure of the
    (A) Foramen ovale (B) Ductus venosus
    (C) Ductus arteriosus (D) Umbilical vein

11. Ultrasound shows snow storm appearance in
(A) Molar pregnancy (B) Ectopic pregnancy
(C) Threatened miscarriage (D) Anencephaly

12. Which type of twin results from incomplete splitting of a single embryo?
(A) Dizygotic twins (B) Monochorionic diamniotic twins
(C) Conjoined twins (D) Dichorionic twin

13. In which of the following type of pelvis, there is **more** incidence of face to pubis delivery?
(A) Android (B) Anthropoid
(C) Gynecoid (D) Platypelloid

14. Which hormone is primarily responsible for milk ejection (let-down reflex)?
(A) Prolactin (B) Oxytocin
(C) Estrogen (D) Progesterone

15. Early cord clamping is done in all **EXCEPT**
(A) Rh negative (B) Postdatism
(C) Birth asphyxia (D) Serology positive

16. Which of the following is **true** with regard to disclosure of identity of the woman undergoing MTP?
(A) Allowed publicly (B) Allowed to spouse
(C) Strictly prohibited except to authorized persons (D) Allowed to police without permission

17. Most **common** fetal presentation is?
(A) Compound (B) Cephalic
(C) Breech (D) Shoulder

18. Woman had a previous child with spinal bifida and now wants another pregnancy. What is the recommended dose of folic acid preconceptionally?
(A) 0.4 mg/day (B) 1 mg/day
(C) 2 mg/day (D) 4 mg/day

19. Stallworthy's sign is seen in
(A) Placenta previa (B) Abruption placenta
(C) Vasa previa (D) Molar pregnancy

20. A mother 3 months postpartum, exclusively breastfeeding, has not resumed menstruation. Which natural contraceptive method is she currently using?
(A) Rhythm method (B) Withdrawal method
(C) Lactational amenorrhea method (D) Calendar method

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MBBS PHASE – III Part II
DEGREE EXAMINATION – MAY-JUNE 2026
(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 50 year old, P5L5 woman came to OPD with complains of post coital spotting since last 6 months and foul smelling vaginal discharge. Her all deliveries were vaginal and uncomplicated. On examination CVS and RS- normal P/A- soft and non-tender P/S- Vagina healthy. Cervix shows a 3 x 3 cms exophytic lesion on anterior lip of cervix that bleeds on touch. (3+1+2+4)
   a) What is the differential diagnosis for the condition?
   b) What is the most probable diagnosis?
   c) What will be the next step in management?
   d) Write the FIGO staging of carcinoma cervix.

3. Define Menopause and Menopause Transition. List the various changes in female genital organs during transition. Add a brief note on HRT (Hormone Replacement Therapy). (2+5+3)

SHORT ESSAY QUESTIONS: **9 X 5 = 45**

4. A 15-year-old girl presents with irregular menstrual cycles, excessive hair growth on her face and body and acne. (1+2+2)
   a) What is the differential diagnosis?
   b) What is the diagnostic criteria for PCOS?
   c) Write briefly on treatment of PCOS.

5. A 30-year-old woman reports 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. (2+3)
   a) What differential diagnoses should be considered in this patient?
   b) What investigations would be most relevant?

6. A 30 year old woman, homemaker married for 5 years presents with primary infertility. She has regular menstrual cycles. She has a past history of pulmonary tuberculosis at the age of 18 years and was treated for 6 months at DOTS centre. Her husband is working as a private data programmer. On evaluation her HSG showed bilateral tubal block. Her pre-menstrual endometrial biopsy was positive for TB. Husband's semen analysis was normal. Discuss the various treatment options available for this couple.

7. Differentiate between benign and malignant ovarian tumors.

8. A 50 year old Para 3 post-menopausal woman complains of involuntary passage of urine on cough or sneezing. What is the clinical diagnosis? Enumerate any **two** risk factors for the above condition. Mention different surgical methods for management of the above case. (1+1+3)

9. What is Amsel's criteria for bacterial vaginosis? Briefly describe its management. (3+2)

10. Discuss clinical features, grading and management of Ovarian Hyperstimulation syndrome (OHSS). (2+1+2)

11. Enumerate the indications and contraindications of MRI in gynecology. (3+2)

12. Enumerate the indications and complications of diagnostic laparoscopy in gynecology. (2.5+2.5)

SHORT ANSWER QUESTIONS: **5 X 3 = 15**

13. What are different types of endometrial hyperplasia? What is their potential for progression to cancer?

14. Describe the medicolegal counseling of a patient undergoing abdominal hysterectomy.

15. List preinvasive lesions of cervix.

16. Mention **six** contraindications of laproscopy.

17. Write a note on importance of speculum examination in gynecological practice.

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MULTIPLE CHOICE QUESTIONS

Course:	**MBBS Phase-III Part II, CBME May-June 2026**	**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 45-year-old woman diagnosed with adenomyosis is considering her treatment options. What is the definitive treatment for adenomyosis?
   (A) Hysterectomy (B) Myomectomy
   (C) Endometrial ablation (D) Uterine artery embolization

2. A 14-year-old girl, presents to the clinic with her mother, who is concerned that her daughter has not yet started her menstrual cycles. 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

3. A 61-year-old woman with a history of breast cancer in remission presents for management of menopausal symptoms. Which therapy is considered safe for her?
   (A) Estrogen-only therapy (B) Combined HRT
   (C) Non-hormonal options like SSRIs or SNRIs (D) Herbal supplements

4. A 40-year-old woman with BRCA1 mutation presents for screening. She reports no current symptoms. What is the recommended screening strategy for this patient?
   (A) Annual pelvic ultrasound and CA-125 (B) MRI of pelvis only
   (C) Pap smear annually (D) Regular physical examination

5. Syndrome X includes all **EXCEPT**
   (A) Hypertension (B) Diabetes mellitus
   (C) Hyperlipidemia (D) Myocardial infarction

6. A 35 year old lady presents with post coital bleeding. Immediate next step in management is
   (A) Clinical examination and PAP smear (B) Visual examination with Lugol's iodine
   (C) Visual examination with acetic acid (D) Colposcopy

7. Which of the following is **NOT** a typical symptom of CIN?
   (A) Abnormal vaginal bleeding (B) Pelvic pain
   (C) Increased urinary frequency (D) Asymptomatic

8. The karyotype in Turner's syndrome is
   (A) 45XO (B) 46XX
   (C) 46XY (D) 46XXY

9. Teratospermia is defined as
   (A) Abnormal morphology of sperms (B) No sperms in semen
   (C) Decreased motility or non-motile sperms (D) Dead sperms

10. Treatment of faecal incontinence includes all **EXCEPT**
(A) Fibre diet (B) Physiotherapy
(C) Sacral nerve stimulation (D) Laxatives

11. Kelley's plication operation is done in
(A) Stress urinary incontinence (B) Vault prolapse
(C) Rectal prolapse (D) Uterine prolapse

12. A 50 year old woman is diagnosed with cervical cancer. Which lymph node group would be the first one to be involved in metastatic spread of this disease beyond the cervix and uterus?
(A) Internal iliac nodes (B) Obturator nodes
(C) Parametrial nodes (D) External iliac nodes

13. A 22 year old woman starts taking combined OCP since the past 3 months, complains of headache, nausea and weight gain since then. She wants to change to a safer drug. Which of the following option can be offered safely?
(A) POP (B) DMPA
(C) Barrier methods (D) All of the above

14. Which of the following is associated with progressive worsening of dysmenorrhea and dyspareunia
(A) Pelvic adhesions (B) Fibroid
(C) Endometriotic ovarian cyst (D) Serous Ovarian cyst

15. The fixative used in pap smear examination is
(A) Formalin (B) Methanol
(C) 95% ethyl alcohol and ether (D) PAS

16. On application of Lugol's iodine, normal cervix stains
(A) Aceto-white (B) Does not take up stain
(C) Mahogany brown (D) Pink

17. Most **common** indication for fractional curettage is
(A) Endometrial carcinoma (B) Ovarian carcinoma
(C) Adenomyosis (D) Fibroid

18. 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

19. A 55-year-old woman with a history of irregular menstrual cycles presents with heavy bleeding and pelvic pain. A biopsy of the endometrial tissue shows atypical hyperplasia. What is the significance of atypical hyperplasia in this patient?
(A) It is a precursor to endometrial carcinoma (B) It indicates a low risk for developing cancer
(C) It requires immediate surgery (D) It requires annual follow up

20. Which of the following is **true** regarding vaginal candidiasis?
(A) pH remains same (B) Causes greenish frothy discharge
(C) Whiff test positive (D) Presence of clue cells

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Accredited A+ Grade by NAAC (3rd Cycle) **Placed in 'A' Category by MoE (GoI)**

MBBS PHASE – III Part II (CBME)
DEGREE EXAMINATION – MAY-JUNE 2026

Time: 3 Hours **Max. Marks: 100**

OPHTHALMOLOGY

Q.P. Code: A025

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 player sustains injury to the eye with a tennis ball. Discuss the possible lesions in brief and write about its management. (5+5)

3. Enumerate the causes for gradual painless loss of vision. Discuss the medical management of primary open angle glaucoma. (5+5)

SHORT ESSAY QUESTIONS: **9 X 5 = 45**

4. A 40 year old female diabetic came to OPD with complaints of severe pain, watering, redness and sudden dimension of vision in right eye since 3 days. Patient also gives history of injury to right eye with vegetative matter 10 days ago. Enlist the causes of sudden painful diminution of vision and add a note on signs of fungal corneal ulcer. (2+3)

5. Differentiate between granulomatous and non-granulomatous uveitis.

6. Draw a neat labeled diagram of layers of retina.

7. Define and classify Ptosis. (2+3)

8. Describe visual pathway.

9. A 56 year old farmer came with history of noticing painless fleshy mass in right eye since 6 months. What is the most probable diagnosis? Write a note on its management. (1+4)

10. A 50 year old hypertensive man complains of sudden painless loss of vision. Mention the causes for these symptoms. Describe the fundus picture in central retinal vein occlusion. (2+3)

11. Classify Ectropion and mention complications of Ectropion.

12. Enumerate various Anti VEGFS in Ophthalmology. Mention their indications. (3+2)

SHORT ANSWER QUESTIONS: **5 X 3 = 15**

13. Classify Scleritis.

14. Enumerate any **three** uses of Atropine

15. Mention any **three** causes of disc edema.

16. Describe diplopia charting.

17. How to motivate people for eye donation?

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MULTIPLE CHOICE QUESTIONS

Course:	**MBBS Phase III Part II, CBME May-June 2026**	**Max. Marks:**	**20 Marks**
Subject :	**Ophthalmology, QP Code: A025**	**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 patient with hypertension has silver wiring, papilledema, arteriovenous nipping visible on fundoscopy but no other changes. He would be classified as having which stage of hypertensive retinopathy?
   (A) Stage I (B) Stage II
   (C) Stage III (D) Stage IV

2. Hollenhorst plaques are seen in
   (A) CRAO (B) CRVO
   (C) CME (D) CSR

3. A 5 year old child is having oil droplet central lens opacities. She is likely having?
   (A) Hypocalcaemic cataract (B) Galactosemic cataract
   (C) Complicated cataract (D) Diabetic cataract

4. Mechanism of action of epinephrine is
   (A) Reduces aqueous production (B) Reduces outflow facility
   (C) Increases outflow facility (D) Increases aqueous production

5. Accommodative power of lens at birth is
   (A) 1-2 D (B) 7-8 D
   (C) 10-12 D (D) 14-16 D

6. Berlin's edema **mostly** involves
   (A) Supratemporal region (B) Inferotemporal region
   (C) Inferonasal region (D) Superonasal region

7. A 32 year old female with Megaloblastic anemia was referred for fundoscopy. What is expected to be seen on examination?
   (A) Fundus becomes pale (B) Retinal veins become pale
   (C) Retinal arteries are engorged (D) Retinal hemorrhages are not seen

8. A 3 year old male baby with Down's syndrome was diagnosed with congenital nasolacrimal duct obstruction. Most **common** site of blockage in nasolacrimal duct is
   (A) At the upper end (B) In the Middle
   (C) At the lower end (D) Whole of the Duct

9. A 20 year old industrial worker presented to emergency with history of splash of acid into eyes at workplace. Which of the following is **false** of chemical burns of the eye?
   (A) Acid burns are more serious than alkali burns
   (B) Alkali combined with lipids of cells to form soluble compounds which produce a condition of softening and gelatinization
   (C) Acids cause instant coagulation of all proteins
   (D) Symblepharon is a distressing sequel

10. Anteroposterior diameter of normal adult eyeball is
    (A) 25 mm (B) 24 mm
    (C) 23.5 mm (D) 23 mm

11. Pupil is spared in
    (A) Riley day syndrome (B) Disseminated sclerosis
    (C) Myasthenia gravis (D) Horner's syndrome

12. Which of the following drugs has malaise symptom complex as a side effect?
    (A) Carbonic anhydrase inhibitors (B) Prostaglandin
    (C) Calcium channel blockers (D) Parasympathetic drugs

13. A 7-year-old female child was found to have Bitot's spots in both eyes. She is **most** likely having?
    (A) Vitamin A deficiency (B) Vitamin D deficiency
    (C) Vitamin C deficiency (D) Calcium deficiency

14. Neurofibromatosis type 2 is **NOT** characterized by
    (A) Presenile posterior subcapsular cataract (B) Lisch Nodules
    (C) Acoustic neuroma (D) Cafe au lait spots

15. Which of the following is **NOT** true about sympathetic ophthalmitis?
    (A) It is a bilateral disease
    (B) Pathological features are of non - granulomatous panuveitis
    (C) Clinically manifests as granulomatous panuveitis
    (D) The non-injured eye developing uveitis is called sympathizing eye

16. Topical beta-blocker with longest duration of action is
    (A) Betaxolol (B) Levobunolol
    (C) Timolol maleate (D) Carteolol

17. Refractive index of cornea is
    (A) 1.33 (B) 1.37
    (C) 1.41 (D) 1.43

18. A 5 year old girl diagnosed with Goldenhar syndrome was referred to an ophthalmologist in view of an eye lesion. **Most** likely it is
    (A) Lipodermoid (B) Granuloma
    (C) Adenoma (D) Papilloma

19. Most **common** cause of orbital cellulitis is
    (A) Retained foreign body (B) Extension of inflammation from the neighboring parts
    (C) Septic operation (D) Supportive infection of the eyelids

20. Foster Fuch's spot at macula is seen in
    (A) Pathological myopia (B) Hypermetropia
    (C) Astigmatism (D) Aphakia

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MBBS PHASE – III Part II (CBME)

DEGREE EXAMINATION – MAY-JUNE 2026

Time: 3 Hours **Max. Marks: 100**

PAEDIATRICS

Q.P. Code: A020

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

Question Number **Marks**

1. M.C.Q. **20 X 1 = 20**

LONG ESSAY QUESTIONS: **2 X 10 = 20**

2. A 6-year-old child is brought to Out Patient Department (OPD) with complaints of not gaining height for the last 1 year. Define and classify short stature. Discuss the approach in this case and formulate a management plan. (2+3+5)

3. Discuss the stages of Tubercular meningitis. Add a note on it management. Enlist the newer diagnostic modalities. (3+4+3)

SHORT ESSAY QUESTIONS: **9 X 5 = 45**

4. A 10 year old boy comes with fever, vomiting since 4 days and yellowish discoloration of eyes since 2 days. Discuss the differential diagnosis. Explain the clinical features and management of Hepatitis A infection in children. (2+3)

5. Discuss the Acute Flaccid Paralysis (AFP) surveillance program.

6. Discuss the causes and management of iron deficiency anaemia.

7. Discuss the etiopathogenesis and clinical features of community acquired pneumonia in children.

8. A 3 year old child with history of fever, cough and hurried breathing with tachycardia, has hypotension on examination. Discuss the golden hour algorithm for management of septic shock.

9. A 4 year old boy was brought to emergency with history of accidental ingestion of kerosene. Discuss the clinical features and management of hydrocarbon poisoning. (2+3)

10. A 6 year child with Rheumatic Heart disease, presents with fever, petechiae and hematuria. Define Infective Endocarditis. Enumerate risk factors and discuss clinical signs of Infective Endocarditis. (1+2+2)

11. Define and classify Hypertension in children. Enumerate the causes. (3+2)

12. Describe physiological skin lesions in normal newborn.

SHORT ANSWER QUESTIONS: **5 X 3 = 15**

13. Enumerate the causes of metabolic acidosis in children.

14. Enlist the skin changes in Kwashiorkor.

15. Discuss signs of good attachment during breastfeeding.

16. Define Enuresis. Name **two** drugs used for its treatment.

17. An 8 year old child is brought to ER with seizure in status Epilepticus and is now stabilized on IV Antiepileptics. Parents express to discontinue treatment as it is against their religious belief. In preserving patient autonomy, how to employ AETCOM principles to counsel the parents?

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MULTIPLE CHOICE QUESTIONS

Course:	**MBBS Phase III Part II, CBME May-June 2026**	**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. An 11-year-old child was employed in a hotel for labor purpose. A case was filed against the hotel owner for employing the child. So what should be the legal age for employment in hotel?
   (A) 13 years (B) 14 years
   (C) 15 years (D) 16 years

2. A 5 year old male child comes with history of developmental delay with low birth weight. Examination revealed almond eyes, hypogonadism. Probable diagnosis is
   (A) Noonan syndrome (B) Prader Willi syndrome
   (C) Bardet Biedl syndrome (D) Turner syndrome

3. The richest source of vitamin C in nature is
   (A) Nuts (B) Gooseberry
   (C) Milk (D) Meat

4. A10 month old exclusively formula fed infant presents with swollen painful legs suggestive of pseudoparalysis. What is the **most** likely diagnosis?
   (A) Acute rheumatic fever (B) Vitamin B6 deficiency
   (C) Vitamin E deficiency (D) Vitamin C deficiency

5. A 7 year old boy came to emergency department with severe pain, vomiting, sweating, agitation, hypersalivation, bradycardia, priapism and hypotension, whole blood clotting time was more than 20 minutes, identify the cause for above symptoms
   (A) Scorpion bite envenomation (B) OP poisoning
   (C) Bee sting (D) Kerosene poisoning

6. Rapid decline in serum sodium concentration is associated with
   (A) Intracranial bleed (B) Central Pontine Myelinosis
   (C) SIADH (D) Fluid overload

7. Under National Rural Health Mission (NRHM), which of these programs have led to increase in Institutional deliveries?
   (A) Navjat Shishu Suraksha Karyakram (B) Janani Suraksha Yojana
   (C) Rashtriya Bal Swasthya Karyakram (D) Atal Bihari Swasthya Yojana

8. A 3 year old child presents with recurrent itchy skin lesions, recurrent ear infections and prolonged bleeding after minor injuries. On examination, has petechiae and eczema. Laboratory tests reveal low platelet count and elevated IgE levels. **Most** likely diagnosis is
   (A) Ataxia telangiectasia (B) Wiskott Aldrich syndrome
   (C) Atopic dermatitis (D) Idiopathic thrombocytopenic purpura

9. A newborn was examined at 6 hours of life and was found to have icterus up to the knee. All of these can be the cause **EXCEPT**
   (A) ABO incompatibility (B) Rh incompatibility
   (C) G6PD deficiency (D) Breast milk Jaundice

10. Frequently relapsing Nephrotic syndrome is defined as
    (A) <1 relapse/year
    (B) 1 relapse/year
    (C) 2 relapses/year
    (D) >3 relapses/year

11. Which of the following is a large vessel vasculitis?
    (A) Kawasaki disease
    (B) Takayasu arteritis
    (C) Henoch Schonlein Purpura (HSP)
    (D) Wegener's granulomatosis

12. Gottron papules is seen in
    (A) Rheumatic fever
    (B) Septic Arthritis
    (C) Juvenile dermatomyositis
    (D) Systemic Lupus Erythematous

13. Most **common** congenital heart disease associated with Down's syndrome is
    (A) Tetralogy of Fallot
    (B) Patent Ductus Arteriosus
    (C) Coarctation of Aorta
    (D) Endocardial cushion defect

14. All of the following are causes of conjugated hyperbilirubinaemia **EXCEPT**
    (A) Rotor syndrome
    (B) Dubin –Johnson's syndrome
    (C) Gilbert syndrome
    (D) Alagille syndrome

15. Emergency treatment for tension pneumothorax is
    (A) Intubation
    (B) Nebulisation
    (C) Needle aspiration
    (D) Chest compression

16. Auer rods are typically seen in which type of leukemia?
    (A) ALL
    (B) AML
    (C) CML
    (D) CLL

17. A newborn had seizures in the first 24 hours of life. Which of the following conditions is **most** likely to present with seizures during the above period?
    (A) Hypoxic ischemic encephalopathy
    (B) Sepsis with meningitis
    (C) Inborn Error of Metabolism (IEM)
    (D) Fetal alcohol syndrome

18. All of the following are examples of neural tube defects **EXCEPT**
    (A) Anencephaly
    (B) Encephalocele
    (C) Holoprosencephaly
    (D) Meningocele

19. The assessment finding that helps a doctor to associate the presence of Down's syndrome in a newborn is
    (A) Nada's criteria
    (B) Hall's criteria
    (C) Jone's criteria
    (D) Duke's criteria

20. All are complications of diphtheria **EXCEPT**
    (A) Myocarditis
    (B) Cerebellar ataxia
    (C) Bulbar palsy
    (D) Hepatic failure

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